

Broad Reach Healthcare

# 2018 Dementia Training

Please note this does not contain the monthly in-service manual

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# 1<sup>st</sup> hr. Mandatory Dementia Training: Dementia – Behaviors and Interventions

## Treating Behavioral Symptoms

Many people find the changes in behavior caused by Alzheimer's to be the most challenging and distressing effect of the disease. The chief cause of behavioral symptoms is the progressive deterioration of brain cells. However, medication, environmental influences and some medical conditions also can cause symptoms or make them worse.

In early stages, people may experience behavior and personality changes such as:

- Irritability
- Anxiety
- Depression

In later stages, other symptoms may occur including:

- Anger
- Agitation
- Aggression
- General emotional distress
- Physical or verbal outbursts
- Restlessness, pacing, shredding paper or tissues
- Hallucinations (seeing, hearing or feeling things that are not really there)
- Delusions (firmly held belief in things that are not true)
- Sleep disturbances

## Triggering situations

Events or changes in a person's surroundings often play a role in triggering behavioral symptoms.

Change can be stressful for anyone and can be especially difficult for a person with Alzheimer's disease. It can increase the fear and fatigue of trying to make sense out of an increasingly confusing world.

Situations affecting behavior may include:

- Moving to a new residence or nursing home
- Changes in a familiar environment or caregiver arrangements
- Misperceived threats
- Admission to a hospital
- Being asked to bathe or change clothes

Identifying what has triggered a behavior can often help in selecting the best approach to deal with it. In addition to affecting memory and other cognitive skills, Alzheimer's disease often affects the way people feel and act.

## **Medical evaluation for contributing factors**

Everyone who develops behavior changes should receive a thorough medical evaluation, especially if symptoms appear suddenly.

Even though the chief cause of behavioral symptoms is the effect of Alzheimer's disease on the brain, an examination may reveal other treatable conditions that are contributing to the behavior.

Contributing conditions may include:

Difficulty with communication

Because people with Alzheimer's gradually lose the ability to communicate, it's important to regularly monitor their comfort and anticipate their needs.

### **Learn more: Communication Tips**

- Drug side effects. Many people with Alzheimer's take prescription medications for other health issues.
- Drug side effects or interactions among drugs can affect behavior.
- Discomfort from infections or other conditions. As the disease gets worse, those with Alzheimer's have increasing difficulty communicating with others about their experience. As a result, they may be unable to report symptoms of common illnesses. Pain from infections of the urinary tract, ear or sinuses may lead to restlessness or agitation. Discomfort from a full bladder, constipation, or feeling too hot or too cold also may be expressed through behavior.
- Uncorrected problems with hearing or vision. These can contribute to confusion and frustration and foster a sense of isolation.

## **Non-drug approaches**

Non-drug approaches to managing behavior symptoms promote physical and emotional comfort.

Many of these strategies aim to identify and address needs that the person with Alzheimer's may have difficulty expressing as the disease progresses. Non-drug approaches should always be tried first.

### **Steps to developing successful non-drug treatments include:**

- Recognizing that the person is not just "acting mean or ornery," but is having further symptoms of the disease
- Identifying the cause and how the symptom may relate to the experience of the person with Alzheimer's
- Changing the environment to resolve challenges and obstacles to comfort, security and ease of mind

## **Coping tips**

- Monitor personal comfort. Check for pain, hunger, thirst, constipation, full bladder, fatigue, infections and skin irritation. Maintain a comfortable room temperature. Most behaviors are caused by unmet needs.

- Avoid being confrontational or arguing about facts. For example, if a person expresses a wish to go visit a parent who died years ago, don't point out that the parent is dead. Instead, say, "Your mother is a wonderful person. I would like to see her too."
- Redirect the person's attention. Try to remain flexible, patient and supportive by responding to the emotion, not the behavior.
- Create a calm environment. Avoid noise, glare, insecure space and too much background distraction, including television.
- Allow adequate rest between stimulating events.
- Provide a security object.
- Acknowledge requests, and respond to them.
- Look for reasons behind each behavior. Consult a physician to identify any causes related to medications or illness.
- Explore various solutions.
- Don't take the behavior personally, and share your experiences with others.
- Document on specific behaviors: when it happens, potential triggering events, such as other residents, staff, visitors, time of day, etc. Try to determine what approaches help and those that make it worse.
- Remember that not every intervention will work 100% of the time, even small improvements can make a difference
- Ensure that all staff knows what the interventions are and they use them.

