

15 Simple Things
You Can Do
To Know
You Are Trying Your Best
For Parents with Dementia or Memory Loss





Contents

1) Start with a Good Feeling Each Day	4
2) Enjoy Reminiscence Therapy	5
3) Communicate More	6
4) Add Bright Lights	7
5) Prepare Midnight Munchies	8
6) Ask Medication Questions	9
7) Diet Right.....	10
8) Air Out that Guilt	12
9) Care for Yourself to Care for Them.....	14
10) Make Holidays Happier.....	15
11) Carefully Plan Trips	16
12) Design a Dementia-Safe Bedroom	17
13) Prevent Falls	18
14) Do a Home-Safety Check	19
15) When You Tried Your Best , Know You Did the Best.....	20

Introduction

Dementia caregiving is a creative grab-bag of techniques, treatments and therapies. The skills in the caregiver's bag are based on a mixture of scientific research, uncertain theories, trial-and-error and personal intuition.

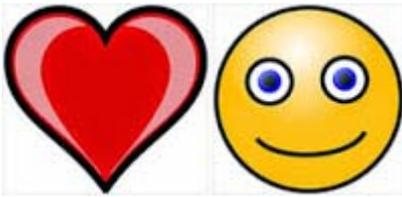
This booklet is rich with care practices based on research by highly-credentialed investigators. Keep in mind that caregiving advice is more of an art than a science. Therefore, since this is a collection of caregiving advice, it is not meant to be definitive. This is simply a guide suggesting "*Simple Things You Can Do to Help Your Loved One with Dementia or Memory Loss*".

A general version of this book is available for download at www.AlzWeek.com .

Disclaimer

This booklet is not medical advice. Always consult your doctor or healthcare professional about anything you read here and follow their professional advice. Any advice you follow based on this booklet is at your discretion. The author and Alzheimer's Weekly LLC has no affiliation with any companies or organizations mentioned or recommended in these pages.

1) Start with a Good Feeling Each Day



Caregivers have a profound influence on the emotional state of individuals with Alzheimer's.

A University of Iowa study further supports an inescapable message: caregivers have a profound influence -- good or bad -- on the emotional state of individuals with Alzheimer's disease.

Patients may not remember a recent visit by a loved one or having been neglected by staff at a nursing home, but those **actions can have a lasting impact on how they feel.**

The findings of this study are published in the journal, *Cognitive and Behavioral Neurology*.

UI researchers showed individuals with Alzheimer's clips of sad and happy movies. The patients experienced sustained states of sadness and happiness despite not remembering the movies.

"This confirms that **the emotional life of an Alzheimer's patient is alive and well,**" says lead author Edmarie Guzmán-Vélez. Despite the considerable amount of research aimed at finding new treatments for Alzheimer's, no drug has succeeded at either preventing it. Against this backdrop, this study highlights the need to develop new caregiving techniques aimed at improving the well-being and minimizing the suffering for the millions of individuals afflicted with Alzheimer's.

For this behavioral study, Guzmán-Vélez and colleagues invited 17 patients with Alzheimer's and 17 healthy participants to view 20 minutes of sad and then happy movies. These movie clips triggered expected emotions: sorrow and tears during the sad films and laughter during the happy ones.

Five minutes after watching the movies, participants took a memory test to see if they could recall what they had just seen. As expected, the patients with Alzheimer's retained significantly less information about both the sad and happy films than the healthy people. In fact, four were unable to recall any factual information about the films, and one patient didn't even remember watching any movies.

Before and after seeing the films, participants answered questions to gauge their feelings. Patients with Alzheimer's disease reported elevated levels of either sadness or happiness for up to 30 minutes after viewing the films despite having little or no recollection of the movies. Quite strikingly, the less the patients remembered about the films, the longer their sadness lasted. While sadness tended to last a little longer than happiness, both emotions far outlasted the memory of the films.

The fact that forgotten events continue to exert profound influences on patients' emotional life highlights the need for caregivers to avoid causing negative feelings and to try to induce positive feelings.

"Our findings should empower caregivers by showing them that their actions toward patients really do matter," Guzmán-Vélez says. She suggests simple things that can have a lasting emotional impact on a patient's quality of life and subjective well-being, such as:

- **Frequent visits**
- **Social interactions**
- **Exercise**
- **Music**
- **Dance**
- **Jokes**
- **Serving patients their favorite foods.**¹

¹ SOURCE: University of Iowa Health Care

2) Enjoy Reminiscence Therapy



"Reminiscence Therapy" in dementia takes advantage of strong long-term memories in people with early or mid-stage dementia. Steering clear of short-term memories and reinvigorating long-term memories in Alzheimer's patients takes advantage of powerful and emotional ties to the past.

Connect with Memories and Moments

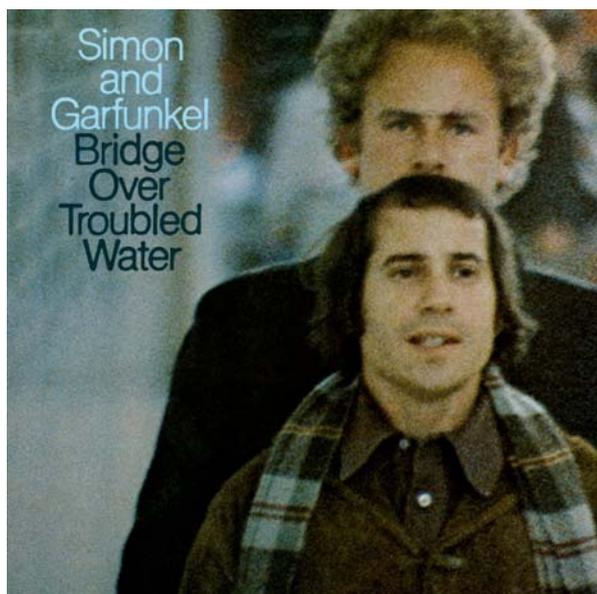
If you are a caregiver or loved one caring for someone with dementia, use holidays and family get-togethers as an opportunity of reflection to try and connect with their past memories of moments they loved.

