



Caring for the Alzheimer's resident

Alzheimer's disease, which afflicts as many as 5 million Americans, is the most common form of dementia among adults over age 60. Although risk of contracting the disease increases in both men and women as they get older, it is not considered a normal part of aging.

The exact causes are not known, but scientists continue to learn more about Alzheimer's on a daily basis.

Several factors are believed to contribute to an individual's risk of developing the disease, including **family history**, **diet**, and **environment**. Scientists are also compiling data that link the prevalence of Alzheimer's disease to low levels of the vitamin **folate**, **high blood pressure**, and **high cholesterol**.

This issue will introduce the disease's symptoms. It will also explain **care techniques** specifically developed to meet the needs of residents suffering from Alzheimer's disease.

Have a good day of training, and stay tuned for next month's issue of **CNA Training Advisor**, which will cover pain management.

Shared feelings

Ask your CNAs to remember a time when they faced an unfamiliar situation and encourage them to talk about how they felt. Anxious? Confused? Insecure? Afraid? Explain that residents with Alzheimer's disease regularly feel this way. Their world is constantly changing because of a steady decline in memory and abilities.

PROGRAM PREP

Program time

Approximately 30 minutes

Learning objectives

Participants in this activity will learn how to:

- Recognize the signs and symptoms of Alzheimer's disease
- Apply techniques that will improve care for residents suffering from Alzheimer's disease
- Use specific methods for handling difficult behaviors in a compassionate way

Preparation

- Review the material on pp. 2–4
- Duplicate the **CNA Professor** insert for participants
- Gather equipment for participants (e.g., an attendance sheet, pencils, etc.)

Method

1. Place a copy of **CNA Professor** and a pencil at each participant's seat
2. Conduct the questionnaire as a pretest or, if participants' reading skills are limited, as an oral posttest
3. Present the program material
4. Review the questionnaire
5. Discuss the answers

Tips and tools for CNA training

Looking for more information about CNA training? Sign up to receive the **LTC Nursing Assistant Trainer**, a free biweekly e-newsletter that addresses all of your training needs. The **LTC Nursing Assistant Trainer** provides training tips on nursing measures, best practices, and other crucial aspects of job training for CNAs. This free e-newsletter gives you valuable information and tools to help you conduct efficient, innovative training for every CNA in your facility.

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CARING FOR THE ALZHEIMER'S RESIDENT

Alzheimer's disease impairs the parts of the brain that control thought, memory, and language and can seriously affect a resident's ability to carry out daily activities because it causes a progressive degeneration of those areas of the brain. Healthy tissue dies or deteriorates, causing a steady decline in mental abilities, which may begin with slight memory loss and confusion, but eventually leads to irreversible impairment that destroys an individual's ability to reason, learn, and imagine.

Progression from simple forgetfulness to severe dementia might take five to 10 years, or sometimes longer. Individuals in the early stages may be able to live alone and function fairly well. But as brain deterioration persists, total care likely becomes a requirement.

The highest level of care

Residents with Alzheimer's disease need constant reassurance, no matter what stage of the disease they are in. They have no control over their symptoms and therefore cannot be held responsible for behavior problems.

CNAs will recognize multiple symptoms in residents suffering from Alzheimer's disease, including:

- Increasing and persistent forgetfulness
- Difficulty finding the right word
- Loss of judgment
- Difficulty performing familiar activities, such as brushing their teeth or bathing
- Personality changes, such as becoming irritable, anxious, and restless
- Depression, which may show itself in a variety of ways, such as wandering, weight loss, and trouble sleeping
- Pacing and agitation
- Cursing or threatening language
- Disorientation, delusions (i.e., believing strongly in something that is untrue), or hallucinations (i.e., seeing, hearing, or feeling things that do not exist)
- Difficulty with abstract thinking or complex tasks, which could include reading or recognizing and understanding numbers

Although the behaviors caused by some of these symptoms may be difficult to manage, there are a number of techniques that CNAs

can employ to provide Alzheimer's residents with the highest level of care possible. It's important to remember that structure, serenity, and stability reduce behavior problems. When a resident becomes upset, the ability to think clearly declines even more. To help avoid such situations, try to follow a daily routine that coincides with the resident's normal, preferred schedule. Find the best time of day (i.e., when the resident is most capable) to perform activities. Common situations and activities with Alzheimer's residents that may require additional thought and effort on the part of CNAs include:

