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Alzheimer's Disease

Teaching Plan

To use this lesson for self-study, the learner should read the material, do the activity, and take the test. For group study, the leader may give each learner a copy of the learning guide and follow this teaching plan to conduct the lesson. Certificates may be copied for everyone who completes the lesson.

Learning objectives

Participants will be able to:

- Recognize signs of Alzheimer's disease (AD)
- Apply suggestions that may make caring for the AD patient easier
- Use techniques for handling difficult behaviors in a compassionate way

Activity

1. Ask participants to remember a time when they faced an unfamiliar situation. The first day of a new job, for example, usually requires talking to strangers, figuring out unfamiliar routines and tasks, and getting around in a strange building. Encourage the learners to tell you how they feel in such situations. Some natural feelings include confusion, puzzlement, nervousness, insecurity, or even fear. Explain to participants that a person with Alzheimer's disease feels this way all the time. The world is more puzzling to them every day. Everyone seems to be a stranger, nothing seems familiar, and abilities they used to have are gone. When we try to see situations from the point of view of the person with Alzheimer's, it is easy to understand why they are sometimes anxious, irritable, or upset.
2. Distribute index cards or paper. Ask each learner to write down a problem or question about caring for people with Alzheimer's disease. Have the learners fold the papers or cards and place them in a box or basket you provide. Hand out copies of the learning guide. Have each learner draw a card from the basket. Instruct the learners to read the learning guide and try to find an answer

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to the question or problem. Allow enough time for everyone to find their answer, and then ask learners to read their question or problem aloud to the group and explain the answer they found. If there is no answer for the problem in the learning guide, have learners discuss possible solutions based on the principles in the lesson.

The lesson

Review the material in the lesson with participants. Allow for discussion.

Conclusion

Have participants take the test. Review the answers together. Award certificates to those who answer at least seven (70%) of the test questions correctly.

Test answers:

1. c
2. T
3. e
4. T
5. b, c, e
6. T
7. T
8. F
9. c
10. F

Alzheimer's Disease

Contents:

- Understanding Alzheimer's disease (AD)
- Causes
- Complications
- Treatment
- Prevention and research
- Signs
- Caring for the AD patient

Understanding Alzheimer's Disease

Alzheimer's disease (AD) is the most common form of dementia. More than 4 million Americans have AD. The disease is characterized by memory loss, language deterioration, poor judgment, and an indifferent attitude.

Dementia is a brain disorder that seriously affects a person's ability to carry out daily activities. It involves the parts of the brain that control thought, memory, and language. Healthy brain tissue dies or deteriorates, causing a steady decline in memory and mental abilities.

AD is not the only form of dementia. Doctors diagnose AD by doing tests to eliminate all the other possible reasons for the person's symptoms. If no other cause is found, usually a diagnosis of AD is given.

AD causes progressive degeneration of the brain. It may start with slight memory loss and confusion but eventually leads to severe, irreversible mental impairment that destroys a person's ability to remember, reason, learn, and imagine. Usually, family members notice gradual—not sudden—changes in a person with AD.

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As AD progresses, symptoms become serious and family members usually seek medical help. Progression from simple forgetfulness to severe dementia might take five to 10 years or longer.

People with mild AD may live alone and function fairly well. People with moderate AD may need some type of assistance. People with advanced AD generally require total care.

Causes

Think of the way electricity travels along wires from a power source to the point of use. Messages travel through the brain in a similar way, but they are carried by chemicals instead of wires. Information travels through the nerve cells in the brain so we can remember, communicate, think, and perform activities.

Researchers have found that people with AD have lower levels of the chemicals that carry these important messages from one brain cell to another. In addition, people with AD have many damaged or dead nerve cells in areas of the brain that are vital to memory and other mental abilities. Although the person's mind still contains memories and knowledge, it may be impossible to find and use the information in the brain because of AD.