Old movies, old songs, and even moments from their history can bring a smile to their face and a joy in their hearts.

Reflecting on the past can make your loved one feel included in your celebration, less stressed about the new situation, and happy to be surrounded by family.



The Power of Old Music



Alzheimer's expert Oliver Sacks was an eminent neurologist and acclaimed best-selling author. His remarkable career included his book and film "Awakenings" with Robin Williams. He said,

"Where I work at a hospital and at a number of old age homes, **there are a lot of people who have Alzheimer's or other dementias** of one sort or another. Some of them are confused, some are agitated, some are lethargic, some have almost lost language.

But **all of them, without exception, respond to music**. This is especially true of old songs and songs they once knew. These seem to touch springs of memory and emotion which may be completely inaccessible to them.

Enjoy Your Trip Down Memory Lane

And of course, it is just plain fun. We all look back on moments we love, so enjoy trips down memory lane. Take the opportunity to learn more about your loved one's history and passions. You may find something you never knew you had in common.

So, enjoy your days and evenings with those you love. Be sure to include them in your celebrations, let them appreciate what makes them happy, and tell them this is just another opportunity to show them how much you care.²



² SOURCE: Alliance Home Health Care

3) Communicate More

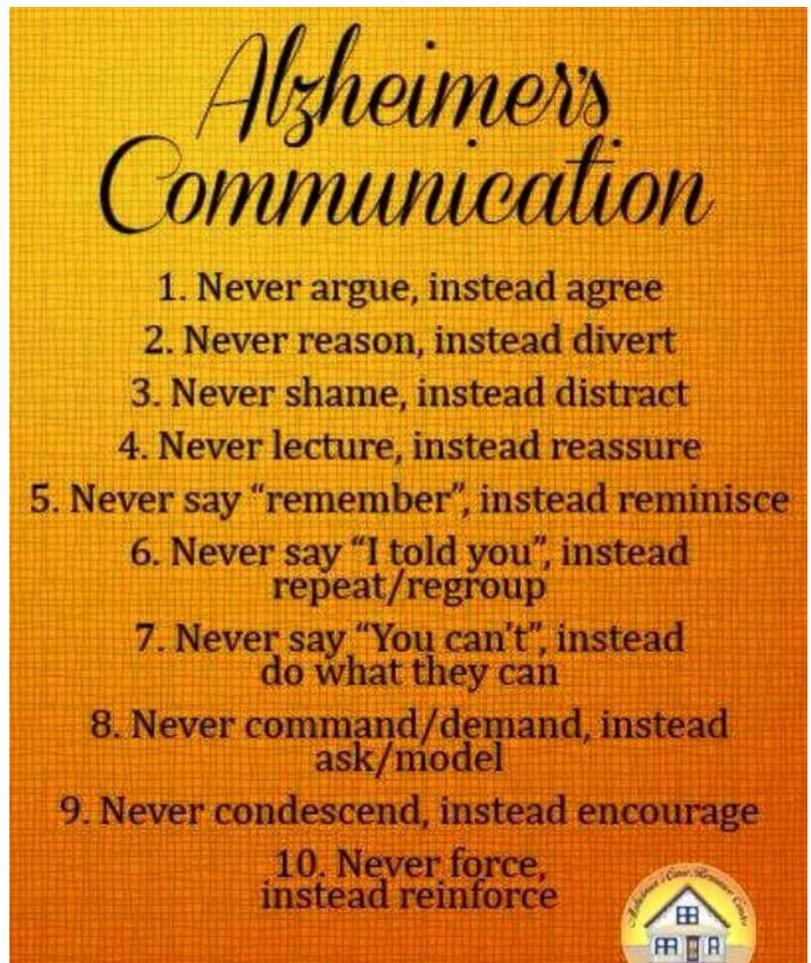
Good communication is critical when families and friends get together. Communicating may be difficult between people with memory-loss and their loved ones. Check out these 5 tips to help you with meaningful communication.

1. **Center yourself.** As soon as you start to get upset or frustrated, stop and concentrate on taking deep, slow breaths while focusing on something that makes you feel calm and collected.
2. **Use empathy.** Using empathy to connect includes focusing on the experience of your loved one with memory loss. It is important to connect with their feelings, rather than the context of their words.

3. **Ask open questions.** Use open-ended questions to redirect the conversation and to show that you're interested in exploring what is important to them. For example, if your loved one is insisting on visiting their deceased mother, rather than reminding them that she passed away, ask her to tell you about her mother and listen with empathy as she expresses her feelings.

4. **Try asking the extreme.** Asking the extreme means that you ask the person to tell you the best or worst thing about what they are expressing.

5. **Enter their reality.** Unless your loved one is in the very early stage of memory loss and wants to be reminded of a date, time or other reality based topic, **join their journey rather than force reality on them.**



4) Add Bright Lights

A down-to-earth Alzheimer's trial provided 4 weeks of tailored light therapy. The therapy significantly increased sleep quality, efficiency & total sleep duration. Daytime light therapy also significantly reduced rates of depression & agitation.