- **Bathing.** Some residents won't mind bathing. For others, it can be a confusing, frightening experience. Plan the bath close to the same time every day. Be patient and calm. Allow the resident to do as much of the bathing as possible on his or her own. Never leave the resident alone. A shower or bath may not be necessary every day; a sponge or partial bath may suffice.
- **Dressing.** Allow extra time so the resident won't feel rushed. Encourage the resident to do as much of the dressing as possible on his or her own.
- **Eating.** Some residents will need encouragement to eat, whereas others will eat freely. A quiet, calm atmosphere may help the resident focus on the meal. Finger foods will help those who struggle with utensils.
- **Incontinence.** Set a routine for taking the resident to the bathroom, such as every three hours during the day. Don't wait for the resident to ask. Many individuals with Alzheimer's experience incontinence as the disease progresses. Be understanding when accidents happen.
- **Communication.** When talking, stand where the resident can see you. Use simple sentences and speak slowly. Focus attention with gentle touching, if permitted.
- **Environment.** Make the environment safe by keeping medications and any potentially dangerous items out of reach. It also may help to keep familiar objects and pictures around.
- **Exercise.** Residents can improve their motor skills, functional abilities, energy, circulation, stamina, mood, and sleep through exercise. Avoid pushing the resident to exercise, but provide encouragement. Give simple instructions. Mild stretching exercises are good. Demonstrate how to tense and release muscle groups in sequence, keeping the order the same each time. Exercise or walk at the same time each day. A daily walk may reduce wandering.

Dealing with difficult behaviors

Many residents suffering from Alzheimer's disease are more agitated, confused, or restless in the late afternoon or early evening. This is known as sundown syndrome. Research shows that leaving lights on and shutting out darkness by closing blinds and shades may serve as a remedy. Other helpful actions include:

Questions? Comments? Ideas?

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- Providing more activity earlier in the day. This will use up energy, reducing stress.
- Scheduling essential activities and appointments early in the day.
- Encouraging an afternoon nap every day. This reduces fatigue and agitation.
- Playing classical music on a portable radio or tape/CD player through headphones or earpieces. This shuts out disturbing noises and soothes the resident.
- Reducing activity and distractions toward the end of the day.
- Discouraging evening visits and outings.
- Avoiding overstimulation. Turn off the television or radio before speaking to the resident.
- Keeping the resident well hydrated by offering plenty of water throughout the day.

Hiding, hoarding, and rummaging are behaviors often associated with residents suffering from Alzheimer's disease. They can be disturbing to facility staff members and to other residents. To manage these behaviors, CNAs may want to:

- Lock doors.
- Put a sign that says "No" on places the resident should not go, such as room doors, closets, or drawers.
- Watch for patterns. If residents keep taking the same thing, give them one of their own.
- Don't leave items lying around in the open; put them away neatly.
- Make duplicates of important items such as keys and eyeglasses.
- Keep residents' closets open so they can see their things in plain view. When they can see at all times that they still have their every-day items, they may not feel the need to go looking for them.
- Designate an easily reached drawer as a rummage drawer. Fill it with interesting, harmless items, such as old keys on chains, trinkets,

or plastic kitchen implements. Allow the resident to rummage freely in this drawer.

- Look through waste cans before emptying when something is lost.

Residents with Alzheimer's disease can become fixated on a task and repeat it continuously. Pacing or turning lights on and off are examples of common repetitions. As long as it isn't dangerous, there is nothing wrong with letting the resident continue doing the activity. When the resident must be asked to stop, CNAs can try the following tips:

- Say "stop" firmly, but quietly.
- Touch the resident gently.
- Lead the resident by the arm away from the activity.
- Point out something as a distraction.
- Introduce another activity. For example, say, "Thank you for folding all those towels. Now let's go to dinner."

Confusion and forgetfulness constantly plague Alzheimer's residents. This often leaves them feeling anxious or uncomfortable and, thus, unable to comprehend instructions or make decisions. CNAs can help residents with such struggles by using a handful of techniques. For example:

- Ask questions that the resident can respond to with yes or no.
- Make positive statements that let the resident know what you want (e.g., "Stand still" instead of "Don't move").
- Give the resident a limited number of choices.
- Lay out clothes in advance. Keep the resident's wardrobe simple by avoiding buttons and zippers (if possible), using Velcro fastenings and elastic waistbands, and limiting accessories.
- Use memory aids, such as posting the daily routine or putting up a large calendar and clock. Other aids include name tags on important objects, pictures that can be used to communicate with

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a resident who doesn't understand words, memory books with important people and places, and posted reminders.

- Reduce distractions during a task and give only as much guidance as necessary.
- Say the resident's name and make eye contact to get his or her attention.
- Handle each step of a process as a separate task (e.g., instead of saying, "It's time for your bath," say, "Please take off your shoes. That's good. Now please take off your socks.>").
- Praise the resident for accomplishments.

If an Alzheimer's resident is wandering, first ask whether he or she needs something. Look for patterns in the wandering and possible reasons, such as the time of day, hunger, thirst, boredom, restlessness, bathroom use, medication side effects, or overstimulation. Perhaps the resident is lost or has forgotten how to get somewhere. Help meet the resident's needs and keep the individual safe by taking the following measures:

- Remind the resident to use the bathroom every two or three hours.
- Have healthy snacks and a pitcher of water readily available.
- Provide a quiet environment away from noise, distraction, and glaring light.
- Provide an outlet such as a walk, a social activity, a memory book, or classical music played through headphones.
- Give the resident a stuffed animal to cuddle.
- Try using different footwear on the resident. Some wander when they are wearing shoes, but not when they are wearing slippers.
- Use alarms, bells, or motion sensors. Bed alarms are flat strips laid under the sheets that sound when the person gets up. Outside doors should have bells or alarms that sound when opened. Motion sensors can be used in hallways.
- If the resident is in a home or facility with stairs, porches, or decks, child safety gates should be used to block these. Two gates can be used for height.
- Use child-resistant locks on doors and windows.
- Put a black mat on the ground in front of outside doors or paint the porch black. Residents with Alzheimer's disease often will not step into or over a black area.

