

To educate caregivers about Alzheimer's and allow them to make informed decisions about the future care of their loved ones.

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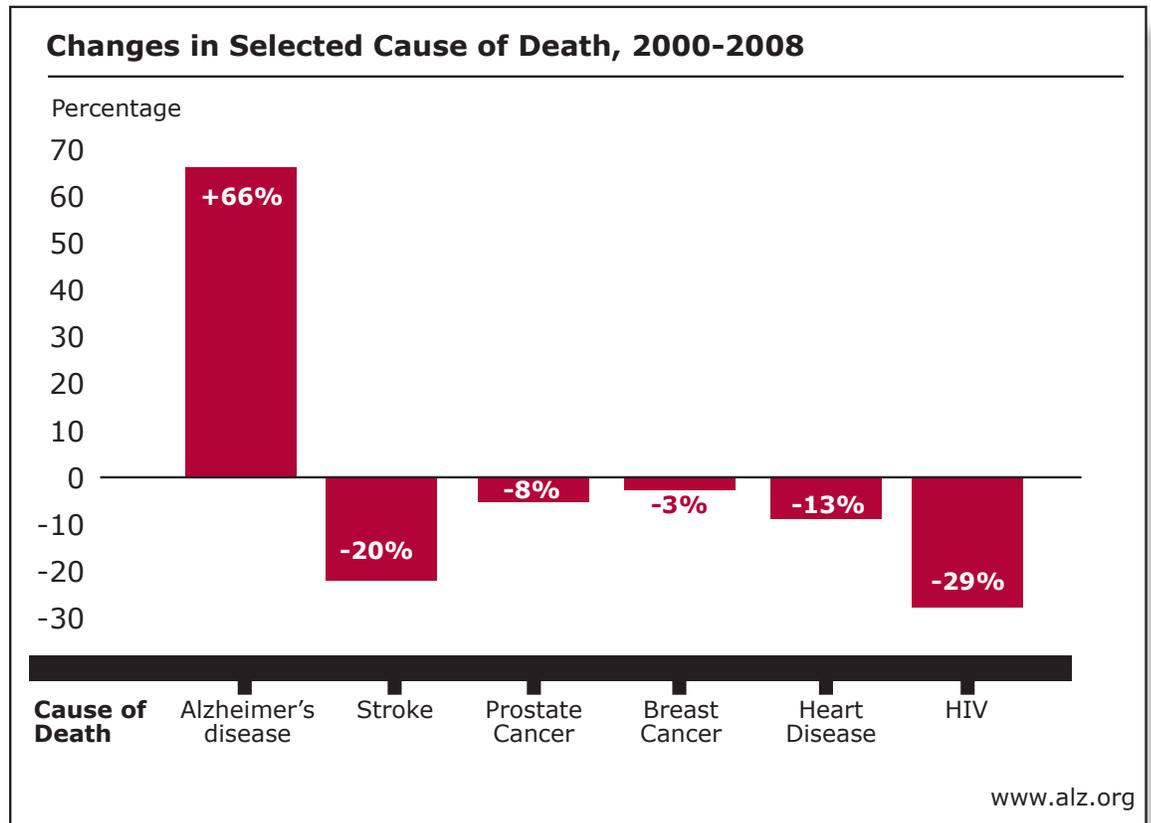
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Alzheimer's is a medical condition, which generally begins later in life, progressively erodes human memory and experiential knowledge that defines the individual's cognitive skills, social engagement and sense of self.

Alzheimer's is the sixth leading cause of death in the United States and, among the top 10 causes of death nationally, the only one that cannot be prevented, cured or even slowed. The accompanying graph illustrates mortality rates for Alzheimer's versus other leading causes of death in the U.S.



Consult your Family Physician: It is important to note that in elderly care, as in all family medical matters, the primary resource for health care advice should be your Family Physician and it is vital to acquire his/her professional counsel and assistance prior to embarking on any actionable course of care.

Alzheimer's: What Is Happening to My Loved One?

Basic knowledge of this baffling and tragic disease

According to the National Institute of Aging:

Alzheimer's disease is an irreversible, progressive brain disease that slowly destroys memory and thinking skills, and eventually even the ability to carry out the simplest tasks. In most people with Alzheimer's, symptoms first appear after age 60. Estimates vary, but experts suggest that as many as 5.1 million Americans may have Alzheimer's disease.

In all likelihood, the threat of Alzheimer's disease has been lurking in the human DNA for millennia. But until the 19th century, most people did not live much past 60 years of age, so the medical condition which later became defined as Alzheimer's was probably accorded a more general, age-related term such as "senility" or "hardening of the arteries."



