



# Aging and Alzheimer's

New Leader Online Training May 2017



## Overview of Session

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1. **Prayer and introductions**
2. **Bulletin: Discuss role of aging in our community**
3. **Powerpoint: Caring for the aging**
4. **Bulletin: Troubleshoot specific aging and Alzheimer's issues**
5. **Bulletin: Empathy and servant leadership discussion**
6. **Bulletin: The spirituality of aging**
7. **Bulletin: Share aging issues scenarios from the bulletin**
8. **Powerpoint: look at the three stages of Alzheimer's**
9. **Powerpoint: look at specific Alzheimer's issues and what to do to address them.**

# Aging Is...

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*A life time process starting at birth and ending at death.*

*It involves growth and development*

*Gain in abilities and functions, maintenance of abilities and functions, AND a gradual loss of abilities and functions*

# Manifestations of Aging are a combination of:

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- **Genetics**
- **Environmental effects**
- **Attitude!**
- **Lifestyle Choices**

# Changes in Mental Functioning

- **As we age, our IQ remains the same!**
- **There is NO SIGNIFICANT LOSS in memory, although the speed of recall may decrease and there may be some interference in short term memory**
- **Dementia is a disease and NOT a normal part of aging**



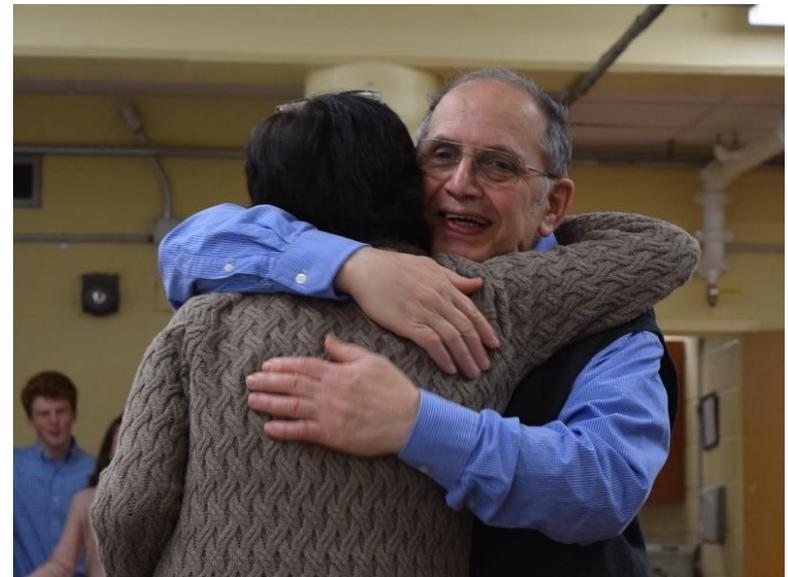
# Caring for the Aging

- **Treat our aging people with the reverence and respect they have earned**
  - Even though assistants may be doing more personal care than ever before for them, they still need to be in mutual relationship with their aging CM's.
  - You should be intentionally leveling the playing field by highlighting the CM's strengths and gifts and downplaying the accidents, changes and issues. Take those in stride!
  - New assistants, especially young people, need to focus on building relationship and getting to know not only the person they are now, but also their history.
  - Trust needs to be earned and not just taken for granted.
  - Be very wary of new people using nicknames, hugging CM's, etc. before they are in genuine relationship



# Caring for the Aging

- **Know your people**
  - Continuity of assistants is important in providing the best care
- **Be aware and sympathetic to how these changes may be affecting your core members emotionally**
  - Some of the higher functioning Core Members are very self-aware and conscious of their diminishing abilities.
  - They may become quite frustrated when they are unable to do the things they once loved doing or perform simple tasks for themselves.
  - Again, lift them up and highlight their strengths



# The three stages of Alzheimer's

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- **Early**

- Can mostly function independently
- May have some difficulty with memory and name recall
- Misplacing things
- Difficulty performing once familiar tasks

- **Middle**

- Forgetting personal history, address, phone number
- Confusion with day and time and where they are
- Need help with clothing selection
- Sleep patterns are disrupted
- Wandering and elopement
- Personality and behavior changes

# The three stages of Alzheimer's

- **Late**
  - Round the clock help with personal care
  - Lost awareness of surroundings
  - Losing the ability to walk, sit and swallow
  - Difficulty communicating
  - Becoming bed bound
  - Becoming susceptible to infections, especially pneumonia



# What issues to expect with our CM's and how to address them

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## **Wandering/elopement:**

- GPS tracking devices (through county Sheriff's Dept. in Syracuse), medical ID bracelet, door alarms, announcing as you come and go in the house, specific supervision guidelines updated frequently, spring loaded doors, screen doors, designating assistants as responsible for the individual with Alzheimer's
- Pacing may be related to changes in proprioception- person is trying to locate their body in space

## **PICA (Eating inedible things, like paper napkins, or putting markers, small objects, etc. in mouths)**

- Random sweeps of the house to clear counters and tables
- Keeping things out of reach of CM when seated