- If possible, make sure the resident is carrying or wearing some form of identification, such as an ID bracelet that looks like jewelry but is engraved with the person's name and phone number.
- Educate neighbors on what to do if they find a wandering resident.

Residents suffering from Alzheimer's disease can become easily agitated and may display aggressive behaviors. Managing a disgruntled resident might be the most difficult task a CNA will experience. In this situation, CNAs need to be aware of their own safety while also striving to protect the safety of the resident and others in the facility. To do so, first make sure the resident is not ill or in physical pain. If the resident is free of injury, CNAs should take the following steps:

- Maintain a calm environment.
- Reduce triggers, such as noise, glare, television, or other potential distractions.
- Ask the resident whether he or she is hungry, thirsty, or needs to use the bathroom.
- Make calm, positive, reassuring statements. Use soothing words.
- Change the subject or redirect the resident's attention.
- Give the resident a choice between two options.
- Don't argue, speak loudly, restrain, criticize, demand, or make sudden movements.
- Do not become offended if accused of something or insulted by the resident.
- Say, "I'm sorry you are upset; I will stay until you feel better." Do not say, "I'm not trying to hurt you."
- Encourage calming activities that have a purpose. Sorting and folding laundry, dusting, polishing, vacuuming, watering plants, and other quiet tasks can be soothing to an agitated Alzheimer's resident. ■

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CNA Training Advisor (ISSN: 1545-7028 [print]; 1937-7487 [online]) is published monthly by HCPro, Inc., 200 Hoods Lane, Marblehead, MA 01945. Subscription rate: \$149/year; back issues are available at \$15 each. • Copyright © 2010 HCPro, Inc. All rights reserved. Printed in the USA. Except where specifically encouraged, no part of this publication may be reproduced, in any form or by any means, without prior written consent of HCPro, Inc., or the Copyright Clearance Center at 978/750-8400. Please notify us immediately if you have received an unauthorized copy. • For editorial comments or questions, call 781/639-1872 or fax 781/639-2982. For renewal or subscription information, call customer service at 800/650-6787, fax 800/639-8511, or e-mail: customerservice@hcpro.com. • Visit our Web site at www.hcpro.com. • Occasionally, we make our subscriber list available to selected companies/vendors. If you do not wish to be included on this mailing list, please write to the marketing department at the address above. • Opinions expressed are not necessarily those of CTA. Mention of products and services does not constitute endorsement. Advice given is general, and readers should consult professional counsel for specific legal, ethical, or clinical questions.



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Mark the correct response.

Name: _____

Date: _____

1. Alzheimer's disease impairs the parts of the brain that control _____.
 - a. thought
 - b. memory
 - c. language
 - d. all of the above
2. Even though the symptoms of Alzheimer's can become severely debilitating, residents suffering from the disease still maintain a level of control over their behavior.
 - a. True
 - b. False
3. All of the following are symptoms associated with Alzheimer's disease, except _____.
 - a. increased appetite
 - b. loss of judgment
 - c. personality changes
 - d. delusions
4. Residents suffering from Alzheimer's disease are more apt to be sad or depressed.
 - a. True
 - b. False
5. Establishing a daily schedule or structure for a resident to follow is not recommended because individuals with Alzheimer's disease become easily agitated when having to follow a routine.
 - a. True
 - b. False
6. Eating for some Alzheimer's residents can be a strenuous activity because of _____.
 - a. an increased appetite
 - b. a desire for high-fat foods
 - c. an inability to use utensils
 - d. none of the above
7. Alzheimer's residents who become more agitated, confused, or restless in the late afternoon or early evening are said to suffer from _____.
 - a. sunlight syndrome
 - b. sunlight dependency
 - c. night terrors
 - d. sundown syndrome
8. _____ is a behavior often associated with residents suffering from Alzheimer's disease.
 - a. Hiding
 - b. Hoarding
 - c. Rummaging
 - d. All of the above
9. Progressive memory loss is one of the most well-known symptoms of Alzheimer's disease. In time, this often leads residents to become anxious or uncomfortable in situations that were once very familiar to them.
 - a. True
 - b. False
10. An agitated or aggressive Alzheimer's resident should be _____.
 - a. immediately led away from other residents, by force if necessary
 - b. firmly, but kindly, asked to return to his or her bedroom
 - c. given the choice of two options
 - d. none of the above