Abnormal structures called plaques and tangles are another characteristic of AD:

- **Plaques.** It is believed that plaque deposits form between brain cells early in the disease process.
- **Tangles.** This refers to the way that brain cells become twisted, causing damage and nerve cell death.

These structures block the movement of messages through the brain, causing memory loss, confusion, and personality changes.

The person with AD has no control over these symptoms and cannot be held responsible for behavior problems.

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Complications

Most people with AD die from another illness, not from AD. In advanced AD, people lose the ability to do normal activities and care for their own needs. They may have difficulty eating, going to the bathroom, or taking care of their personal hygiene. They may wander away, get lost, or become injured. They may develop complicating health problems such as pneumonia, infections, falls, and fractures.

Treatment

There is no cure. Medications are available that may slow AD, lessening the symptoms, but they are unable to stop or reverse the disease. These include tacrine (Cognex), donepezil (Aricept), rivastigmine (Exelon), and galantamine (Reminyl).

Medicines are sometimes ordered to help with symptoms such as sleeplessness, wandering, anxiety, agitation, and depression.

Prevention and research

There is no known way to prevent AD. Researchers continue to look for ways to reduce the risk of this disease.

It is believed that lifelong mental exercise and learning may create more connections between nerve cells and delay the onset of dementia. People should be encouraged to learn new things and stay mentally active as long as possible.

Caring for the AD Patient

AD progresses at a different rate with each person. It is important to focus on things that the person with AD can still do and enjoy.

All persons with AD need unconditional love and constant reassurance, no matter what stage of the disease they are in.

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You will recognize the following signs in many patients with AD:

- Increasing and persistent forgetfulness.
- Difficulty finding the right word.
- Loss of judgment.
- Difficulty performing familiar activities such as brushing teeth or bathing.
- Personality changes such as irritability, anxiety, pacing, and restlessness.
- Depression. Depression may show itself in some of the following ways:
 - Wandering
 - Anxiety—this can be caused by noise, feeling rushed, and large groups
 - Weight loss
 - Sleep disturbance
- Pacing and agitation. Agitation often is a symptom of underlying illness or pain. Medication can also cause agitation, as can changes in the environment.
- Cursing or threatening language.
- Disorientation, delusions, or hallucinations. A person with hallucinations sees, hears, or feels things that are not there. A person with delusions believes strongly in something that is not true, such as believing that he has been captured by enemies.
- Difficulties with abstract thinking or complex tasks. Balancing a checkbook, recognizing and understanding numbers, or reading may be impossible.

The following suggestions will help you care for a patient with AD:

Structure. Serenity and stability reduce behavior problems. When a person with AD becomes upset, the ability to think clearly declines even more. Follow a regular daily routine. Plan the schedule to match the person's normal, preferred routine and find the best time of day to do things, when the person is most capable. Be sure to keep familiar objects and pictures around.

Bathing. Some people with AD won't mind bathing. For others it is a confusing, frightening experience. Plan the bath close to the same time every day. Be patient and calm. Allow the patient to do as much of the bath as possible. Never leave the patient alone in the bath or shower. A shower or bath may not be necessary every day—try a sponge or partial bath some days.

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Dressing. Allow extra time so the patient won't feel rushed. Encourage the patient to do as much of the dressing as possible.

Eating. Some patients will need encouragement to eat, while others will eat all the time. A quiet, calm atmosphere may help the patient focus on the meal. Finger foods will help those who struggle with utensils.

Incontinence. Set a routine for taking the patient to the bathroom, such as every three hours during the day. Don't wait for the patient to ask. Many people with AD experience incontinence as the disease progresses. Be understanding when accidents happen.

Communication. When talking, stand where the patient can see you. Use simple sentences and speak slowly. Focus attention with gentle touching if permitted.

Environment. Make the environment familiar and safe. Set the water heater no higher than 120°. Keep medicines and any potentially dangerous items out of reach.