## **Confusion around eating**

- Finger foods will be the easiest
- Provide just one utensil if needed
- Don't put a napkin in front of the CM, especially not a paper one
- Put just one thing on their plate at once
- The food should be a clearly contrasting color to the plate
- Give them a drink before or after the meal
- Minimize distractions (clutter on the table, lots of loud conversation, having the TV/radio on)
- Seat the CM between two people to discourage them from getting up and wandering during the meal

# ALZ issues and what to do

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## **Shopping (picking up anything that is laying out and hoarding it):**

- Keeping core members doors closed, and locked if necessary, putting knives and cleaning supplies in child proof cabinets and drawers, decluttering, putting out safe things for them to “find”
- Alzheimers muff; has tassels, beads, ribbons, etc. secured to the muff for for busy hands and to ease anxiety.

## **Fear of running water/difficulty with showering/hand washing:**

- Hand over hand assistance with hand washing, hand sanitizer, washing hands with warm washcloth. Bath instead of shower, Use of a shower chair (would need Dr. order for a seatbelt), using wet washcloths to rinse instead of water, rinsing hair last to decrease anxiety throughout process. Dry shampoo, sponge bath on the toilet/in bed, shampoo caps

## **Clothing selection/dirty clothing/dressing:**

- Keep clean clothes in a separate room, keep dirty clothes hamper hidden, getting dressed while seated on the toilet. Wearing comfortable, loose clothing that is easy to put on/take off and can be worn to bed if CM refuses to change, not a lot of buttons, zippers, etc.

# ALZ issues and what to do

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## **Incontinence/constipation**

- Frequent reminders to use the restroom/restroom use schedule, wearing depends, tracking BM's, hydration, use of wet wipes and desitin

## **Confusion with stairs/thresholds:**

- Color contrasts for steps and door thresholds, grab bars and hand rails, guiding by the hands

## **Balance issues:**

- Gait belts, walking within arm's reach, decluttering the house in common areas, being selective about outings, introduction of a wheelchair (may need Dr. order for forward-facing seatbelt)

## **Abrupt mood swings/little to no filter:**

- Not being directive or reacting to behavior. Keeping a calm demeanor. Redirecting. Not taking physical or verbal aggression personally. Tagging out with another assistant. Working with other CM's to understand and cope with changes. Limiting CM interaction if necessary.

# ALZ issues and what to do

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## **Generalized anxiety/confusion:**

- Keeping a relaxed, uncluttered, calm environment. Sticking to routine. Playing music or TV or talking about a favorite topic. Medication.  
Alzheimer's Muff

## **Difficulty with the day/time/names:**

- No need to correct the person. Don't quiz someone on your name. Just go with the flow and whatever their reality is, that's your reality as well. For Helen, every day was the Friday dance.

## **Trouble swallowing:**

- Swallow eval, Modified diets (1/2 inch, 1/4 inch, ground, pureed), thickened liquids, avoiding foods that are crunchy or chewy. Don't use straws, minimize distraction, make sure the person is fully awake/upright.

# ALZ issues and what to do

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## **Seizure activity:**

- May exhibit myoclonic jerks or full blown tonic-clonic seizures as the disease progresses and the brain atrophies. Medication and supervision are key. Have a plan in place and know who to call and when.

## **Aggression:**

- Avoiding known triggers, keeping people in line of sight, training in deflecting blows, walking away, keeping dangerous projectiles out of reach, keeping other CM's away

## **Fire Drills/evacuation:**

- Have a designated wheelchair at the ready with a blanket and slippers in a bag hanging on the back of the chair. Roll the person out backwards so they can't put their feet down or grab at the door frames. Have an assistant assigned to that CM at all times in case of emergency. (Have a person-specific fire plan, not an area-specific one) Moving the person to a room which is close to a fire exit.

# ALZ issues and what to do

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## **Difficulty sleeping/erratic sleep patterns,etc.:**

- Keeping the person active and awake during the day as much as possible, minimize light/stimulation at night, melatonin supplement, constant overnight supervision of varying degrees (you may need to keep the person in line of sight if they are a fall risk), bed alarm, baby monitor, use of a commode at night

## **Human Rights Committee**

- In many circumstances, you will have to physically help people and put your hands on them. Be aware of what you have to do to keep a person safe and clean and get them out of the house in the event of an emergency. You may need special permission/training to be in compliance.

**Admitting to Hospice: A wonderful support. Don't wait to get them in**

# Advanced Directives

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- **You need to have a plan for the end of the CM's life**
- **This has to involve the legal guardian/health care proxy, MHLS, community nurse and the primary physician**
- **Decisions will be made on the level/kinds of medical interventions**
- **CPR/resuscitation, intubation, feeding tube, use of antibiotics, visits to the ER**
- **Will have to carry your MOLST form with the person at all times**
- **Hospice can be incredibly helpful in this regard**

# Review and Conclusion

Working with the aging and Alzheimer's afflicted takes incredible patience and compassion.

It will help you to grow in empathy as a servant leader in L'Arche

# Questions?

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