### **Medications for behavioral symptoms**

If non-drug approaches fail after being applied consistently, introducing medications may be appropriate for individuals with severe symptoms or who have the potential to harm themselves or others. While prescription medications can be effective in some situations, they must be used carefully and are most effective when combined with non-drug approaches.

### **Guiding principles**

The following general principles can help guide appropriate use of medications:

- Know the risks and benefits. It's important to understand the potential benefits and risks of a medication before making treatment decisions.
- Target a specific symptom. Effective treatment of one core symptom may help relieve other symptoms. For example, some antidepressants may help people sleep better.
- Start with a low dose of a single drug and monitor closely for side effects. Side effects can be serious, and drugs can occasionally even worsen the symptom being treated. Dosage should not be increased without a careful evaluation by a healthcare professional

### **Anti-psychotic Medications**

The decision to use an antipsychotic drug needs to be considered with extreme caution. Research has shown that these drugs are associated with an increased risk of stroke and death in older adults with dementia. The

FDA has ordered manufacturers to label such drugs with a “black box” warning about their risks and a reminder that they are not approved to treat dementia symptoms.

Based on scientific evidence, as well as governmental warnings and guidance from care oversight bodies, individuals with dementia should use antipsychotic medications only under one of the following conditions:

1. Behavioral symptoms are due to mania or psychosis
2. The symptoms present a danger to the person or others
3. The person is experiencing inconsolable or persistent distress, a significant decline in function or substantial difficulty receiving needed care

Antipsychotic medications should not be used to sedate or restrain persons with dementia. The minimum dosage should be used for the minimum amount of time possible. Adverse side effects require careful monitoring.

Although antipsychotics are the most frequently used medications for agitation, some physicians may prescribe a seizure medication/mood stabilizer.

The U.S. Food and Drug Administration (FDA) has approved five medications (listed below) to treat the symptoms of Alzheimer's disease.

1. donepezil Aricept All stages 1996
2. galantamine Razadyne Mild to moderate 2001
3. memantine Namenda Moderate to severe 2003
4. rivastigmine Exelon All stages 2000
5. donepezil and memantine Namzaric Moderate to severe 2014

Anyone experiencing behavioral symptoms should receive a thorough medical checkup, especially when symptoms appear suddenly. Treatment depends on a careful diagnosis, determining possible causes and the types of behavior the person is experiencing.

<b>1<sup>st</sup> hr. Dementia Training: Dementia: Behaviors and Interventions</b>			
<b>Post-Test</b>			
#	Question	True	False
1	In early stages, people may experience behavior and personality changes		
2	Anti-psychotic medications have very few side-effects and should be prescribed.		
3	Changes in a familiar environment or caregiver arrangements can cause behaviors		
4	Behaviors can be caused by unmet needs.		
5	Non-drug interventions to help with behaviors should be used before using drugs.		
<b>DO NOT WRITE ANSWERS ON THE TEST. PLACE ANSWERS ON THE MASTER ANSWER SHEET</b>			

## **Mandatory In-service: 2<sup>nd</sup> hr. of the Dementia 4hr. requirement**

Lewy Body and Frontotemporal Dementias

### **Lewy Body Dementia: Introduction**

Did you know?

As many as 40% of people who have Parkinson's disease will develop dementia. Many of these individuals develop Lewy bodies in parts of their brain. Others may also exhibit some of the symptoms of Alzheimer's disease and develop depression as well (Kalapatapu & Swanberg, 2009).

People with Lewy body dementia have a progressive decline in their memory and ability to think; similar to Alzheimer's disease. However, the cognitive ability or alertness of a person with Lewy body dementia is more likely to fluctuate from one moment to the next, which is not like Alzheimer's disease. They also often have visual hallucinations (seeing things that aren't there) and delusions (believing something that is not true). On the surface, people with Lewy body dementia often have problems with movement that resemble Parkinson's disease. This is because the same structures of the brain are affected in Lewy body dementia and Parkinson's disease.

How Common Is Lewy Body Dementia?

