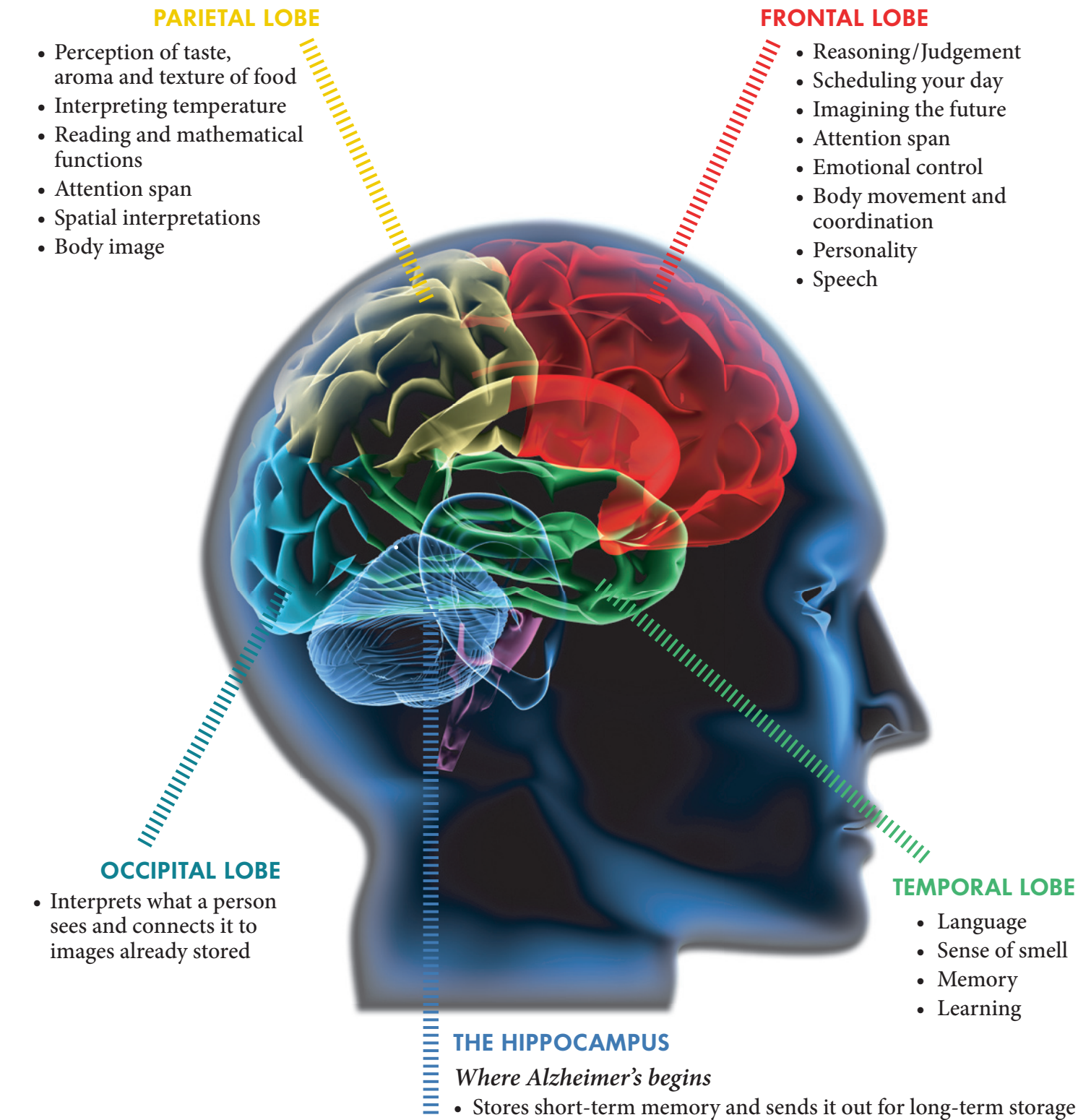


A Personal Guide to Alzheimer's Disease



CORE SERVICES

- 10 Specialized Adult Day Service Centers in Palm Beach, Martin, and St. Lucie Counties
- 24-Hour Crisis Line (1-800-394-1771)
- Family Nurse Consultant Program
- Education and Training

