CARING FOR THOSE YOU LOVE

PRESENTED BY:
BILL CRAWFORD, Jr.
Dementia Care Specialist
• Bill Crawford, Jr., DCS, Director of Business Development and Education
• Some presentation slides are presented with permission from University of North Texas Health Science Center

○ Disclaimer: The following information is not intended to substitute for the advice of a physician or lawyer
Presentation dedicated to Bill and Dot Crawford
My Mom’s question to me: “What’s wrong with Dad and what do we do?”

- Dad asking me to balance his check book
- Taking 45 minutes for a 5 minute return home from the country club
- Repeating the same thing over and over
- Saying things he would normally NEVER say
- After investigating, all signs led to Dementia
“What is wrong with Dad...”

- “Dementia” is an umbrella term that includes many cognitive loss conditions.
- Dementia involves sick or dying brain cells and is progressive.
- In the past, referred to as “senile dementia” or “senility”.
- Is NOT merely a problem with memory. Dementia reduces the ability to learn, reason, retain or recall past experiences.
Dementia is the Umbrella

**Dementia**

**TYPES**
- Alzheimer’s Disease
  - Early Onset
  - Late Onset
- Vascular Dementia
  - Blood Supply to Brain
  - Strokes

**OTHER TYPES**
- Lewy Body
- Parkinson’s related
- Frontal-Temporal
- Alcohol Induced
- Pseudo-dementia
Percentages of Types of Dementia

- Alzheimer’s Disease: 70%
- Vascular Dementia: 17%
- Other Dementia: 13%

Neurological Progression of Alzheimer’s Disease

- Presymptomatic period
- Clinical Diagnosis
- Symptoms

Pre-diagnosis Period
Figure 2: Dynamic biomarkers of the Alzheimer’s pathological cascade

$\alpha\beta$ is identified by CSF $\alpha\beta_{42}$ or PET amyloid imaging. Tau-mediated neuronal injury and dysfunction is identified by CSF tau or fluorodeoxyglucose-PET. Brain structure is measured by use of structural MRI. $\alpha\beta=\beta$-amyloid. MCI=mild cognitive impairment.
Alzheimer’s disease (AD) – a neurodegenerative disease
Hallmarks of Alzheimer’s brains?

Alzheimer cells

Healthy cells
Hallmarks of AD: Neurofibrillary tangles
Early Stage AD

Hippocampus: Learning/memory

(Pre) frontal cortex: Thinking and planning

Adapted from: www.alz.org/brain
Mild to Moderate AD

Aids in orienting you based on surroundings

Speaking and understanding speech

Adapted from: www.alz.org/brain
Late Stage AD

Adapted from: www.alz.org/brain
Alzheimer’s Disease Risk Factors

- Age
- Family history of AD of Down’s Syndrome
- Affected first degree relative
- ApoE4 Allele
- Female and post-menopausal
- Head injury
- Stroke
- Repeated loss of consciousness
- Cardiovascular disease
- High cholesterol
- Lack of mental exercise
- Lack of physical exercise
- Low education attainment
- Diabetes
Initial Signs of Alzheimer’s Disease

1. Memory loss that disrupts daily life.
2. Difficulty with planning and solving problems.
3. Difficulty completing familiar tasks.
4. Disorientation to time and place.
5. Trouble understanding visual images and spatial relationships.
6. Problems with words in speaking or writing.
7. Misplacing things and losing ability to retrace steps.
8. Decreased or poor judgment.
9. Withdrawal from work or social activities.
10. Changes in mood and personality.
Cognitive Decline: Normal verses AD

Charting the Course of Healthy Aging, MCI, and AD

- AD brain changes start decades before symptoms show
- Amnestic MCI: memory problems; other cognitive functions OK; brain compensates for changes
- Cognitive decline accelerates after AD diagnosis

Life Course:
- Birth
- 40
- 60
- 80
- Death

Normal age-related memory loss
Total loss of independent function

Healthy Aging
Amnestic MCI
Clinically Diagnosed AD
The AD brain is functionally impaired
Brain undergoes predictable changes over time.

Brain neurons (nerve cells) do not undergo massive die-off with age. Some neurons are lost, but brain grows new ones, but at a slower pace.

What does happen: nerve cells begin to shrink.

Resulting in the deterioration over time of the synapses (connection between nerve cells).

Alters the transmission of nerve impulses.

Leads to slower cognitive processing and recall.
Normal Aging

1. Independence in daily living
2. Can provide detail of incidents of forgetfulness
3. Individual is more concerned about forgetfulness than family
4. Recent memory of important events is not impaired
5. Person does not get lost in familiar territory. May have to pause to remember way home
6. No decline in social skills

Dementia

1. Dependence on others for daily activities
2. Person complains of memory loss only if asked; cannot recall instances where memory loss was noticeable
3. Family is more concerned
4. Ability to converse about important events is impaired
5. Gets lost in familiar territory. May take hours to return home
6. Loss of interest in social activities. Inappropriate behavior

Source: Diagnosis of Dementia: A Practical Guide for Physicians (American Medical Association)
Responding to Behaviors

