

Alzheimer's Disease and the Independent Functions of Daily Living

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ALHE 4060 Research in Allied Health

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4/25/2008

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Abstract

Why should our society be concerned about Alzheimer's? In the United States alone, 50 million people suffer from Alzheimer's Disease. In fact, someone is diagnosed every 72 seconds (*Alzheimer's Facts and Figures*). A person every 72 seconds? That is someone being diagnosed every minute and twelve seconds. Think of how many families this disease affects monthly, or even weekly. Of these 5 million, 10 million people are caring for those affected. Annually, about \$148 million dollars is spent for the care of Alzheimer's Disease (*Alzheimer's Fact and Figures*). A caregiver for someone suffering from this disease is an unpaid profession. In 2005, caregivers provided an asset worth almost \$83 billion when based on their hours of care (*Alzheimer's Fact and Figures*). On top of this, nearly one fourth of this caregivers provide 40 hours a week. This is a full time job. In turn, this disease not only affects a family emotional but financially as well.

Relatives of those with dementia suffer, too. At first, it will be hard for a caregiver to understand what it going on with the person that they love. They may not understand why they cannot see the wrong that they are doing. There must be ways to help cope with this distress, ways to help a loved one understand why a loved one seems as though they are losing their mind. Independent functions of daily living are altered in both the patient and the family. Both must change their lifestyles to fit the needs of those who are suffering. What can be done to help? What can the patient and the caregivers do? It needs to get better before it gets worse. This disease is a winding road, and a lot of lives are affected along the journey. I think its time that a light be shown to help them along their way. As people live longer lives, finding a cure for

Alzheimer's dementia and other forms of senile dementia becomes more urgent.

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Alzheimer's Disease

Alzheimer's disease affects many people in many different ways. For me and my family, it was a nightmare. Four years ago, my grandmother was diagnosed with this condition.

Afterwards, she spent the remainder of her days living with me and my family. It started out as something funny; something that we would all laugh about. We would all comment on the times she thought that her bed was on top of the house, or the times that she thought a gummy worm was a cigarette. Before the condition, she was a smoker. In time, we convinced her that she wasn't. Those were all funny times.

As time progressed, things became a little less funny. Like the times she called her daughter "mama", or the times that she did not recognize me as her grandchild. Those were the hard times, the ones that made you want to go somewhere and cry. When she stopped doing for herself, that's when we struggled the most. In a sense, its like you had to turn around and raise your mother like she was your own child. No matter how hard you tried, you just couldn't seem to escape the reality of it all. It seems like everyone has stories about Alzheimer's, but it's not until you see someone you love dwindling that you see how much it really hurts. Although she was dependent on others, she was one of the strongest people I have ever known. Hopefully by

the end of this paper, I will have helped someone cope with taking care of a loved one with Alzheimer's. A coping strategy would include building a support System. My family and I relied on one another to help my grandmother. Know up front that it is hard to do things on your own.

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Peter Reed stated, "It's important for family members to follow up with someone if they noticed subtle changes in family members," ("Will you see signs?", 2007. P4). It is normal for someone to forget things as they get older. For example, anyone can misplace their keys. If a loved one misplaces something, do not automatically assume that they have Alzheimer's.

This may become very frustrating at times. You may ask yourself, "Why are they cursing me when I am just trying to help"? You may not understand why they forget to go to the restroom before they urinate. It must be hard for a husband to look at his wife of 50 years and see these changes. "How can someone so loving, outgoing, and independent become so separated and uninterested in the ones she loves the most?" he may ask himself. Someone who used to pride herself in watching her grandchildren grow up, does not even know her own name much less a grandchild's. I know first hand how confusing this is.

The symptoms of this terrible disease are much more severe. "People with Alzheimer's experience difficulties communicating, thinking, reasoning, and learning--problems serious

enough to have an impact on an individual's work and family life,” (“Will you see signs?”, 2007. P4). You may also see changes in their personality. They can be happy one moment and be sad the next. My grandmother suffered from all of this. She would often refer to things as if she were a child, and she often called our house her own. She called me and my mother by a different name on several occasions.

