



**Alzheimer's &  
Dementia Services**  
of Memphis, Inc.

# CareLines

WWW.ADSMEMPHIS.ORG

AUGUST 2020

## ADS ONLINE SUPPORT GROUPS

*We are pleased to share that we are now scheduling Support Groups online:*

*First Wednesday of the month  
August 5, 12:30*

*and*

*Third Thursday of the month  
August 20, 3:00*

**Join meetings from your computer, tablet or smartphone.**

<https://global.gotomeeting.com/join/303620541>

**You can also dial in using your phone.**

US: +1 (872) 240-3212

Access Code: 303-620-541

New to GoToMeeting? Get the app now and be ready when your first meeting starts:

<https://global.gotomeeting.com/install/303620541>

*For questions, please call Adina  
901-372-4585*

*or email:*

[asamberg@adsmemphis.org](mailto:asamberg@adsmemphis.org)

*CareLines is partially supported by the Aging Commission of the Mid-South.*



## When Living Alone is Unsafe for Seniors

If we want our loved ones to remain safe and healthy, it's important to make sure their environment is appropriate to their physical needs—particularly if they're showing early signs of cognitive impairment.

If you notice that your loved one needs help with daily activities such as eating, bathing and dressing, they may have decreased cognitive functioning associated with early or middle stage dementia. Even in their own home, the combination of poor eyesight and minor safety hazards can put seniors at risk for falls, broken hips and even death. Keeping track of physical symptoms, mental health, and senior nutrition is of critical importance.

Warning signs that living alone is no longer safe for an older adult:

- Medication management issues
- Poor eyesight
- Social isolation
- Forgetting appointments
- Unable to keep up with daily chores and housekeeping
- Poor nutrition or malnutrition
- Home safety hazards such as poor lighting and loose carpeting
- Unable to pay bills on time



Adapted from: A Place for Mom, Senior Living News and Trends, article by Sarah Stevenson, April 2, 2013.

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## Don't Want to Lie to a Person Living with Dementia

I once overheard a nurse arguing with a man who had dementia.

"That's NOT your wife, you can't come in here while we are getting Mildred changed," she said.

The more the nurse told him this, the more frustrated and angry he became.

"That is my wife. That's my wife, let me in there!" he said, slamming his walker into the door.

Granted, Mildred was not actually his wife, but that was not the point. I walked up and put my

hand on his shoulder. "Hey, let's wait out here for her. She'll be ready soon," I assured him.

He calmed down immediately and sat with me. I looked to the nurse and suggested that she avoid arguing with him. She became defensive and stated,

**"I don't want to lie to him."**

If there is one lesson that you can walk away after reading this article, it is this phrase:

**"Embrace his or her reality."**



It frustrates me when caregivers (especially those in the medical field) don't try and use this technique.

A caregiver wants to do the "right" thing, especially if the person they are caring for is a parent. So many people have expressed the same sentiment to me. **They have spent their whole lives being truthful with their parents, and dementia isn't going to stop them now.**

Ask yourself if this sounds familiar: Your mom is looking at the clock. "When are we going to mom's house?" she asks you. Your mom is eighty-five years old, and her own mother (your grandmother) has been deceased for quite some time. In this instance, you could react in several ways. Sadly, many caregivers gravitate toward the wrong approach.

**"Mom, you're eighty-five. Grandma has been dead for twenty years."**

This information is completely new to your mom. She's positive that she's never heard this before. **Some caregivers believe that a little "reminder" will be helpful, but your mom is devastated by this information regarding her mother. "But when did she die?" she asks, tears in her eyes. Fifteen minutes later, she's forgotten that you told her this, but she's still upset and agitated— she just doesn't know why.**

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Here's a potentially better solution: **Embrace her reality.** You might respond in answer to her question, "I'm not sure, what were you thinking of doing at mom's house?" **Or, maybe you could remind her of Grandma's cooking, and how delicious her sweet potatoes always tasted. Maybe you could try distracting her with something else.** "I'm not sure, mom," you say. "But I really need some help finishing up these dishes. Could you clean off these plates for me?"

**Instead of taking away from her positivity, you're adding to it. You are not lying; instead, you're embracing the reality that she lives in. In this reality, her mother is still alive.**

I would like to add that redirection or distraction are not always effective. For some, a little more **"embracing"** goes a long way. The best examples are those that involve someone's health or immediate safety. One woman I looked after had to take multiple heart medications. Every day that I went to check on her, **and every day she was convinced that she had already taken her heart medication.** Although she had not actually taken the medication, she refused to take them "again," which made complete sense in her reality. Try a solution like this one: "Oh, I just called your doctor, he said you have to take a second dose," I explained. This made sense in her reality, and she accepted the first of her medications for the day.



