

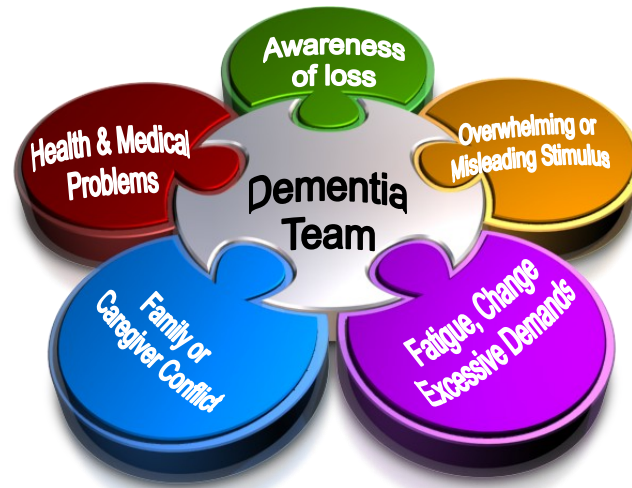
BAI Beacon

The Newsletter from Family and Community Services

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March 2010

"Piecing the Puzzle Together"



Our Mission

To end Alzheimer's disease without losing a generation, to set a new standard of care for patients and their families, and to forge a model of collaboration in biomedical research

This newsletter is made possible by the generous support of Banner Alzheimer's Foundation.

"Ask the Expert"

Dear Jan:

My husband has had Alzheimer's disease for about 4 years. Lately he is getting more confused in the early evening while I am trying to get dinner on the table. He says he needs to go home and sometimes he doesn't even remember who I am! I have tried to be patient and explain we are home and I even take him around our house and show him all the rooms but that doesn't help either. What should I do because I am losing my patience!

Signed: Exasperated

Dear Exasperated:

Late afternoons and early evenings are often very challenging times for people with moderate dementia. It is a common problem for many and it has been called "Sundowning" as it occurs more frequently during the hours between 5 – 8pm. Fatigue is the biggest culprit leading to this difficult part of the day. Your husband's brain is tired and he is more likely to be more confused due to fatigue. His brain is apt to misinterpret his world that includes familiar people and places!

It is essential that your husband get rest periods throughout the day but it sounds like a nap or quiet time around 3-4pm would be very helpful. You may want to have some planned familiar tasks that he can help you with during those hours such as sweeping the porch, setting the table, taking the trash out. Think about giving him a light snack even before dinner is served and put on some favorite and familiar music. Get him to sing along or reminisce about life events that may be associated to the music. Make sure the rooms are well lighted.

You have probably realized by now that trying to reason with him will be unsuccessful and will only make him more frustrated and argumentative. Gently explain that you are not able to leave right now as you need to make sure dinner is prepared and you want him to have a good meal. Let him know you understand and that you love him and will make sure that everything is taken care of. You may try putting a call into another family member and have them talk to your husband but make sure they don't try to reason with him. Rather, have them use the time for a pleasurable conversation and letting him know that he is loved. His desire to go home reflect the uncertainty he is feeling and hearing that he is loved and secure will often go a long way to help!

Beacon Bits

BAI has a new **Support Group for Adult Children caring for Parents with Dementia** beginning Tuesday April 27, from 1:00 PM—2:30 PM at BAI 901 E. Willetta Street, Phoenix, AZ 1st Floor Conference Room. No registration is required. This support group will be held on the "last" Tuesday of each month.

FTD Support Group meets on Tuesday, April 13th from 12:30—2pm in the BAI 3rd Floor Conference Room.

Circle of Friends Support Group meets on Thursday, April 8th from 12:30—2pm in the BAI 3rd Floor Conference Room.

RISE to Yoga provides an interactive chair yoga program for people with dementia during the Circle of Friends Support Group. A \$10 fee is paid at the door, no reservations required.

COMPASS is coming to the Pyle Center, Tempe. April 29, Thursday at 4:00 pm-5:30 pm, Pyle Center, 655 E. Southern Avenue. Please contact Veronica Ellis to make your reservation as seating is limited. Call 602-839-6850 or email veronica.ellis@bannerhealth.com

Memory Fitness Event on May 7, 2010 from 9am—1pm at Mesa Active Adult Center will provide free memory screening and education on brain health. To schedule an appointment, call 602-839-6850 or email veronica.ellis@bannerhealth.com

Tip on Brain Health

Drinking red wine may prevent free radicals from damaging brain cells due to the antioxidant effects of resveratrol, a molecule found in the skin of red grapes. A glass of red wine each day may also have added health benefits including reducing cholesterol and high blood pressure thus reducing the risk of heart disease, strokes and even some cancers. Moderation seems to be the key!

