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NURSING HOME #NH 2772  
ASSISTED LIVING #ALF 909  
HOME HEALTH CARE #HH 1175

## **ROSTER**

Program Title: **ALZHEIMER'S DISEASE & RELATED DISORDERS (3 HR)**

Date: \_\_\_\_\_ Facility Name: \_\_\_\_\_

\*\*\*\*\****PLEASE PRINT CLEARLY***\*\*\*\*\*

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# **Alzheimer's Disease or Related Disorders Three Hour Program**

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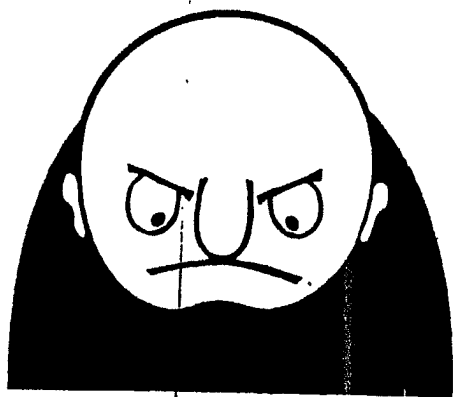
# **Alzheimer's Disease or Related Disorders Three Hour Program Learning Objectives**

- 1. Identify other conditions that may result in symptoms that mimic AD**
- 2. Understand what is currently known about the causes of ADRD and how it is diagnosed**
- 3. List common behavior problems that occur in people with AD**
- 4. Identify factors that can lead to behavior problems**
- 5. Demonstrate techniques to reduce behavior problems**
- 6. Identify problems in activities of daily living often faced by people with AD**
- 7. Describe how caregivers can help with self care activities.**
- 8. Describe the benefits of activity therapy for persons with AD.**
- 9. Identify stressors and ways to reduce stress.**
- 10. Discuss common family issues and ways to address these concerns.**
- 11. Identify three stages of grief and ways that can help the families of persons with AD.**
- 12. Identify security, safety, and areas of concern in the residents' environment**
- 13. Recognize the difference between ethics and personal values.**
- 14. Discuss the concept of loss of self-identity in persons with AD.**
- 15. List two examples of the concept of autonomy as it applies to persons with AD.**

## Overview of Behavior Problems

Alzheimer's Disease is not just a disease of memory loss. People with Alzheimer's Disease also show symptoms of:

1. language problems.
2. problems with judgment, reasoning, sequencing, and planning.
3. problems with perception.
4. loss of motor skills.
5. inability to carry out daily activities.
6. personality changes.



All of these deficits lead to changes in behavior that can range from simple repetitive behaviors and lack of interest in past hobbies to extreme agitation and violence. Some of the problem behaviors seen in people with Alzheimer's Disease include:

- Anxiety.
- Wandering.
- Stealing other's property.
- Pacing.
- Inability to remain quiet.
- Disorientation to time, place, and/or person.
- Constant demand for attention.
- Repetitive speech and/or actions.
- Restlessness and fidgeting.
- Inappropriate toileting.
- Undressing.
- Feeding problems.
- Inappropriate sexual behavior.
- Emotional outbursts.
- Combativeness.
- Screaming.
- Cursing.
- Lack of interest in activities/surroundings.
- Disturbance of sleep/wake cycle.
- Sundowning.
- Hostility.
- Being uncooperative.
- Easy frustration.
- Hitting, kicking, biting.
- Paranoid ideas.
- Resisting care or refusing care.
- Sadness, hopeless, dependency.
- Mood swings.
- Catastrophic reactions (when a demented person has an extreme reaction, often due to sensory overload.)
- Hallucinations.
- Delusional ideas.
- Rummaging.



# Dealing with Problem Behaviors

Difficult behaviors can be more easily understood if caregivers remember that:

## 1. All behavior has meaning.

It is most important to remember that all behavior has meaning, even if it's sometimes hard to determine what that meaning is. Caregivers can't think like a person who has Alzheimer's Disease because caregivers are capable of logically thinking through their own behaviors. The behaviors of people with Alzheimer's don't follow logic and can be very difficult to understand.

## 2. There is always a cause for a behavior and a result of the behavior.

Behavior always has a cause and a result. For instance, a person may start to pace for multiple reasons. He may have a generalized feeling of anxiety or he may be searching for something. The behavior's result can be anything from a decrease in the feeling of anxiety to finding a way out of the building in order to search further.

## 3. Behavior does not occur in a vacuum.

There are always outside influences that modify behavior. They can come from people or from the environment. For instance, a person with Alzheimer's who is a resident in a nursing facility might become agitated when a message for a staff member is heard over the loud speaker. Since these influences change from moment to moment, behavior also may change from moment to moment.



# The Problem-solving Approach to Problem Behaviors

## Step 1: Identify the Problem

The first step is to become aware of the types of problem behaviors that can occur in people with Alzheimer's Disease. (Note: See Handout 1 for a list of problem behaviors.)

These problems do not usually occur as isolated behaviors. Several behaviors can happen at the same time. It is important to note all the behaviors and then figure out which problem most urgently needs to be addressed. You can only work on one problem at a time, but often when one problem is addressed and appropriately treated other problems will also disappear.

## Step 2: Assess the Problem

After the problem has been identified, collect all the information you can about it. You can't solve a problem unless you know its cause. There are multiple and interacting factors that may be contributing to the problem.

One way to collect this information is by asking the following questions:

### What is actually happening?

Describe the behaviors that are being observed.

*For example:*

- Is the person agitated (wringing their hands, pacing)?
- Is the person yelling and cursing?
- Is the person accusing people or things?
- Is the person hitting other patients, staff, or family members?
- Is the person trying to leave the facility?

### What is happening in the environment?

*For example:*

- What is the noise level (tv, radio, alarms, other loud patients)?
- What gestures and facial expressions do you see on the person and on those around the person?

- What odors do you detect?
- What is the light level in the room (too bright or too dim)?

### When does it happen?

Note the time that the behavior took place. This should be done while looking at the person's total day. Look at notes of the person's past 24 hours for clues of a change in routine or regular patterns.

*For example:*

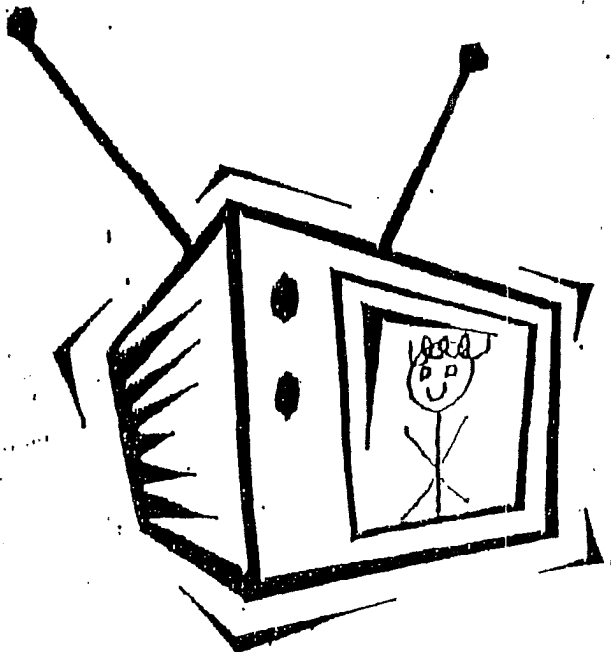
- Does it usually happen after another regular event (bathing, visiting hours, shift change)?
- Does it happen only at mealtimes?
- Does it happen every day or only on the weekends?
- Does it happen after the person has awakened from sleeping?
- Does it happen after medications have been given?

### Where does it happen?

The environment can provide many clues as to why a behavior is occurring.

*For example:*

- Does it occur in a specific place (person's room, dining room, bathroom)?
- Does it occur in a room with lots of people?
- Does it happen in the same location or does this make any difference?



# The Problem-solving Approach to Problem Behaviors, continued

Who is around when the behavior occurs?

Observe the other people who are around when the problem behaviors occur. This should include a self appraisal if the behavior only occurs while you are present. Note carefully if certain people trigger certain behaviors.

*For example:*

- Does a staff member look or sound flustered?
- Does a staff member look or sound angry?
- Does a staff member look or sound frightened?
- Does a staff member look or sound threatening?
- Does someone present remind the person of someone he or she may be prejudiced against?
- Does it happen when the staff member is most fatigued?
- Does it happen when the staff member is occupied with something else?
- Does it happen only when staff are not around?