Social functioning can be affected. This includes apathy and withdrawal from social situations (Warburton, 2007, p31). My grandmother took no interest in a family get together. She would get up and want to go right back to bed. Loved ones may also lose track of time and place. They may often forget where they live and may tend to get lost often. If the patient is able to walk on their own, you may want to be cautious, especially at night. They may have the tendency to wander off. Their judgment may also be impaired; in turn, they may not know what to do if they do get lost, (“Will you see signs?”, 2007, P4). It was very sad that my grandmother could not function on her own; however, if she had been able to function independently, she could have wandered off. She could have ended up hurting herself or someone else. “If you recognize any warning signs in yourself or a loved one, the Alzheimer's Association recommends consulting a physician. “Early diagnosis of Alzheimer's disease or other disorders causing dementia is an important step to getting appropriate treatment, care, and support services,” (Acello, 1998).

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There are several concepts that can help you interact with your loved one. Before you can actually attempt to help someone with Alzheimer's Disease, you need to know how to talk to them. If they do not understand you, it will be hard to get anything accomplished. Communication is the first step to success. (Refer to table 1.1 below)

Table 1.1.

Interacting with Alzheimer Patients
-Talk slowly and clearly
-Turn questions into answers
-Turn negatives into positives
-Avoid quizzing about their past
-Give visual cues such as pointing or touching
-Write things down for them
-Use a lower pitch in your tone of voice
-Pay special attention to your body language

SOURCE: Adapted from "Basic Skills for the Health Care Provider" by Barbara Acello, 1998, Delmar Publishers.

Warburton (2007) found that Alzheimer's Disease is the most common form of dementia. With this, vascular dementia can also exist. She stated, "It is a progressive, degenerative disease of the brain causing problems with memory and functioning". There are several ways to diagnose this disease. A thorough patient history is a start. For the most part, an

Alzheimer's patient can remember events that happened years ago, but they may have trouble remembering what happened thirty minutes ago. This means that they are suffering from short-term memory loss (Warburton, 2007, p31). Memory loss is a main sign of Alzheimer's.

A blood test may also be helpful in diagnosis.. This new test may possibly predict Alzheimer's six years before the first symptoms. Within the blood, there are 18 cell-signaling proteins that are able to predict, with ninety percent accuracy, whether a person will develop Alzheimer's ("A blood test could hold the key", 2007).^a

When a test was conducted, 120 proteins were found in the blood plasma. Of those, eighteen were found to be related to this disease. "Researchers studied blood samples of 92 people who ranged from no symptoms to full dementia, and their analysis matched the actual diagnosis in 90 percent of the cases. As far as measuring the blood test's predictive ability, researchers examined stored blood samples (two to six years old) from 47 people with mild memory impairments, and the test was accurate 91 percent of the time," ("A blood test could hold the key", 2007). The MMSE, mini-mental state examination, can also be used to test the severity of mental functioning associated with Alzheimer's.^b

Table 1.2. Functional Disability Among Older Adults

Age	Needs Help With One or More Activities of Daily Living (Percent)	Needs Help With One or More Instrumental Activities of Daily Living (Percent)
65-69 years	14.7	19.9
70-74 years	21.1	24.7
75-79 years	24.1	29.2
80-85 years	34.4	40.0
85+	49.8	55.2

a For more information on the blood test for Alzheimer's go here <http://www.yahoo.com/s/851851>

b To access the MMSE visit this site: <http://www.aaa-online.org.uk/Pages/Delerium/Mini-MentalState%20Exam.htm>

SOURCE: Adapted from "Introduction to Health Services," by Stephen J. Williams and Paul R. Torrens, February 10, 2002, Thomson Learning.

Persons with Alzheimer's disease go through three stages. Each stage brings progressively worse physical and mental problems (Acello, 1998). All cognitive ability is eventually lost. At first, the patient can perform normal activities of daily living. Over time, the patient becomes totally dependent on others. When this point occurs, the most stress and anxiety is present ("3G Alzheimer's Dementia", 2008, p114).