Exercise. This helps patients improve their motor skills, functional abilities, energy, circulation, stamina, mood, sleep, and elimination. Avoid pushing the patient to exercise, but provide encouragement. Give simple instructions. Mild stretching exercises are good. Demonstrate how to tense and release muscle groups in sequence, keeping the order the same each time. Exercise or walk at the same time each day. A daily walk may reduce wandering.

Night ritual. Behavior is often worse at night. Create a ritual that is calming. Soothing music is helpful for some. Leave a night light on to reduce confusion and restlessness.

Ideas for dealing with difficult behaviors

Sundown syndrome. Many patients with AD are more agitated, confused, or restless in the late afternoon or early evening. Research shows the following things help:

- Leave lights on and shut out the darkness by closing blinds and shades.
- Provide more activity earlier in the day. This will use up energy, reducing stress.

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- Schedule essential activities and appointments early in the day.
- Encourage an afternoon nap every day. This reduces fatigue and agitation.
- Play classical music on a portable radio or music player through headphones or earpieces. This shuts out disturbing noises and soothes the patient.
- Warm, relaxing baths, foot soaks, or massages may help.
- Reduce activity and distractions toward the end of the day.
- Discourage evening visits and outings.
- Avoid overstimulation. Turn off the television or radio before speaking to a patient.
- Keep the patient well hydrated by offering plenty of water throughout the day.

Hiding, hoarding, and rummaging. These common problems can be disturbing to caregivers and to others the AD patient lives with. Try the following strategies:

- Lock doors and closets.
- Put a sign that says “No” on places you want to keep the person out of, such as certain rooms, closets, or drawers.
- Watch for patterns. If a patient keeps taking the same thing, give him one of his own.
- Don't leave things lying around in the open; put things away neatly.
- Make duplicates of important items like keys and eyeglasses.
- Keep the person's closet open so she can see her things in plain view. When the patient can see at all times that she still has her everyday items, she may not feel the need to go looking for them.
- Designate an easily-reached drawer as a rummage drawer. Fill it with interesting, harmless items like old keys on chains, trinkets, or plastic kitchen implements. Allow the patient to rummage freely in this drawer.
- Look through waste cans when something is lost and before emptying them.
- Patients with AD tend to have favorite hiding places for things. Look for patterns.

Most behaviors have a reason. Look for the reason for the behavior before responding.

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Repetition. A person with AD can become fixated on a task and repeat it over and over without stopping. Pacing, turning lights on and off, or washing hands repeatedly are examples of this. As long as the activity isn't dangerous, there is nothing wrong with letting the person continue doing it. When the time comes that the patient must be asked to stop, try these tips:

- Say "stop," firmly but quietly.
- Touch the person gently.
- Lead the person by the arm away from the activity.
- Point out something distracting.
- Say "Thank you for folding all those towels. Now let's go to dinner."

Confusion. Don't try to enter the person's world by pretending to see or hear the things they seem to see or hear. Help the person stay grounded in reality by patiently using some of the following techniques:

- Ask questions with yes/no answers.
- Make positive statements that let the person know what you want. For example, say "Stand still" instead of "Don't move."
- Give the person a limited number of choices.
- Lay out clothes in advance. Keep the wardrobe simple, and try the following things:
 - Avoid buttons and zippers if possible
 - Use Velcro fastenings and elastic waistbands
 - Limit the number of colors in the wardrobe
 - Eliminate accessories
- Use memory aids, such as posting a list of the daily routine or putting up a large calendar and clock. Other aids include:
 - Put name tags on important objects.
 - Use pictures to communicate if the person doesn't understand words.
 - Make memory books with pictures of important people and places.
 - Post reminders about chores or safety measures.
 - Put a sign that says "No" on things the person shouldn't touch.
 - Paint the bathroom door a bright color, and put a brightly colored seat cover on the toilet. These will remind the person where to go.

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- Give simple, precise instructions. Reduce distractions during a task. Give only as much guidance as necessary.
- Say the person's name and make eye contact to get his attention before touching him.
- Reassure the person if needed, but don't needlessly distract a patient who is doing a task.
- Each step of a process should be handled as a separate task. Instead of saying, "It's time for your bath," say "Take off your shoes. That's good. Now take off your socks."
- Allow plenty of time for every task.
- If the person can't complete a task, praise her for what she has accomplished and thank her for helping you.