Dementia with Lewy bodies is the third most common type of dementia after Alzheimer's disease and vascular dementia. It is estimated that it affects 1.3 million individuals and families in the United States (LBDA 2010). Lewy body dementia is progressive, like Alzheimer's disease. This means that with current treatments, individuals who have it get worse with time in terms of function and ability.

Other Names:

There are several subtypes and different names for Lewy body dementia such as:

- Diffuse Lewy body disease
- Cortical Lewy body disease
- Senile dementia of Lewy type
- Lewy body variant of Alzheimer's
- Parkinson's disease with dementia

The last two types on the list are forms of Lewy body dementia that occur within patients who also have Alzheimer's disease or Parkinson's disease, respectively.

Causes, risk factors, and symptoms of Lewy body dementia are somewhat different than other forms of dementia. Follow the links below to learn more.

- Causes of Lewy Body Dementia
- Symptoms of Lewy Body Dementia
- Diagnosing Lewy Body Dementia

More About Treatment

There is no cure available for Lewy body dementia at this time. Currently, there are also no medications approved by the FDA that specifically target this form of dementia. However, many individuals with the disease seem to benefit from the use of cholinesterase inhibitors, such as Aricept, Razadyne, or Exelon.

## Cholinesterase Inhibitors

Cholinesterase inhibitors are a group of drugs commonly prescribed to individuals with Alzheimer's disease and other forms of dementia in order to slow the disease. For individuals with dementia, brain function decreases in part because their brain cells are no longer able to communicate with one another as well as they used to. Cholinesterase inhibitors act to increase levels of the neurotransmitter acetylcholine, a chemical that helps brain cells (neurons) communicate and work better. In practical terms, you may find that your loved one may be better able to remember names and details or perform activities with fewer problems when taking these medications.

There are three main cholinesterase inhibitors on the market:

- Aricept® (generic name: donepezil)
- Razadyne®, formerly known as Reminyl (generic name: galantamine)
- Exelon® (generic name: rivastigmine)
- Cognex® (generic name: tacrine) is less commonly prescribed due to its serious potential side effects.

These medications are typically prescribed to individuals in the early to middle stages of dementia. Aricept® was recently approved to treat severe dementia as well. It is important to remember that they only slow the progression of dementia and Alzheimer's disease; they do not stop or reverse their course. Additionally, as an individual's dementia advances, these medications are not able to balance out the damage that has already occurred. These medications typically help for only months to a few years.

In general, individuals who use cholinesterase inhibitors experience few side effects. The most commonly-experienced side effects are gastrointestinal problems, such as nausea, diarrhea, vomiting, and loss of appetite.

These drugs, originally developed for persons with Alzheimer's disease, help improve the brain's ability to function. In fact, these drugs may even be more effective for Lewy body patients than for Alzheimer's patients. Parkinson's disease medications, such as Sinemet® and Stalevo®, may also be prescribed in the event that the person has increasing trouble with movement.

Antipsychotic drugs should not be taken by persons with Lewy body dementia unless otherwise directed by a physician. Even though these medications can help manage hallucinations, in Lewy body patients, these drugs can make movement problems worse.

Apart from the differences already noted, approaches to diagnosis and treatment of Lewy body dementia are similar to those of other forms of dementia. Follow the links below to learn more.

- [Diagnosing dementia \(general\)](#)
- [Treating dementia](#)

## Suggestions for Caregivers

The most important thing to realize when caring for someone with Lewy body dementia is that you need to be flexible. Your loved one's symptoms may change from day to day, becoming better or worse, and this can be difficult for you and others to explain and handle. Remind others that your loved one is not simply "acting up."

As Lewy body dementia develops, your loved one will also have an increasingly difficult time maintaining balance and moving safely. Some caregivers find that suggesting the use of a cane or a walker can be helpful.

Additionally, there are several things you can do around the house to make sure that your loved one is able to move about safely and easily in order to prevent future accidents.

As with Alzheimer's disease, Lewy body dementia will continue to progress and reduce your loved one's abilities to make appropriate decisions. Be sure to review our pages on legal and financial issues to learn what can be done before your loved one reaches the later stages of the disease

### Causes of Lewy Body Dementia

This form of dementia is caused by the build-up of proteins, named Lewy bodies, within the brain. Lewy bodies, named after the physician who discovered them, Friederich H. Lewy, act like the plaques and tangles that develop in the brains of people with Alzheimer's disease. Like plaques, Lewy bodies interrupt the normal function of brain cells by making it harder for them to communicate and by leading to cell death. Currently, the cause for the Lewy body protein buildup is not known.