STRATEGIC PRINCIPLE

We place a safety net around patients and caregivers every day.™

SPECIALIZED ADULT DAY SERVICE CENTERS

Palm Beach County
BOCA RATON
FORREST LATTNER CENTER
 Advent Lutheran Church
 300 East Yamato Road
 561-391-6955
 License # 7299

DELRAY BEACH
BETTY KROLL CENTER
 Seacrest Presbyterian Church
 2703 Seacrest Blvd., North
 561-330-3541
 License # 9128

GREENACRES
(SE HABLA ESPANOL)
 Pines Plaza
 2164 Jog Road
 561-432-0668
 License # 8998

FAMILY NURSE CONSULTANT LOCATIONS

BOYNTON BEACH & WESTERN PALM BEACH COUNTY
 15200 Jog Road, Suite 206
 Delray Beach, FL 33446
 561-381-0231

BOYNTON BEACH
 15200 Jog Road, Suite 206
 Delray Beach, FL 33446
 561-381-0231

CENTRAL PALM BEACH COUNTY
 2164 Jog Road
 Greenacres, FL 33415
 561-432-0668

RESOURCES

- Annual Educational Conference
- Caregiver Support Groups
- Information and Referral
- Quarterly Publication
- Volunteer Program
- Case Management

HEADQUARTERS

800 Northpoint Parkway, Suite 101-B
 West Palm Beach, FL 33407
 Tel: 561-683-2700 Fax: 561-683-7600
 www.alzcare.org

ALZHEIMER'S 24-HOUR CRISIS LINE

1-800-394-1771

Martin County
NORTH STUART
 Prince of Peace Lutheran Church
 2200 North Federal Hwy.
 772-692-6981
 License # 8928

STUART
 Stuart Congregational Church
 3110 SE Aster Lane
 772-220-2773
 License # 8866

St Lucie County
FT. PIERCE
 St. Peters Lutheran Church
 2900 South Jenkins Road
 772-466-3261
 License # 9046

MARTIN COUNTY
 1111 S. Federal Highway
 Suite 116
 Stuart, FL 34994
 772-223-6351

ST. LUCIE COUNTY
 St. Peters Lutheran Church
 2900 South Jenkins Road
 Fort Pierce, FL 34981
 772-460-9166

LAKE WORTH
 Our Savior Lutheran Church
 1615 Lake Ave.
 561-585-7781
 License # 8852

PAHOKEE
 470 East First Street
 561-924-7283
 License # 9032

PALM BEACH GARDENS
 Nativity Lutheran Church
 4075 Holly Drive
 561-630-4724
 License # 8940

WEST PALM BEACH
BAXTER FOUNDATION CENTER
 800 Northpoint Parkway, Suite 101-A
 561-683-2700 ext. 145
 License # 8837

RIVIERA BEACH
 800 Northpoint Parkway
 Suite 101-A
 West Palm Beach, FL 33407
 561-683-2700 ext. 119

WEST PALM BEACH & NORTHERN PALM BEACH COUNTY
 800 Northpoint Parkway
 Suite 101-A
 West Palm Beach, FL 33407
 561-683-2700 ext. 142

THE GLADES
 470 East First Street
 Pahokee, FL 33476
 561-924-7283

A Personal Guide to Alzheimer's Disease

Alzheimer's Disease is a progressive brain disease that begins in the hippocampus and spreads throughout the brain.

EARLY STAGES

What day is it?

The disease begins in the hippocampus, then spreads to the frontal temporal lobe affecting recent memory, learning of new information, thinking, planning and organization.

