

ALZHEIMER'S DISEASE, DEMENTIA & DEPRESSION

Daily Activities/Tasks

As Alzheimer's disease and dementia progresses, activities like dressing, bathing, eating, and toileting may become harder to manage. Each patient has ups and downs. Some may find activities like bathing, dressing, or eating confusing or challenging. Others may not. To make the best of the time spent with your patient, you need to be flexible and understanding.

It may be helpful to:

- Observe your loved one's day to see if you can develop a routine that makes things go more smoothly.
- Look for times when your loved one is less confused or more cooperative and plan your routine to make the most of those moments.

Bathing

Remember that bathing can be the most difficult task caregivers face. People with Alzheimer's may fight it or perceive it as threatening.

If your patient is upset by bathing, advanced planning can help make bath time better for both of you. Schedule a bath or shower during the time of the day that your loved one is calmest. Try to plan your loved one's baths or showers when you are not in a hurry. If you try to hurry the shower or bath, you may end up making it more confusing. Try to help your patient feel in control as much as possible and help as far as their abilities allow. Most importantly, never leave the person alone in the bathroom.

Dressing

For a person with Alzheimer's or dementia, getting dressed may be a series of problems. Reducing choices may help make dressing easier. Encourage your loved one to dress independently if they are able. Present a limited selection of outfits. Choose clothes that are comfortable, easy to get on and off, and easy to care for.

Eating

Eating can be hard for people with Alzheimer's. Some may want to eat all the time, while others may have to be encouraged to eat. Make sure to serve meals in a quiet, calm place. Noise may prevent your loved one from focusing on the meal.

Eliminate any distractions, such as a table centerpiece or excess utensils. Avoid patterned dishes or tablecloths. Serve only one or two food items at a time. Don't

worry about manners, just try to encourage them to chew thoroughly and take their time.

Toileting

As Alzheimer's or dementia progresses, people may lose control of their bladder and/or bowels. This can be upsetting to them and their caregivers. Try to be calm when these accidents happen. If you get upset it could make them feel worse. Sometimes incontinence is due to illness or a recently developed condition, so be sure to talk about it with your patients medical staff or family members.

Behavior Issues

Disruptive behavior in a patient can be confusing and disconcerting. Here are some tips that may help you cope with the most common problems, including combative behavior. Be sure to talk to medical staff & family members if your patient is experiencing behavior problems.

Apathy

Although most people associate Alzheimer's & dementia with memory problems, apathy is the most commonly reported symptom. It is characterized by loss of motivation, being withdrawn, and lack of emotion. If your patient experiences apathy, try to engage them in an activity. Try to choose an activity that your loved one enjoys. You might even simplify the activity so that your loved one feels comfortable and can participate easily.

Combative Behavior

Some people with Alzheimer's or dementia may seem belligerent. If this is true of your loved one, there are some steps that may help. The first step is to make sure your loved one is not angry due to pain or illness. Talk to a doctor to rule out other health conditions. Be sure to let the doctor know of sources of stress in your loved one's life. These might include a move to a new home or sleep problems. When your loved one becomes combative, try to:

- Stay calm and avoid arguing.
- Reduce noise and other distractions to help your loved one focus.
- Reassure your loved one that they are safe.
- Offer your loved one a choice of relaxing activities like taking a nap or going for a short walk.
- Avoid crowding or "cornering" your loved one.

Sleep Problems

For someone with Alzheimer's, getting to sleep may not be easy. If your doctor approves, add gentle exercise to your loved one's daily routine. It can help with sleep problems. You can also:

- Set a calm, quiet tone in the evening to encourage sleep.
- Keep the lights dim.
- Try playing soft music.
- Stick with a bedtime routine.

Wandering

As Alzheimer's progresses, wandering and restlessness are common for some people. To help make sure your loved one is returned home safely, put labels in their clothes with their name and your contact information. You may also consider getting a Medic Alert bracelet. It can be engraved with medical conditions, an ID number, and a 24-hour emergency response center number. If your loved one tends to wander, consider a service such as the Alzheimer's Association's Safe Return program. This program helps find people with Alzheimer's if they get lost.

To help stop wandering:

- Ask your doctor if light exercise may help your loved one sleep.
- Consider putting locks on all windows and outside doors. But make a plan for fire safety first.
- Install a keyed deadbolt or a new lock up high or down low on the door, since your loved one may not look for them there.
- Place bells on doors to wake you if your loved one tries to leave.

Hallucinations and Delusions

With Alzheimer's & dementia, your patient may suffer from hallucinations or delusions.

- Hallucinations occur when someone sees, hears, smells, tastes, or feels something that is not real.
- Delusions are false beliefs that the person believes are true.

Here are some tips that may help you deal with, or avoid, hallucinations or delusions:

- Some people with Alzheimer's confuse TV and reality. So try to avoid violent or disturbing TV shows.

- Try distracting your patient with a short walk.
- If you can, turn your patient's attention to a favorite activity.
- Make sure your patient is safe. Be sure your patient cannot hurt themselves or others.

Quality Time

When you look for things to do, don't forget that Alzheimer's or dementia makes it hard for a person to focus or learn new skills. Some people with Alzheimer's like to spend time on things that they enjoyed in the past. With your help, your loved one may still enjoy a hobby or pastime that was once a favorite. When you can, try to build on current skills. This may work better than trying to teach new skills.

Enjoying Time Together

Here are some things you and your patients may enjoy:

- Looking at photos
- Talking about family history
- Making a scrapbook
- Playing simple games
- Cooking
- Playing an instrument
- Listening to music together
- Taking walks & being outside in the fresh air

It may also help to add light exercise to your loved one's day. Be sure to partner with medical staff first. It may help your loved one sleep better, and it might be helpful to their mood.

No matter what you choose, try to:

- Break each task into small steps
- Give praise each step of the way
- Watch for signs that your loved one is tired, so you can take a break
- Make time to enjoy simple moments together at the same time each day

Depression is Treatable

Most depressed elderly people can improve dramatically from treatment. In fact, there are highly effective treatments for depression in late life. Common treatments prescribed by physicians include:

- psychotherapy
- antidepressant medications

Psychotherapy can play an important role in the treatment of depression with, or without, medication. It is important that the depressed person find a therapist with whom he or she feels comfortable and who has experience with older patients. This type of treatment is most often used alone in mild to moderate depression.

Antidepressants work by increasing the level of neurotransmitters in the brain. A frequent reason some people do not respond to antidepressant treatment is because they do not take the medication properly. Missing doses or taking more than the prescribed amount of the medication compromises the effect of the antidepressant. Similarly, stopping the medication too soon often results in a relapse of depression. In fact, most patients who stop taking their medication before four to six months after recovery will experience a relapse of depression.

Suicide attempts or severe thoughts or wishes by older adults must always be taken seriously. It is appropriate and important to ask a depressed person:

- Do they feel as though life is no longer an option for them?
- Have they had thoughts about harming themselves?
- Are they planning to do it?
- Is there a collection of pills or guns in the house?
- Are they often alone?

Most depressed people welcome care, concern and support, but they are frightened and may resist help. In the case of a potentially suicidal elder, caring friends or family members must be more than understanding. They must actively intervene by removing pills and weapons from the home and calling the family physician, mental health professional or, if necessary, the police.