A study offering an easy-to-do conclusion suggests that light treatment, tailored to increase circadian stimulation during the day, may improve sleep, depression and agitation in people with Alzheimer's and related dementia.

Results show that exposure to the tailored light treatment during daytime hours for four weeks significantly increased sleep quality, efficiency and total sleep duration. It also significantly reduced scores for depression and agitation.

"It is a simple, inexpensive, non-pharmacological treatment to improve sleep and behavior in Alzheimer's disease and dementia patients," said principal investigator Mariana Figueiro, PhD, associate professor and Light and Health program director of the Lighting Research Center at Rensselaer Polytechnic Institute in Troy, New York. "The improvements we saw in agitation and depression were very impressive."

Therapy lights are easy to find. Check out:

- Your local lighting store
- Home Depots or Home Centers in your area
- Amazon.com offers a wide variety of therapy lights.

The research abstract was published recently in an online supplement of the journal *Sleep* and was presented in Minneapolis, Minnesota, at the 28th annual meeting of the Associated Professional Sleep Societies LLC.

The pilot study involved 14 nursing home patients with Alzheimer's disease and related dementia. A light source producing low levels of 300 to 400 lux of a bluish-white light with a color temperature of more than 9000 K was installed in the residents' rooms. Light exposure occurred during daytime hours for a period of four weeks. Light-dark and activity-rest patterns were collected using a calibrated instrument prior to and after the lighting intervention. Measures of sleep quality, depression and agitation also were collected using standardized questionnaires.

Figueiro added that the improvement in sleep quality also was associated with other noticeable behavioral changes.

"Subjective reports by the nursing staff were that the patients were calmer, eating better and their overall behavior was more manageable," she said.³

³ Source: American Academy of Sleep Medicine

- *More Information:* The research was supported by funding from the National Institute on Aging (NIA) within the National Institutes of Health (NIH).

5) Prepare Midnight Munchies



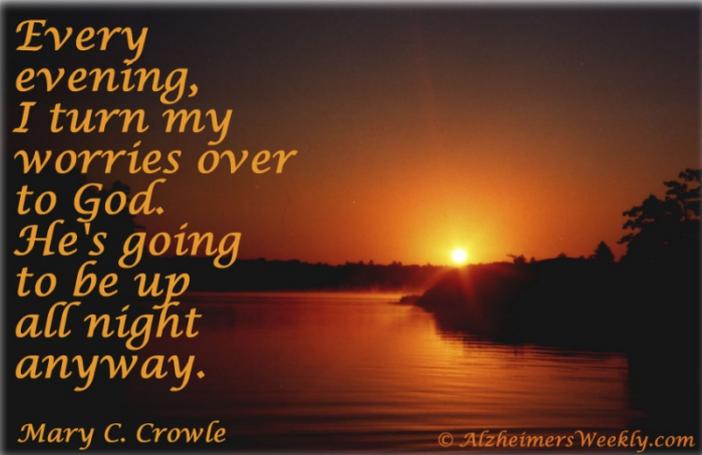
The Parker Jewish Institute in New Hyde Park, N.Y., was having problems with its dementia patients wandering at night. The staff worried about falls, but they didn't want to hand out more psychotropic medicines to make the patients sleepy. The medications often had harsh side-effects and actually increased the risk of falling. At the same time, of the 42 residents, 8 to 10 were constantly moving. But one night, a certified nursing assistant accidentally stumbled on a solution.

"Off We Go..."

Her boss, Aura Gordon, an RN manager, told the story this week at the Aging in America conference in Chicago. A patient, "a lovely man," got out of bed around 2 a.m., as was his custom, picked up his newspaper and headed down the hall. He was preparing to "go to the market," which had been his pattern when he was working. The nurse saw him and figured if he thought he was going to work, he should eat a little something. She gave him a slice of cake and a cup of coffee. He ate the cake, drank the coffee, and then went back to bed.

Thus began the midnight snack program at 8 South, a unit at Parker. Within weeks, Gordon has persuaded the home to provide snacks for the nighttime wanderers: cake, sandwiches, cookies, pudding, Jell-O, juices, coffee. They added bananas when they discovered that one very agitated woman -- who didn't want to eat the nursing home food because she thought it was poisoned -- immediately calmed down when she had a banana. They don't know why, but now they always have bananas on hand. And they make sure some of the snacks are sugar-free, for their diabetic patients.

Munchies Mean Fewer Sores, Falls and Injuries



Gordon says patients with dementia often don't know what time it is, which causes some to get up at all hours, ready to go. They get confused, and sometimes even violent, when they are urged back into their rooms and to bed. She reported that, since the snack program began, **they saw falls and related injuries decrease by 50 percent.** And, they also saw a decrease in pressure sores (also known as bed sores, or nosocomial ulcers). Now, she says, there are no sores in all of 8 South.

It's not rigorous scientific research, but 8 South is much calmer now, 24 hours a day.⁴

⁴ SOURCE: © Henry J. Kaiser Family Foundation. All rights reserved.

6) Ask Medication Questions

People with Alzheimer's take a lot of medicine. Some boost memory and cognition. Others help mood, behavior and other conditions. Ensure medication is taken safely & correctly.



Two things are true about all FDA-approved medications: They help & they have side-effects. The key is to get the right balance. Here is where to start:

Learn the Basics

Know **each** medicine (prescription & over-the-counter). **Ask the doctor or pharmacist:**

- 1) Why is this medicine being used?
- 2) What positive effects should I look for? When?
- 3) How long will the person need to take it?
- 4) How much should he or she take each day?
- 5) When does the person need to take it?
- 6) What if the person misses a dose?
- 7) What are the side effects? What can I do about them?
- 8) Can this medicine cause problems if taken with other medicines?