There can be problems with bathing. Many Alzheimer's patients are resistant to bathing (Acello, 1998, p325). Patients usually forget the purpose of bathing, or they forget the concept of hot and cold. The patient may also fear the water, making bath time uncomfortable (Acello, 1998, p326). My grandmother suffered from this. She did not like to take baths. I truly think she had forgotten what was going on. To accommodate this, you should try and make bath time for flexible. This accommodates the patient's mood. You should not force the patient. If they refuse, try again later ("3G Alzheimer's Dementia, 2008, p114). You should also let the patient feel the water before you begin. You should explain what you are going to do, each step at a time. You should guide your actions based on the patient's response.

There are also problems with dressing (Acello, 1998, p326). Some are resistive to dressing, and some remove their clothing once they are dressed. My grandmother did not like clothing. She would remove her clothes every chance she got. To help with this, you should keep the routines consistent and avoid interruptions. Always make sure the room is warm and private. Lay out the clothing in the order that it is to be put on. Assist them when needed.

If the patient removes their clothes, evaluate the situation and correct the problem (Acello, 1998, p326). They are not doing this on purpose. Is the patient dressed too warmly? Does she need to use the bathroom? Is she bored? Modifying these factors may solve the problem. If they were diapers, they may remove them, too. My grandmother did this. You may want to keep a close eye on this as well.

Anger and rage are signs that the patient is feeling a loss of control (Acello, 1998, p325). My grandmother would respond with anger on a daily basis. The patient may talk, yell, or mumble. Sometimes, they can even be explosive and violent. You should anticipate and prevent these reactions. Minimize and reduce noise in the environment, and make sure the physical needs of the patient are met. Avoid restraints and physical force. Instead, be calm and patient. If possible, remove the patient from the stressful situation. Make every effort to calm the patient down by listening to what they have to say (GP, 2007).

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Methods

The following studies are used to test for depression and anxiety among Alzheimer's patients and their caregivers. These tests would be administered using the Hospital Anxiety and Depression Scale and the 'burden oriented' questionnaire.. The patients would come from a hospital or a memory clinic and would range from mild to severe dementia. The methods and scale of measure would be submitted to ETSU for approval before the tests were administered.

HIPPA regulations would also be followed. Patient's consent would be required, and the information obtained would be strictly confidential. Along with this, requirement information would also need to be obtained from CITI. The information would be obtained using parametrical statistical techniques and would be based on an interval scale. Threats to reliability and validity would also be addressed.

For my test, I would follow these examples conducted by Ballard. The Hospital Anxiety Depression Scale is a self screening test that is composed of fourteen questions. Seven for anxiety and seven for depression (Clark, 2003). The test was conducted with 50 patients suffering from mild dementia. When using this test, they found that thirty eight percent of the patients showed signs of anxiety. Another test was conducted by Ballard *et al.* (1996), which included 109 patients that attended a memory clinic for dementia. Of these, twenty two percent suffered from subjective anxiety, eleven percent suffered from autonomic anxiety, and thirty eight percent experienced situational anxiety (Clark, 2003). Depression has shown a big impact with those suffering from Alzheimer's. Some studies suggests that twenty to thirty percent of these people have a coexisting depression (Keady; Clark; Adams, 2003).

“Consequently, dementia can be summarized as a multi-faceted that brings about enduring cognitive, emotional, and behavioral changes” (Keady, 2003). For the 'burden oriented' questionnaire, I would follow these tests conducted by the Alzheimer's Disease Society. People who suffer from this disease need care, help, and support from others, and the care is normally provided by the family. This support can also be very demanding and stressful. In a study conducted by the Alzheimer's Disease Society, 97 percent of caregivers responded to a 'burden oriented' questionnaire (n=1303) reported to have signs of physical or mental stress. Livingston

et al (1996) found that 47 percent of women caregivers suffered from depression (Keady; Clark; Adams, 2003). The questions found on this test were directly related to how a caregivers would respond to a situation. The results were based on the scores of the individuals. These tests showed that caring for an Alzheimer's patient not only brings about physical stress, but emotional stress as well.

