

ALL ABOUT

Alzheimer's Disease



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All About ALZHEIMER'S DISEASE

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INTRODUCTION

This book provides basic, non controversial and trusted information that can help a wide spectrum of readers.

The primary objective of the information is to help a person provide effective quality care to a loved one or someone in his or her care.

Your role as a caregiver could mean the older person in your care is a family member or loved one, or you may be a non family member who is helping out a friend. Alternatively, you may be a paid health worker providing quality care for a client. With this in mind, we will alternate between referring to family members, loved ones, older persons and clients.

All the information is reliable and was written by a group of eminent nurse educators who ensured the information complies with best practice guidelines and satisfies the various accreditation and regulatory bodies. Because there is so much unreliable information on the internet, you can be assured the “All About” publications are HON (Health On the Net) certified.



This book can be an invaluable aid to:

- A caregiver caring for a relative or friend;
- A health worker seeking a reference aid;
- Any person involved in health care wishing to expand his or her knowledge

SOMETHING TO THINK ABOUT...

When I was young, I admired clever people.
Now that I am old, I admire kind people.

Abraham Heschel

AN IMPORTANT MESSAGE FROM THE PUBLISHER

Each person's treatment, advice, medical aids, physical therapy and other approaches to health care are unique and highly dependant upon the diagnosis and overall assessment by the medical team.

We emphasize therefore that the information within this book is not a substitute for the advice and treatment from a health care professional.

This book provides generic information concerning Alzheimer's disease, the causes and symptoms, and common sense well established care practices for caring for people with the condition.

With all this in mind, the publishers and authors disclaim any responsibility for any adverse effects resulting directly or indirectly from the suggestions contained within this book or from any misunderstanding of the content on the part of the reader.

HAVE YOU HEARD

Two healthcare workers and their supervisor from a small nursing home were taking a lunch break in the break room. In walked a beautiful woman dressed in silk scarves and wearing large polished stone jewelry.

“I am ‘Gina the Great’,” she said. “I am so pleased with the way you have taken care of my aunt that I will now grant the next three wishes!”

With a wave of her hand and a puff of smoke, the room filled with flowers, fruit, and bottles of drink, proving that she did have the power to grant wishes before any of the nurses could think otherwise.

The first healthcare worker spoke up. “I wish I were on a tropical island beach,” she said. With a puff of smoke, she was gone.

The second healthcare worker spoke next: “I wish I were rich and retired and spending my days traveling to ski resorts.” With a puff of smoke, she, too, was gone.

“Now, what is the last wish?” Gina the Great asked the supervisor.

The supervisor looked around the room and then she said, “I want those two back on the unit by the end of the lunch break.”



HOW MUCH DO YOU KNOW

It helps to figure out how much you know before you start. In this way you will have an idea as to the gaps in your knowledge prior to reading the content. Please circle to indicate the best answer. Remember, at this stage, you are not expected to know all the answers:

- 1.** Which statement about AD is correct?
 - a. It is a temporary condition.
 - b. There is no genetic relationship to AD.
 - c. AD rarely affects communication.
 - d. The only certain way to diagnose it is by autopsy.

- 2.** Which of the following is a controllable risk factor for AD?
 - a. Age
 - b. Sex
 - c. Family history
 - d. Serious head injury

3. Which symptom is included in the ten warning signs for AD?

- a. Difficulty with eating
- b. Wandering behaviour
- c. Problems with abstract thinking
- d. Inability to speak except for a few simple words

4. Which strategy would be most helpful for you to use at mealtime for a person with AD?

- a. Use nonbreakable dishes
- b. Play loud music during mealtime
- c. Ensure the person eats three big meals each day
- d. Put all the food servings on the table at one time

5. Which statement about AD is true?

- a. It occurs only in older people
- b. Medication can cure the disease
- c. It occurs only in persons with a genetic defect
- d. It is the most common form of dementia

6. What percentage of persons with AD in the U.S. are cared for at home?

- a. 10%
- b. 40%
- c. 70%
- d. 90%

7. Which technique would help to improve communication with the person who has AD?

- a. Speak in a loud voice
- b. Give him plenty of choices
- c. Approach him from the side
- d. Maintain eye contact while talking to him

ANSWERS

1. d. The only way to be absolutely certain of Alzheimer's is by way of an autopsy.
2. d. A head injury is the only controllable risk factor.
3. c. Abstract thinking becomes difficult, especially when it comes to remembering.
4. a. This takes away potential problems of safety and waste.
5. d. The majority of dementia symptoms can be linked to AD.
6. c. 70% and growing.
7. d. Maintain eye contact. The other three suggestions are not recommended.