Piecing the Puzzle Together: Identifying Specific Problem Behaviors

The February issue discussed how to identify specific problem behaviors to report to your “dementia team.” This month you will learn how to minimize or eliminate behavior problems. Always discuss identified behaviors with your provider to determine if they stem from a physical cause (e.g. infection, pain, etc.) or if medications might help. Medications are usually not the first line treatment for behaviors and often have unwanted side effects and carry warnings about increased disability or premature death. Of note, behaviors such as wandering, spontaneous yelling, or heightened sexual awareness, do NOT respond to medications. Therefore, with some notable exceptions, modifying the person’s environment is the best way to start.

Many of the behaviors caregivers describe result from the person’s inability to cope with excessive stress. As the disease progresses the person is progressively disabled to cope with many basic things such as groups of people, noise, and changes in routine. There are seven things to control for that will help.

1. **Fatigue** – People with dementia fatigue quickly due to the difficulty of keeping track of the world. Fatigue can be the person’s worst enemy and lead to challenging behaviors throughout the day. There are several things you can do to help:
 - Provide frequent rests during the day: after breakfast; after lunch; and before dinner
 - Limit activities/outings to 90 minutes, followed by a quiet activity or rest period
 - Let the person sleep in the morning until they wake naturally
 - If the person is up at night INCREASE the rest periods during the day. Never keep the person up all day so they can sleep at night. Dementia just doesn’t work that way.
2. **Change** – People with dementia have problems with planning activities so routines help them to function on “automatic pilot.” A change of routine, caregiver, or location is likely to produce fear and/or anxiety. To prevent this you can try the following:
 - Have a routine that follows a similar sequence

every day. A change of pace may benefit you but not the person with dementia.

- Don’t announce things in advance such as appointments, travel, or a visit from friends or family.
 - Have modest celebrations for holidays, including decorative changes.
 - Try to keep routines in place even during travel and factor in rest periods
 - Whatever the change reassure the person you will stay with them and help them.
3. **Excessive demands** – Asking the person with dementia to “think about” how to do things or quizzing them about your reality (day, date, names, and events) is extremely stressful. Much of what we ask is meaningless (e.g. “What day is it?” “Do you remember my name?”). Remember to:
 - Enjoy the person for what is happening now.
 - Avoid asking questions that can’t be answered and will only increase anguish.
 4. **Overwhelming or misleading stimulus** – Too many people and too much noise overwhelm the damaged brain, particularly as the disease progresses.
 - The person may not be able to perceive or interpret of what the person sees and hears and this may be more prominent in the evening. The person will usually ask or try to leave a place that is uncomfortable. Do not try to cajole them to stay. Recognize that the person is uncomfortable and help them to a more comfortable place.
 - Later in the disease, be aware that television, mirrors, and pictures of people can be misinterpreted. If the person starts talking to mirrors, urinating or having a BM in the wrong place, or seeing children where none are present, discuss this with your care team. At minimum turn off the TV and cover the mirrors.
 5. **Awareness of loss** – People with Alzheimer’s-type dementias know what is happening to them. This can be frightening, depressing and create grief reactions. Three important strategies include:
 - Acknowledge the person’s distress and ask them to talk about what their feelings and concerns are.
 - Try to keep the person busy and active as good dementia care focuses on activities. Exercise, social, individual and group activities must be planned routinely throughout the day.
 - If you suspect depression, talk with your provider about using an antidepressant medication, not something for anxiety.
 6. **Illness or other health/medical problems** – A sudden change in memory, thinking or behavior over hours to days requires that the person should be seen by a physician. Consider the following:
 - People who have arthritis, back pain, cramping, and so forth often do not report pain. Treat pain presumptively with a recommended pain medication. Instead of waiting for the person to complain or ask for medication, plan to give the pain medication routinely.
 - Administer all medications to prevent mistakes.
 7. **Family or caregiver conflict** – If the family is in disagreement or the caregiver is angry, this can be reflected in the person’s behavior.
 - Consider a family conference with the dementia care team to discuss issues together and plan for the person’s future.
 - Keep angry/negative conversations away from the person with dementia.

When a problem behavior occurs recognize that the person is experiencing something similar to a panic attack. Stop what you are doing and try to get the person to a calm place. Apologize that they are upset. Agree that this is an upsetting situation and say you will try to help. Then either leave the person for a few minutes or sit quietly with them until the episode passes. Behaviors that persist or don’t respond to the above recommendations need to be discussed with your dementia care team.

If there is severe agitation, verbal or physical aggression, do NOT try to drive the person to the doctor or hospital. Admit you are in danger and call 911 to let the professionals handle it. Understand that aggression and other behaviors are not a failure on your part. They are just symptoms of the person’s disease.

It may take several weeks for these interventions to work but the intensity of the episodes should decrease within a day or two. Try to think back 36 hours and identify the triggers for the episode. Was it late in the day? Were there a lot of special activities that day? Perhaps the person needs more rest or a lighter schedule of activities. You can always drop special activities for a few days (or a week) until the behavior stops. Always communicate with your dementia care team for the best approach to new problems. Implementing these strategies will make a difference for the person with dementia...and for you as the caregiver. Hang in there – behaviors will pass in time.