How did the behavior start?

Observations should always include a cause for the behavior. There is always something that brings on a response or result, though it might be difficult to determine exactly what it is. Try to figure out what happened just before the behavior.

*For example:*

- Did it start suddenly?
- Did it start slowly and continue to build in strength?
- Were there any clues that it was going to happen?
- Are these same clues always present when the behavior occurs?
- Does the person look tired, hungry or in pain before the behavior occurs?

Why is it a problem?

Always ask "why" a behavior is a problem and whose problem it is. Sometimes a caregiver thinks a behavior is a problem, but if it doesn't make the person uncomfortable and isn't unsafe, why worry about it? Be flexible in your approach to handling behaviors. If the person is not willing to adapt to your schedule, try modifying it. If someone refuses a bath, try again later. If the trouble occurs at mealtime,



try rescheduling the meal and see if that helps.

## Step 3: Create a Plan of Action

Once you've collected all the information you can, it's time to develop a plan of action. Look at all the information and decide what can be done to change the situation. Remember that the person is not able to change, so caregivers need to make changes to alter the difficult behaviors.

Ideally, the plan should be written down so it can be reviewed and changed as needed.

Be creative. Think beyond the scope of what other people have tried in the past. Many times ideas that sound preposterous at first, turn out to work well. Remember that the behaviors that often come with Alzheimer's Disease are not normal, so many times the solutions may sound far-fetched.

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## The Problem-solving Approach to Problem Behaviors, continued

### Step 4: Put the Plan Into Action

The plan of care should be put into action one step at a time. If all suggestions are tried at once it is difficult to know which action actually worked. It is also essential that all members of the staff be made aware of the proposed plan so that they can use the changes also. The plan must be used consistently. All levels of staff should take an active role in making life better for a person with Alzheimer's Disease. An activity does not need to be a formal exercise done by an activities director — it can be something as small as taking a few minutes to look at a magazine or sing a song.

### Step 5: Evaluate the Plan

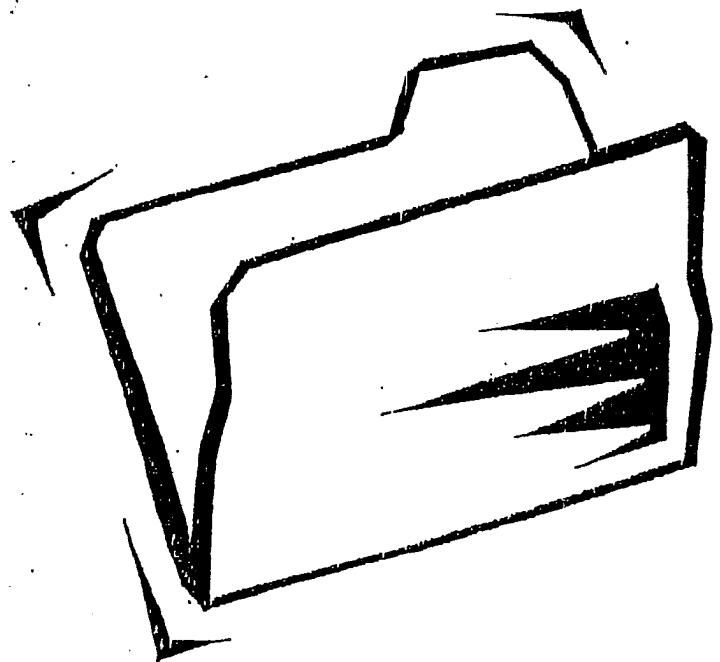
After the plan has been tried, sit down and look at the results.

Ask these questions:

- Did it change the behavior?
- Did the behavior change for the better or for the worse?
- Did some of the behavior change for the better while some got worse? (If this did happen, maybe there was more than one behavior going on at the time.)
- Write down what worked so the information can be shared with other caregivers.

### Step 6: Ongoing Re-evaluation

Behavior in people with Alzheimer's Disease changes constantly. Any change in a person's physical condition, such as a cold or infection, can change how he or she reacts. A plan of action should be reviewed frequently to see if it needs to be changed. Just because a solution worked yesterday does not mean that it will work again today. A flexible approach is essential in dealing with constantly changing behavior. People with Alzheimer's Disease have "good" days and "bad" days just as staff and families do.



MANAGING BEHAVIOR PROBLEMS: HANDOUT 4

# Guidelines for Dealing with Behavior Problems

- Remember that all behavior has meaning.
- Remember that all behavior has a stimulus or cause and a consequence or result.
- Everything surrounding a person could contribute to the problem behavior.
- It is essential to understand the changes that occur in Alzheimer's Disease in order to understand why behavior problems occur.
- It is also very important to review communication techniques. Listening to what a person with Alzheimer's Disease is saying both verbally and nonverbally is a very important part of managing behavioral problems. Caregivers also should be aware of their own verbal and nonverbal communication.
- A thorough assessment of the person, the caregiver and the environment is absolutely necessary in order to plan an effective intervention.
- Know the people well. Many times problem behaviors begin with subtle cues that only someone who works closely with a person would know. This can be a great preventive measure in avoiding behavioral problems.
- Think ahead and plan for situations that could result in problem behaviors.
- Trying to argue or reason with a person who has Alzheimer's Disease only results in frustration for both the caregiver and the person. It is not possible to win an argument with a person who has Alzheimer's.
- Distract and divert whenever possible.
- Keep the routine the same. Changes in routine are upsetting to people with Alzheimer's Disease and can cause problem behaviors.
- Promote a sense of security and comfort when problem behaviors occur. Problem behaviors often happen because a person is frightened and unable to make sense out of the environment.
- Use positive reinforcements such as food, smiles, a gentle touch, personal attention and lots of praise. These tools are much more effective than negative reactions.
- Allow a person with Alzheimer's Disease some sense of control. Being able to save face is important even to someone who is very confused.
- Maintain a calm manner even when confronted with threatening behaviors. This can defuse a very tense situation and help a person become less fearful.
- Keep things simple. Complex situations only cause frustration for people with Alzheimer's Disease and escalate behavior problems.
- If a caregiver becomes frustrated and angry, it is best to find someone else to handle the problem and have the caregiver leave the immediate area. A frustrated and angry caregiver will only intensify problem behaviors.
- Caregivers should practice ways to reduce stress when they become frustrated and angry. Deep breathing or talking to someone can be helpful. Remember that stress comes from many sources, including your personal life. Make an inventory of stressful factors in your life frequently.
- Remember that behavioral problems result from the disease. Don't take things that a person with Alzheimer's Disease says and does personally. Remember that it is the disease speaking.
- Be creative when seeking solutions to difficult behaviors.
- Use good common sense when attempting to solve problem behaviors.
- Keep a sense of humor even in the most difficult situations. Humor will help you cope with the frustrations of caring for people with Alzheimer's Disease.

# Common Difficulties

### Tips & Techniques

People with Alzheimer's Disease can accomplish many of their daily needs for quite a while. As their abilities decline, however, they need more and more help.

1. Make sure a person with Alzheimer's Disease can see and hear as well as possible. Check eyesight and hearing. Put on glasses and/or a hearing aid as soon as he or she awakens. Have good lighting and try to eliminate any confusing noises.
2. Do not contradict or argue with someone who has Alzheimer's Disease. Work with the person's interests; encourage him or her to join in an activity.
3. Recognize emotions and give comfort if you can. Say, "I can see you're upset." A hug will help. Remember that the warmth of a smile will be recognized when many other abilities have been lost.
4. Be sensitive to the possibility of false accusations or delusions, including those of a sexual nature. Don't overreact or take them personally. Stay calm and check the facts. False accusations may result from a need for reassurance. A person may feel lonely or miss

someone from the past. Address the feelings rather than the topic and distract with something interesting such as a cup of juice or a look at a picture on the wall.

5. Find new ways to deal with problems. For example, if a person is anxious and demanding to go home you should say "You miss your home" and then shift his or her attention by discussing nearby people and activities. Begin an activity such as taking a walk, looking at a magazine, or visiting with others.