Managing medications is easier if you have a complete list. The list should show the name of the medicine, the doctor who prescribed it, how much to take, and how often. Keep the list in a safe place at home, with a copy in your purse or wallet. Bring it with you when on doctor or pharmacist visits. Monitor when a new drug is started. Follow the doctor's instructions and report any unusual symptoms right away. Also, let the doctor know before adding or changing any medications.

Use Medicines Safely



People with Alzheimer's often need help taking medicine. Call & remind them. Leave notes. Pillboxes allow setting up daily pills in advance. Some have reminder alarms. Keep track. Be sure they take them.

Non-Dementia Drugs: Some medicines treat behaviors like restlessness, anxiety, depression, trouble sleeping and aggression. Experts agree these should be used **only** after non-drug strategies are tried. Learn which medicines are safest & most effective. Use the lowest dose possible, watch for side effects like confusion and falls, & allow a few weeks for it to take effect

NO-NO to anticholinergic drugs like Benadryl. These drugs affect the brain and are used to treat sleep, stomach cramps, incontinence, asthma, motion sickness, muscle spasms and more. Side effects can be serious. Talk with the person's doctor about other, safer drugs.

Other Safety Tips

Trouble swallowing pills? Ask the pharmacist if the medicine can be crushed or taken in liquid form. Keep all medications locked up. Check that all labels have drug name, dose, patient's name, dosage frequency, and expiration date. Call the doctor or pharmacist if you have questions about any medicine.⁵

⁵ SOURCE: The Alzheimer's Disease Education and Referral (ADEAR) Center
National Institute on Aging, National Institutes of Health NIH...Turning Discovery into Health

7) Diet Right



In dementia, diet can help more than medicine. For example, the medicine Aricept® (generic: donepezil) treats dementia by blocking AChE. Rosemary does that naturally. Learn about rosemary's dementia-fighting benefits from USDA Dr. J. Duke.

"Rosemary contains more than a dozen antioxidants and a half-dozen compounds reported to prevent the breakdown of acetylcholine. It's fabulous that **the classical herb of remembrance has so many compounds that might help people suffering from Alzheimer's.**"

These are the words of Dr. James Duke, former U.S. Department of Agriculture (USDA) Chief of Medicinal Plant Research. Dr. Duke is one of the world's leading authorities on medicinal plants. He helped build the USDA database that demonstrates how rosemary may slow the progress of Alzheimer's.

Techtalk: How Aricept® and Rosemary Help

The brain depends on a neurotransmitter called acetylcholine, or ACh for short. The brain keeps making fresh batches. In order to keep the brain from getting flooded with it, there is an "esterase" that breaks it down after use. Think of the esterase as the garbage truck, carting away extra acetylcholine. In Alzheimer's, there is a shortage of acetylcholine, so we want to inhibit (or block) the esterase (*the garbage collector*), so that more acetylcholine stays in the brain. To do that, a person needs to consume an acetylcholine esterase inhibitor, such as Aricept® or rosemary.

His strong advocacy of rosemary has to do with a chemical called acetylcholine. Anyone who has lived with Alzheimer's in the past decade has heard of the drug Aricept®, sold generically as donepezil. It is the #1 drug therapy for Alzheimer's.

Aricept® is a medicine that does one thing: it prevents the breakdown of acetylcholine.

So does rosemary.

Dr. Duke said that when he learned of the new medications that fought Alzheimer's by inhibiting the breakdown of acetylcholine, "I probed my U.S. Department of Agriculture (USDA) database for herbs with phytochemical constituents that were also reported to prevent the breakdown of ACh (*acetylcholine*).

"Even though I myself had been the source of the overwhelming proportion of the data in the database for more than a decade, I was surprised at the output. The database yielded about a half dozen anti-AChE (*acetylcholine esterase*) compounds, with *Rosmarinus officinalis* (*rosemary*) the proud winner in terms of their numbers and potencies."

Dr. Duke's Big Bet

Back in 1994, Dr. James Duke publicly bet his hair that rosemary shampoo would do as well as over-the-counter medication in helping the symptoms of Alzheimer's.

Why?

"Because," he said, "aromatic phytochemicals are absorbed transdermally through the pores in the scalp just as elsewhere on hairy areas of the body, so it would be a very good bet indeed that some of the volatile aromatic phytochemicals in rosemary shampoo would make their way into the circulation and thence to the brain."

Probing the USDA phytochemical database once again on Labor Day 2007, he found that rosemary has now been reported to contain nearly a dozen aromatic compounds potentially active against AChE (*acetylcholine esterase*).

Dr. Duke shares more about that memory from three years ago. "On that same day I heard, at least thrice, a commercial broadcast on NBC telling listeners that Aricept® (*donepezil HCl*), the most heavily promoted of synthetic anti-Alzheimer's drugs, probably modifies a neurotransmitter involved in Alzheimer's. But Aricept® consists only of a single AChE inhibitor, and it's synthetic and unnatural; rosemary contains nearly a dozen!!"

Extra Bonus

In addition to its benefits to memory and cognition, herbs like rosemary also contain thousands of phytochemicals that have other positive effects on health. In addition, aromatic herbs like rosemary will also produce an attractive aroma in the otherwise depressing environment that Alzheimer's can often induce.