MIDDLE STAGES

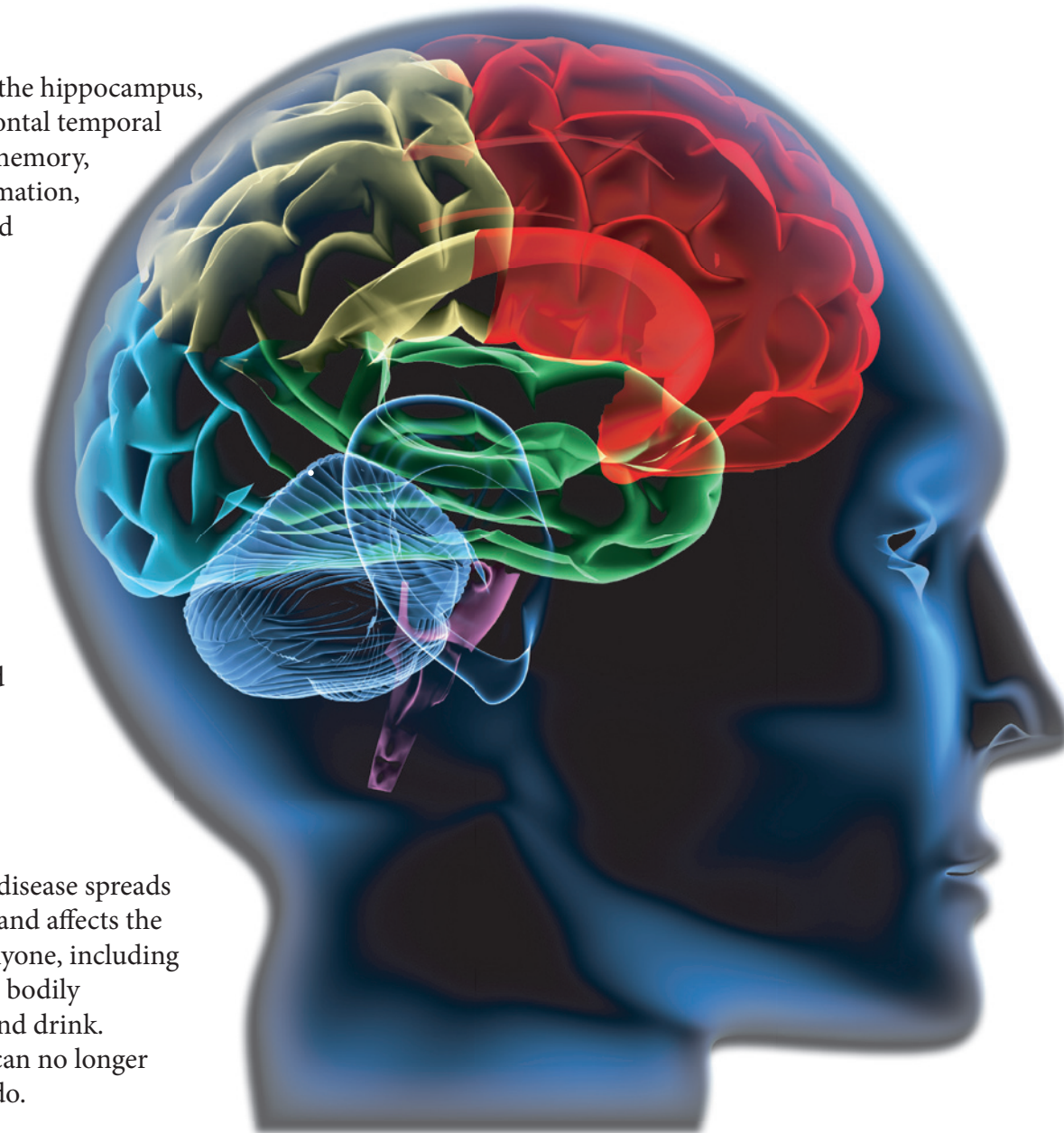
Who are you?

