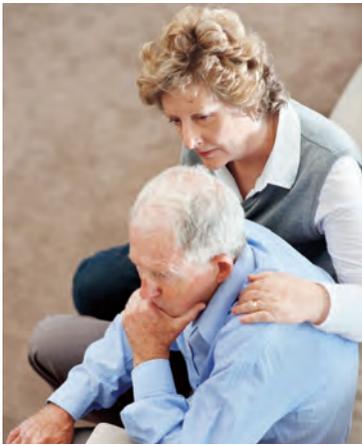




BAI Beacon

The Newsletter from Family and Community Services

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A Comfort Care Approach for Dementia

One of the primary goals in caring for people with Alzheimer's disease (AD) and related dementias is to promote comfort and quality of life. In fact, a comfort care approach best describes what should be the focus of care, even in the earliest stages of the illness. We know that living with memory and thinking problems caused by increased confusion can create tremendous discomfort for both the affected person and family caregivers. Over time, this discomfort can result in unwanted behaviors and is often the person's way of communicating their frustration with daily life, unmet needs, etc.

Thinking more about a comfort care approach means we focus on the whole person – their physical, emotional and spiritual needs. The person's dignity and quality of life are balanced in respect to their safety needs and creating an environment that promotes function and well-being. Comfort care also includes the caregiver's needs, as if these go unmet, emotional and physical health will suffer.

Using a comfort care approach helps caregivers realize that when the person is comfortable, there is an absence of unwanted behaviors. Thus, when a behavior appears, the caregiver can ask, "What is making this person uncomfortable to result in this behavior?" While sometimes the answer is readily apparent, other times it will take more time to problem solve. Many caregivers have learned that when they anticipate the person's needs, behaviors are minimized. This approach is particularly effective as the person moves into moderate stage of the illness and requires more direction and hands on help for daily living and care. Anticipating when the person is hungry, tired, bored, lonely, etc. allows the caregiver to meet these needs well in advance before the behavior appears.

Adhering to a routine can often provide comfort for the person with dementia as the routine creates more predictability and can provide gentle reminders about what happens next during the day. Minimizing fatigue through the use of rest periods (or naps) throughout the day also provides comfort and can minimize late-day confusion (often called sundowning). Providing meaningful social interactions and activities that bring meaning also promotes comfort. However, socialization and activities should occur during the best time of the day or when the person is well rested. For those with religious backgrounds, faith rituals and activities can be both fulfilling and comforting and should be integrated into the daily routine whenever possible.

(Continued)

There are several back issues of the Beacon that provide additional information on some of the comfort care strategies suggested. Visit the BAI website at www.banneralz.org or call Rose Ann Barton at (602) 839-6918 to request a copy.

February 2009 – Quality of Life

April 2009 – Lost Sense of Time

October 2009 – Music

February/March 2010 – Identifying Problem Behaviors

April 2010 – Meaningful Activities

June 2010 – When Words Fail

August 2010 – Avoiding Dehydration

June 2011 – Weight and Exercise

July 2011 – Avoiding Social Isolation

Brain Health Tip:

Revisit a skill from the past to reinvigorate your brain. Try an old game such as darts, horseshoes, ping pong, etc. Get out an old craft such as knitting, woodwork or building a model car. Bring out the artist in you by playing an instrument, painting, singing or dancing. Continue to practice and see how long before you have once again mastered the activity.



Employing distracters is another way to promote comfort during uncomfortable situations. Every caregiver needs quick access to a variety of distracters that can neutralize unwanted behaviors. If an argument occurs, a simple apology or agreeing with the person can diffuse the situation. Providing a favorite snack/treat not only tastes good, but provides a sense of being loved. Watching a favorite TV show/movie or sports event and engaging the person in a favorite topic or story can quickly change the mood or help the person move past the discomfort. Letting the person know you care and providing reassurance can help. For some individuals with dementia and their caregivers, saying a prayer can bring a sense of calm for both!

Sometimes there are physical discomforts that the person is unable to express. Pain is common with advancing age and decreased mobility. Most caregivers can recognize pain as they look for their loved one to grimace, moan, and/or rub/protect the painful site when moving or even sitting still. Routine and scheduled Tylenol can minimize pain. Constipation can be problematic and uncomfortable when the person's diet and fluid intake changes. Adding fiber to the diet can be helpful. For some adding a stool softener or mild laxative may often alleviate this problem. Infections can also cause discomfort, pain and increased confusion. In each situation, it is essential for the caregiver to call the primary care physician and discuss solutions.