Dr. Duke's Takeaway

Dr. James Duke sums up with the following advice: "All of this leads me to conclude that rosemary shampoo, rosemary tea (and aromatic mint teas), and rosemary in skin lotions and in bath water are safe and pleasant ways to reduce the risk of Alzheimer's disease. And cholinergic foods... chased down with an anti-AChE herbal tea... would be my suggestion for retarding dementia."⁶

Rosemary in History

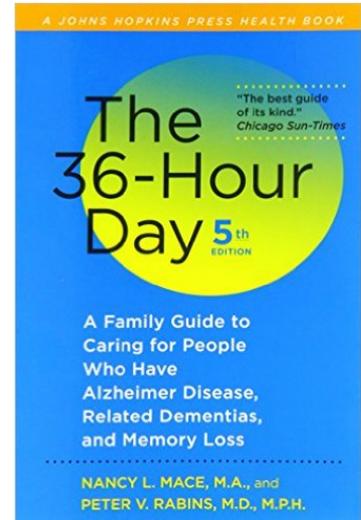
- Sir Thomas Moore (1478-1535) wrote, "As for rosemary, I let it run all over my garden walls, not only because my bees love it but because it is the herb sacred to remembrance..."
- In ancient Greece, students wore sprigs of rosemary in their hair to fortify the brain and refresh the memory. In Greek mythology, Minerva, the goddess of knowledge, is associated with rosemary. Also part of Greek mythology were the nine daughters of Mnemosyne, or memory, who are often depicted as holding sprigs of rosemary.
- Rosemary has been used as a symbol for remembrance (during weddings, war commemorations and funerals) in Europe [and Australia](#).
- Mourners would throw it into graves as a symbol of remembrance for the dead.
- In William Shakespeare's *Hamlet*, Ophelia chides Hamlet, saying, "There's rosemary, that's for remembrance; pray, love, remember." (*Hamlet*, iv. 5.)
- In 1607, Roger Hackett, one doctor of divinity of the time, said of rosemary that, "It helpeth the brain, strengtheneth the memorie and is very medicinable for the head."
- Rabbi Doctor Moses Maimonides, often deemed the greatest Talmudic scholar since Moses at Sinai, taught 800 years ago that tea made of rosemary leaves soothes the nerves, sharpens brain function and memory, and helps induce sleep.

⁶ SOURCE: Green Pharmacy Desk Reference

8) Air Out that Guilt



Caregiving for dementia shows true dedication and love. Yet daily frustrations trigger lots of guilt. Dr. Peter Rabins should know. He wrote the #1 care book on dementia, "The 36 Hour Day". See Dr. Rabins interview caregivers on their feelings of guilt and healthy ways to approach it.



Video Interview:

Dr. Peter Rabins, Author, MD, MPH, Johns Hopkins Hospital:

Caregiving for people with chronic diseases is challenging no matter what the illness. One of the unique aspects of caring for someone with Alzheimer's disease is that caregivers almost always feel guilty in some way.

I've come to believe that it is actually the disease itself, Alzheimer's disease, and the kind of care that people need, that engenders or causes that guilt in caregivers.

Caregiver: You have to realize that it is OK to get annoyed, because they forget. Some days, I want to cry. I remember the day I sat down with him, took his hand and I said, "Honey. I'm not doing a very good job. You don't know what I want and I am getting cross. Now what we have to do is ask God to help us."

1) Recognize You Are Doing the Best You Can

Dr. Rabins: Almost every caregiver becomes frustrated or angry at some point in caring for someone with Alzheimer's. I think that is one of the causes of the high rate of guilt. **Because this is almost universal, I think it's important to keep in mind that most of the time, the caregiver is doing a good job.**

Caregiver: I was probably more harsh than I should have been initially because I really did not believe this could be happening. So when she would make mistakes or be forgetful, I would think that maybe it was a little bit of an attention-getting thing. So when she would do that, I would be pretty severe. "Mom, you know, come on, let's do it this way." Or, "Mom, what's wrong with you." And I feel really bad now.

2) Understand that Changes in Behavior are Part of the Disease

Dr. Rabins: Understanding that it is the disease that's changing the person, that they're not doing things on purpose, and that your frustration and anger is often in response to these changes that the disease is producing, can help people understand and put in perspective the fact that they get angry and therefore feel guilty.

Caregiver: I kept expecting more of him, forgetting that he really couldn't do any better. Sometimes it really upset me when I was making such demands on him. Then I thought that this is cruel, he doesn't know any better.

Dr. Rabins: It took a good while for you to understand?

Caregiver: It took a long while and I look back and am ashamed of my actions.

3) Develop Realistic Expectations

Dr. Rabins: One way to avoid becoming so frustrated and feeling guilty is to have realistic expectations. Understand that the disease is changing the person. If you can, adapt to how they're changing, and the fact that they can no longer do things that they did yesterday or last month. This can help lessen the likelihood that you'll be frustrated, and then lower the likelihood that you'll become guilty or down on yourself.

4) Modify Expectations as the Disease Progresses

Dr. Rabins: Do you think something could have been done years ago in the past would have made this an easier adaptation?

Caregiver: I guess the area about forcing her to do things that she couldn't and that anxiety. I think if I had really listened more in and had talked to more people that had explained to me that this is the progression, this is what you can expect, that it would have been easier for me to be kinder, sooner.

5) Accept New Behaviors and the Loss of Social Skills

Dr. Rabins: One of the hardest things to adapt to is that the disease often takes away a person's social graces. People do things that they never would have done before. That's hard to see.