WHAT IS ALZHEIMER'S DISEASE? (AD)

This book provides an overview of Alzheimer's disease (AD) and can help to increase your understanding of how to provide quality care to a family member with the condition. If you work with older people, it is likely that you have already cared for someone with AD. If not, you may soon be assigned to care for a person with this disease as it is becoming very common in our society.

AD occurs most often in older persons. As the percentage of older persons in society increases, more and more people are getting the disease. Some famous people who have been diagnosed with AD are Ronald Reagan (former President of the United States), Rita Hayworth (actress), and Sugar Ray Robinson (middleweight world champion boxer). It has been estimated that over 4.5 million Americans have AD. There are currently about half a million Canadians living with Alzheimer's disease or a related dementia. Estimates for Canada are that one in 11 persons in the 65+ age category has the disease. As well, the incidence in persons 85 years and more is 25%.

Alzheimer's disease is not a new disorder. In 1906, a physician, Dr. Alois Alzheimer, found changes in

the brain of a 51-year-old woman who had died of a strange mental illness. The condition was found to be a new disease and was later named “Alzheimer’s disease” after its discoverer.

Dementia describes a group of symptoms caused by a variety of disorders. The disorders cause a decline in mental and cognitive function over time. AD is the most common form of dementia, resulting in the death of certain types of nerve cells in the brain. It affects thought, memory, and language. Changes occur in the way a person behaves, as well as in mood and personality. Judgment and reasoning are affected as well as the ability to communicate and to carry out daily activities.

When a person presents with symptoms of AD, tests are usually done to detect other possible causes of dementia. Once other problems have been ruled out, diagnosis depends heavily upon the person’s history. The only certain way to diagnose the disease requires an examination of the brain tissue at autopsy. Research is ongoing into the cause and treatment of AD. There is no cure for the disease, although medication can prevent or reduce some of the symptoms, at least for some time. These medications work best when used along with behavior management. The basis of care for people with AD remains behavior management.

WHAT CAUSES ALZHEIMER'S DISEASE?

The exact cause of AD is not known. Researchers are exploring possible causes, contributing factors and treatments for the disease. A number of risk factors seem to make it more likely that someone will get the disease. Some of these factors are:

- Age. This is the greatest known risk factor for AD. The disease is uncommon before the age of 65. After the age of 65, however, the incidence doubles every 5 years.
- Family history and genetics. Having someone in the immediate family (i.e. parent or sibling) with AD increases a person's chances of getting the disease.



The more individuals with AD in a family, the higher the risk for remaining family members. Certain types of genes cause forms of AD that may occur even before the age of 65. A rare form of inherited AD can occur as early as the age of 30.

The risk factors of age, family history and genetics cannot be controlled. Scientists are also exploring risk factors that can possibly be controlled to prevent AD. These include:

-
- Environment. Studies indicate that AD may develop partly as a result of environmental influences. For example, having a twin with AD puts the other twin at increased risk but it does not mean that the disease will definitely occur.
 - Serious head injury. There seems to be a link between serious head injury and later onset of AD.
 - Lifestyle choices, such as a balanced diet, active social life, avoidance of tobacco and alcohol, and regular physical and mental exercise, promote a healthy brain and may protect against AD.
 - Factors related to blood circulation, such as high blood pressure or high cholesterol, heart disease, stroke, and diabetes appear to increase the risk of AD.

AD is more common in women but that may be because women tend to live longer than men in our society. It is likely that the disease is caused by a number of factors that are present at the same time, rather than just one.

SYMPTOMS OF ALZHEIMER'S DISEASE

Memory changes with aging happen to everyone. People with AD, however, have severe problems with reasoning, memory and language. These changes seriously affect the person's ability to work, to communicate with others and to care for himself. The Alzheimer's Association has developed a list of ten warning signs that help to show the difference between changes due to aging and those due to AD. These warning signs are:

1. Memory loss. The person with AD forgets recently obtained information.
2. Difficulty performing familiar tasks. Even simple everyday tasks are hard for the person with AD to complete.
3. Problems with language. The person with AD often has trouble finding the correct word for even common items such as a toothbrush.
4. Disorientation to time and place (e.g. forgetting what day it is, getting lost) happens often.
5. Poor or decreased judgment. The person with AD may show poor judgment in many aspects of everyday life (e.g. dresses oddly, gives away valuable belongings).