Wandering. First, find out if the patient needs something. Look for patterns in the wandering and possible reasons, such as time of day, hunger, thirst, boredom, restlessness, need to go to the bathroom, medication side effect, overstimulation, or looking for a lost item. Perhaps the patient is lost or has forgotten how to get somewhere. Help meet the patient's need and keep him safe by trying the following things:

- Remind the patient to use the bathroom every two hours.
- Have healthy snacks and a pitcher of water readily available.
- Provide a quiet environment away from noise, distraction, and glaring light.
- Provide a purposeful activity such as folding clothes or dusting.
- Provide an outlet such as a walk, a social activity, a memory book, or classical music played through headphones.
- Give the patient a stuffed animal to cuddle.
- Keep lights on at night.
- Try using different shoes on the person. Some people wander when they are wearing shoes but not when they are wearing slippers.
- Use alarms, bells, or motion sensors. Bed alarms are flat strips laid under the sheets that sound when the person gets up. Outside doors should have bells or alarms that sound when opened. Motion sensors can be used in hallways.
- If the patient is in a home or agency with stairs, porches, or decks, child safety gates should be used to block these. Two gates can be used for height.
- Use child-resistant locks on doors and windows.

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- Put a black mat on the ground in front of outside doors, or paint the porch black. Patients with AD often will not step into or over a black area.
- If possible, the person should carry or wear some form of identification, such as an ID bracelet that looks like jewelry but is engraved with the person's name, address, and phone number.
- Educate neighbors on what to do if they find a wandering patient.
- Call the police if an AD patient wanders away.

Aggression and agitation. First be sure that the person is not ill or in physical pain, such as from an infection or injury. Then try the following suggestions:

- Maintain a calm environment.
- Reduce triggers such as noise, glare, television, or too many tasks.
- Check for hunger, thirst, or a full bladder.
- Make calm, positive, reassuring statements. Use soothing words.
- Change the subject or redirect the person's attention.
- Give the person a choice between two options.
- Don't argue, raise your voice, restrain, criticize, demand, or make sudden movements.
- Don't take it personally if accused or insulted.
- Say, "I'm sorry you are upset; I will stay until you feel better." Don't say, "I'm not trying to hurt you."
- Encourage calming activities that have a purpose. Sorting and folding laundry, dusting, polishing, vacuuming, watering plants, and other quiet, repetitive tasks can be soothing.

TEST

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Name _____ Date _____ Score _____

Directions: Circle the best answer. (Seven correct answers required.)

1. Which statement is not correct?

- a. AD is a form of dementia that makes a person unable to carry out daily activities.
- b. AD is a progressive, degenerative brain disease.
- c. AD symptoms usually begin suddenly.
- d. AD is characterized by memory loss, language deterioration, poor judgment and indifferent attitude.

2. Behavior is often worse at night. True or False

3. Exercise for patients with AD:

- a. Helps to retain motor skills
- b. Improves circulation
- c. Improves sleep
- d. Aids in elimination
- e. All of the above

4. A daily walk may reduce wandering. True or False

5. During an episode of agitation, choose three things you can do that might help:

- a. Argue
- b. Offer choices between two options
- c. Make calm positive statements
- d. Restrain
- e. Say, "I'm sorry you are upset; I will stay until you feel better."

TEST

Alzheimer's Disease (cont.)

6. It is important to focus on things the AD patient can still do and enjoy. True or False

7. Serenity and stability reduce behavior problems. True or False

8. You would be surprised to find your AD patient having an outburst of cursing or threatening language. True or False

9. When a patient exhibits a difficult behavior, the first thing you should do is look for the _____.
 - a. family
 - b. nurse
 - c. reason
 - d. supervisor

10. Patients with AD never hide something in the same place twice. True or False