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CareLines is partially supported by the Aging Commission of the Mid-South.
Why a Daily Routine is Helpful for People with Dementia

Whether it's indulging in a morning cup of coffee, or going for a lunchtime walk around the block, daily routines provide us with a sense of comfort and control.

The relieving nature of a regular routine can be even more potent for people suffering from Alzheimer's disease and other forms of dementia.

People dealing with memory loss "thrive on familiarity," says Holly Hart, L.V.N., director of residential health services at Claremont Manor, a CCRC in Claremont, California. "Familiar faces, a familiar environment, even familiar food—anything they can use as a touchstone."

This comforting sense of familiarity is so helpful because dementia gradually impairs a person's ability to plan, initiate and complete an activity.

People with dementia experience greater difficulty when attempting to do new things, according to Jed Levine, Executive Vice President and director of programs and services for the New York City Chapter of the Alzheimer's Association.

A predictable routine can prevent a person with dementia from becoming distracted and forgetting what they were doing. "Even if there is little or no conscious awareness of time, routine helps ground them," Levine says.

A daily agenda may even be able to help a person with Alzheimer's cope with the short-term memory loss that is typically one of the first things to be affected by the disease.

Hart posits that establishing a predictable pattern of events can help transfer the schedule of a daily routine into the long-term memory portion of the brain, helping a person retain their ability to perform activities of daily life, such as brushing their teeth or fixing a snack.

When coming up with a regular routine for someone with dementia, the overarching goal should be to tailor it as much to your loved one's preferences and past activities as possible.

For example, Levine recounts the story of one caregiver who placed her dementia-stricken mother in an assisted living community. Living in assisted living was extremely stressful and anxiety-producing for the older woman, until her daughter suggested the staff give her mother a New York Times newspaper on Sundays. Though Alzheimer's had diminished the older woman's ability to understand the articles like she used to, the paper helped by giving her a benchmark with which she could establish a sense of time. "On some level, she was aware it was Sunday and, once she got the paper, she calmed down and enjoyed reading the various sections," says Levine.

(continued on page 3)
Daily Routine is Helpful (continued from page 2)

The more you can include activities that resonate with your loved one's pre-dementia life, the better. Did they have a favorite television program that they liked to watch at a certain time? Did they enjoy listening to a particular radio talk show? Did they always meet up with their friends for a game of checkers on Sunday nights?

Levine offers suggestions of other, more generic, activities that are also important to include in a daily routine:

- Medication administration
- Meal times
- Toileting
- Bathing/showering
- Brushing of teeth and hair
- Leisure activities
- Exercise

The more you can schedule, the easier you'll make things for you and your family member who has dementia.

Disruptions in daily routines (such as those caused by holiday visits to other family members' houses) can elevate your loved one's anxiety and make it harder for them to get back to a normal schedule once the disturbance is over.

Of course schedules will change, depending on doctor's appointments, unexpected illnesses, an elder's changing mood, and the progression of their disease.

In these instances, Levine says caregivers should, "remain flexible and go with the flow, do not insist on routines if the person with dementia is resistant." Try to learn how to recognize when your loved one is becoming agitated or stressed by a routine, and then modify the schedule to fit their changing needs.

Taking care of a loved one with dementia is a continual process of trial and error. One day your loved one might enjoy going for a midday stroll in the park, the next day they may not even want to set one foot out of the door.

Both Levine and Hart echo the cardinal rule of family caregiving: make sure you routinely look after your own needs, not just the needs of your loved one.

"Caring for a relative with dementia is difficult and challenging, and most people are not prepared for it," says Levine. "It's critical that the caregiver learn how to care for themselves."

Adapted from agingcare.com, article by Ann Marie Botek.
Nail Care

- Soak both fingernails and toenails in warm water before cutting or clipping them. If a person has diabetes or particularly difficult to cut toenails, take him to a podiatrist.

- Remember that a broken nail or ragged cuticle can be irritating and cause fidgeting, though the person with Alzheimer’s disease is unlikely to be able to name the cause. Examine nails at least once daily, and file them regularly if the person cannot do so herself.

- Also clean beneath fingernails daily. Even bedridden people accumulate debris beneath their nails (probably from scratching dry skin).

- Some people with Alzheimer’s disease seem to develop hypersensitivity in their nails; they will actually cry “ouch!” when their nails are cut, even when soaked first. Be gentle.

- On the other hand, many people, men and women, enjoy having a manicure, either for the attention or the pleasure of having hands held. Group manicures can add a chatty beauty parlor atmosphere, and you may find that those who are in earlier stages of AD enjoy providing nail care to those in later stages.

- Hand massages with lotion are great one-on-one or, as an enjoyable group activity, with the benefits of moisturizing dry skin and stimulating circulation. However, be sensitive to arthritic hands.


