CARING FOR THE ALZHEIMER’S PATIENT

Introduction

Alzheimer’s disease is a progressive, incurable disease that impacts the lives of millions of Americans and their caregivers. It presents as an irreversible decline in memory, perception of time and space and eventually, inability to care for oneself. This educational module is intended to provide some basic information on the disease and tips to caring for the patient and their family.

Learning Objectives

1. Describe three characteristics of Alzheimer’s disease
2. List three body functions affected by Alzheimer’s disease.
3. Describe three techniques in dealing with the memory loss suffered by Alzheimer’s patients
What is Alzheimer’s Disease?

Alzheimer’s disease is a fatal, incurable progressive brain disorder that affects approximately 5 million Americans according to the Alzheimer’s Association. It is the most common form of dementia. It is seen most commonly in individuals over the age of 65.

Individuals with Alzheimer’s disease have an average lifespan 8 years after diagnosis although they may survive a much shorter or somewhat longer period of time depending on multiple factors including additional health conditions.

Brain imaging of Alzheimer’s patients shows shrinkage of the brain as it degenerates.

Signs of Alzheimer’s Disease

Dementia is a term that describes the loss of intellectual abilities like thinking, remembering and reasoning. Alzheimer’s disease is the most common form of dementia. Symptoms of dementia may also include changes in personality, mood and behavior.

Nearly one-half of all nursing home patients suffer from dementia. As many as one-third of all nursing home patients may have Alzheimer’s disease.

- Common symptoms of dementia are:
  - confusion
  - repetitive movement, restlessness and wandering
  - purposeless or disruptive behavior
  - irritability and agitation
  - worsening memory
  - difficulty managing familiar tasks
  - language problems
  - disorientation about time and place
• decreased or poor judgment
• difficulty with abstract thinking
• misplacing things
• personality changes
• less participation in usual activities
• increased or decreased interest in sexual activities
• emptying the bowel or bladder in public places
• mood changes
• taking clothes off or removing dentures in public
• insomnia
• hoarding and hiding
• repetitive questioning
• paranoia, hallucinations, illusions or delusions
Three Stages of Alzheimer’s Disease

Alzheimer’s disease typically presents in three stages over time.

**Stage one**
(early or mild Alzheimer’s) is characterized by:

- repetitive questioning,
- inability to following along in a conversation,
- inability to concentrate,
- confusion over directions or handling money,
- inability to make decisions that previously were not problematic
- Losing interest in surroundings
- Disregarding own personal appearance
- Depressed appearance

**Stage Two**
(moderate or middle-stage Alzheimer’s) symptoms may include:

- wandering
- failure to recognizing friends and family
- forgetfulness
- restlessness or irritability/agitation, especially in the later afternoon (*sundowning*)
- disorganization of thought
- excessive sleep or insomnia
- inability to carry out tasks that require plans (e.g., outings)
- hallucinations or delusions
- inappropriate behavior such as taking of clothes in front of others
Stage three
(severe or end-stage Alzheimer’s) symptoms may include:

- difficulty recognizing family members or self in the mirror
- little to no memory abilities
- difficulty understanding or speaking in conversation
- Compulsively grabbing others or things
- incontinence of bowel and bladder
- inability to provide own activities of daily living
- difficulty with chewing and swallowing
- becoming severely weak and confined to bed

Caring for Alzheimer’s patients requires:
- Patience
- Creativity
- sense of humor
- ongoing assessment of behavior and mood
- coordination of care by all team members
- a calm approach.
Providing Care to the Patient with Alzheimer’s Disease

There is no known cure for Alzheimer’s disease. Some medication may be effective in slowing down the memory loss process. These are prescribed by a physician after a thorough evaluation of the patient. Research continues in an effort to find a cure.

Managing Behavioral Challenges

Evaluate the patient for any triggers for behavioral upset. A night of poor sleep, soiled clothing, a urinary tract infection, being cold or hungry are examples of things that can trigger behavioral changes.

Communicate with slow, simple sentences. Give clear one-step directions.

Create routines and stick with them because changes in routine can be upsetting.

Do not engage in meaningless arguments. Is it really important to debate whether the sweater is blue or green?

Maintain a sense of humor. If you become tense or upset, your patient will sense this and may become more agitated.

Report sudden changes to the attending physician because they may be an indication of changes in health status.

Dealing with Aggression

Verbal or physical attacks can occur as the Alzheimer’s patient experiences frustration.

Manage the patient’s environment to minimize stimulation and change that can trigger aggression.

Employ distraction techniques to calm the patient. Offer a favorite activity or snack or escort the patient on a walk.

Keep the patient’s environment clear of dangerous objects. If the patient tends to pick up a particular object and threatens to throw it our hit another person, remove
the object from the room for safety.

Listen to your patient. Avoid arguing with them.