# Eating and Nutrition

## Things that may cause problems with eating

### Surroundings

- Not enough light to see the food, or glare.
- An area that is too noisy and full of distractions.
- Too many people around.
- Too many choices of foods, utensils, or drinks.
- Unpleasant smells (such as urine or cleaning fluid)
- Unappetizing appearance or smell of food.
- Instructions that are too complicated.
- Feelings of anxiety, or of being rushed by a caregiver.

### Personal condition

- Some type of mouth discomfort (such as sore teeth, loose dentures, or dryness.)
- Side effects of some medications.
- Inability to recognize the sensation of hunger.
- Chronic or acute illness.
- Constipation.
- Agitation.
- Depression.
- Adjusting to new surroundings.
- Loss of understanding about how to eat or use utensils.
- Forgetting to eat, even during the meal.

## Tips & Techniques

Dinner time can be the best of times or the worst of times, depending on your expectations and how well you are prepared. These suggestions may help:

1. Eating with one or two other people at a small table in a quiet room helps. A folding screen by the table can block distracting noise or moving people.
2. A person who is restless and pacing should be encouraged to eat with others and to have frequent nutritious snacks to maintain weight.
3. People who have trouble staying awake during mealtime should be around others who talk and encourage eating actions. Upbeat music, bright colors in the room and good lighting may help. They should be kept sitting upright for at least one half hour after eating to avoid choking on food if they fall asleep.
4. Try to determine what the actual problem is by looking for patterns, special difficulties with certain foods, chewing or swallowing problems, responses to certain people, etc.
5. Do not try to serve a person who is upset or sleepy.
6. Be organized and stay calm.
7. Use a plastic tablecloth or place mats, straws, non-spill

cups, and dishes with suction cups. Do not use plastic utensils.

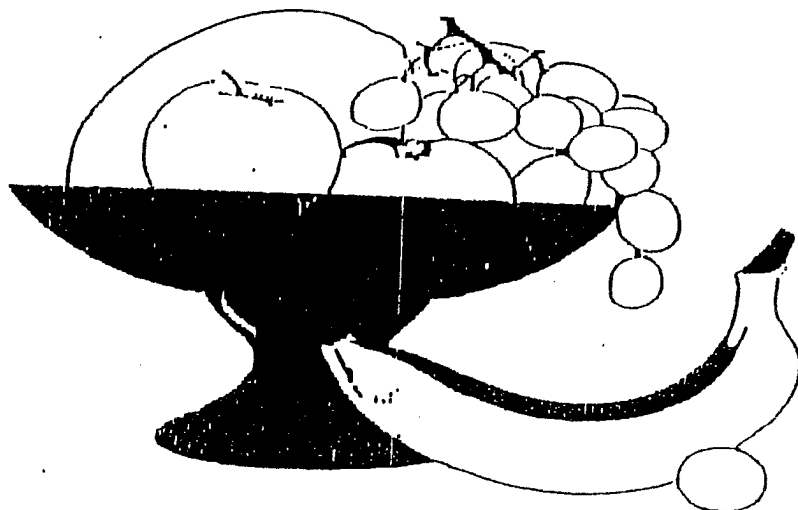
8. If a person has dentures, make sure they are in place. Check the gums for any sores if dentures are loose.
  9. A bib or special "meal-time" shirt will reduce the need to change and wash clothing.
  10. Keep the food simple. Too much or too many choices can be confusing. Offer one item at a time.
  11. Offer meals at regular times.
  12. Try soft, relaxing music at mealtime.
  13. Remove other distracting items from the table.
  14. Encourage the serving of "finger foods."
  15. Allow individuals to feed themselves when possible.
  16. Allow enough time for the person to take each bite.
  17. Encourage staff to pay attention to the person eating and not socialize with other staff during the meal.
  18. Consider a person's former eating habits/likes/dislikes, but remember that during the progression of the disease food preferences may change.
  19. Pay attention to food temperatures (may be too hot.)
- Note: Alcohol should not be given to a person with Alzheimer's Disease.*

# Planning and preparing meals

## Tips & Techniques

Making sure a person with Alzheimer's Disease eats enough of the right kinds of foods can be a challenge. Here are some suggestions:

1. Serve favorite foods often, especially if a person has little appetite. Variety doesn't matter so long as the day's intake is well-balanced and meets caloric needs. Cook food the way he or she likes it — even though it may not be the way you like it.
2. Make sure the dishes and the tablecloth or place mats differ in color from the food. The food, dishes, and table surface should all look different from each other. Use plain dishes with no pattern.
3. Add extra nutrients to the diet of a person who eats too little; wheat germ can be added to soups, shredded carrots to tuna fish, and grated lemon or cheese to salads. Add powdered skim milk to soups or milk shakes for extra protein.
4. Small frequent meals at regular intervals throughout the day may be easier to handle than three large ones.
5. Nutritional supplements may also provide extra nutrients. Ask the doctor which supplements are best.
6. If food needs cutting, cut it in the kitchen before bringing it to the table, to avoid difficulty or embarrassment. Ask for the cook to do the same in a restaurant.
7. If a person is not eating, try this: get his or her attention, take a piece of food from your plate, and put the food in your mouth while looking at the person. Then say, "It's your turn." Or try yawning or asking the person to say "ah."
8. People with Alzheimer's Disease often like sweet foods and fruit. Keep a dish of fruit available.
9. Serve foods that don't need much chewing: soups, ground meat, mashed potatoes, applesauce, pureed vegetables. Baby foods are fine, but expensive; try a food processor or a table grinder.



# Dressing

## Things that may cause problems with dressing:

- Physical illness or depression resulting in loss of interest in personal care.
- Vision loss.
- Changes in fine motor skills.
- Side effects of medications.
- Forgetting to change clothes.
- Lack of privacy.
- Poor lighting.
- Room temperature that is too hot or too cold.
- Distractions from people, clutter, noise.
- Short attention span.
- Loss of understanding about how to get dressed.
- Instructions that are not simple enough.
- Inability to make decisions.
- Embarrassment/humiliation about the need for assistance.
- Fatigue.
- Feeling rushed by caregiver.
- Inability to recognize parts of the body.
- Anxiety.

## Tips & Techniques

Some of the following suggestions may help make dressing easier:

### General

1. Develop and maintain a routine.
2. Be sensitive to temperature of the room (too warm, they may undress; too cool, they may not want to undress.)
3. Insure privacy — close curtains, doors, etc.
4. Choose one spot to dress and another to undress and keep this consistent.
5. Allow the person to be as independent as possible.
6. Provide assistance and cues as needed and adapt as a person becomes more impaired.
7. Store rarely used or out-of-season clothes.
8. Label drawers and closets to describe their contents.
9. Place matching articles and outfits together (i.e. ties, belts.)
10. Be flexible and ready to try new approaches.
11. Don't argue or try to force a person to change clothes.

## Choosing clothes

12. Clothing should be easy to put on, wear, and remove — with large front fastenings, zippers, and Velcro tabs. Over-the-head, loose-fitting clothing, elastic waistbands, wraparounds, and reversible fabric really help.
13. Underpants should be soft and loosely constructed. A bra may not be necessary for a woman with Alzheimer's Disease — try using an undershirt or a T-shirt instead. (Keep in mind, a woman who has worn a bra all her life may feel demeaned by being suddenly without one.)
14. Tube socks are best. Avoid tight socks or stockings that can cut off circulation.
15. Choose slip-on shoes with non-skid soles (tennis shoes with Velcro closures work well.)
16. Try pants with elastic waistbands.
17. Jogging suits or sweat pants are easy to get in and out of and are comfortable.
18. If a person likes to wear the same clothes every day, consider getting several outfits that look alike.

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## Dressing, continued

### *Clothing Care*

19. Keep clothing up-to-date, clean, color coordinated, and neat.
20. Use comfortable fabrics like cotton rather than wool. As clothes wear out, replace them with machine washable, unrestrictive, no-iron items.