The Role of Massage Therapy in Dementia Care

Since touching the hands is so familiar, hand massage may be gladly accepted by elders living with dementia. A five or ten-minute hand massage protocol has resulted in:

- Significantly decreased agitation immediately and sustained the decrease for up to one hour.
- Decreased the frequency and intensity of agitated behavior during morning care routines.
- Strengthened the relationship between the person with dementia and their family care partner.

Three-to-five minute protocols have shown slow-stroke back massage to:

- Help people fall asleep.
- Decrease anxiety.
- Decrease physical expressions of agitation such as pacing, wandering and resisting care.
- Ease pain.
- Decrease blood pressure and heart rate indicating a physiological relaxation response.

Adapted from www.massagetoday.com, article by Ann Catlin.
Tips for the Month of April

➤ Your loved one may be unsure and shuffle when she walks. Provide handrails where possible and remove dangerous throw rugs. Sturdy shoes with rubber soles will help her feel more steady. When helping her walk, have her take your arm and hold your arm close to your body. Walk at her pace - not yours.

➤ Some caregivers carry calling cards explaining their companion is memory impaired and to please excuse any unusual behavior. They discreetly hand them to sales people or anyone they come in contact with who does not know their loved one. [ADS has cards printed and available to Caregivers at no cost. Ask at the front desk.]

➤ Reduce clutter. Make sure carpet is firmly secured. Safe walking paths can be identified by signs and arrows. Reflective tape along baseboards and handrails can identify the route to the bathroom.

➤ You can use simple sentences without talking down to your loved one. Avoid judgmental words and criticism. Respecting her as an adult will encourage self-confidence.

➤ Avoiding caffeine and cutting down on excessive sugar intake may help reduce restlessness, pacing, and sleepless nights. You might want to try serving your loved one decaffeinated teas and coffees.

➤ The use of commercial child-proof doorknob covers might discourage wandering. Be aware some AD loved ones can open anything if they want to.

➤ When dealing with a memory impaired person, logic doesn’t necessarily work. Sometimes it even helps to bend the truth a little if you know it will achieve the desired results. As the primary caregiver, you will learn what works for you and your loved one.

➤ A family pet often senses feelings, fears, and changes. Changes in the behavior of a family member can alter the behavior of a pet. Just having this awareness can help you understand if your family pet seems uneasy around your AD loved one. The pet may also sense something is wrong and be very protective and stay close to the loved one.

Adapted from: Lyn Roche, Coping with Caring, Elder Books, 1996.

Coping with Caring Sessions

(These topical and educational sessions are scheduled at Dorothy’s Place at 4:30 on the second Thursday of each month, and at Kennedy Park at 4:30 on the third Tuesday of each month.)

Why Activities for a Person with Dementia?

Presented by
Ruthann Shelton
ADS Executive Director

Dorothy’s Place 3185 Hickory Hill Rd.
Thursday, April 11, 2019, 4:30-5:30

Open to the community
Free care for loved ones provided during sessions
(Please let us know if needed)

Kennedy Park 4585 Raleigh LaGrange
Tuesday, April 16, 2019, 4:30-5:30

ADS WISH LIST

Critical Items We Need Now!

**Paper Towels
**Copy Paper
**Facial Tissues
**Liquid Antibacterial Hand Soap
**Toilet Paper
**Wet Wipes

**Paper Towels
**Copy Paper
**Facial Tissues
**Liquid Antibacterial Hand Soap
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CARELINES
How to Deal with Typical Behavior Changes

Losing Track of Time
In the early stage, a person with dementia may forget that he just ate, and ten minutes after polishing off a sandwich, announces that he’s hungry. Rather than saying “You just ate,” distract him - “Oh, look, your favorite show is coming on” - or somehow modify his behavior: “You know, I’m still full from lunch. Let’s have tea now, instead of dinner.”

Repetitiveness
When the person with Alzheimer’s Disease or a related dementia disorder repeatedly asks the same question (“What time is it?”), keep in mind that she doesn’t want the question answered; rather, she wants to articulate some feeling behind the question. What is her face saying? Try to find the meaning, the emotion, behind the question. The two most common questions that occur daily are “What time is it?” and “Where is my mother (or father)？” The question about time may mean that the person is asking for something to occupy her time. The second question means that she is seeking comfort and reassurance.

Not Retaining Information or Memory of Events
When the person shows that he has forgotten some information or event, you don’t necessarily need to try to help him remember it. You can try to change the subject and move on to another topic he is comfortable with; or discuss the event from your own frame of reference. If, for instance, he has forgotten attending a recent wedding, you could say, “Oh, we had such a lovely time at the wedding. We saw your cousin John and ate chocolate wedding cake.” Include the person in the memory: “You and I danced until eleven o’clock.” It really doesn’t matter whether the details are accurate—some memories can use a bit of dressing up.

Difficulty Making Choices
Remember that you cannot reason with someone who has lost the ability to do so. Instead, limit any choice to two items: “Shrimp or steak?” “Black dress or red?” the person will probably choose the second possibility making a “last word connection.”