Adapted from article by Rachael Wonderlin, alzheimersreadingroom.com.

## How to Make Food Taste Good as You Age

Does the food you eat not taste as good as it used to? Over the years we lose some of our taste buds. The taste buds for sweet and salty foods are affected first and bitter and sour tastes are affected later. Because of this reduction of taste buds, our food just doesn't taste like it used to and we tend to over season our foods with salt and sugar.

Adding too much salt and sugar can become a problem especially if you have high blood pressure or diabetes. To spice up your food and keep it healthy try to use other types of no salt seasonings. The following list will give you easy suggestions for adding zip to the foods you eat every day.

- ☞ Use garlic powder instead of garlic salt
- ☞ Use onion powder instead of onion salt
- ☞ Use celery powder instead of celery salt (the powders do not contain salt)
- ☞ Use salt-free seasoning
- ☞ To add flavor use sweet spices such as cinnamon, nutmeg, allspice and ginger
- ☞ Try vanilla, almond or chocolate extracts
- ☞ Replace the salt shaker at the table with a spice shaker



Source: Tipton County Commission on Aging

## All Caregivers Have Angry Days



Caregivers emotions can range from happy, sad, compassionate, angry, frustrated, depressed-you name it. We've all had those days.

Here are some things that may make one angry:

I'm angry that the man I love is so helpless.

I'm angry that he sleeps most of the day.

I'm angry that it's a fight to get him to shower.

I'm angry that he can't remember what I told him five minutes ago.

I'm angry that he loses things.

I'm angry that he forgets he mustn't flush the Wet Ones and plugs up the toilet.

I'm angry that it takes him 45 minutes to get moving in the morning, making us late for everything.

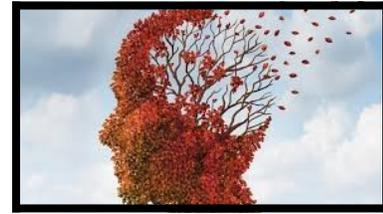
I'm angry at the researchers who haven't found a way to contain the problem.

The list could go on and on. But most of all, I'm angry at myself for getting short tempered and out of patience with him and everyone else.

I have to remind myself, "He's doing the very best he can." Much as I try to control my anger and not let it show, I find myself being snippy, and sometimes just plain nasty, when I let the anger take over.

Our loved ones with dementia don't deliberately act out or "forget" things on purpose. And until they are in the later stages of dementia, with no control of their thought processes, they regret their actions and inability to cope with life just as much as those around them. If you are having an "angry" day, try not to feel guilty; just strive to keep it under control. We all have them; they are a natural part of the caregiving process.

Adapted from article by Marlis Powers, agingcare.com.



## Forgetter Be Forgotten?

My forgetter's getting better,  
But my rememberer is broke  
To you that may seem funny  
But, to me, that is no joke

For when I'm 'here' I'm wondering  
If I really should be 'there'  
And, when I try to think it through,  
I haven't got a prayer!

Oft times I walk into a room,  
Say 'what am I here for?'  
I wrack my brain, but all in vain!  
A zero, is my score.

At times I put something away  
Where it is safe, but, Gee!  
The person it is safest from  
Is, generally, me!

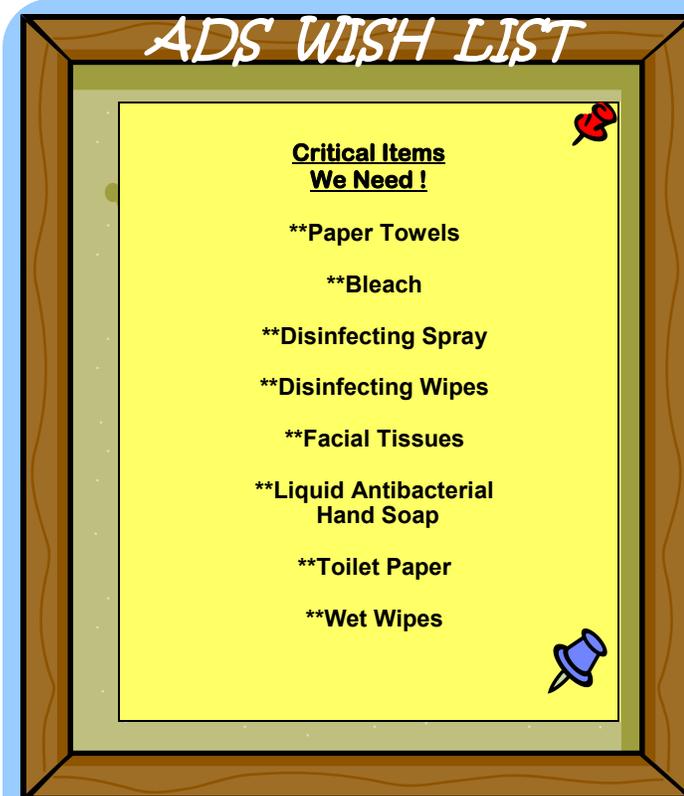
When shopping I may see someone,  
Say 'Hi' and have a chat,  
Then, when the person walks away  
I ask myself, 'who the hell was that?'