### *Storage*

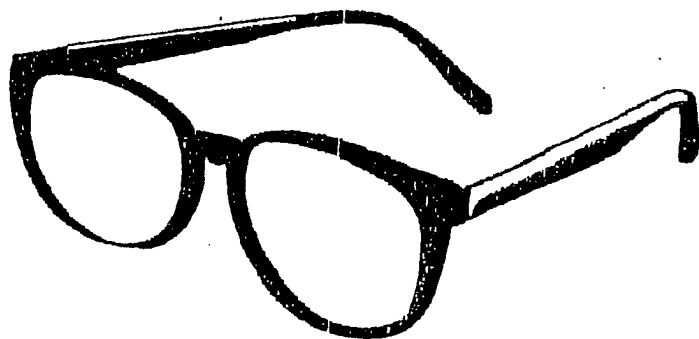
21. Clothing should be stored so it is easy to reach. Sort and arrange all clothing by type: hang all skirts together, all pants, all shirts. In the drawers, keep all socks together, all underpants, all night-wear.
22. Hangers that serve the same purpose should have the same design. All pants or skirt hangers, for example, should either have clips or a pressure bar.
23. Put out-of-season clothes away.
24. Put ties, scarves, belts or sashes, and other accessories with the item of clothing they go with. If you find that a particular item causes confusion, adapt it or get rid of it. For example, if a woman forgets how to tie a scarf, either fasten it to her dress already tied or remove it altogether.

### *Getting Dressed*

25. To reduce the danger of falls, have the person dress while seated. Stand close by to provide support.
26. Ask, "Do you want to wear the red dress or the green dress?" But don't offer too many choices — it's confusing. Speaking positively helps — "Red looks really nice on you!"
27. Check to make sure all fastenings are closed and that clothing is appropriate before going out. As time passes, it may become necessary to lay out the next day's clothing at night — but not necessarily in the person's room or within easy reach. If you do lay out clothing, do so in the order in which it is put on. For example, the underwear should be first, on top of the pile of clothing and the pants last, on the bottom of the pile. The socks could be placed on top of the shoes.

### *Glasses*

28. Make sure that you have more than one pair of glasses available for a person with Alzheimer's and that you have a copy of the prescription. Choose plastic lenses rather than glass.
29. Neck cords may make searching for glasses unnecessary, but be aware that the cord could catch on something and present safety problems.



## PERSONAL CARE: HANDOUT 7

## Bathing

## Things that may cause problems with bathing:

- Depression, that often causes a lack of interest in personal care.
- Presence of an illness.
- Temperature of water or room that is uncomfortable.
- Inability to find the bathroom.
- White tub, white tile, white floor, white shower stall could cause confusion.
- Lack of privacy.
- Embarrassment about having someone else in bathroom.
- Fears such as fear of falling, fear of the sound of running water or of the water itself, fear of soap, fear of shampoo and its purpose.
- Belief that the bath has already taken place.
- A change in daily routine
- The sense of being rushed.
- Being kept waiting too long while caregiver prepares bath.
- Forgetting how to perform the task.

## Tips &amp; Techniques

Bathing an individual may be an awesome task if the caregiver is not alert to some of the common problems. The caregiver must adapt to the special needs of the person receiving care. Bathing should be a regular routine, done at the same time of day, and using the same steps. Some techniques that may help with bathing include:

1. Many people prefer a shower to a bath — it's easier and feels safer. If you use a tub, fill it with four to six inches of water and STAY with the person. If the person is startled or agitated when they enter a tub without having seen it being filled, let them stay in the room while water fills the tub. If running water frightens them, fill the tub with four inches of water and then lead the person to the bathroom and into the tub.
2. Stay calm and take it step by step. A bath may take all morning. Remember that if only the important parts get washed, the bath is a success. Some people in the early stages enjoy playing in the tub. If you put a comfortable chair in the bathroom, their play time may give you time to read or relax.
3. The sound or feel of the shower may frighten some people. Others enjoy the soothing relaxation of the water.
4. After a while some people with Alzheimer's Disease lose depth perception. They may not realize that the water in the tub is only four inches deep. They may fear drowning and refuse to get into the tub. Keep the tub drained of water and use a rubber hose shower nozzle.
5. Sometimes it is a question of modesty and as long as a person is covered with a towel or shower blanket, he or she will tolerate bathing. Helping from their side rather than from the front may feel more natural, since a person's own arms wash from "the side." Sometimes bathing needs to be limited to a weekly session with sponge baths the other six days.
6. Don't use slippery oils or bubble bath.
7. Provide support — handrails, a bench, non-slip strips, etc.
8. Wash in the same order every time.
9. Make sure the bathroom is warm.
10. Have everything ready ahead of time—bath water, towels, clothes.

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# Bathing, continued

- 11. Provide adequate lighting.
- 12. Keep the bath area safe:
  - Remove electrical appliances (hair dryers, razors, etc.)
  - Use non-slip bath mats.
  - Try a bath chair.
  - Remove locks from the bathroom door.
- 13. Allow the person to do as much as he can for himself. Give simple, one-step instructions; no long explanations. Modify assistance as needed.
- 14. Avoid forcing or arguing.
- 15. Wash genitals thoroughly — sponges or mitts may help. This area needs to be kept clean, even if it's the only area you clean that day. Tell the person that you are going to wash them.
- 16. Help the person wash and then dry in the same order from top (head) to bottom (feet).

## Undressing Tips & Techniques

Try some of these suggestions with a person who resists getting undressed for a bath:

- 1. Sometimes a person can be encouraged to undress to prepare for a reward or a nice experience, such as a refreshing bath or a cool, comfortable bed.
- 2. Distract with a simple, funny story or a song. As soon as the clothes are off, they should be taken from sight, following the rule, "Out of sight, out of mind." Only the clothing to be worn next should be in view.
- 3. When a person clutches clothing so it cannot be removed, put something in his or hands to distract. Drinking juice or looking at a book can draw attention away from what else is going on.

## PERSONAL CARE: HANDOUT B

# Grooming

## Tips & Techniques

Good grooming is important to both a person who has Alzheimer's Disease and to his or her caregivers. Here are some tips for making grooming easier:

### *Hair*

1. Keep hair in an easy-to-care-for style. Washing hair at the kitchen sink may be easier than in the tub or shower. Get a hose/spray attachment to make rinsing easier.
2. If the barber shop or beauty parlor has been an important part of a person's former routine, continue having him or her go to the same place, with the same person, at a regular appointment time. Facility visits can be arranged with some salons.

### *Shaving*

3. It may be difficult to shave the person, so try to supervise shaving for as long as possible. An electric razor may simplify the job.
4. In addition to helping women shave their legs and underarms, you may need to help those who have facial hair either pluck or shave their chins.

### *Make-up*

5. Most women stop using make-up early in the disease. But a woman who has always worn make-up will feel better about herself if she continues using it.
6. Use light-tone lipstick and a bit of powder. Eye make-up is too hard to attempt.

### *Nails*

7. Encourage people with Alzheimer's Disease to continue trimming fingernails and toenails. When you take over, do it twice a month.
8. You may get more cooperation if you trim nails while a person is watching television or listening to music.
9. Difficulty with toenails, bunions, or calluses may cause discomfort or problems with walking. A visit to a podiatrist every six months might be helpful and may be covered by insurance.

### *Teeth*

10. Encourage twice-a-day brushing.
11. If a person has dentures, encourage continued care and regular check-ups. Ill-fitting dentures can contribute to poor nutrition and result in constipation or even mouth sores.
12. Schedule regular visits to the dentist.

# Toileting and Incontinence

## Things that may cause problems with toileting/continence:

- Insufficient intake of fluids/dehydration.
- Intake of diuretic-containing fluids such as coffee, tea, cocoa, beer or colas.
- Infections.
- Side effects of medications.
- Chronic illness.
- Inability to recognize the sensation of needing to go to the toilet.
- In men — prostate problems.
- In women — constipation or weak pelvic muscles.
- Inability to find the bathroom or having too far to go.
- Trouble undressing.
- A bed that is too high or chairs that are too soft to get out of in time.
- Lack of privacy.
- Poor lighting.
- Inability to find the toilet (white toilet, white floor/walls.)
- Restraints.
- The task is too difficult, or has too many steps.
- Need for assistance with clothing.
- Unfamiliar caregivers may cause anxiety or fear.
- Inability to remember what to do once in the bathroom.

- Feeling rushed.
- Inability to express the need to go.

## Tips & Techniques

Learn to recognize the nonverbal cues a person gives about needing the toilet, and respond to them quickly. Other tips include:

### Urinary Incontinence

1. Schedule frequent visits to the toilet.
2. Recognize that when a person starts to fidget or pick at his or her clothing near the groin, it may signal the need to urinate.
3. Urinary incontinence can be coped with by using adult absorbency pads. Covering these pads with regular underwear helps a person feel less childlike.
4. Change incontinence underwear often, keep skin clean and use lotions or powders (or cornstarch) to protect the skin.
5. Look for a pattern of where/when accidents happen.
6. Make sure the person has adequate fluid intake.
7. Have signs with words and pictures to identify the bathroom.
8. Make sure clothes are easy to get on and off.
9. Put a commode next to the bed at night.
10. Provide adequate lighting to and in the bathroom.