In summary, when the person's comfort is our guide, we generally see a happy and contented person. When discomfort strikes, the resulting behaviors signify the need for help. Following a comfort care approach provides a practical way for caregivers to enhance daily care.



Ask The Expert

Susy Favaro

Dear Susy:

My husband is beginning to drive me crazy every evening when I am busy trying to get dinner ready. It seems that he is right under my feet asking me how he can help. The problem is, when I tell him to do something, like set the table, he does it all wrong. Quite honestly, it is easier to just do it myself. What else can I do to keep him occupied?

Signed,
Frustrated at Dinner

Dear Frustrated:

You are certainly describing a common scenario that we hear among caregivers. The person with dementia wants to feel useful, but the late afternoon/early evening confusion often results in "caregiver cling" as the person becomes more dependent on their caregiver. Therefore, caregivers must anticipate in advance how to keep their loved one occupied by giving him/her tasks or activities that allow the caregiver to focus on getting dinner prepared, etc. This may be the time to look at how realistic your expectations are of what he can and cannot do. The goal of an activity now is not to produce the perfect product, but instead to provide a meaningful important activity that helps him feel necessary and part of the daily routine.

First, think about over-learned tasks that the person can do without needing additional direction. This can include singular tasks such as sweeping off the porch, taking out the trash, brushing the dog, folding some laundry, etc. More complex tasks such as setting the table may need to be simplified to prevent numerous questions or being done wrong. Here you may want to place everything the person needs out on the counter or ask him to do a portion of the task, such as getting glasses filled with water, or putting napkins, forks and knives on the table. Have him do the same task(s) each night whether or not it needs to be done.

Another idea is to engage him in a meaningful activity that you have planned ahead. For example, could he cut coupons from the Sunday paper; sort a deck of cards by suit or color; read a short story out loud to you? If a task is not feasible, think about a pleasant distracter to keep him occupied. For example, can you put a sports event or game show on TV for him to watch? Could you give him the newspaper or favorite magazine to look at? Maybe try listening to his favorite music and get him talking about favorite stories/memories.

If you attend a support group, bring this up as a subject and get creative ideas from other caregivers who likely are dealing with a similar situation. The most important thing to do is to plan ahead and have several ideas to keep him occupied. When you find something that works, stick with it especially if it brings him pleasure and satisfaction!

Beacon Bits

Planning Ahead is a FREE two hour class to assist families in planning for medical, legal and financial concerns for someone with dementia. In addition participants will learn how to find and pay for help. August 6, from 4-6 p.m. in the BAI 3rd Floor Conference Room. Call Deidra at (602) 839-6850 to register or email baiinfo@bannerhealth.com.

GPS for Memory will provide information on "Avoiding Arguments and Improving Communication in Dementia" on August 10, 10:30am – noon at the Arizona Museum of Natural History. Call (602) 230-CARE to register for this FREE session.

COMPASS for Caregivers is a FREE 90 minute introduction to learning more about the progression, treatment and daily care for someone with Alzheimer's disease/related dementia. Caregivers will walk away with practical solutions to assist with caregiving efforts. August 16 from 10 – 11:30 a.m. or August 27 from 4 – 5:30 p.m. in the BAI 3rd Floor Conference Room; September 12 from 6 – 7:30 p.m. at Tempe Library, 3500 S. Rural Road, Tempe 85282. Call Deidra Colvin at (602) 839-6850 or email baiinfo@bannerhealth.com.

Free Memory Screening on September 17 from 9 a.m. – 1 p.m. at the Pyle Adult Recreation Center, 655 E. Southern Avenue, Tempe. This 20-minute screening is confidential and requires an appointment. Call (602) 230-CARE (2273) to make an appointment.

The 6th Annual Night to Remember will be held on October 20 at 6:30 p.m. at the Musical Instrument Museum with proceeds benefitting the BAI Family and Community Services Programs. Reserve your tickets by calling (602) 747-4492 or email cynthia.mero@bannerhealth.com.

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.

Have a question?

To submit your question for future consideration email us at baiinfo@bannerhealth.com