If aggressive behavior continues, consult with the patient’s attending physician.

**Addressing Illusions, Delusions or Hallucinations**

Sometimes Alzheimer’s patients see, hear, sense or believe things that are not true. These experiences may be anxiety-provoking for your patient. If they appear to be fearful or express fear about these experiences, be supportive.

If your patient does not appear to be upset by the experience and it does not involve harmful activities, you can ignore it.

Hallucinations may indicate that your patient has other health issues. Bring the hallucinations to the attention of your patient’s physician.

**Handling Hoarding and Hiding**

Alzheimer’s patients may hide things intentionally, so others do not take them, or by lapse of memory.

You can assist the frustration experienced by the patient and others by eliminating the number of potential hiding spots. Lock cabinets that can be locked. Use child-proof locks when appropriate.

Check the wastebasket before emptying for items that have been “hidden” in that area.

Identify designated hiding places with your patient.

Provide items for hiding to fill the patient’s need to hide yet avoids the loss of necessary items.

Practice patience with your patient to avoid escalation of the situation.

**Managing Anxiety**

Alzheimer’s patients often worry about obligations they used to have and tasks they formerly tended to. For example, they may worry about getting home to care
for their children or parents, managing their bills and finances, doing their shopping or attending a certain function.

They may be shy about sharing their fears and concerns or unable to articulate them to you. Try to assess what fears the patient has and provide reassurance. Engage the patient in activities that distract them from their worries and ease their anxiety.

**Addressing Wandering and Pacing**

Safety is a priority for Alzheimer’s patients who develop wandering behavior. Because they have challenges with remembering directions, planning and executing activities and communicating needs, wandering can create a dangerous situation.

If your Center is alarmed, refer your patient who starts to exhibit wandering behaviors to the appropriate interdisciplinary team for evaluation of placement and safety devices such as exit alarms.

Redirect your wandering patient to the familiarity of their living environment, such as their bedroom or day room if they spend time there. Engage your patient in activities that provide a distraction.

Communicate with visitors the importance of advising staff if they should leave the facility. That may be a time the patient is more vulnerable to wandering, in an effort to find their family.

**Dealing with Depression**

Depression is commonly seen, particularly in the early stages of Alzheimer’s disease when the patient is still aware of their lapses in cognition and abilities. Your patient may be less interested in activities they used to enjoy and want to stay in bed instead being physically active. They may cry often or sleep more. These signs of depression may compound the challenges they face with the Alzheimer’s disease.

Relate any changes in mood or behavior to they patient’s physician. Provide reassurance, encouragement and distraction. Re-introduce your patient to activities they used to enjoy and encourage socialization.
Tips for Caring for your patient with Alzheimer’s Disease

- Speak slowly and clearly.
- Give one-step instructions.
- Do not argue with your patient.
- Keep a sense of humor.
- Communicate changes in condition to appropriate health care team members.
- Use distraction to redirect challenging behavior or emotional distress.
- Assess for physical conditions that can cause behavioral or mood changes.
- Anticipate needs.
- Maintain routines.
- Promote activities to maximize function.
- Support family members as your patient goes through the stages of Alzheimer’s disease.
Post-Test

Alzheimer’s is a curable short-term illness

True

False

Alzheimer’s patients love to argue so it is appropriate to argue with them.

True

False

Alzheimer’s is the most common form of dementia and affects the memory and thought portion of the brain.

True

False

You should do everything for the Alzheimer’s patient because if they make a mistake in doing for themselves, they will feel bad.

True

False

Distraction is one of the most effective techniques to interrupt your patient’s behavioral or mood challenges.

True

False
Post-Test

Alzheimer’s is a curable short-term illness

True (Incorrect. Alzheimer’s disease is a progressive, fatal, incurable disease that may last from 2-8 years on average.)

False (Correct. Alzheimer’s disease is a progressive, fatal, incurable disease that may last from 2-8 years on average.)

Alzheimer’s patients love to argue so it is appropriate to argue with them.

True (Incorrect. Alzheimer’s patients may argue because they are anxious, scared, or confused. Arguing with them may only escalate their behavior.)

False (Correct. Alzheimer’s patients may argue because they are anxious, scared, or confused. Arguing with them may only escalate their behavior.)

Alzheimer’s is the most common form of dementia and affects the memory and thought portion of the brain.

True. (Correct)

False. (Incorrect)

You should do everything for the Alzheimer’s patient because if they make a mistake in doing for themselves, they will feel bad.

True (Incorrect. You should assist the Alzheimer’s patient in maintaining function to the degree possible while overseeing their behavior to monitor for safety concerns.)

False (Correct. You should assist the Alzheimer’s patient in maintaining function to the degree possible while overseeing their behavior to monitor for safety concerns.)

Distraction is one of the most effective techniques to interrupt your patient’s behavioral or mood challenges.

True

False