11. Nighttime incontinence can be lessened by withholding fluids at night and by using a pad.

12. Sometimes medication can help — talk to the person's doctor.

### Constipation

13. Make sure a person with Alzheimer's Disease drinks plenty of liquids. This is important to maintain adequate hydration and help prevent constipation.
14. Make sure the person in your care drinks five to eight glasses of water, tea, mineral water, or juice every day.
15. Regular activity, such as a daily walk, can help.

### Bowel Incontinence

16. Make sure the bowel incontinence is not due to fecal impaction or drug side effects.
17. It is possible to manage bowel incontinence by monitoring diet. Learn a person's bowel regimen and lengthen toileting at that time.
18. Cleanliness is the goal. To avoid serious skin problems, daily bathing and a regular change of clothes are essential.

## Sexual Behavior

### Possible causes for perceived sexual behavior:

- Fatigue.
- Need to go to the bathroom.
- Side effects of medication.
- Disruption of sleep patterns.
- Loss of judgment due to memory loss.
- Room temperature that is too hot or too cold.
- Misinterpretation of environment.
- Triggering of sensations during bathing.
- Disorientation to new surroundings.
- Misinterpretation of a caregiver's touch or activity.
- The need for touch, affection.
- Lack of privacy.
- Clothes that are too tight or uncomfortable.
- Boredom.
- The person may have been a "fix" all his or her life.

### Tips & Techniques

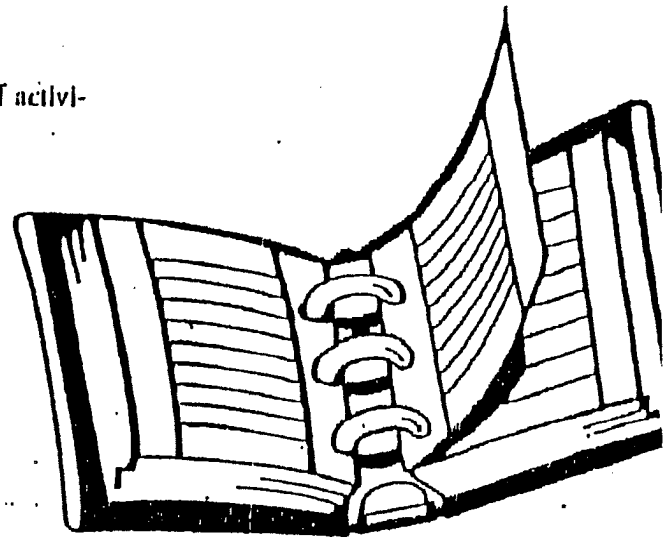
Behavior that is seen as sexual may instead be misunderstood. Try some of the following suggestions:

1. Look for clues that the person may need to go to the bathroom.
2. Check clothing to see if it is too tight or uncomfortable.
3. Check the room temperature — is it too hot?
4. Try to keep the routine and environment consistent.
5. Distract with food, drink, a walk, or another activity.
6. Respond in a matter-of-fact tone.
7. Sometimes ignoring remarks or behavior is effective.
8. Provide gentle touch/ appropriate affection.
9. Encourage family members to show affection — holding, or touching. (This may be all the person is looking for.)
10. Try to avoid reprimanding, reasoning, or rationalizing.
11. Look for specific times this behavior occurs (bath time, bed time, etc.)
12. Gently guide the person to another area.

# Tips & Techniques

1. Activities for people with Alzheimer's Disease should be planned and scheduled so everyone becomes adjusted to a routine. Use the same schedule every day. Keep it simple and predictable.
2. Keep a written schedule for everyone to see. Review this list on each shift. Plan in advance specific activities for specific people.
3. Provide consistency and structure for people who have Alzheimer's Disease. If a specific activity is planned each day, try to have the same certified nursing assistant lead this activity as often as possible. People with Alzheimer's will become less frustrated if they have the same person supervising a particular activity each day. The certified nursing assistant may become bored, but people with Alzheimer's need the repetition.
4. Give clear instructions one step at a time. Do not use abstract ideas. Visual instructions are much better than verbal. For example, point to an object or talk about something placed in the person's hand.

5. Limit the number of activities. People with Alzheimer's Disease cannot learn new activities every day. They will enjoy doing the same activity over and over. Remember that while an activity will not always be met with pleasure, it's unlikely that a person with Alzheimer's Disease will get bored with it. Sometimes a person will enjoy an activity one day but will become disinterested or unable to do it the next day.
6. Activities should draw on remaining abilities and knowledge. Try to assess each person's ability to do certain tasks before attempting an activity. Do not assume that a person can do an activity. Remember that long-term memory is less affected in Alzheimer's Disease, and past abilities are more likely to be remembered than new and innovative tasks.
7. "Busy work" can be appropriate. For instance, folding



8. Always look at what a person enjoyed in the past and then adapt those activities to the daily routine. For instance:  
*Mr. Green may no longer be able to play the piano but may still enjoy listening to music.*  
*Mrs. Clark may no longer be able to clean her room as she once did, but she can sweep the hallways.*
9. Provide simple repetitive tasks. Avoid activities that require decisions, such as choosing from a box of

the same towels or sorting the same basket of clothes may appear to be busy work but each provides a task that can be accomplished by many persons with Alzheimer's Disease.

# Tips & Techniques, continued

paints. Give a person with Alzheimer's Disease two colors instead of ten colors. Avoid tasks that require paying attention to one thing for an extended period of time. Choose tasks that have very few steps and lead the person through them, step by step.

10. Avoid activities that a person with Alzheimer's sees as childish but never deny an activity you think of as childish. The satisfaction of doing something on his or her own may be one of that person's few remaining pleasures.

11. Be creative. Share new and creative ideas with all the staff. Keep written instructions of activities so other staff members can use them.

12. Give positive feedback. Do not belittle people or suggest that they "really should be able to do" an activity. Encourage and praise them during each step.

13. If a person resists, do not argue or try to reason with him or her. Drop the activity or distract and try again in 15 minutes. End the activity when he or she becomes restless.

14. Organize the activity before you start. If you are disorganized, people with Alzheimer's will quickly become distracted.

15. Evaluate each activity for its benefits. For instance, prompting Mrs. Harper while she is dressing may be more therapeutic than dressing her in a hurry and rushing down the hall to an organized recreational activity. Do not use wheel chairs or feed people with Alzheimer's Disease for convenience. It is much better to prompt them to

do these activities on their own and give them a needed sense of achievement.

16. Organize small group activities for short periods of time (10 to 15 minutes). Sometimes it is better for staff members to work one-on-one with people who have Alzheimer's Disease.

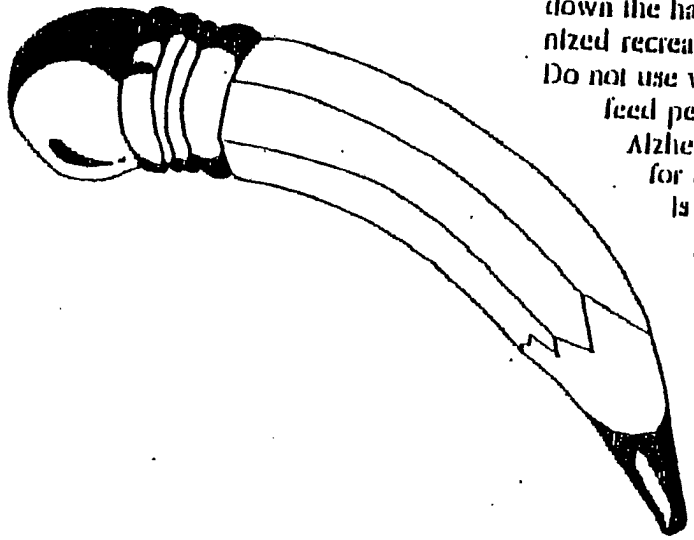
17. Use humor. Make the activity fun. Humor is very therapeutic for everyone.