-
6. Problems with abstract thinking. Handling personal finances (e.g. not paying the bills, paying too much for purchases) becomes a struggle.
 7. Misplaced belongings. Items may be often lost or placed in odd places.
 8. Changes in mood or behavior. Rapid mood swings (e.g. crying, aggression) with no obvious reason may be common.
 9. Changes in personality. Confusion, suspicion, withdrawal may be evident.
 10. Loss of initiative. Some people with AD may sleep for long periods of time and not want to do much of anything when awake.



AD starts out slowly and worsens over time. Different methods of staging have been used to show how the disease progresses. One staging system divides the disease process into seven stages. Another system uses three stages – early, middle, and late – to describe the common changes that occur as the disease progresses over time. Keep in mind that the symptoms occur at different times for persons with AD. As well, symptoms from one stage often

overlap with symptoms from another stage of the disease. The three-stage system is described below:

Early stage

Symptoms in the early stage coincide with the warning signs outlined by the Alzheimer's Association. Mild forgetfulness is one of the first signs of AD. Although this happens to all of us at



some time, it happens more often to someone with AD. The person may forget names, appointments, and telephone numbers.

Someone with AD will have difficulty with new learning and the memory problems will worsen over time. The person may forget the correct names of simple everyday objects. Items may be forgotten or misplaced. For example, the newspaper may be placed in the refrigerator or the butter in the laundry basket. At first, the person with AD will be concerned about the memory lapses and decreasing ability to perform tasks that were once easily completed. This knowledge may cause a great deal of stress.

Judgment may be impaired. The ability to do well in demanding job situations will decrease. Help may be

needed with handling money and performing tasks that require abstract thinking. Some of the other symptoms common at this stage include trouble concentrating, getting lost easily, and forgetting the date and time. Shifts in mood, restlessness, anxiety, and mild coordination problems may also occur.

CONSIDER FOR A MOMENT...

Forgetfulness is an early sign of AD. The person with AD may even forget how to get to a location that was once very familiar, or may be able to get there and then forget how to find the way back. Have you ever been in a situation where you could not find your way? If so, how long did the experience last? How did you feel about it? How do you think the person with AD might feel in a similar situation?

Middle stage

At this stage, the person with AD will have great trouble organizing her thoughts. The person forgets where she is and doesn't remember what day or month it is. Sleep may be disturbed and the person may mix up day and night. Wandering behavior is common. Sexual behavior



may be inappropriate. Memory worsens to the point that the AD individual may no longer know her family members. Help with simple tasks like dressing, bathing, and toileting will be needed.

Marked personality changes become apparent over time. Rapid changes in mood, such as aggression or severe anxiety, can happen for no obvious reason. The person may be suspicious and experience delusions. The personality changes and challenging behaviors may cause a great deal of anxiety for family members and healthcare workers.

Late stage

As the disease advances, the person with AD may become unable to walk or to speak, except for possibly a few simple words. There may be difficulties with eating. The ability to remember will be lost and the person will require help with all aspects of personal care. Loss of bowel and bladder control occurs.



Even though physical and mental abilities have decreased greatly at this stage, there may be a reaction to music and touch. There may also be some response to emotion.

People with AD generally live for eight to 12 years following diagnosis. However, this time frame can vary greatly with some people living 20 years or more with the disease.

CONSIDER FOR A MOMENT ...

Have you ever cared for
someone with AD?
If so, what symptoms
have you observed?

CARING FOR SOMEONE WITH ALZHEIMER'S DISEASE

In most cases, a person is diagnosed with AD while living at home and remains there during the earliest stages of the disease. Family members are often heavily involved in the care of their relative at this point. A home health aide may visit and assist with care and the family may use respite services as available. Other health providers besides the physician may be involved in caregiving. These include the nurse, social worker, physical therapist, occupational therapist, nutritionist, clergy, and others as appropriate to the person's situation.

As the disease progresses, challenging behaviors associated with AD become more pronounced and the family may no longer be able to provide the care that is needed. At this point, the family may explore placement into a care facility. Possible options include assisted living facilities, personal care homes, centers that specialize in the care of clients with dementia, and nursing homes.