The Hospital Anxiety and Depression Scale may also be used on the caregivers of Alzheimer's (Keady; Clark; Adams, 2003). By being aware of these problems, physicians can identify caregivers who are most likely to be anxious or depressed. With this, appropriate support and intervention can be given to help. This instrument could be a key to practical support of an Alzheimer's patient. It should be recommended as a routine assessment. The number of persons with Alzheimer's disease will increase as the population ages, as to as many as 14 million by 2050 (Torrens; Williams, 2002).

Conclusion

I fear I am not in my perfect mind.

Methinks I should know you, and know

this man; yet I am doubtful, for I am

mainly ignorant

What place this is, and all the skill I have

Remember not these garments; nor I

know not

where I did lodge last night.

(Shakespeare, King Lear, Act IV, Scene 7)

In this characterization of the elderly King Lear, William Shakespeare captured the onset of dementia. In people with dementia, degeneration of the brain tissue occurs as a result of this disease (Passer; Smith, 2004, p546). Although dementia can occur at any point in the life span, elderly people are much more at risk (Passer; Smith, 2004, p547). My grandmother was diagnosed when she was about 67 years old. She, too, was like King Lear. She could not remember where she stayed the night before, and she could not remember what clothes were hers. Alzheimer's is such a growing issue. Even Shakespeare used it as an example. This disease can affect anyone, a grandmother, or even a king in a story book.

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International Psychogeriatric Association. The Alzheimer's Disease Activities of Daily Living International Scale. (ADL-ISY). ABSTRACT. Background: Activities of daily living (ADL) deficits are integral components of dementia disorders, and ADL measures are among the most robust markers of the course of Alzheimer's disease (AD). Despite this acknowledged importance, no clearly useful ADL instrument for cross-cultural application in pharmacologic trials in the Alzheimer's Disease and Related Dementias Basics of Alzheimer's Disease and Dementia. Alzheimer's Disease Fact Sheet. On this page: How Does Alzheimer's Disease Affect the Brain? Signs and Symptoms of Alzheimer's Disease. Stages of Alzheimer's Disease. What Causes Alzheimer's Disease? 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 the person must depend completely on others for basic activities of daily living. The causes of dementia can vary, depending on the types of brain changes that may be taking place. Alzheimer Disease - Learn about the causes, symptoms, diagnosis & treatment from the MSD Manuals - Medical Consumer Version. Alzheimer disease affects more women than men, partly because women live longer. The number of people with Alzheimer disease is expected to greatly increase as the proportion of older people increases. Causes. What causes Alzheimer disease is unknown, but genetic factors play a role: About 5 to 15% of cases run in families. Activities scheduled on a regular basis can help people feel independent and needed by focusing their attention on pleasurable or useful tasks. Such activities should include physical and mental activities. Activities should be broken down in small parts or simplified as the dementia worsens. In the mild stage of Alzheimer's dementia, most people are able to function independently in many areas but are likely to require assistance with some activities to maximize independence and remain safe. They may still be able to drive, work and participate in favorite activities. In the severe stage of Alzheimer's dementia, individuals need help with activities of daily living and are likely to require around-the-clock care. The effects of Alzheimer's disease on an individual's physical health become especially apparent in the severe stage of Alzheimer's dementia. Because of damage to areas of the brain involved in movement, individuals become bed-bound. Confusion with time or place: People with Alzheimer's can lose track of dates, seasons and the passage of time. Alzheimer's disease (AD), also referred to simply as Alzheimer's, is a neurodegenerative disease that usually starts slowly and gradually worsens over time. It is the cause of 60-70% of cases of dementia. The most common early symptom is difficulty in remembering recent events. As the disease advances, symptoms can include problems with language, disorientation (including easily getting lost), mood swings, loss of motivation, self-neglect, and behavioural issues. As a person's condition declines, they