18. Listen carefully to your own voice. Evaluate your body language. Nonverbal behaviors can signal that you are bored, tense, agitated, or in a hurry. People with Alzheimer's Disease easily pick up on nonverbal clues. Smile!

19. Keep the area as free from distractions as possible during activities. People with Alzheimer's can be distracted very easily. Sometimes distractions are not easily identified by nursing staff.

20. Always thank everyone for participating.

21. Remember that each person is an individual. If someone becomes upset stop the activity immediately.



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# Types of Activities

A wide range of activities can be enjoyed by people with Alzheimer's Disease. Here are some examples:

## Exercise

There are many forms of exercise that can be enjoyed by people with Alzheimer's Disease, including:

- Dancing
- Walking
- Swimming or water exercise
- Movement to music
- Callisthenics
- Chair or bed exercises

## Music

Forms of music therapy include:

- Cassette tapes, CDs and records
- Audio-visual tapes of dance instructions
- Singing
- Exercising to music
- Introduction to reminiscence groups
- Radio, headphones



## Games

Suggestions for games include:

- Sorting and separating different objects
- A simplified version of "Concentration"
- Alphabet or category games
- Simplified jigsaw puzzles
- Simplified "Trivial Pursuit"

## Arts and Crafts

Some arts and crafts projects that can be enjoyed by people with Alzheimer's Disease include:

- Working with non-toxic clay
- Making collages
- Painting with water colors
- "Round robin" drawing
- Stringing beads



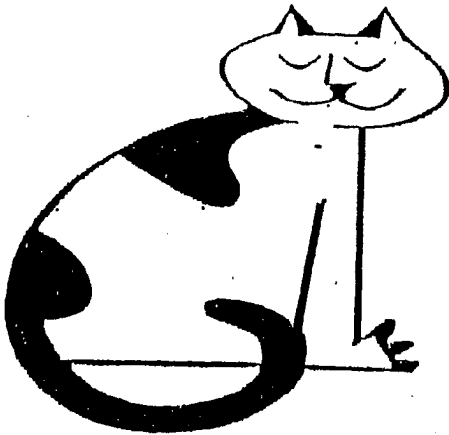
## Reminiscing

Tools to use for reminiscing include:

- Scrapbooks and photo albums
- Recall historical events using pictures
- Recall past pleasant activities such as travel, food or entertainment
- Develop memory chains (Pick a particular topic, then ask each person in a small group to share a memory about that topic.)
- Recall religious aspects of person's past

*Do not use reminiscing therapy unless you know a person's background is comfortable and happy. During reminiscing therapy, unpleasant events and memories from the person's past may resurface and cause emotional and physical distress.*

## Types of Activities, continued.



### Pet Therapy

Pets and other animals can bring hours of enjoyment to people with Alzheimer's Disease. Some examples of activities include:

- Holding and stroking a dog, cat or rabbit
- Watching a hamster or gerbil in its cage
- Watching birds or squirrels at a feeder placed outside a window
- Listening to a canary or parakeet
- Caring for fish in an aquarium

### The Arts

Video stores and libraries are good sources of short films such as:

- Travel films
- Classic television shows
- Wildlife shows

### Gardening

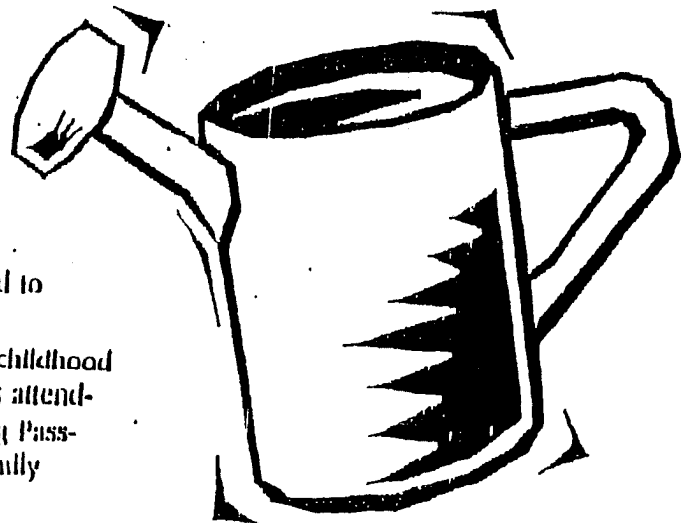
Simple gardening projects include:

- Planting small plants, bulbs or seeds in inside containers
- Planting in outside planters, beds or a garden
- Arranging cut flowers in vases or bowls

### Spiritual Activities

Some spiritual activities that can be enjoyed by people with Alzheimer's Disease include:

- Attending religious services
- Singing hymns or Christmas carols
- Having Bible passages or other religious works read to them
- Reminiscing about childhood experiences such as attending church or having Pass-over dinner with family



# Attitudes and Feelings About Caregiving



## Tips & Techniques

To meet the challenges of caregiving, it is important to be close to the person who has Alzheimer's and at the same time distant from the disease itself and the changes it brings.

### 1. Emotional Distance

Develop a healthy amount of emotional distance, remembering that the person receiving care is not responsible for the changes in his or her health.

### 2. Ongoing Support is Important!

Staff members should support one another by taking time to affirm each other, and to listen sympathetically when a co-worker has had a difficult experience.

### 3. Anticipate and Plan

When caregivers understand that people with Alzheimer's Disease experience ongoing changes in their need for care, a new level of disability will not come as a surprise. Staff members should update each other carefully about the abilities, preferences and special tips that help a particular person.

### 4. Involve People in Their Own Care

Listen to people receiving care and try to involve them in conversations about their care, their interests, objects in the room, anything or anyone nearby or their past memories. **Share humor!**

### 5. Stay Positive

Be aware of your own feelings about the people you are caring for. If you can't find something about a person to enjoy or like, that negative attitude will become obvious. Sometimes a little detective work can uncover some enjoyable quality in the person under care. If there seems to be nothing pleasant, consider changing the caseload for the day.



# Three Stages of Grief

## Stage One: Shock.

Family members need to:

- Talk to someone.
- Be with people they love.
- Hear genuine caring.
- Be encouraged to keep lists of schedules, notes of callers and appointments marked on calendars.

## Stage Two: Adjusting

Encourage people to try some of these techniques to help deal with their grief:

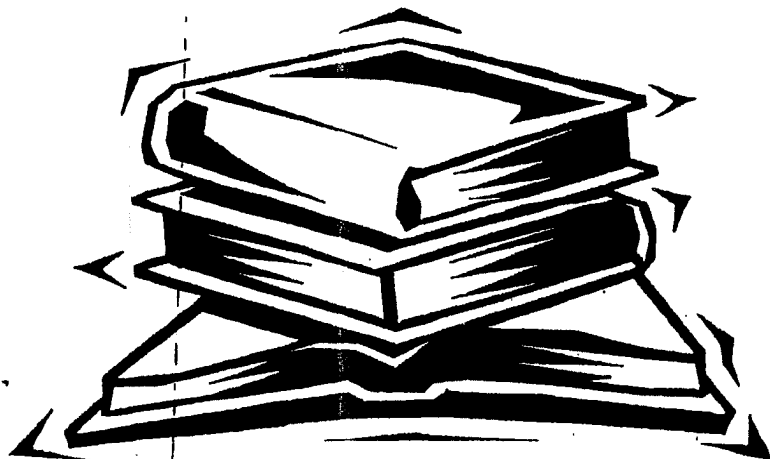
- Realize what is lost, but remember what remains each day.
- Physical exertion.
- Getting out by themselves and looking at peaceful scenes.
- Writing down feelings.
- Expressing feelings in painting or music.

## Stage Three: The New Life

People who are in the third stage of grief should be encouraged to:

- Seek the company of a pet, friend or support group.
- Do something that is different and fun.
- Be with people.
- Try to remember what and who used to be fun.
- Volunteer.

## Ways to Educate and Help Families



1. Support groups.
2. Educational handouts.
3. Educational seminars or workshops.
4. Community centers; senior centers.
5. Social services.
6. Home health agencies.
7. Respite care programs or in-home respite aides/volunteers.
8. Family support network.
9. Adult day health care programs.
10. Long-term care residential programs.
11. Memory Disorder Clinics.
12. Hospice care.



# Three Stages of Grief

## Stage One: Shock.

The first stage of grieving is shock. A person does not believe the news, and essentially becomes numb.

