

The Patient With Alzheimer's Disease

THE FACTS ABOUT ALZHEIMER'S DISEASE:

Alzheimer's disease is a progressive, degenerative disease of the brain that causes a steady decline in memory and other brain functions. Eventually it leads to true dementia with a loss of reasoning and remembering that interferes with the person's ability to perform the most basic activities of daily living. While it is not a normal result of aging, the number of people with Alzheimer's disease increases with age.

In 1907, a German physician named Alois Alzheimer first described the condition now known as Alzheimer's disease. At the time, it was thought to be rare. Today it is considered to be the leading cause of dementia. Nearly 10% of people over the age of 65 have Alzheimer's disease, and about 50% of people over the age of 85 are affected. Sometimes Alzheimer's affects people in their 30s and 40s. No one knows exactly what causes Alzheimer's and there is no known cure. There are some medicines that seem to delay the progress of the disease.

About 70% of all patients with Alzheimer's disease live at home, so it is almost certain that you will have patients with this disease. Not all patients with Alzheimer's disease will progress at the same rate or have the same behaviors, so you cannot tell just by the diagnosis what the patient will be like.

PROGRESSION OF ALZHEIMER'S DISEASE:

While not every person will progress through the same steps, or at the same rate, there are generally three phases of Alzheimer's disease. They are mild dementia, moderate dementia, and severe dementia.

• Mild dementia (Forgetfulness):

One of the very earliest signs of Alzheimer's is forgetting recent information. People with early dementia may be aware that the forgetfulness is not normal and they may be fearful of going new places or in doing things that are not familiar to them. They may try to "cover up" the forgetfulness by becoming less talkative. All of us forget simple things now and again, but the person with early Alzheimer's will forget things more often and will not remember them later. Even in this phase there may be behavioral changes. Their symptoms may include:

- » Losing their way when driving, getting lost and not knowing where they are and how they got there
- » Staying at home more, where they feel more comfortable with familiar things
- » Blaming others if they cannot find something
- » Routinely forgetting appointments or other things they are scheduled to do
- » Becoming less and less interested in activities
- » Becoming slower and slower in understanding new ideas or learning new things
- » Repeating themselves, or forgetting what they were saying in mid-sentence
- » Becoming more irritable or upset if they forget or misplace something
- » Having more difficulty doing things that require more complex thinking, such as balancing their checkbooks
- » Showing increasingly poor judgment. They may become victims of "scam artists" or telemarketers, buying things they do not need and do not want.

In this phase, they may appear normal when talking about childhood events and may remember things in the distant past very well.

• Moderate dementia (Confusion):

People in this phase of Alzheimer's disease have increasingly poor recent memory and also begin to lose memory of the distant past. The ability to think and function continues to decline. Persons with moderate dementia become less and less

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involved in their care and in others.

Some of the symptoms in this phase include:

- » Having problems with language — forgetting simple words like “comb” and substituting something like, “the thing for my hair.”
- » Becoming angry or upset very quickly — changing moods very quickly, from laughing one minute to crying the next; sudden outbursts like “temper tantrums.”
- » Forgetting names of family members, or confusing one family member for another.
- » Becoming more neglectful in hygiene, forgetting to bathe — dressing inappropriately, wearing summer clothes in winter, or going outside in only underwear.
- » Putting common items in strange places — putting shoes in the oven, or a wallet in the freezer, for example.
- » Becoming incontinent — recognizing the need to urinate, but unable to remember how to get to the bathroom or the process of getting on and off the toilet.
- » Becoming more confused about place and time — not knowing if it is day or night; insisting that this place is not home; that this bed belongs to someone else.
- » Wandering — wandering outside without knowing a reason or destination. Sometimes wandering occurs because of some unmet need, like being hungry or needing to use the toilet. Sometimes it is because of stress caused by too much noise or activity, or because of pain. Sometimes, because the person is searching for something she thinks she has lost. Sometimes there is no reason that can be determined.
- » Having hallucinations — he may hear or see things that are not there.
- » Having delusions — she may think her grandson has come to harm her.
- » Becoming aggressive — he may try to defend himself by hitting his son, whom he thinks has come to rob him.

• **Severe dementia (End stage):**

During this phase of Alzheimer's disease, which can last for three or more years, the person is totally dependent on others to meet his or her needs. The person must be fed, bathed, and is usually no longer able to walk. During this phase, the person may not actually talk, but simply cry out meaningless “babble.” He or she does not appear to understand what is being said.

CARING FOR ALZHEIMER'S PATIENTS — ADAPTIVE MEASURES:

Your role as a home health aide begins with being dependable. Having a different aide, or having the aide come at a different time can be very upsetting to the patient. Routines are very important. Because not all Alzheimer's patients will have the same memory or functional loss, you cannot determine how to care for a particular patient simply by the diagnosis.

Familiarize yourself with the care plan and talk with the family about the patient's care. Contact the supervisor if the care plan needs changing to meet the patient's changing needs.

You will almost always have to make some changes in the way you approach the patient based on his or her level of functioning. The most important adaptive measure is keeping a regular routine. For these patients, routine is very important. Surprises are usually not a good idea. Listed below are some areas that you will need to keep in mind.

Communication:

1. Speak clearly and give the patient time to listen and respond. Don't ask several questions at once. Ask them one at a time and wait for an answer.