In 1906, Dr. Alois Alzheimer, a German physician and pathologist, noticed changes in the brain tissue of a woman who had died of an unusual mental illness at age 51. Her symptoms included memory loss, language problems and unpredictable behavior. After she died, he examined her brain and found two types of abnormal conditions: clumps which we now call amyloid plaques, and tangled bundles of fibers which we now call neurofibrillary tangles. These plaques and tangles are two of the main features of Alzheimer's disease; the third feature is the loss of connections between nerve cells, or neurons, in the brain.

Today, Alzheimer's disease is the most common cause of dementia among older people. Dementia is the loss of thinking, remembering, reasoning and behavioral abilities. Many older people may experience some episodic waning of cognitive functioning, but when it interferes with a person's daily life and activities on a consistent basis, it is time for medical intervention. Dementia ranges in severity from the mildest stage, when it is just beginning to affect a person's functioning, to the most severe stage, when a person must depend completely on others for basic activities of daily life...as well as personal safety.

Although modern medical science is making inroads into the understanding of this baffling disease, experts still don't know how Alzheimer's begins. It is generally believed, however, that damage to



the brain starts 10 years or more before problems become evident. During this preclinical stage of the disease, victims do not exhibit symptoms but negative biological influences are taking place in the brain. Abnormal deposits of proteins form amyloid plaques and nerve tangles throughout the brain; healthy neuron function slowly breaks down and, over time, neurons lose the ability to function and communicate with each other. Eventually these neurons die and damage spreads to a nearby section of the brain called the hippocampus, a structure that is essential in forming memories. As more neurons die, damage spreads and brain tissue progressively shrinks.

Is It Really Alzheimer’s? Or Just “Old Age”?

Although some memory loss is typical with age, chronic memory problems are the most prevalent early warning signs of Alzheimer’s. Declines in other common cognitive functions—such as word-finding, vision and spatial judgments, and impaired reasoning or irrational decision-making—may also signal the very early stages of Alzheimer’s.

The differences between Alzheimer’s and typical age-related changes in thinking and behavior may be subtle. A key pattern to look for is the increasing consistency and frequency of the changes. The Alzheimer’s Organization provides the following chart to help.

Signs of Alzheimer’s	Typical Age-Related Changes
Consistently poor judgment	Making a bad decision once in a while
Inability to manage a budget	Missing a monthly payment
Losing track of the date or season	Forgetting which day it is but remembering later
Frequent difficulty in carrying on a conversation	Sometimes forgetting which word to use
Unable to retrace steps to find them	Misplacing things and losing things occasionally



Home Care or an Assisted Living Facility: Shaping Your Decisions

Because Alzheimer's is a progressive condition which starts mild but worsens with time, many families choose the support of home care professionals like Synergy Home Care for the early stages. Later, they decide when the time is right to progress to a full-time care facility. Naturally, every family's financial, geographic and emotional circumstances vary greatly.

In the final analysis, decisions about the best care for your loved ones should be made jointly by concerned family members and your Family Physician.

To help in your decision, the following checklists may help you determine the stage of Alzheimer's that your loved one is experiencing.

Mild Alzheimer's: A Checklist of Common Changes

- ▶ Loses spark or zest for life; does not start anything new.
- ▶ Loses judgment about money.
- ▶ Exhibits difficulty with new learning and making new memories.
- ▶ Consistently has trouble finding words; may make up words that sound similar or mean something like the forgotten word.
- ▶ May stop talking to avoid making mistakes.
- ▶ Easily loses way going to familiar places.
- ▶ Resists change or new things.
- ▶ Has trouble organizing or thinking logically.
- ▶ Asks repetitive questions.
- ▶ Withdraws, loses interest, is irritable or uncharacteristically angry when frustrated or tired.
- ▶ Won't make decisions.
- ▶ Takes longer to do routine chores; gets upset if rushed or something unexpected happens.
- ▶ Forgets to pay, pays too much or forgets how to pay (may hand the checkout person a wallet instead of correct amount of cash).
- ▶ Loses or misplaces things by hiding them in odd places.
- ▶ Forgets where things go, such as putting clothes in the dishwasher.
- ▶ Constantly checks, searches or hoards things of no value.