- Remain flexible, patient and calm
- Respond to the emotion, not the behavior
- Remember . . . they still have feelings. They respond to tone of voice and body language
- Don’t argue or try to convince
- Don’t get upset – speak slowly in a soft tone
- Limit distractions, noise
- Approach from front
- Ask one question at a time; a ‘yes’ or ‘no’ question
- Shift the focus
- Live in their reality
Two main challenges that families face as you care for someone with Dementia are:

1. Changes in communication
2. Changes in personality and behavior

Comfort Keepers train our caregivers to address these challenges.
Below are some of the communication problems caused by Dementia:

- Trouble finding the right word when speaking
- Problems understanding what words mean
- Problems paying attention during long conversations
- Loss of train-of-thought when talking
- Trouble remembering the steps in common activities, such as cooking, paying bills, getting dressed, or doing laundry
- Problems blocking out background noise from the radio, TV, multiple conversations
- Frustration if communication isn’t working
- Being very sensitive to the tone of voices
To connect with a person who had Dementia:

- Make eye contact to get their attention, and call the person by name
- Be aware of your tone and how loud your voice. Body language is critical
- Ask “yes” and “no” questions. Wait for an answer before a second question
- If communication creates some problems, offer a fun activity, snack or walk
To encourage the person with Dementia to communicate with you:

- Show a warm, loving manner
- Hold the person's hand while you talk
- Be receptive to the person's concerns, even if the person is hard to understand
- Be patient with angry outbursts. Remember it's the disease talking, not your loved one
To speak effectively with a person who has dementia:

- Offer simple, step by step instructions
- Repeat instructions and allow more time for a response. Try not to interrupt
- Don’t talk about the person as if they weren’t there
- Don’t “baby talk”
- Limit the number of choices: “Would you like a hamburger or chicken dinner?” Instead of: “What would you like for dinner?”
- Try not to say: “Don’t you remember?” or “I’ve already told you that!”
- Be careful not to put words in the person’s mouth or “fill in the blanks.”
- They may rely on other ways to communicate: facial expressions may show anger or frustration
Below are some problems caused by Dementia with personality and behavior. You will notice they will have good and bad days with these issues. Below are some common personality changes you may see:

- Getting upset, worried, and angry more easily
- Acting depressed or lost of interest
- Hiding things or believing other people are hiding/stealing things
- Imagining things that are not there
- Wandering away from home: “I want to go home”
- Pacing a lot of the time
- Hitting you or other people
- Using mouth sensations or touch
Ways to cope with changes in personality and behavior:

- Keep things simple. Ask one thing at a time
- Have a daily routine, so a person knows when certain things will happen
- Reassure the person that they are safe and you are there to help
- Focus on their feelings rather than their words. Example “You seem worried.”
- Don’t argue or try to reason with the person
- Try not to show your anger or frustration. Take a deep breath or leave the room momentarily
- Use distractions: singing, music. Ask for their help setting the table, folding clothes
Other things may affect how people with Dementia may behave

- How they feel: fear, sadness, stress caused by something or someone, confusion after a change in routine.
- Health-related: illness or pain, new medications, lack of sleep, infections, constipation, hunger
- Problems in surroundings: a place they don’t know well, too much noise, too many people talking, stepping from one type of flooring to another, mirrors
TAKE CARE OF YOURSELF:

- Exercise: 20 minutes a day, three times a week
- Stay social
- Support Groups
- Get Help
Second part of Mom’s question: “...and what do we do?”

- Talk to your doctor
- Diagnosis – dementia symptoms may be curable
- Earlier diagnosis the better – more brain cells to treat and cognition better for planning
- Begin financial and legal planning
- Maintain your health!!!!
Financial and Legal Planning

- Power of Attorney – Trustee has the power to make legal and financial decisions on behalf of person with dementia
- Power of Attorney for Health Care Decisions – Trustee has the power to make health care decision
- A Living Will – Advance directive to make known his or her wishes regarding prolonging medical treatments
- Non-Hospital Do Not Resuscitate
Services Provided:

- Conversation and Companionship
- Meal Preparation
- Laundry
- Light Housekeeping
- Grocery Shopping/Errands
- Incidental Transportation
- Toileting and Special Diet
- End-of-Life care
- Medication Reminders
- Grooming Guidance
- 24-Hour Care
- Respite care or Relief for Family
- Bathing, Grooming and Hygiene
- Transferring and Positioning
- Dementia Care
- Veterans Care Programs
Quality Caregivers/Interactive Caregiving

- Conduct national and local background checks and driving records. (Updated every 6 months)
- Caregivers are covered under workman’s comp
- Caregivers are bonded and insured
- Systematic method of tracking arrival and departure times of caregivers
- Back-up Caregivers in the event of illness
- Trained and experienced (6 hours initial with testing; 12 hours per year C.E.)
- Caregivers are “matched” to care-recipient
- Focused on “Interactive Caregiving
- Dementia Care Specialist
- Hospital-Trained in preventing re-admission
- Qualified "Matter of Balance" Coach
- Referred by "Top 20 Doctors" - We care for some of their parents
Summary

- Remember: Healthy Heart, Healthy Brain
- Take care of yourself! Get help if needed
- Comfort Keepers can help
Most scientists acknowledge a strong mind-body connection, and various studies associate spirituality with better brain health. Regular meditation, prayer, reflection, and religious practice may protect you against the damaging effects of stress.