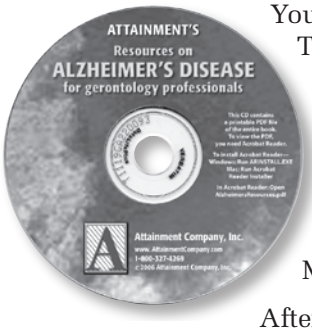
ATTAINMENT'S

Resources on ALZHEIMER'S DISEASE

for gerontology professionals

By GAIL PETERSEN, PhD & KIM PETERSEN, MD

Win/Mac CD



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ElderAdvocates, Inc.

Edited by Tom Kinney and Elizabeth Ragsdale
Graphic design by Elizabeth Ragsdale

ISBN: 1-57861-562-3
An Attainment Publication

Printed in the United States of America.

Attainment Company, Inc.
P.O. Box 930160
Verona, Wisconsin 53593-0160
1-800-327-4269
www.AttainmentCompany.com

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About the Authors

In addition to having personal experience as dementia caregivers, Drs. Kim and Gail Petersen have worked in the field professionally for a number of years. Dr. Kim Petersen is a family physician and geriatrician who has been a medical director for long-term care and assisted living facilities for over 25 years. He was also the director of a memory diagnostic center that specialized in the early diagnosis, treatment and management of dementia. His wife, Gail, is an educator and linguist. She has studied learning theory and brain science and enjoys working with persons living with dementia, and those who care for them, to maximize function and minimize disabilities. Both speak at conferences for medical professionals and the Alzheimer's Association around the country to educate professional and family care partners about dementia. In addition, the Petersens consult with medical communities to help them establish memory diagnostic centers. At these centers, people receive a comprehensive and compassionate diagnosis, treatment plan and education about dementia.

A NOTE FROM THE AUTHORS

We hope you find the information in this book helpful and enjoy using it in your caregiving. You may also be interested in our *Thinking Cards: 100 Stimulating Activities for Older Adults with Mild Cognitive Impairment.* Our next publications about dementia will include information about the other, non-Alzheimer dementias and caregiving strategies for optimal quality of life.

We believe in the motto of the Alzheimer's Association: *The Compassion to Care and the Courage to Conquer.* Thank you from the bottom of our heart for joining us in this mission.

Introduction

We appreciate your interest in learning more about Alzheimer's disease in order to provide the best care for persons living with disabilities caused by this disease. Alzheimer's disease is particularly challenging to live with because it affects a person's ability to remember, reason, communicate and perform even basic activities of daily living. As the disease progressively damages brain cells, the person's personality may also change, causing behavior that is totally out of character. However, in spite of all the losses caused by Alzheimer's disease, the core person remains capable of love, laughter and moments of great joy. Our challenge and privilege as caregivers is to help persons with dementia live happy and secure lives.

PERSONAL EXPERIENCE

Our journey with Alzheimer's disease began, as it does for many caregivers, with personal experience caring for family members. We both had much beloved grandparents who had the disease. The medical community didn't know a great deal about Alzheimer's disease 30 years ago when our families were first affected by it. So we began our quest to learn as much as possible about Alzheimer's.

Understanding that Grandma Connie asked repeatedly about the whereabouts of her purse because her short-term memory was damaged helped us be more patient in answering those questions with a smile. When we learned that at a certain stage in their disease journey many people with Alzheimer's don't recognize their loved ones, we understood that Grandpa couldn't greet us by name, even though he seemed delighted to have us visit. It became our mission to learn everything we could about Alzheimer's disease and other types of dementia in order to help those living with these disorders.

DISCOVERY OF ALZHEIMER'S

Alzheimer's disease was first identified in the early 1900s. Dr. Alois Alzheimer cared for a woman in her early 50s, named Auguste D, who had severe memory loss, odd behaviors and inability to communicate. Dr. Alzheimer believed he had discovered a new disease because Auguste was too young to be

showing what he thought were the typical advanced signs of "senility." At the turn of the 20th century, and unfortunately in some cases even now, many physicians believed that all people become senile when they reach their 70s, 80s and 90s.