It moves further into the frontal temporal lobe and into the occipital and parietal lobes affecting sensory perception, communication, behaviors, impulse control, judgment and attention to personal appearance.

LATE STAGES

Who am I?

In the final stages the disease spreads throughout the brain and affects the ability to recognize anyone, including themselves, to control bodily functions and to eat and drink. Eventually, the brain can no longer tell the body what to do.



©2010, Alzheimer's Community Care, Inc. All Rights Reserved.

COMMUNICATION

Here are tips for trying to communicate with a person who has Alzheimer's disease – both understanding and being understood.

- Choose simple words and short sentences and use a gentle, calm tone of voice.
- Avoid talking to the patient like a baby or talking as though he/she were not present.
- Minimize distractions and noise – such as television or radio – to help the patient focus on what you are saying.
- Call the patient by name, making sure that you have his/her attention before speaking.
- Allow time for response. Be careful not to interrupt.
- If the patient is struggling to find a word or communicate a thought, gently try to provide the word he or she is attempting to say.
- Frame questions and instructions in a positive way.
- Do not overwhelm the patient with too much information or anything that is not immediately relevant.

BATHING

While some people with Alzheimer's disease don't mind bathing, for others it is a frightening, confusing experience.

- Plan the bath or shower for the time of day when the patient is most calm and agreeable. Be consistent. Try to develop a routine.
- Bathing oftentimes becomes scary and uncomfortable for some patients with Alzheimer's disease. Be gentle and respectful.
- Tell your patient what you are going to do, step by step, and allow him/her to do as much as possible.
- Prepare in advance. To lessen frustration, have everything needed ahead of time.
- Warm up the room beforehand and keep extra towels and a robe nearby. Test the water temperature before beginning; warm is good, hot is not.
- Minimize safety risks by using a handheld showerhead, shower bench, grab bars, and nonskid bath mats. Never leave the patient alone in the bath.
- Bathing may not be necessary every day. A sponge bath can be effective between showers or baths and makes it easier for both patient and caregiver.

DRESSING

Getting dressed can present a series of challenges – such as choosing what to wear, getting some clothes off and on and struggling with buttons and zippers.

- Try to have the patient get dressed at the same time each day so that he/she will come to expect it as part of the daily routine. Routine, routine, routine.
- Encourage the patient to dress him/her self to whatever degree possible. Plan and allow extra time so there is no pressure or rush. Focus on success and provide positive cues as much as possible.
- Allow the patient to choose from a limited selection of outfits. If he/she has favorite outfits or colors, consider purchasing several identical outfits.
- Arrange the clothes in the order that they are to be put on to simplify the process.
- Provide clear, step-by-step instructions if the patient needs prompting.
- Choose clothing that is comfortable, easy to get on and off, and easy to clean. Elastic waists and Velcro enclosures minimize struggles with buttons and zippers.

SLEEP PROBLEMS

For the exhausted caregiver, sleep can't come too soon. For many people with Alzheimer's disease, however, the approach of nighttime may be a difficult time. Many become restless, agitated, and irritable around dinnertime.

- Encourage exercise during the day and limit daytime napping, and make sure that the patient does not become too fatigued during the day, because that may increase late afternoon restlessness.
- Try to schedule more physically demanding activities earlier in the day. Bathing could be earlier in the morning, appointments and large family meals could be at mid-day.
- Set a quiet, peaceful tone in the evening to encourage sleep – schedule simple, calming activities in the afternoon and evening. Keep the lights dim, eliminate loud noises, and even play soothing music if the patient seems to enjoy it.
- Keep bedtime at a similar time each evening. Developing a bedtime routine may help.
- Restrict access to caffeine late in the day.
- During the afternoon hours, make sure lighting is adequate – not too bright and not too dim (reduce shadows). Use night lights in the bedroom, hall, and bathroom if the darkness is frightening or disorienting.
- Reassure and tell the patient what time it is and what they are to do.
- Avoid arguing or asking for explanations. Rational expectations on the caregiver's part only provoke the patient's frustration.

