

In-Home Aides-Partners in Quality Care

October 2018



Content:

- A description of Alzheimer's Disease
- Symptoms of Alzheimer's Disease
- Changes in a person's day to day functioning with Alzheimer's Disease
- The Aide's role in working with a client with Alzheimer's disease
- Definition of Dementia

- ◆ Dementia is a set of symptoms caused by underlying brain malfunction that typically includes memory loss, language difficulty, and impaired judgement. Dementia is not normal aging. Alzheimer's disease is the most common type of dementia (accounts for an estimated 60 percent to 80 percent of cases) and is a devastating condition that results in the loss of memory and other cognitive abilities, and in the ability to care for oneself independently. Vascular dementia which occurs after a stroke is the second most common dementia type. Alzheimer's disease leads to nerve cell death and tissue loss throughout the brain. Over time, the brain shrinks dramatically, affecting nearly all its functions.
- ◆ Difficulty remembering names and recent events is often an early clinical symptom; lack of interest and depression are also often an early symptom of Alzheimer's disease. Later symptoms include problems with judgment, disorientation, confusion, behavior changes, and difficulty speaking, swallowing, and walking. There is no "typical" client with Alzheimer's disease. Symptoms and behaviors vary. As the disease progresses through various stages, the client loses more and more control over the ability to function mentally and physically. Treatment of dementia depends on its cause. In the case of most progressive dementias, including Alzheimer's disease, there is no cure and no treatment that slows or stops its progression. There are drug treatments that may temporarily improve symptoms.

Facts about Alzheimer's Disease:

- ◆ Millions of Americans now have Alzheimer's disease or another dementia. Dementia isn't a specific disease, instead, dementia describes a group of symptoms affecting intellectual and social abilities severely enough to interfere with daily functioning. **Many causes of dementia symptoms exist. Alzheimer's disease is the most common cause of a progressive dementia.**
- ◆ There is not a known cause for Alzheimer's disease
- ◆ Physical changes take place in the brain- plaques and tangles form in the brain
- ◆ Brain cells which send messages to each other - called "neurons" cannot relay the messages as well due to the plaques and tangles

Risk Factors of Alzheimer's:

- ◆ Family history of Alzheimer's
- ◆ Over 65
- ◆ History of serious head injury

Alzheimer's disease affects people in different ways. Symptoms also change and become more severe as the disease progresses.

The real work of your brain goes on in individual cells. An adult brain contains about 100 billion nerve cells, or neurons, with branches that connect at more than 100 trillion points. Scientists call this dense, branching network a "neuron forest." *Signals traveling through the neuron forest form the basis of memories, thoughts, and feelings.* **Neurons** are the chief type of cell destroyed by Alzheimer's disease. Doctors diagnose Alzheimer's and other types of dementia based on a careful medical history, a physical examination, laboratory tests, and the characteristic changes in thinking, day-to-day function and behavior associated with each type.

In some cases, individuals have dementia-like symptoms without the progressive brain changes of Alzheimer's or other degenerative brain diseases. Common causes of dementia-like symptoms are depression, delirium, side effects from medications, thyroid problems, certain vitamin deficiencies and excessive use of alcohol. Unlike Alzheimer's and other brain diseases, these conditions often may be reversed with treatment.

**2018 ALZHEIMER'S DISEASE
FACTS AND FIGURES**

- Alzheimer's disease is the 6th leading cause of death in the United States, it is the fifth leading cause of death for those age 65 and older
- Every 65 seconds someone in the United States develops the disease
- As the size and proportion of the U.S. population age 65 and older continue to increase, the number of Americans with Alzheimer's or other dementias will grow
- More women than men have Alzheimer's or other dementias
- 5.7 million Americans are living with Alzheimer's

With Alzheimer's disease one's sense of self is often lost- there must be a give and take in providing care to the client with Alzheimer's disease.

What are ways the In-Home Aide can provide care?

- ◆ Remember - providing care for a person with Alzheimer's disease isn't easy
- ◆ Respect small choices- does the client have a favorite robe, shampoo, soap, etc.
- ◆ Keep it simple- one thing at a time rather than multiple items at one time. A rapid fire sort of requests can be confusing and frustrating for a person with Alzheimer's disease. Repeat instructions as often as needed. Do not change topics suddenly
- ◆ Find good reasons- maybe give a good reason for taking a bath such as getting clean for company to come, etc.
- ◆ Slow it down- engage the client in the task as this may reduce agitation, resistance and combative behavior
- ◆ Don't overload tasks- if you feel like you need more time or you notice the tasks are overwhelming for the client on the plan of care, talk with your supervisor about your observations for possible plan of care changes that may be needed
- ◆ Be aware of the client wandering - particularly in late afternoon and evening.
- ◆ **Maintain a safe environment- per plan of care instructions**

Signs of Alzheimer's and Dementia	Typical Age-Related Changes
Poor judgement and decision-making	Making a bad decision once in a while
Inability to manage a budget	Missing a monthly payment
Losing track of the date or the season	Forgetting which day it is and remembering it later
Difficulty having a conversation	Sometimes forgetting which word to use
Misplacing things and being unable to retrace steps to find them	Losing things from time to time

When an individual has symptoms of dementia, a physician will conduct tests to identify the cause