Caregiver: We went out to dinner recently. She picked up the meat with her fingers. My immediate reaction was to look around, like, "Oh my goodness! I can't believe my mother's doing this!" Because, looking at her, you could not tell that she has Alzheimer's. Then I thought, "How ridiculous!" You know, here I am worried about what people are thinking. I should be worried about my mother, but truthfully my initial reaction was, "What will people think?" The first time something happens, if you act in a way that you're not proud of, you should be able to forgive yourself and say, "Okay, you know it's alright. Maybe I wasn't the way I should have been, but the next time, I will be ready for this."

6) Remember: Caregiving is About Love

Dr. Rabins: I think it helps put caregiving in the right context, to help us realize that part of our doing it is coming out the love and caring that we have for the old person. If we can put aside some the frustration guilt and anger, and the love is still there, that the reward of caregiving them can come to the forefront.

Caregiver: I think we just kept trying to stress that it wasn't her fault and we loved her and we were going to work with her.

Dr. Rabins: Does she respond to hugs and touching?

Caregiver: Oh, yes! And I think they're important to do so that she doesn't feel that she's not loved. I think it's very important that she constantly feels this love surrounding her.⁷



⁷ SOURCE: Johns Hopkins University

9) Care for Yourself to Care for Them



Caring for dementia can bring on caregiver burnout. It endangers patient & caregiver. Learn 9 ways to take better care of yourself.

Take care of yourself. It is one of the most important things to do as a caregiver. Ask family members or friends to help out, do things you enjoy, use adult day care services, or get help from a local healthcare agency. These actions can bring some relief. It also may help keep from getting ill or depressed.

9 Ways You Can Take Care of Yourself

- 1) Ask for help when you need it.
- 2) Join a caregivers' support group.
- 3) Take breaks each day.
- 4) Spend time with friends.
- 5) Keep up with your hobbies and interests.
- 6) Eat healthy foods.
- 7) Get exercise as often as you can.
- 8) See your doctor on a regular basis.
- 9) Keep your health, legal, and financial information up-to-date.

It's Okay to Ask for Help

Many caregivers find it hard to ask for help. They feel like they should do everything, or that no one will help, even if they ask. They wonder, "Is it right to leave someone with Alzheimer's with someone else?" It's okay to ask for help from family and friends. Don't do everything yourself. Try these tips:

- Ask people to help out in specific ways like making a meal, visiting, or taking them out.
- Join a support group to share advice and understanding with other caregivers. These groups meet in person or online. Ask the doctor or information for your local Alzheimer's organization.

Your Health

You may be busy caring for the person with Alzheimer's and don't take time to think about your emotional health. But, you need to. Caring for people with Alzheimer's takes a lot of time and effort. Sometimes, you may feel discouraged, sad, lonely, frustrated, confused, or angry. These feelings are normal. Here are some things you can say to yourself that might help you feel better.

- 1) I'm doing the best I can.
- 1) What I'm doing would be hard for anyone.
- 2) I'm not perfect, but that's okay.
- 3) I can't control some things that happen.
- 4) Sometimes, I just need to do what works for right now.
- 5) Even when I do everything I can think of, there will still be problem behaviors because of the illness, not because of what I do.
- 6) I will enjoy moments together in peace.
- 7) I will try to get help from a counselor if caregiving becomes too much for me.

Meeting Your Spiritual Needs

As the caregiver of a person with Alzheimer's, you may need more spiritual resources than others. Meeting your spiritual needs can help you cope better as a caregiver and find a sense of balance and peace. Some people like to be involved with others as part of a religious community. For others, simply having a sense that larger forces are at work in the world helps meet their spiritual needs.⁸

⁸ SOURCE: The Alzheimer's Disease Education and Referral (ADEAR) Center

10) Make Holidays Happier



Relatives with a dementia such as Alzheimer's may be frail or have special emotional, mental and physical health needs. Find out how to give that extra attention to help them enjoy holidays.

(HealthDay News)

Experts at the University of California, San Diego, offer the following tips:

- 1) If an older family member tires easily or is vulnerable to over-stimulation, limit the activities or length of time that person is included in the festivities.
- 2) Consider planning a nap time or providing a "quiet room" where an older person can take a break from the noise and confusion.
- 3) If there's a get-together at the home of someone with memory impairment or behavioral problems, don't rearrange the furniture. This could cause confusion and anxiety.
- 4) If the family function is somewhere else, remove slippery throw rugs and other items that could be hazards or barriers to people who have difficulty walking.
- 5) Avoid comments that might embarrass someone with short-term memory problems.
- 6) Make sure that older people adhere to their regular schedule of medications during the holiday hustle and bustle.
- 7) Reach out to older relatives and friends who are alone. Loneliness in older people is associated with major depression and with suicidal thoughts and impulses.
- 8) Involve everyone in holiday meal preparation, assigning tasks to include the youngest and oldest family members.
- 9) Avoid crowds, changes in routine, and strange surroundings that may cause confusion or agitation.
- 10) Do your best to enjoy yourself. Try to find time for the holiday things you like to do, even if it means asking a friend or family member to spend time with the person while you are out.
- 11) At larger gatherings such as weddings or family reunions, try to have a space available where the person can rest, be by themselves, or spend some time with a smaller number of people, if needed.

Visitor Prep

Visitors are important to people with Alzheimer's. They may not always remember who the visitors are, but just the human connection has value. Here are some ideas to share with someone who is planning to visit a person with Alzheimer's.