### Tips & Techniques

When family members are in the shock stage and can not believe the news about the diagnosis, they need to:

1. Talk to someone about the news and their feelings. The person with the diagnosis and the family should share their feelings with each other if possible and with other family members. It may be helpful to use expert listeners, such as trained clergy, mental health counselors, social workers and nurses. Support groups are wonderful helps.
2. Be with people they love, who can provide support.
3. Hear genuine caring, not suggestions to "fix" the grief. Empathy goes a long way.
4. Be encouraged to keep lists of schedules, notes of callers and appointments marked on calendars. It's easy to forget things during this stage of grief. Reminders can be very helpful.

## Stage Two: Adjusting

The second stage shows the beginning of the adjustment process.

### Tips & Techniques

People in the second stage of grieving can be encouraged to try some of the following techniques to help deal with their grief:

1. Realize what is lost, but remember what remains - each day. They can use the remaining abilities and skills to enjoy the company of the ill person and to do things together.
2. Physical exertion is a good way to deal with anger or frustration about the situation. Swimming laps, golf, walks, scrubbing the floor, waxing the car or furniture, trimming bushes or making bread help vent intense feelings.
3. Sometimes getting out by themselves and looking at peaceful scenes such as a flower garden, going to a museum to view rich colors or having a quiet time at a local church, chapel or synagogue can bring relief.
4. Writing down feelings on paper can help. Sometimes it helps to keep a diary to review past experiences and gain some perspective.

Sometimes it helps to wad up the paper filled with words and toss it vigorously into the trash, sort of a symbol of throwing away the anger.

5. Expressing oneself in painting or music also helps.

## Stage Three: The New Life

The third stage of grief is the new life stage, when a person takes steps to move on to the next phase of his or her life.

### Tips & Techniques

People who are in the third stage of grief should be encouraged to:

1. Seek the company of a pet, a friend or a support group if they are feeling lonely or isolated.
2. Do something that is different and fun. Indulge in a movie or a special treat.
3. Be with people. Go to a sports event or a free lecture at the public library. Being around happy, healthy people can be healing.
4. Try to remember what used to be fun and who used to be fun. Renew former activities and friendships.
5. Volunteer. Help others as a way to help themselves.



# Stress Management

## Tips & Techniques

Here are some things certified nursing assistants and other caregivers can do to relieve stress:

1. Stay involved and active in something you like to do.
  - a. Take classes at local schools or community centers.
  - b. Get involved in community affairs.
  - c. Join social groups such as: card games, gardening, book clubs, art groups, craft clubs, horseshoes, bingo and support groups.
  - d. Visit with family and friends.
  - e. Encourage and accept help from others.
  - f. Find out about community resources.
2. Deal with feelings.
  - a. Accept sadness and anger.
  - b. Discuss feelings with others, remembering the person's right to confidentiality.
  - c. Treat yourself to something special every day, such as a favorite book, outdoor scene, hobby, or window shopping.
  - d. Be patient with yourself. Allow time for change.
3. Learn to relax.
  - a. Exercise.
  - b. Meditate.
  - c. Listen to music.
  - d. Do what you enjoy, such as watch a movie, talk with a friend or work on your antique car.
  - e. Relax regularly in your favorite way.
4. Keep good health habits.
  - a. Have regular physical exams.
  - b. Exercise regularly.
  - c. Eat a balanced diet.
  - d. Get enough sleep.
  - e. Avoid alcohol.
  - f. Educate yourself about medicines, both prescription and over-the-counter medicine.
5. Keep a sense of humor.
  - a. Share a cute joke or photo.
  - b. Laugh or at least smile for your health; laughter lowers the blood pressure and helps healing.
  - c. When you're feeling tired, stuck or frustrated, try humor to increase your energy and make the task seem lighter.



## **Community Resources**

**Alzheimer's Disease Education & Referral Center**

**Alzheimer's Association**

**AD Support Groups**

**Area Agency on Aging**

**Educational Seminars**

**Community Centers; Senior Centers**

**Social Services**

**Respite Care**

**Adult Day Programs**

**Home Health Agencies**

**Long Term Care**

**Memory Disorder Clinics**

**Hospice Care**

# Ethics and Alzheimer's Disease: Respect for the Individual

Two of the most common ethical issues that come up during the care of people with Alzheimer's Disease are respect for individual values, and the loss of self-identity.

## Respect for individual values.

When caring for people with Alzheimer's Disease we must always realize that all people are individuals in their own right. Caregivers need to:

1. Look at people with Alzheimer's Disease as unique human beings and people of value. Call them by name. Talk directly to them.
2. Know who a person was before he or she became impaired. Find out about the person's background. Listen

to the family's values. Use this information in planning care. Develop a sketch of each person with Alzheimer's Disease. Know who they were and what they were like.

3. Respect confidentiality. Don't share information with other people's families or others outside the nursing home.
4. Respect cultural differences. Each person has an individual cultural background. **Respect this.**
5. Biased opinions can interfere with respect. Get to know each person with Alzheimer's Disease. Be alert for your own biases and prejudices.
6. Respect the right to privacy. Treat this concept in light of how you would want to be treated and how you would want your loved ones to be treated.

## Loss of self-identity.

A person's self-identity is tied up in his or her multiple roles in life. Growing old brings multiple losses. This becomes more and more acute for a person suffering from memory loss. As Alzheimer's progresses, a person is stripped of the ability to drive, handle money, hold down a job, keep a home, etc. People moved to nursing homes often lose their identity with their homes. With loss of self-identity come lost self respect and dignity.

Ethical treatment for people with Alzheimer's Disease means caregivers must always remember to maintain a person's self-identity. It is absolutely essential to do the following:

1. Call each person by name. "Pops" and "Sweetie" are not proper names. They do not show respect or dignity.
2. Always talk to a person, not **about** him. You never know when someone with Alzheimer's Disease will have a moment of clarity.
3. Treat confused people with dignity.

# RESPECT



# Ethics and Alzheimer's Disease: Autonomy

Autonomy is defined as self determination, or the freedom to make choices. There are several issues regarding autonomy that need to be included in a discussion on ethics.

## A. Decision-making

Do we allow persons with Alzheimer's Disease to make decisions? This can range from the decision to eat a snack to the concept of advance directives, from end-of-life decisions to the basic decisions of participation in care. Should you ask someone who is confused if she wants to take a bath? We tend to take all choices away from persons with Alzheimer's Disease. We need to let people feel they have some control. Demands for cooperation set up resistance and don't allow people to have any decision-making power.

## B. Truth-telling

This can range from telling little white lies to encourage a person to cooperate to disclosing the diagnosis of Alzheimer's Disease. Is it okay to tell a little white lie, such as "Your husband will be here in a few minutes," when it will really be several hours? Sometimes these are called "therapeutic lies" because they can help get cooperation. Is this a face-saving deception that promotes a person's dignity or is it unethical to consider such a thought?

## C. Disclosure of Diagnosis

What about telling a person in the early stages that he or she has Alzheimer's Disease? If he asks do you tell him? What if a person demands to know but announces she will kill herself if she has Alzheimer's Disease?

## D. Safety vs. Autonomy

When does autonomy interfere with safety? Or with a semblance of order in the nursing home? This brings up the issue of restraints, both chemical and physical.

If the environment does not allow the person to function freely, restraints will be used. They can be either in the form of drugs (chemical restraints or chemical straight-jacketing) or physical restraints, such as gerichairs, vests, mitts, posey belts etc. Restraints are a restriction to autonomy. Instead of using them to control a person's behavior or to "manage" the behavior, staff need to remember the principle of autonomy. Ethics require nursing staff to develop an understanding of and a commitment to care that is individualized and person-centered.

## E. Competency and decision-making

Alzheimer's Disease interferes with a person's ability to make good decisions. This can range from refusing to take a medication, to insisting on handling

financial decisions even when a person is severely impaired. There is an important difference between the concept of competence and the capacity to make decisions. Competency is a legal term that is determined by the courts. But even someone who has been declared "incompetent" by a court may still be able to make many day-to-day decisions on his or her own. A person with Alzheimer's Disease may or may not be capable of understanding and interpreting complex situations and making a rational decision. A person with Alzheimer's has "spotty" deficits and can still comprehend and express meaningful preferences at times and on certain subjects. Ethically it is important not to prejudge a person's ability to participate in making decisions.