IMPORTANT CUES

There are three important cues to use in working with clients with dementia:

- Visual- what you show them
- Verbal- what you tell them
- Touch- how you touch (Physically assist) them

Start with good visual cues; add verbal cues (make sure verbal cues match up with visual cues); and then add touch

If you start with touch it doesn't work well because the person doesn't understand what you are trying to get them to do

More on the In-Home Aide's Role:

- **Let your supervisor know if the client appears to be having problems with keeping up with their finances**
- **Write reminders on the calendar for the client**
- **Ask your supervisor if the client would benefit from the use of a medicine planner**
- **Keep a list of important phone #s near the phone**
- **Ask your supervisor if putting pictures or labels on drawers or cabinets would help the client identify contents**
- **Encourage the client to have a set routine**
- **Have the client write down things they need to remember**
- **Encourage the client to use lists**
- **Suggest having a designated place for important objects such as the keys, glasses, remote etc.**
- **Maintaining a comfortable, simple, clutter-free environment can reduce behavioral symptoms**
- **In the late stages of Alzheimer's disease, a person can respond to touch, smell, and often respond to music even if they can't respond to language**

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Moderate or Mid Stage Alzheimer's Disease

- ◆ Needs help with activities of daily living (ADL's)-(bathing,dressing,etc.)
- ◆ Needs reminders to eat
- ◆ Changes in sleep habits
- ◆ Restlessness or wandering
- ◆ Getting angry, suspicious, or easily upset
- ◆ Trouble recognizing family members
- ◆ Difficulty expressing self and understanding others

Approach and Communication Skills:

- Not arguing- requires the ability to communicate empathetically, and may include redirecting person with dementia toward a less distressing set of activities
- Strategies are adapted to meet the needs of patients with varying severity of impairment

Maintaining Good Nutrition:

***Dementia may lead to changes in eating or drinking (eating more or less) because those affected may not be able to prepare meals, remember to eat or drink, remember when they last ate, know or be able to say they are hungry or thirsty, or smell and taste in the same way they did before. Steps should be taken to enhance taste and encourage appropriate food intake. Provide extra time for eating**

Encourage self-feeding; provide finger foods that the client can handle easily.

Offer foods that are high in protein and complex carbohydrates (fruits, whole grains, and vegetables) for between meal snacks; follow the plan of care for client specific nutritional assistance

Give reminders on how to use utensils if needed - Remind the client to chew food slowly

Serve foods and liquids that are not too hot or too cold to avoid burns

Observe, Record & Report:

***Changes in confusion or wandering or mood**

***Changes in ability to perform ADL's and to communicate, changes in eating and drinking habits; weight loss or gain**

***Signs of infection**

***Refusal to take medication**

***Groaning or calling out**

***Making faces (grimaces)**

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For the person with Alzheimer's disease, activities structure the time. Activities can enhance a person's sense of dignity and self-esteem by giving purpose and meaning to his or her life.

Planning activities should focus on the:

Person - Keep the person's skills and abilities in mind. Be aware of physical problems. Pay special attention to what the person enjoys

Activity - Well-planned activities can improve the quality of life of those with dementia. Encourage involvement in daily life

Approach - Offer support and supervision. Be flexible and patient

Place - **Make activities safe.** Minimize distractions that can frighten or confuse the person

- ❖ **A planned day allows you to spend less time and energy trying to figure out what to do from moment to moment**
- ❖ **Each person with dementia has a unique set of abilities and care needs that change over time as the disease gets worse**

Think about this:

- ◆ All behaviors, including reactions to daily care are a form of communication. If you notice the client becoming upset with an activity that may need to be changed, notify the supervisor to evaluate the plan of care for any changes needed. *Behavioral symptoms may be due to an underlying medical condition or pain*
- ◆ **If your client seems agitated, they may have pain they cannot express, notify your supervisor if your client seems agitated**

Communication techniques with a person with dementia:

- ✓ **Introduce yourself by name; use a comforting tone of voice**
- ✓ **Address the person by the name he or she prefers**
- ✓ **Approach the person from the front**
- ✓ **Speak to the person at eye level**
- ✓ **Speak slowly and calmly, and use short, simple words**
- ✓ **Allow enough time for the person to respond (counting to five between phrases is helpful)**
- ✓ **Avoid criticizing or correcting. Instead, listen and try to find the meaning in what the person says. Repeat what was said to clarify**
- ✓ **Increase the use of gestures and other non-verbal communication techniques**
- ✓ **Be patient, flexible and understanding**

Resources: Alzheimer's Association; AHHC Caring Connection April 2007; Caring Magazine June 2010; Teepa Snow MS, OT- One Day at a Time Training-September 2012; Mosby's Textbook for the Home Care Aide- 3rd edition; Mayo Clinic- Dementia. Dementia care practice recommendations for professionals working in a home setting, phase 4; The Aide's Role in Working with Clients with Dementia- AHHC of NC Teleconference June 11, 2015; NC-IOM task force on Alzheimer's disease and related dementia, health professionals training, Loretta Matters, MSN, RN; Center of Geriatric Nursing Excellence Duke University School of Nursing- June 26, 2015; Alz.org; The Senior Gems featuring Teepa Snow 2011. http://www.alz.org/research/science/alzheimers_brain_tour.asp