Yes, my forgetter's getting better  
While my rememberer is broke,  
And it's driving me plumb crazy  
And that's really not a joke

Jim 1999

Poemhunter.com; poems by James Casey

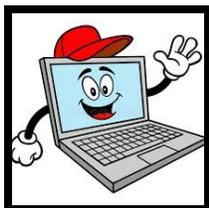




## Online and Telephone Support Options for Caregivers.

*For virtual community events and support:*

- ◆ See front page for info about ADS online Support Groups
- ◆ Call 901-372-4585 to talk to an ADS Social Worker on the phone
- ◆ alzfdn.org
- ◆ alztennessee.org  
or call 24/7 Helpline: 800-259-4283



## Tips for the Month of August

- ◆ It may become increasingly difficult for your loved one to screen out distractions. Before speaking to her, try to eliminate other noises or activities that might make it hard for her to give you her attention. Be attentive yourself to the things that seem to distract or cause her agitation.
- ◆ Get in the habit of using short sentences. Give your loved one time to interpret what you say. Don't string a lot of sentences together. Chances are she can only remember a few words at a time.
- ◆ Although your loved one might still be able to shower or bathe alone, you may feel the need to monitor the process without intruding on his privacy. Suggest leaving the door ajar a bit to let the steam out. You will be better able to check how well the bathing process is going without appearing nosy.
- ◆ It's better not to talk about tomorrow's plans ahead of time. Wait until right before you do an activity. This is less confusing for your loved one and helps you remain flexible.
- ◆ You may find you have to remind your loved one to chew food thoroughly. He could be confused as to when to chew and when to swallow. Try demonstrating for him or tell him when to chew and when to swallow. Make sure meals are not rushed or tense.
- ◆ Upstairs bedrooms present some serious safety problems for loved ones who wander around at night or get up unnoticed. Gates across the top of the stairway and locks on windows are probably in order. You may want to consider a hook and eye lock on the outside of her bedroom door to keep her in her room when she goes to bed. (Be sure to have a monitor on to hear if she needs you.)
- ◆ Large plastic traffic signs can be purchased in some stores. Stop signs and arrows hung on walls are often effective in directing AD loved ones.

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

## Reducing Family Tensions and Strengthening Relationships During COVID-19

With the ongoing coronavirus (COVID-19) pandemic, frustrations and tension among family members may be on the rise. The Alzheimer's Foundation of America (AFA) is offering tips to strengthen family relationships among those who are caring for a loved one with Alzheimer's disease.

"As our ongoing need to isolate continues, it may be harder for caregivers to be able to take a break, which can create tension, anxiety, stress and resentment," said Jennifer Reeder, LCSW, AFA's Director of Educational and Social Services. "The impact of Alzheimer's on memory also makes it harder for the person living with the disease to understand what's happening, which adds to caregiver challenges. Taking steps to deal with these feelings head-on and strengthen the bonds between family members is important for everyone." AFA is offering the following tips to help reduce tensions and strengthen bonds during this time.

**Know what works best.** If your loved one with Alzheimer's disease responds favorably to certain activities or approaches, be sure to maximize those, as it will help with stress levels and mood (both yours and theirs). A caregiver should also communicate what works with other family members. For example, if having someone call to check in every day is helpful in reducing stress, make sure to express that.



**Identify and understand the triggers.** Knowing what actions generate stress and frustration, both for the person with Alzheimer's disease and yourself, as the caregiver, is important. Recognizing those triggers early, and reacting to them quickly and constructively, reduces the likelihood of a "blowup." Pay attention to nonverbal cues, such as a flushed face, sweaty palms or increased heart rate, as warning signs. Caregivers should also share these negative triggers with others who you or your loved one interact with. Be direct about their needs and your own. For example, say, "It really upsets me when you go days without checking in to see how things are going."

**Keep a journal.** This will enable you to track your loved one's behavior and triggers, both positive and negative ones, as well as keep tabs on your own. Journaling can be an effective therapeutic tool to release emotions, gain self-knowledge, increase ability to problem-solve, and heal relationships.



**Try to maintain a daily structure.** Routines can help reduce stress and anxiety. If your loved one gets up, eats or goes to sleep at certain times, adhere to that schedule as best as possible. If you normally exercise every morning before work, continue doing so, even if you're not leaving the house.