Moderate Alzheimer's:

A Checklist of Common Changes

- ▶ More noticeable changes in behavior, appearance, hygiene and sleep patterns.
- ▶ Mixes up identity of people: a son is mistaken for a brother, etc.
- ▶ Safety becomes an issue when left alone: stove burner left on, poisoning from ingesting nonedibles, exploitation by strangers, etc.
- ▶ Has trouble recognizing familiar people and own objects.
- ▶ May take things that belong to others.
- ▶ Continuously repeats stories, favorite words or statements.
- ▶ Repeated motions, like tearing tissue paper.
- ▶ Late afternoon or evening exhibits of restless, repetitive movements like pacing, trying doorknobs, fingering draperies.
- ▶ Cannot organize thoughts or follow logical explanations.
- ▶ Trouble following written notes or completing tasks.
- ▶ May be able to read but cannot formulate correct response to a written request.
- ▶ May accuse, threaten, curse, fidget or behave inappropriately, such as kicking, biting, hitting or grabbing.
- ▶ May become sloppy or forget manners.
- ▶ May accuse spouse of an affair or family of stealing.
- ▶ May see, smell, hear or taste things that are not there.
- ▶ Naps too frequently or wakes at night believing it's time to go to work.
- ▶ May think TV story is happening to her/him.
- ▶ Needs help finding toilet, using shower, dressing appropriately for weather.

Severe Alzheimer's:

Plan Ahead for Full-Time Care

The conditions associated with Severe Alzheimer's are manifested in ways that, in virtually all cases, would require full-time care from a specialized Alzheimer's living facility with full-time professional staff. Every case, financial circumstances and related needs are different, but for the safety of the Alzheimer's patient and caregivers, home care is generally not the recommended option for Severe Alzheimer's patients. At this stage, the victim does not recognize self or close family; communication skills, personal hygiene and even mobility are compromised to the point where total assistance is required for all activities of daily living. Prior to reaching this stage, but in full



realization of its inevitability, consult your Family Physician or your local government Agency on Aging, or other social service support organizations. They can help advise you on for the best course of care for your loved one.

Caregivers: The Other Victims of Alzheimer's

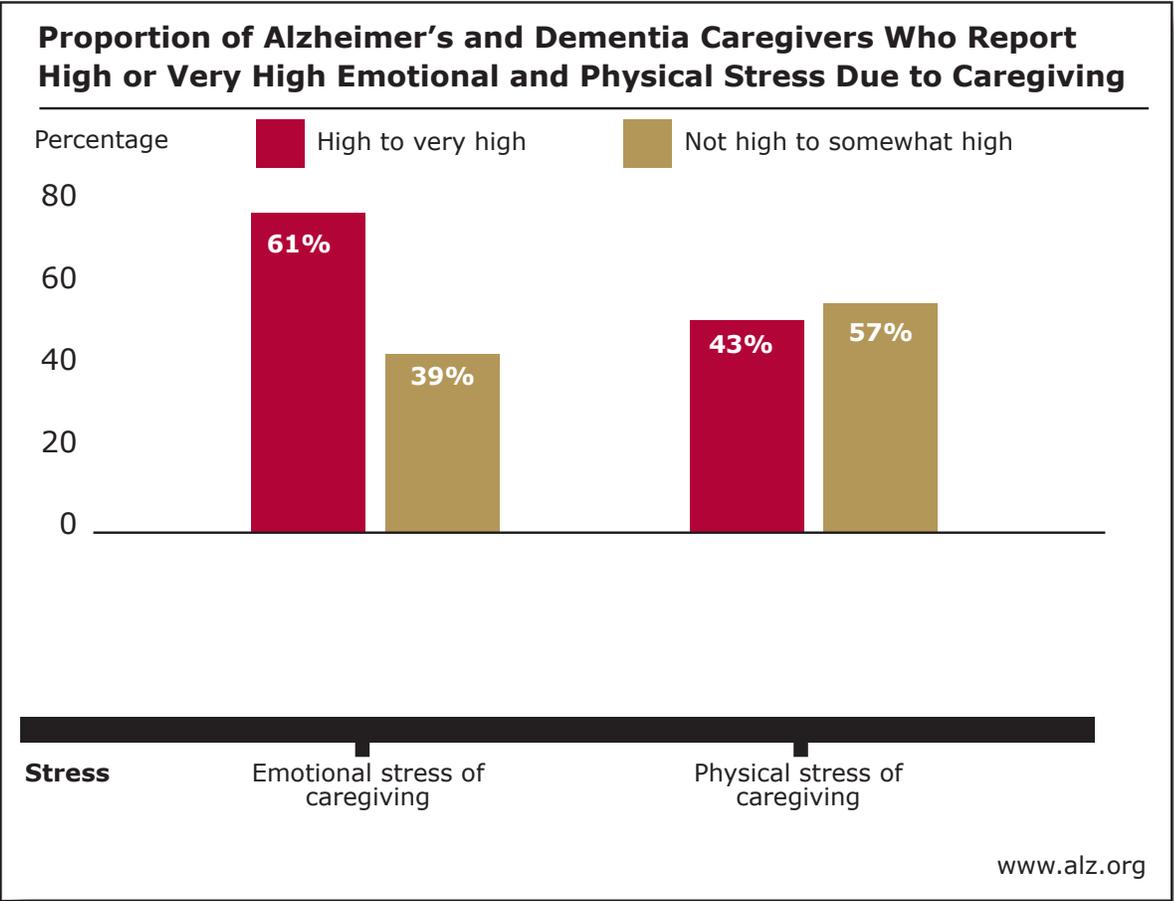
Alzheimer's disease may not be contagious, but its tragic effects definitely spread and can take a toll on the quality of life for family caregivers...as well as the loved one. In most Mild to Moderate Stage Alzheimer's cases, one family member typically assumes the majority of the care responsibilities. It is not always a fair distribution of duties. The primary caregiver may assume the duties for any number of reasons: being the only child; geographic proximity ("You're the one who lives closest to Mom."); family circumstances ("But you're the oldest/youngest/single/etc....I have my own kids to worry about."); or the traditional "fixer" personality in the family structure ("Mom and Dad always liked you best anyway...you were always there for them.")