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2. Give simple directions, one at a time, and don't offer a lot of choices.
3. Maintain eye contact — keep yourself at eye level.
4. Show the patient what you mean by demonstrating whenever possible.
5. Stay calm.

Bathing, dressing, toileting:

1. Follow a routine. Do the same things in the same order every time.
2. Select the clothing (or have the family select). Making choices may be difficult and is often unsettling for the patient.
3. Talk calmly in a soothing voice.
4. Go slowly and do not rush the patient.
5. Avoid confrontation. If the patient is flatly refusing to get into the tub or shower, give a sponge bath instead. (If this is not on the assignment sheet, notify the supervisor and have the changes made.)

Outbursts and aggressive behavior:

1. Learn from caregivers and past history. If the cause of past aggressive behavior is known, try to avoid those actions. Carefully observe patients for signs of increasing stress.
2. Plan ahead what sort of distractions might work if the patient shows aggressive behavior.
3. Keep distractions to a minimum. For example, do not have the radio or television on at a loud volume. Avoid lighting that is too bright or too dim.
4. Don't change the routine.
5. Don't talk too much or try to do more than one thing at a time.
6. When the patient seems to be upset, speak slowly in a non-irritated and non-threatening way. For example, if the patient accuses you of stealing his watch, don't joke or tease about it, or deny taking it. Say something like, "You are worried about your watch. Let's see if we can find it."
7. Try to distract the patient. Ask if he wants to sit in the rocking chair for a while, or take a short walk in the house. Sometimes a favorite snack can be distracting.
8. If the patient strikes out at you, move back or to the side. Do not move toward the patient. Allow body space so the patient does not feel trapped. Do not lift your arms or suggest that you might strike at the person. Keep eye contact and use clear, calming words. Do not argue with the patient. Stay calm.
9. Do not take accusations, outbursts, or aggression personally.

Delusions and hallucinations:

1. Don't tell patients they are "just imagining things." Respond by saying something like, "That must be difficult for you."
2. Maintain a soothing voice and eye contact.
3. Change the subject or distract the patient if possible.
4. Eliminate noises that might increase the confusion. Reduce glares or shadows. Check the placement of mirrors or reflective glass since they can also be confusing.

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Wandering:

1. Walk with the patient, or assist with ambulation or exercises according to the assignment sheet.
2. Remove such things as hats and coats from sight, since these may suggest to the patient it is time to leave.
3. Report to the nurse that the patient tends to wander so that he or she can make suggestions to the family for keeping the patient safe.
4. Make certain that the family caregivers are aware that you are leaving, so they will know they need to watch the patient.

Caring for Alzheimer's patients can be stressful, for you as well as for the family. It is important that you accept the family as well as the patient. You may want to suggest to the caregiver that he or she should relax while you are there. Encourage the family to use that time to do something for themselves instead of helping you. Be aware of your own stress level. If you find that taking care of a certain person is becoming too hard for you, talk it over with your supervisor.

CASE STUDY: DEALING WITH ALZHEIMER'S DISEASE

Karl is a home health aide who is making his first visit to Mr. Jackson. He arrives at the home 20 minutes late. Karl is six feet tall and very muscular. Mr. Jackson is a frail 76-year-old man who has had Alzheimer's disease for six years. His wife takes care of him. Mr. Jackson has a history of aggressive behavior when he becomes overwhelmed.

When Karl comes into the room, Mr. Jackson looks threatened and says, "What are you doing here? Get out!" Karl walks right up to the chair and leans over Mr. Jackson and says, "I'm here to give you a bath." Before Mr. Jackson can say anything, Karl says, "Let's get going, I'm already behind." Mrs. Jackson hands Karl the home folder, but Karl brushes it aside without looking at it, saying, "I've dealt with a lot of people like this. I don't need to read that." The care plan states that running water upsets Mr. Jackson and instructs the aide to fill the bathtub before taking him into the bathroom. Karl gruffly tells Mr. Jackson to come with him and assists him to the toilet. While Mr. Jackson is on the toilet, Karl starts to run the bath water. Mr. Jackson seems to panic and screams that Karl and the other man hiding in the tub are going to drown him. Karl tells him, "Yeah, right — it's the boogeyman. Come on, there's no one in that bathtub." Mr. Jackson gets up and starts to take a swing at Karl. Karl goes right up to him, puts his arms on Mr. Jackson's shoulders and pushes him back on the toilet, holding him there. He shouts, "Old man, I'm twice as big as you, so don't pull any of that stuff with me!" By this time Mr. Jackson is extremely agitated and struggling with Karl. It becomes clear that getting him into the tub is out of the question. Mrs. Jackson comes into the room to see what the commotion is. Karl looks at her and says, "I don't know how you stand this. No way he'll get in the tub, so I may as well leave and not waste any more time." To Mrs. Jackson's surprise, Karl walks out, leaving her with a very agitated and frightened husband who has soiled himself.

Karl makes a note on his visit report that says, "Patient refused all cares." He then went on to see his next patient.

SOMETHING TO THINK ABOUT:

- » What behaviors did Mr. Jackson have that are commonly seen in patients with Alzheimer's disease?
- » List some ways Karl might have been more successful in working with Mr. Jackson.
- » What are your overall feelings about this visit?
- » How do you think Mrs. Jackson feels about this visit?