- Plan the visit at the time of the day when the person is at his or her best. Consider bringing along some kind of activity, such as something familiar to read or photo albums to look at, but be prepared to skip it if necessary.
- Be calm and quiet. Avoid using a loud tone of voice or talking to the person as if he or she were a child. Respect the person's personal space and don't get too close.
- Try to establish eye contact and call the person by name to get his or her attention. Remind the person who you are if he or she doesn't seem to recognize you.
- If the person is confused, don't argue. Respond to the feelings you hear being communicated, and distract the person to a different topic if necessary.
- If the person doesn't recognize you, is unkind, or responds angrily, remember not to take it personally. He or she is reacting out of confusion.

11) Carefully Plan Trips

Taking a person with Alzheimer's on an overnight trip is a challenge. Traveling can make the person worried and confused, so think ahead. Here are some tips.



Plan Ahead

- 1) Talk with the person's doctor about medicines to calm someone who gets upset while traveling.
- 2) Find someone to help you at the airport, train station, or bus station.
- 3) Keep important documents with you in a safe place. These include health insurance cards, passports, doctors' names and phone numbers, a list of medicines, and a copy of medical records.
- 4) Pack items the person enjoys looking at or holding for comfort.
- 5) Travel with another family member or friend.
- 6) Take an extra set of clothing in a carry-on bag.
- 7) People with memory problems may wander around a place they don't know well. In case someone with Alzheimer's disease gets lost:
 - Make sure the person wears an ID bracelet or something else that tells others who he or she is.
 - Carry a recent photo of the person with you on the trip.

After You Arrive

- 1) Allow lots of time for each thing you want to do. Don't plan too many activities.
- 2) Plan rest periods.
- 3) Follow a routine like the one you use at home. For example, try to have the person eat, rest, and go to bed at the same time he or she does at home.
- 4) Keep a well-lighted path to the toilet, and leave the bathroom light on at night.
- 5) Be prepared to cut your visit short if necessary.

Communicate with others when you're out in public. Some caregivers carry a card that explains why the person with Alzheimer's might say or do odd things. For example, the card could read, "My family member has Alzheimer's disease. He or she might say or do things that are unexpected. Thank you for your understanding."

Visiting Family and Friends

Spending time with family and friends is important to people with Alzheimer's disease. They may not always remember who people are, but they often enjoy the company. Here are some tips to share with people you plan to visit:

- 1) Be calm & quiet. Don't use a loud voice or talk to the person with Alzheimer's as if they were a child.
- 2) Respect the person's personal space, and don't get too close.
- 3) Make eye contact and call the person by name to get his or her attention.
- 4) Remind the person who you are if he or she doesn't seem to know you.
- 5) Don't argue if the person is confused. Respond to the feelings that he or she expresses. Try to distract the person by talking about something different.
- 6) Don't take it personally if they cannot recognize you, are unkind, or get angry. They are confused. Have ready some kind of activity, such as a familiar book or photo album to look at. This can help if the person with Alzheimer's is bored or confused and needs to be distracted. But be prepared to skip the activity if it is not needed.⁹

⁹ SOURCE: Alzheimer's Disease Education and Referral Center

12) Design a Dementia-Safe Bedroom



Use this safety checklist for living at home with dementia. It can alert you to potential hazards.

Your home is a personal and precious environment. As you go through this checklist, make adaptations that modify and simplify without severely disrupting the home. You may want to consider setting aside a special area for yourself, a space off-limits to anyone else and arranged exactly as you like. Everyone needs private, quiet time.

A safe home can be a less stressful home for a person with a dementia such as Alzheimer's, the caregiver, and family members. You don't have to make these changes alone. You may want to enlist the help of a friend, professional, or community service such as the Alzheimer's Association.

Bedroom Checklist

- Anticipate the reasons a person with Alzheimer's disease might get out of bed, such as hunger, thirst, going to the bathroom, restlessness, and pain. Try to meet these needs by offering food and fluids and scheduling ample toileting.
- Use a night-light.
- Use a monitoring device to alert you to any sounds indicating a fall or other need for help. *(Also effective for bathrooms.)*
- Remove scatter rugs and throw rugs.
- Remove portable space heaters.
- If you use portable fans, be sure objects cannot be placed in the blades.
- Be cautious when using electric mattress pads, electric blankets, electric sheets, and heating pads, all of which can cause burns and fires. Keep controls out of reach.
- If the person with Alzheimer's disease is at risk of falling out of bed, place fall mats next to the bed, as long as they do not create a greater risk of accident.
- Use transfer or mobility aids.
- A soothing-vapor waterless vaporizer can reduce agitation and create a sense of calm.
- Consider adding an adjustable bed-rail or a mini-bed-rail. If you are considering using a hospital-type bed with rails and wheels, read the Food and Drug Administration's up-to-date safety information online.¹⁰

¹⁰ SOURCE: National Institute on Aging, National Institutes of Health

13) Prevent Falls

Falls are the leading cause of injury-related deaths for seniors, with 1-in-3 adults over the age of 65 falling every year. Older adults with dementia are up to 60% more likely to fall, putting them at a greater risk of sustaining injuries, which can lead to hospitalization & immobility.