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**Find coping mechanisms.** Meditation, counting to twenty or taking a few deep breaths are all quick and easy ways to calm yourself down and de-stress in the moment. “Venting” or talking things through with trusted loved ones or friends can be helpful. Also available seven days a week is AFA’s Helpline (866-232-8484), staffed by licensed social workers. You can also access the Helpline via the Alzheimer’s Foundation Association website online chat, at [www.alzfdn.org](http://www.alzfdn.org).

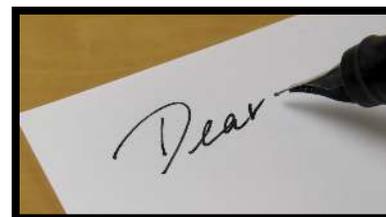
**Have “family care meetings.”** In the case of caring for a family member with Alzheimer’s disease, the relative who lives with or nearest to them often provides the majority of the care. This can lead to feelings of resentment. It’s important to regularly bring family members together for a “care meeting” to discuss the situation and divide responsibilities, which may include financial and legal duties in addition to personal care. Collaboration, compromise and structure are key to effective family care meetings. These meetings can be held over the phone, and virtually through Facetime, Skype, etc. AFA’s 7-day Helpline (866-232-8484) can also provide additional tips about how to organize one.

Adapted from: [alzfdn.org](http://alzfdn.org), April, 2020

## *“Dear Allison”*

*Dear Caregivers,*

*We are glad to introduce a “Dear Allison” (“I listen”), column to our CareLines newsletter. If you would like to send a letter: to ask a question, share a situation or inspiration, or just vent as you navigate the journey of caring for someone with dementia, please send it to [info@adsmemphis.org](mailto:info@adsmemphis.org), and put “Dear Allison” in the subject line. Our social workers, Adina and Angela, will review the letter and respond the best we can. If and when letters will be published in the CareLines, will be at our discretion. No real names will be used. If you are seeking information, or have a particular issue you are trying to resolve, there are like others who have the same unasked questions, so your letters will be helping others, as well as yourself.*



## UNLOCKING THE SILENT PRISON

Eighty-year-old Mary studied her only daughter's face intently. "You're not my Susan," she said. Susan cried as she recounted the incident to Michelle S. Bourgeois, a speech-pathology professor at Ohio State University who is an expert at communicating with people who have dementia.

That's when Bourgeois suggested that Susan create memory flashcards. "Your mother will never forget you," Bourgeois told her. "She just needs help remembering."

The next week at the nursing home, Susan said, "Mom, I have a gift for you" and gave her two photos. Under one she'd written, "This is my daughter Susan at age three"; under the other was "This is my daughter Susan now." Mary studied the photos, then looked at Susan and said, "As beautiful as ever."

Bourgeois is part of a group of scientists whose work marks a change in how caregivers deal with people who have dementia, **focusing on what they can do rather than on what they've lost**. "People tend to treat these patients as if they're not the persons they were," says John Zeisel, president of Hearthstone Alzheimer Care, Ltd., whose six residences use Bourgeois' techniques. **"But they're still here."**

Bourgeois' work grew out of her Ph.D. research in the 1980s, when she developed some of the first memory books, which use pictures and sentences to help people with memory problems – including Alzheimer's patients – recall past events. Alzheimer's disease, which affects up to 5.3 million Americans, first strikes the hippocampus, the part of the brain that is critical for learning and memory processes. Typically, long-term memory and certain kinds of skills like reading (which is over learned so it is automatic) are less afflicted. "Even when dementia is so advanced that people cannot speak, they can read if the words are large enough," Bourgeois explains. "We know because they smile, make pleasant sounds, and stroke photos of loved ones with captions."



In contrast, she says, "Spoken words literally go through one ear and out the other. Patients understand, but they can't store the memory. That's why they ask the same question again and again." A woman at one of Bourgeois' lectures reported that her father would repeatedly ask, "Where are we going?" during their weekly drives to the doctor. Bourgeois advised her to answer his question – and also write it down on a notepad and give it to him. When he asked again, she should say gently, "The answer is on that notepad." When the woman tried this out, she said that her dad looked at the notepad, out the window, and back at the notepad. After that, he stopped asking, "Where are we going?"

Similar techniques have been used to deal with anger and anxiety in people with dementia. When a patient refused to shower, Bourgeois told her nursing aide to make a card that read, "Showers make me feel fresh and clean" and give it to her after saying it was time to shower. The technique worked.

"We find that if caregivers aren't stressed and in a hurry, if the patient is well cared for, and if they feel safe and in a good environment, they think their lives are good," she says.

Adapted from article by Christine Wicker, Parade.com, 2011.