## F. Informed Consent

People receiving medical care need to know what treatment is planned, what it is going to entail and what the outcomes could be. But a person with Alzheimer's Disease may not have the ability to make clear rational decisions. If Mr. Roberts refuses to take a drug that will decrease his aggressiveness, should he be forced to take it? At what point does it become more important to ensure that he doesn't harm himself than it is to uphold his right to informed consent?



# Ethics and Alzheimer's Disease: Justice

Justice will become more and more a concern as the elder population lives longer and as the number of elderly people with Alzheimer's Disease increases. These issues are being argued in the courts.

## A. Nutrition and Hydration

One very controversial decision nursing staff will face is whether to place a feeding tube in an elderly person with Alzheimer's Disease who can no longer swallow. Should the tube be placed? Should it be removed when the individual is in the end-stage of the disease and is only being kept alive by feedings?

Food and fluid are synonymous with nurturing and caring. Many families and staff can accept withholding life support but cannot accept letting a person "starve to death." Is there a difference between not inserting the tube and withdrawing the tube after it has been placed?

## B. Health Care Rationing

As health care becomes more and more expensive, we face important questions about who is "entitled" to receive it.

Is first-rate care for people with Alzheimer's Disease too costly?

Can we afford state-of-the-art nursing homes for everyone who has Alzheimer's?

Should we save the money and put it towards the care of children?

## C. Assisted Suicide and Mercy Killing

Should society allow physicians to "hurry along" death by withholding life-saving measures?

Does this mean not giving CPR to a person with Alzheimer's Disease? Does it mean not giving antibiotics for an infection?

Does it mean not feeding people with Alzheimer's Disease and letting them starve to death?

## D. Competency

Should everyone with Alzheimer's Disease be ruled legally incompetent by the courts at the first signs of the disease? Or do we allow people with Alzheimer's to make all their own decisions about personal issues, medical care, participation in research, finances and place of residence, even when they cannot act in their own best interest?

## E. Quality of Life

We do not have a valid way to measure quality of life. Each of us has our own definition of this concept. For example, what families see as quality of life for their loved ones does not always coincide with what nursing home staff may feel is quality of life. Some staff and family members may see someone in the end-stage of Alzheimer's as having no quality of life when he or she can no longer speak in a coherent manner. Another staff or family member may feel there is some quality to life as long as the person can respond to touch or sound.

## F. Futility of Treatment

Futility of treatment is a question of whether an outcome is "worth it or not." For example, if an 82-year-old woman with Alzheimer's Disease has a heart attack, does a physician have the right to deny open-heart surgery just because she has Alzheimer's? What happens if the family insists on the surgery despite the fact that she is in the end-stage of the disease? Is she as "entitled" to the surgery as a 50-year-old business executive?



# Ethics and Alzheimer's Disease: Case Studies

1. Mr. G is a 74-year-old man who has been in the Alzheimer's special care unit for one year. He has recently begun to swear and curse in a loud voice. This has caused a great deal of friction on the unit, especially with the husband of another patient. He has demanded that Mr. G should be given medication to keep him quiet. He insists that his wife does not have to be subjected to the cursing. Mr. G is able to ambulate and has never shown any aggressive behavior toward the staff or other patients. In fact, Mr. G is usually very pleasant even when he is cursing and swearing.

*Discuss the concept of respect for individual values as it applies to this scenario.*

2. Mrs. T is 69 years old and has had Alzheimer's Disease for at least 10 years. She has been in the nursing home for the past five years. She is now in the late stages of the disease and is unable to respond to any stimuli. She is curled into a fetal position and unable to take any food or fluid by mouth. She has had a feeding tube for the past six months. Mrs. T's doctor recently talked with

the patient's husband about removing the feeding tube. Mr. T has adamantly refused to give consent for this and wants his wife to have the feeding tube for as long as necessary. He says that Medicaid is paying for her care so she is entitled to be kept alive as long possible.

*Discuss the ethics and values of justice and right to treatment.*

3. Mr. A is an 84-year-old man who has had Alzheimer's Disease for the past three years. He was recently admitted to a nursing home because his family could no longer care for him. He is incontinent of both urine and stool and has frequent episodes of diarrhea. When this happens it becomes necessary to shower Mr. A since it is impossible to clean him with just a spongebath. Mr. A becomes very agitated when showered and often kicks and hits the staff. Staff members are reluctant to shower Mr. A because of this and have been avoiding showering him. The nursing home administration has just written a memo to the unit manager stating that the patient is to be bathed after each bout of diarrhea even though he becomes abusive.

*Discuss the ethics and values involved in caring for a person with Alzheimer's Disease who becomes abusive. Does a person with Alzheimer's have the right to refuse treatment? Does the staff have the right to refuse to give the person a bath?*

4. Mrs. L is an 80-year-old woman who was diagnosed with Alzheimer's Disease six years ago. Her short-term memory is almost non-existent and her long-term memory is very poor. She has recently become sexually active with a male patient. She visits his room frequently during the day and night. The man's family has become very upset about this and demands that the staff supervise Mrs. L at all times and prohibit her from engaging in any sexual behaviors with male patients. The nursing staff argues that Mrs. L has "rights" to her privacy and autonomy.

*Discuss the ethical and moral issues that arise in this situation.*



## Alzheimer's Disease or Related Disorders

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

1. List common behavior problems that can occur in people with AD:
2. Identify factors that can lead to behavior problems.
3. Give three examples to reduce behavior problems.
4. Describe the benefits of activity therapy.
5. Identify stressors and ways to reduce stress.
6. Give examples of stress reducers for the professional caregiver that administration can initiate.
7. Give example of ways th professional can reduce stress on the job and in their personal lives.
8. List four common family issues.
9. Identify the three stages of grief.
10. Give examples of environmental issues for residents with AD.

11. What is the difference between ethics and personal values.
12. List two examples of the concept of autonomy.
13. Give four examples of strategies for success in ADL's.
14. Describe the concept of loss of self-identity in person with AD.
15. Give three alternatives of restraints.
16. Give at least four local community support services.
17. List four activities for individuals.
18. List four activities for groups of individuals.
19. Describe how the staff can make a meal a pleasant experience for the person with AD.
20. What are two essentials in the manner in which food is prepared for persons with AD.

**PEGCO INC.**

**FL PROVIDER #2712395** 2395 Palm Drive, Port Orange, Florida 32128  
386/756-4266

**PROGRAM EVALUATION**

COURSE TITLE: Alzheimer's Disease  
DATE & LENGTH: \_\_\_\_\_  
COURSE LOCATION: PEGCO 3 hour

PLEASE EVALUATE BY CIRCLING THE APPROPRIATE RATING:  
5-EXCELLENT 4-BETTER THAN AVERAGE 3-AVERAGE 2-FAIR 1-POOR

**1. OVERALL QUALITY OF THE PROGRAM**

5 4 3 2 1

**2. OVERALL CONTENT OF THE PROGRAM**

- a. Content and/or skills demonstrated can improve my ability to perform my job 5 4 3 2 1
- b. Content reflected knowledge level and needs of learner 5 4 3 2 1
- c. The material was current 5 4 3 2 1
- d. Time was allowed for questions 5 4 3 2 1

**3. ACHIEVED STATED OBJECTIVES**

- a. Total number of objectives in program \_\_\_\_\_
- b. Circle the number of objectives that were met 1 2 3 4 5 6 7 8 9 10
- c. Circle the number of objectives that were not met 1 2 3 4 5 6 7 8 9 10
- d. The test material reflected the objectives listed 5 4 3 2 1

4. Audio/Video Portion was appropriate to learning 5 4 3 2 1

**OVERALL ORGANIZATION OF THE PROGRAM**

- a. Material was organized to facilitate learning 5 4 3 2 1
- b. The amount of material covered was adequate and accurate 5 4 3 2 1

6. OVERALL QUALITY OF THE LECTURER 5 4 3 2 1

**7. OVERALL QUALITY OF THE FACILITY, REGARDING PHYSICAL LEARNING ENVIRONMENT**

- a. The facilities and classroom were adequate 5 4 3 2 1

WHAT DID YOU LIKE BEST ABOUT THE PROGRAM?

\_\_\_\_\_

SUGGESTIONS FOR IMPROVEMENT OF THIS PROGRAM

\_\_\_\_\_

TOPIC IDEAS FOR FUTURE IN-SERVICE PROGRAMS

\_\_\_\_\_