6 of 10 falls happen at home, where we spend much of our time and tend to move around without thinking about our safety. Many of these falls could be prevented by making these simple changes:

- 1) **MAKE FINDING "MY STUFF" EASIER:** Put frequently used items in easily-accessible places.
 - 2) **REMOVE STUMBLING BLOCKS:** Remove anything that could cause you to trip or slip while walking. Clutter, small furniture, pet bowls, electrical or phone cords, and throw rugs cause falls.
 - 3) **ORGANIZE FURNITURE:** Arrange furniture so you have plenty of room to walk freely. Also, remove items from stairs and hallways. Get rid of chairs that swivel.
 - 4) **MODEST BATHROOM UPGRADES:** Use non-slip items. Put non-slip strips or rubber mats on bathtub and shower floors. Add a tub rail, **grab bars**, elevated toilet seat and/or bath seat.
 - 5) **HANDRAIL HABITS:** Get consistent with using the handrails on your stairs. When you carry something up or down the stairs, hold the item in one hand and use the handrail with the other.
 - 6) **LIGHTING:** Make sure you have enough lighting in each room, on stairs, hallways, at entrances, and on outdoor walkways. Lamps and lighting should be of great intensity or power, so that dangers are clearly illuminated and seen. Use light bulbs that have the highest wattage recommended for the fixture. Place a lamp next to your bed along with night lights in the bathroom, hallways, and kitchen. Keep a flashlight by your bed in case the power goes out and you need to get up at night.
 - 7) **CARPETS:** Secure carpets to the floor and stairs. Use non-slip rugs, or attach rugs to the floor with double-sided tape.
 - 8) **FLOORS:** Avoid wet floors. Clean up spills right away. Use non-skid wax on your waxed floors.
 - 9) **SHOES:** Wear rubber-soled, low-heeled shoes that fully support your feet. Wearing only socks or shoes/slippers with smooth soles on stairs or floors without carpet can be unsafe. Assess the gripping nature of rubber-soled shoes, which may be a tripping hazard, as they 'catch' on the floor.
 - 10) **EYES & EARS:** Have your eyes and hearing tested often. Always wear your glasses when you need them. If you have a hearing aid, be sure it fits well, and wear it.
 - 11) **MEDICATION:** Find out about the side effects of any medicine you take. If a drug makes you sleepy, slow or dizzy, tell your doctor or pharmacist.
 - 12) **SLEEP:** Get enough sleep. If you're sleepy, you're more likely to fall.
 - 13) **ALCOHOL:** Limit the alcohol you drink. Even a small amount can affect balance & reflexes.
 - 14) **KEEP ON MOVING:** Stay physically active. Light exercise to increase lower-body strength, as well as simple balance exercises, can help prevent falls. Consider assisted devices when walking alone becomes unsafe, like a cane, walker or wheelchair. Weight-bearing activities, such as walking or climbing stairs, may slow bone loss from osteoporosis.
- Visit www.nia.nih.gov/Go4Life to find sample exercises to help prevent falls. Stand up slowly after eating, lying down, or sitting. Getting up too quickly can cause your blood pressure to drop, which can make you feel faint.



Falls are a major, yet preventable, threat to the independence and health of older adults, especially those living with dementia. **With the 14 fall prevention tips above, family members can reduce the risk of falls and make a huge difference in the life of their loved one.**¹¹

¹¹ SOURCES: Lewy Body Dementia Association.

14) Do a Home-Safety Check

Wandering, agitation and other Alzheimer's behaviors are more effectively treated by changing surroundings than by medication. For example, removing dangerous items gives patients freedom to move around independently & safely.



Minimize Danger

People with Alzheimer's see, smell, touch, hear, and taste things differently. Do things to make life safer and easier for them. For example:

1. Check all rooms for adequate lighting. Use nightlights in bathrooms, bedrooms, and hallways.
2. Be careful about small pets. The person may not see the pet and trip over it.
3. Reset the water heater to 120 degrees Fahrenheit to prevent burns.
4. Label hot-water faucets red and cold-water faucets blue, or write the words "hot" and "cold".
5. Install grab bars in the tub/shower and beside the toilet.
6. Put signs near ovens, toasters, and other hot things saying, "Stop!", "Don't Touch, "Very Hot!"

You can also try these tips:

- Check foods in the refrigerator often. Throw out any that have gone bad.
- Put away or lock up things like toothpaste, lotions, shampoos, rubbing alcohol, soap, or perfume. They may look and smell like food to a person with Alzheimer's.
- If the person wears a hearing aid, check the batteries and settings often.

Basic Safety for Every Room

Add the following items to the person's home if they are not already in place:

1. Smoke and carbon monoxide detectors in or near the kitchen and in all bedrooms
2. Emergency phone numbers and the person's address near all phones
3. Safety knobs and an automatic shut-off switch on the stove
4. Childproof plugs for unused electrical outlets and childproof latches on cabinet doors

You can buy home safety products at stores carrying hardware, electronics and medical supplies.

Lock up or remove these potentially dangerous items from the home:

1. Medicines
2. Alcohol
3. Cleaning and household products, such as paint thinner and matches
4. Poisonous plants
5. Guns and other weapons, scissors, knives, power tools, and machinery
6. Gasoline cans and other dangerous items in the garage

Moving Around the House

Try these tips to prevent falls and injuries:

1. Simplify the home. Too much furniture can make it hard to move around freely.
2. Get rid of clutter, such as piles of newspapers and magazines.
3. Have a sturdy handrail on stairways.
4. Put carpet on stairs, or mark the edges of steps with brightly colored tape.
5. Put a gate across the stairs if the person has balance problems.
6. Remove small throw rugs. Use rugs with nonskid backing instead.
7. Make sure cords to electrical outlets are out of the way or tacked to baseboards.
8. Clean up spills right away.

Make sure the house has good floor traction. Leave floors unpolished or install nonskid strips. Shoes and slippers with good traction also help the person move around safely. Re-evaluate the safety of the person's home as behavior and abilities change.

15) **When You Tried Your Best,
Know You Did the Best.**