Diminished Concentration
Keep a task going for a manageable length of time, bringing it to a close before the person becomes exasperated. A care partner is generally able to tell when the person is getting bored or frustrated, signs that he will soon flare up or express unhappiness.

Ability to Sequence Tasks
If the person has difficulty brushing her teeth, put toothpaste on the toothbrush, place it on the counter, and leave the water running before she goes into the bathroom. If she wants to bake a cake, measure the ingredients ahead of time and put them on the counter. Don’t call attention to what you have done.

Not Recognizing People
If the person with memory loss fails to recognize you as a friend or acquaintance, simply reintroduce yourself. You’ve preserved his self-esteem, and the conversation can continue smoothly.

Word-finding Difficulties
When the person with AD is struggling to remember a word - either written or oral - simply say it to her if you know it. The more time that is wasted searching for the word, the more likely that the person will lose the thought altogether. Your goal is to make communication as smooth and easy as possible.

Activities for April

(Please note that the activities are listed below to keep you informed of the special events that are scheduled at our two centers for those who are enrolled in the ADS program. We use the word “Friends” for those that attend our program. Please contact us if you would like more information about enrolling your loved one at either center.)

Dorothy’s Place Activities
Music Therapy with Rebecca, Tuesdays at 10:00 and Wednesdays at 2:00
Spanish Language Arts with Brigitte, Mondays at 2:00
Tai Chi with Marilyn, Wednesdays at 10:00
Mid-South Therapy Dogs & Friends, Thursday, April 25 at 10:00

Kennedy Park Activities
Music Therapy with Rebecca, Fridays at 2:00
Pet Therapy with Bunni and Megan, Wednesdays at 10:00
Tai Chi with Marilyn, Wednesdays at 1:30
Spanish Language Arts with Brigitte, Thursdays at 10:00
Music Entertainment with Brenda Buford-Shaw, Thursday morning, April 25

April 18, 2019
Spring Celebration with Music Entertainment

Courtesy of Creative Aging:
Dorothy’s Place: Frank Shaffer and the Drum Circle at 2:00
Kennedy Park: Heart Memphis Duo at 1:30

Tips and Tools for the Caregiver

REMEMBER, the person does not choose to do or say the things they do. These things are a consequence of damage to the brain caused by Alzheimer’s. It is important for you to recall this fact when they speak in a hurtful manner. Repeat to yourself, “It’s just the disease talking.” Also, repeat to yourself, “What does it hurt?” or “Who is this behavior hurting?” Your life as a caregiver will be a whole lot easier if you remember to ask yourself these questions. Do not worry about the small stuff; let it go, particularly if they are enjoying themselves. Only intervene if their behavior is harmful to themselves or to others.

The impact of caring for a person with Alzheimer’s cannot be underestimated and is perhaps one of the biggest commitments a person can face. However, if approached positively, it can be a commitment filled with hard work and emotional stress that can also be meaningful and rewarding.

Preventing Dehydration

Dehydration is a major cause of hospitalization for the elderly. Prevention is key, since mild dehydration has no symptoms. When older adults don’t get enough water or other fluids in their diet, they are at risk for a number of problems such as constipation, loss of muscle strength, confusion and disorientation, urinary tract infections, pneumonia and pressure sores/ulcers.

The typical person loses 51 ounces per day through “insensible” water loss. This fluid leaves the body through the perspiration that maintains the body’s normal temperature and through breathing. To avoid dehydration a person must replace this fluid loss.

A good rule of thumb is to set a goal of drinking more than 82 ounces each day, about eight 10 ounce glasses. A healthy person consuming between 51 to 68 ounces of fluids each day should be getting the fluids needed. You are at moderate risk for dehydration if you consume between 34 to 47 ounces, and at high risk below 34 ounces.

The thirst response—a normal protective mechanism to prevent dehydration—is lost with aging, especially in persons with dementia. The mental and physical changes of aging cause elderly persons to be dependent upon their primary caregiver to provide enough fluids. In addition, many elders may have a decreased thirst due to the many medications that they take.

How can you increase fluid intake?

Encourage fluid intake at all times, both at meals and in between. Offer a variety of choices and avoid the use of beverages containing caffeine (tea, coffee, cola) or alcohol, which cause fluid losses due to increased kidney activity. The key to increasing intake is to be sure to cue or remind the dementia person to drink something many times during the day. Don’t offer too many confusing choices at any one time. To prevent boredom, offer a variety of drinks during the day.

Give the person a drink first thing in the morning. Remember, they have been without fluids for up to 12 hours and are very thirsty. Make giving a drink part of the morning ritual.

Give more fluids with medications -about 6 ounces. The person will need the fluid to take the meds and can be persuaded to take a few more sips to make the medicine go down.

Make fluids fun! Try offering mock cocktails, root beer floats, party-flavored punches, etc. Be creative.

Adapted from: Managing Nutrition in Dementia Care, Alzheimer’s Association, Western New York Chapter.