July 2020

Caregiving in The Comfort of Home®

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Caregiver Assistance News

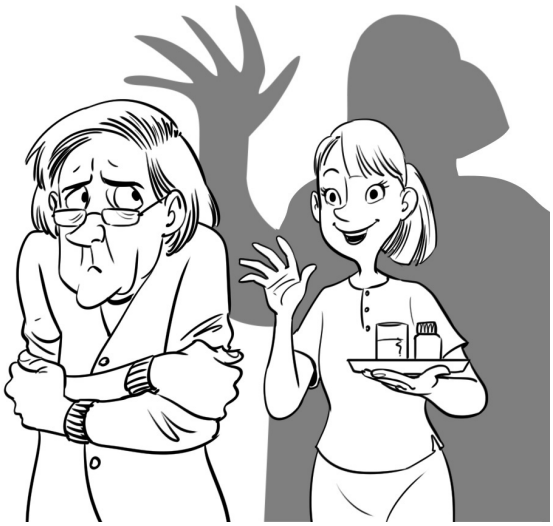
"CARING FOR YOU...CARING FOR OTHERS"

Alzheimer's – Hallucinations & Paranoia

People with Alzheimer's disease (AD) may see, hear, smell, taste, or feel things that are not really there. The most common *hallucinations* are those that involve sight or hearing. Some people with AD develop strange ideas about what is actually happening and may come to believe that other people want to harm them. This kind of belief is called a *delusion*.

These symptoms are usually thought of as being caused by mental illness, but they are actually fairly common in Alzheimer's disease, especially in the middle stage, although they can occur at other stages. There may be many causes mostly having to do with the parts of the brain affected by the disease. In any case, it is important not to be frightened by what are irrational thoughts and experiences and to know how to respond to them.

It is essential that you do not tell the person who is seeing or hearing things that you know what he sees is not real because the things *are* real to the person. Reassure the person that you will keep him safe and try to understand the *emotion* behind the hallucination or delusion. This may be enough to enable the person to let go of these concerns, at least for the moment. If the hallucination is pleasant and the person is planning a birthday party, try to connect to her by joining in the fantasy. You do not need to say that you see or hear the same things but you can accept that the person does.



People with Alzheimer's may also become suspicious and may accuse someone of stealing from them when they cannot find something. When the person with dementia does not remember where he put something, the idea that it has been taken by someone may appear to be a reasonable explanation for its being missing. Tell him you will help him look for it, and try not to mention the fact that he is the one who misplaced it.

Paranoia in people with Alzheimer's appears as unrealistic beliefs, usually of someone seeking to do them harm. They may hoard or hide things because they believe someone is trying to take their possessions. These symptoms can be very distressing both for the person with AD and for you. Remember, what the person is experiencing is very real to him. It is best not to argue or disagree. Try not to take

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it personally. In this situation it is best to offer to help the person to find the missing item. It will not be helpful to try to convince him that his explanation is wrong or based on his poor memory.

When these behaviors do not respond to supportive caregiving techniques it may be necessary to consider medication, especially if the person is very upset or puts himself or others in danger because of his symptoms. These symptoms are sometimes caused by depression, which often accompanies Alzheimer's disease. Consult with your physician, who may recommend an antidepressant medication. Other medications, called anti-psychotics, are frequently prescribed. They should be used with caution and sensitivity.

Source: The Comfort of Home for Alzheimer's Disease: A Guide for Caregivers

"Resistance" to Care

In the later part of the middle stage of Alzheimer's disease, when a person for whom you care seems to be refusing to cooperate with the activities of daily living such as dressing or bathing, you may think he is *resisting* care. In fact any time a person with Alzheimer's says "no" he may be labeled uncooperative.

People with Alzheimer's may get upset when somebody touches them. You may be trying to do something to help him, but he doesn't understand what's going on. He may be feeling uncomfortable, powerless, frightened, tired, in pain, or confused. He cannot say how he wants to be treated.

Resistance has many components. Try to put yourself in the shoes of the person with Alzheimer's and you may be able to avoid causing resistance. You may be able to change your approach to reduce these responses and actually be able to help the person to cooperate with you.

In order to provide good care you need to know how to respond to all the different ways in which the illness affects the person with dementia. This means that in many cases the person shows you with actions what can no longer be communicated in words. So behaviors are more than behaviors. They are messages about ideas, feelings, and needs the person is telling you about in the best way he or she can.