Sundowning Syndrome:

Restlessness or agitation beginning in the afternoon and worsening in the evening.

INCONTINENCE

Many people with Alzheimer's begin to experience incontinence – the inability to control their bladder and/or bowels. This can be upsetting to the patient and caregiver. Sometimes it is due to physical illness, so be sure to discuss with the patient's doctor.

- Establish a routine for taking the patient to the bathroom and stick to it as closely as possible, i.e., every three (3) hours – don't wait for the patient to ask.
- Watch for signs that the patient may need to go to the bathroom, such as restlessness or pulling or removal of clothes. Respond quickly – don't delay.
- Limit frustrations when accidents occur. Stay calm and reassure the patient if he/she is upset. Try to keep track of when accidents occur and help plan ways to avoid them.
- To help prevent nighttime accidents, limit certain types of fluids, such as those with caffeine in the evening. Prepare the bed with protective mattress covers.
- If you are going to be out with the patient, plan ahead. Know where restrooms are located, and have the patient wear simple, easy-to-remove clothing. Take an extra set of clothing along in case of an accident.
- Once the patient's physician has established that the incontinence is not a physical illness, seriously consider the use of incontinence products.

EATING

Some people want to eat all the time, while others have to be encouraged to maintain a healthy diet.

- View mealtimes as an opportunity for social interaction and success for the patient with Alzheimer's disease. Be patient, avoid rushing and enjoy this time together.
- Aim for established quiet, calm and reassuring mealtimes, and adapt to the patient's changing needs and tastebuds; be aware of the increased risk of choking as the disease progresses.
- Serve small portions; and choose dishes and eating tools that promote and empower independence. Use straws or cups with lids to make drinking easier.
- Maintain routine dental checkups and daily oral hygiene. Make sure the dentist understands his/her illness.
- If the patient has difficulty using utensils, consider serving finger foods.

WANDERING

Some people with Alzheimer's disease have a tendency to wander away from their home or their caregiver. Knowing what to do to limit wandering can protect a patient from becoming lost.

- Make sure that the patient carries some kind of identification or wears a medical bracelet. Consider enrolling the patient in a Safe Return+MedicAlert Bracelet or electronic monitoring bracelet program. If the patient gets lost and is unable to communicate adequately, identification will alert others to the medical condition. Notify neighbors, local authorities and the health care provider in advance that the patient has a tendency to wander.
- Keep doors locked. Consider a keyed deadbolt or additional lock up high or down low on the door. If the patient can open a lock because it is familiar, a new latch or lock may help.
- Secure or put away anything that could cause danger, both inside and outside the house.
- Ensure that the patient does not have access to car keys.
- If wandering is a high risk, an electronic monitoring program may be the only alternative for safety during this stage.

HALLUCINATIONS AND DELUSIONS

A person with Alzheimer's disease may experience hallucinations and/or delusions – the patient sees, hears, smells, tastes, or feels something that is not there.

- Hallucinations and delusions may be a sign of a physical illness. Keep track of what the patient is experiencing and discuss it with the doctor.
- Avoid arguing with the patient about what he or she sees or hears. Respond to the feelings he/she is expressing, and provide reassurance and comfort.
- Try to distract and redirect the patient to another topic or activity. Sometimes moving to another room or going outside for a walk with the patient may help.
- Change the channel or turn off the television set when violent or disturbing programs are on. The patient with Alzheimer's disease may not be able to distinguish television programming from reality.
- Make sure the patient is safe and does not have access to anything he/she could use to harm him/her self or others.

Delusions:

Delusions are false beliefs from which the person cannot be dissuaded.