CURRENT RESEARCH

As we enter the 21st century, we have learned that changes in a person's ability to think, reason and remember are never normal and should not be ignored. A person of any age who is experiencing changes in memory or thinking ability should have an assessment by a medical professional as soon as possible. The cognitive changes could be due to medication, an injury, a stroke, depression or a disease such as Alzheimer's. Several medications are available to improve the symptoms and slow the progression of Alzheimer's disease, and many more promising medications are in the research pipeline. Most dementia researchers feel that within a few years we will have new medications that may stop the progression of Alzheimer's disease. Thus it is important to get a diagnosis as early as possible so that a person can benefit from treatment now and learn about research breakthroughs as they happen.

WHY WE MADE THE DVD

In the DVD "What Every Caregiver Needs to Know About Alzheimer's Disease," you will find interviews with persons who have Alzheimer's and those who care for them, interviews with professional caregivers and scenes where actors recreate typical situations involving persons with Alzheimer's. We feel it is important for as many voices as possible to tell the Alzheimer's story. To be a compassionate and skillful caregiver, it is important first to understand Alzheimer's disease and then to know the person who has the disease. As Paul, one of the caregivers we interviewed, says, "If you know one person with Alzheimer's disease, you know one person with Alzheimer's disease." We hope the wisdom and insights shared by those involved in making the DVD will be helpful to you.

ORGANIZATION OF THE DVD

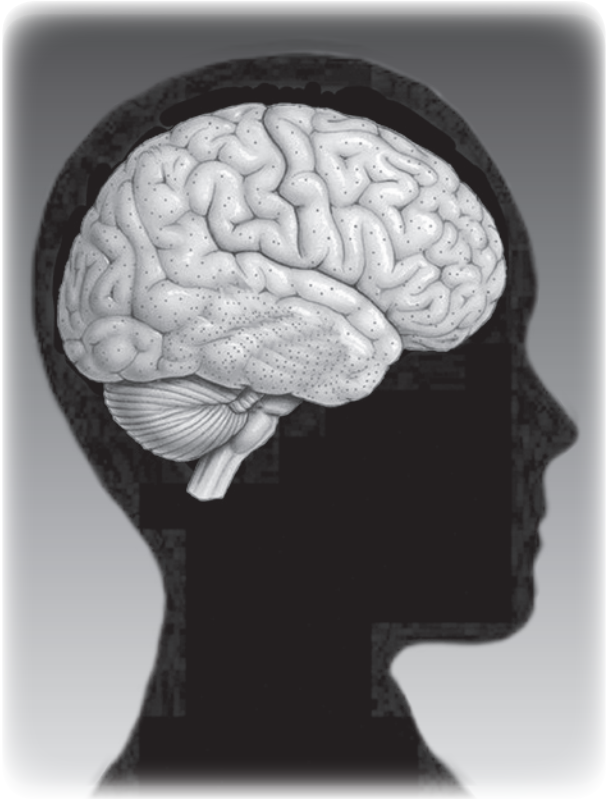
The DVD is organized into six sections:

1. Introduction
2. Mild Cognitive Impairment
3. Early Alzheimer's Disease—Mild Disability
4. Moderate Alzheimer's Disease—Moderate Disability
5. Late Alzheimer's Disease—Severe Disability
6. Conclusion

(Editor's note: This book has a corresponding DVD, which is an optional part of this program. You may or may not have the DVD. For more information, call Attainment Company at 1-800-327-4269.)

PART ONE

Learning About Alzheimer's Disease



Key Features

Alzheimer's Disease and Other Common Dementias

MILD COGNITIVE IMPAIRMENT

- Increasing memory lapses
- Memory lapses confirmed by someone else (spouse or other caregiver)
- Progressive subtle decline in performance of daily activities
- Change from baseline judgment ability
- Poor performance on formal neuropsychological tests of memory

Studies show that up to 80 percent of people who have mild cognitive impairment will progress to Alzheimer's disease within six years. Thus, for many people, mild cognitive impairment is preclinical, very early Alzheimer's disease.

ALZHEIMER'S DISEASE

- **Amnesia** Difficulty learning and retaining new information
- **Executive Function Impairment** Difficulty making good decisions and making plans and carrying them out
- **Aphasia** Language impairment, difficulty finding words for objects
- **Apraxia** Difficulty doing multiple-step projects, being oriented to time and place, understanding the value of numbers or money, and using tools or household appliances
- **Agnosia** Difficulty recognizing the purpose of objects and interpreting what is seen

If the history and symptoms do not fit the key features of mild cognitive impairment or Alzheimer's disease, the person may have a different kind of dementia. It is also common to have mixed dementia. Having one dementing illness makes a person vulnerable to other types of dementia. A description of common key features of non-Alzheimer dementias follows. A future training DVD will discuss the non-Alzheimer dementias.