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Taking Care of Yourself— Anger

It is easy to feel victimized in this situation; you are caught up in the problems caused by someone else's illness. One natural response is anger. Unleashing anger on the person in your care is wrong and may make you feel guilty that you have expressed anger; think of it as a message to yourself that you need more respite or support. Try these outlets:

- Caregiver support groups provide a place where you can freely express your feelings. Everyone there understands; no one will make you feel guilty. Members will often offer effective, real-world solutions.
- Make an appointment with a therapist or clergyperson.
- Separate the person from the condition. The illness, not the person in your care, is responsible for the difficulties and challenges that you both are facing. Don't blame the care receiver for the situation you are in.

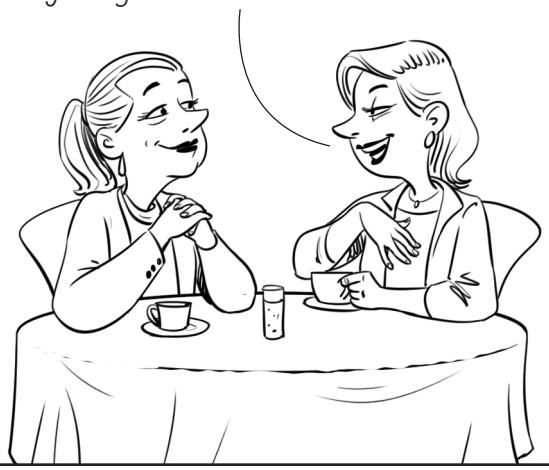
Inspiration

Each of us makes his own weather, determines the color of the skies in the emotional universe which he inhabits.

—Bishop Fulton Sheen

Live Life Laughing!

My problem is I am too old for a walk on the wild side– and too young for a walk-in bath!



Memory Care - Language

Aphasia, associated with Alzheimer's, is a word for problems with language: it can affect speaking, understanding speech, reading, and writing. In the early stages, people have trouble thinking of common words while speaking or writing. In time, the ability to understand what others are saying also declines.

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Herkimer County Office For the Aging
Caregiver Newsletter
109 Mary St, Suite 1101, Herkimer, NY 13350

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To provide caregivers with critical information enabling them to do their job with confidence, pride, and competence.

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From the publishers of

Caregiving in The Comfort of Home®
Caregiver Series

available from…
CareTrust Publications LLC
PO Box 10283, Portland, OR 97296
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SAFETY TIPS– Fear of Falls in Alzheimer's

A person with Alzheimer's, even in the early stages, probably will have subtle changes in walking ability that will become more severe as time goes on. This can create difficulty with balance. If the person has other illnesses, the problems may be more severe. It is natural that he will fear falling.

To help the person in your care feel more confident, adaptive devices such as walkers or canes can be useful, but you will have to remind him to use these devices. Bring the cane or walker to the person when he has forgotten it. Exercises that you can do with the person in your care may improve his balance. Remember, before starting any type of exercise routine, get advice from your physician. Start slowly with only moderate effort. Give the care receiver time to build strength and stamina. Any amount of exercise helps reduce risk of falling, and the benefits of exercise are cumulative, so find a way to make it easy and enjoyable to exercise. Exercise is a particularly effective way to reduce depression.

And finally, everything said here about the benefits of exercise also applies to the caregiver. You need exercise as much as the person in your care. Find a way to make it part of most days.

NEXT ISSUE… HEAT WAVES / DEHYDRATION

Caregiver Assistance News

"CARING FOR YOU...CARING FOR OTHERS"

QUICK QUIZ

In order to provide good care you need to know how to respond to all the different ways in which the illness affects the person with dementia. Answer True or False to the questions below.

1. It is essential that you do *not* tell the person who is seeing or hearing things that you know what he sees is not real because the things *are* real to the person.

T F

2. The most common hallucinations are those that involve sight or hearing.

T F

3. Paranoia in people with Alzheimer's disease appears as unrealistic beliefs, usually of someone seeking to do them harm.

T F

4. People with Alzheimer's disease may get upset when somebody touches them.

T F

5. A person with AD, even in the early stages, probably will have subtle changes in walking ability that will become more severe as time goes on.

T F

6. In the early stage, people do not have trouble thinking of common words while speaking or writing.

T F

7. Unleashing anger on the person in your care is wrong and may make you feel guilty that you have expressed anger; think of it as a message to yourself that you need more respite or support.

T F

8. Any amount of exercise helps reduce the risk of falls.

T F

9. Hallucinations are thought of as being caused by mental illness, but they are actually fairly common in Alzheimer's disease.

T F

10. Even though the symptoms the person is experiencing are very real to him, try to convince him that his explanation is wrong or based on his poor memory.

T F

Name_____

Signature_____ Date_____

KEY: 1. T; 2. T; 3. T; 4. T; 5. T; 6. F; 7. T; 8. T; 9. T; 10. F

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