Regardless of the reason for becoming the primary caregiver, the stress of these responsibilities is great and it grows in proportion with the inevitable progression of the disease. In too many cases, the health and well-being of the caregiver may be compromised by these common symptoms of Alzheimer's Caregiver Stress:

- ▶ Denial
- ▶ Anger
- ▶ Social withdrawal
- ▶ Anxiety
- ▶ Depression
- ▶ Exhaustion
- ▶ Sleeplessness
- ▶ Irritability
- ▶ Feelings of entrapment
- ▶ Lack of concentration
- ▶ Health problems



According to research findings reported by Facts and Figures, caregivers not only suffer emotionally but also physically. Alzheimer’s and dementia caregivers’ stress-related problems added \$7.9 billion in additional health care costs in 2010 alone. More than 60 percent of family caregivers report high levels of stress because of the prolonged duration of care and 33 percent report symptoms of depression. Taking care of yourself is the most important way to take care of your loved one with Alzheimer’s or dementia.



10 Commandments for Alzheimer's Caregivers:

▶ **Enlist the support of family.**

You may be the assigned caregiver but a loved one with Alzheimer's is still a family responsibility. Talk to other family members about mutual expectations and how to share duties and financial responsibilities. If it will help people remember their promises, outline a written plan and share copies with all involved. If you do not maintain consistent outreach with family members, they may assume that all is okay and their help is not needed. Don't wait until your stress level makes you cry for help. Make communication with family members a regular, consistent discipline.

▶ **Become an educated, empowered caregiver.**

Community non-profit organizations like Meals On Wheels and your local Alzheimer's Association are ready to help with services and information. Local government services like your Area Agency on Aging are also valuable resources ready to help you. Valuable online educational tools are also available at www.alz.org and other websites.

▶ **Join a support group.**

Along with the support of family and friends, Alzheimer's Association support group meetings are a valuable source of comfort and reassurance. You can also join the national Alzheimer's Association online community at www.alz.org.

▶ **Take care of yourself.**

Watch your diet, exercise and get plenty of rest. Make time for shopping, lunch with friends or even a sports or spa outing. Take advantage of adult day care or in-home companion services to care for your loved one while YOU take the breaks you need to keep a healthy perspective on life.

Manage your stress level.

Stress can cause serious physical problems and changes in behavior. If you experience symptoms of caregiver stress, use relaxation techniques that work for you and, above all, consult your Family Physician.

Prepare for changes before they occur.

People with Alzheimer's change and so do their needs. They often require care beyond what you can provide on your own. Before the inevitable changes overwhelm you, prepare for them by looking into in-home caregiver services and residential care.

Do legal and financial planning.

Consult an attorney to discuss legal, financial and care issues. If possible and appropriate, involve the person with Alzheimer's and other family members.

Be realistic.

Many of the behaviors that occur are beyond your control and the control of the person with Alzheimer's. Grieve your losses, but also focus on the positive moments.

Give yourself credit, not guilt.

You are doing the best you can. Don't feel guilty because you can't do more. Your loved one needs you...and you are there to help. That should make you feel proud.

Don't go it alone. Consider professional in-home support.

Synergy Home Care is here to help you. Our professionals are highly-trained experts qualified to provide the support your loved one needs to maintain the best quality of life possible...while ensuring that you do not have to carry all the responsibility by yourself.

For more facts, visit www.synergyhomecare.com.