LEWY BODY DEMENTIA

- **Waxing and Waning Cognition** Rapid changes from normal baseline to acutely confused
- **Variable Attention** Staring spells, "spacing out" or passing out
- **Detailed Visual or Auditory Hallucinations** Often small children or animals

- **Parkinson-like Gait and Posture** Shuffling, rigid, bent forward, prone to falls
- **Poor Sleep** Often due to restless legs, sleep-walking or vivid dreams
- **Drug Reactions** Extreme sensitivity to antipsychotic medications, with severe side effects

VASCULAR COGNITIVE IMPAIRMENT AND VASCULAR DEMENTIA

- **History of Vascular Disease Risk Factors** Hypertension, diabetes, heart disease, elevated cholesterol, smoking
- **Attention Disorder** Apathy, disinterest in making plans and carrying them out
- **Mood Disorder** Treatment-resistant depression, irritability, complaining, anxiety, perseveration (getting in a loop and not being easily distracted)
- **Gait Disturbance and Falls** Slow, unsteady or magnetic gait (picking up a foot and putting it right back down); need for assistive device
- **Urinary Incontinence**
- **Bradykinesia and Bradyphrenia** Slow moving and slow thinking
- **Variable Cognitive Deficit** Not always involving memory

FRONTAL-TEMPORAL LOBE DEMENTIAS

- **Personality Changes** Not primarily a memory disorder
- **Change in Judgment Ability** Makes poor business decisions, may lose job, can't learn from mistakes, shows lack of concern about serious problems, vulnerable to scams
- **Personality Changes** Loses social skills, becomes crude or offensive, lacks empathy for others, may be hypersexual
- **Perseveration** Does same thing over and over
- **Change in Language Abilities** Either decreased speech (stereotyped responses, decline in spontaneous speech, possible muteness) or fluent aphasia (lots of words, but no meaning or substance—"verbal diarrhea")
- **Hyperorality** Crams food in mouth, craves sweets

NEED FOR EARLY DIAGNOSIS OF DEMENTIA

- Medication treatments are available for different dementias.
- Early and continued medication treatment often slows cognitive decline, maintains functional ability longer and decreases behavior disorders.
- A specific diagnosis of the type of dementia allows for a more effective care plan.
- Appropriate, targeted dementia treatment and care plan improve quality of life.

What Is Mild Cognitive Impairment?

Before the written word was available as a memory tool, human beings probably had more reliable and well-developed memory systems than we do now. All of us have experienced difficulties retrieving memories. Who has not misplaced the car in a parking lot, groped to find the name of an acquaintance or trudged upstairs only to have forgotten the purpose of the errand? These memory retrieval glitches are common; we know the information we are seeking is stored somewhere in our brain, but we temporarily are unable to find that information at the moment it is needed.

As we age, we sometimes feel that it takes longer to sort through all the data stored in our brain to quickly come up with the answer we are seeking. We often excuse our memory inefficiency as a "senior moment"—part of aging and our busy, complicated lives.

SYMPTOMS OF THE DISEASE

Mild cognitive impairment (MCI) is a different sort of memory failure and should not be brushed aside without evaluation. Individuals have mild cognitive impairment when they have trouble learning new things and having them "stick" in the memory to be retrieved later. Examples of such short-term memory difficulties include the inability to remember, even with repeated practice, a short grocery list, how to use a new piece of equipment or the date of an upcoming appointment. When people have mild cognitive impairment, their thinking ability has changed—last year they could balance the checkbook or learn how to use a new computer program without a problem, but this year it is more difficult to do so. A change from baseline thinking ability is a symptom that should be evaluated. If you never could balance the checkbook, remember directions or program the VCR, your continuing inability to do these things is not a change from your baseline thinking ability and shouldn't cause concern.

People with mild cognitive impairment are aware of their memory difficulties and often quite frustrated with them. Their immediate family or close friends may also see a subtle decline in their baseline thinking abilities.

It is not uncommon for people with this disorder to be worried and to become more apathetic, irritable or depressed. Generally, people with mild cognitive impairment are able to function in their work and daily life adequately.