Having an immediate family member who had Lewy body dementia may increase your risk of getting this form of dementia. It often develops in persons who have no family history of the disease, however. Lewy bodies are more likely to develop as an individual ages and most studies indicate the disease is slightly more common in men than women. Individuals may develop Lewy body dementia in combination with Alzheimer's disease and/or Parkinson's disease.

### Symptoms of Lewy Body Dementia

In contrast to other forms of dementia that initially affect specific parts of the brain, Lewy bodies may develop in several different areas of the brain, which can cause a wider range of physical and behavioral symptoms. The range of possible symptoms includes many of the same ones seen in persons with Alzheimer's disease and Parkinson's disease.

### Symptoms Similar to Parkinson's Disease

- Moving slowly and shuffling or shaking as they walk
- Walking or standing very stiffly, with arms and legs flexed
- Having a blank expression

### Symptoms Similar to Alzheimer's Disease

- Having problems making new memories or recalling past memories
- Becoming easily confused
- Making odd or inappropriate decisions and actions

### Symptoms Relatively Unique to Lewy Body Dementia

- Symptoms becoming better or worse from moment to moment or hour to hour
- Hallucinating, especially visually, as well as having delusions
- Becoming active and violent at night, acting out dreams due to a condition that develops called rapid eye movement (REM) sleep disorder

### Diagnosis of Lewy Body Dementia

It is often difficult for physicians to diagnose Lewy body dementia because it is similar to Alzheimer's and Parkinson's diseases and because a patient may actually have a combination of these diseases. A person with Lewy body dementia may be diagnosed as having Alzheimer's disease or vascular dementia when symptoms first appear.

Although there are no specific tests for Lewy body dementia, doctors can make a diagnosis based on symptoms and behaviors. For diagnosis, patients must have experienced a progressive or continuing decline in the way they are able to function in daily life. If this requirement is met, then a person may either be diagnosed as having "probable" Lewy body dementia or "possible" Lewy body dementia. A diagnosis of probable Lewy body dementia requires that 2 of the 3 following characteristics be present. A diagnosis of possible Lewy body dementia only requires that 1 of the 3 are present (Merck, 2007).

1. Fluctuating cognition: Has trouble with his or her memory or abilities to stay alert and attentive, but these symptoms may seem to get better or worse at times
2. Visual hallucinations: Experiences and reacts to hallucinations that seem very real to him or her
3. Parkinsonisms: Has some of the problems with movement and action similar to those associated with Parkinson's disease

## **Frontotemporal Dementia: Introduction**

Did you know?

The Pick's Disease Support Group website has a section for caregiver stories and experiences. Read "Pick's from the inside out", the story of Dr. Bob Fay and his experience living with frontotemporal dementia.

Frontotemporal dementia is the name given to a group of progressive dementias that primarily affect an individual's personality, behavior, and speech. Diseases in this group include the following:

- Pick's Disease
- Frontotemporal Lobar Degeneration
- Progressive Aphasia (problems speaking)
- Semantic Dementia (problems understanding language)
- Corticobasal Degeneration (includes decreased movement)

### How Frontotemporal Dementia Differs From Other Forms of Dementia

Unlike most other forms of dementia, memory is not affected in people with frontotemporal dementia (FTD) until later in the disease. FTD mainly affects different parts of the brain than are affected by other forms of dementia: the frontal and temporal lobes. Also, this form of dementia strikes people at a relatively younger age — usually between the ages of 40 and 60. However, FTD can affect individuals both younger and older than this range.

### How Common Is Frontotemporal Dementia?

Among relatively younger adults, FTD is the 2nd most common dementia after early-onset Alzheimer's disease. 250,000 Americans are estimated to be affected by Frontotemporal Dementia (AFTD 2010). For individuals over 65, frontotemporal dementia is the 4th most common form of dementia after Alzheimer's disease, vascular dementia, and Lewy body dementia (Brust, 2006)

### Causes of Frontotemporal Dementia

About half of all individuals with frontotemporal dementia have some family history of FTD or another dementia. Frontotemporal dementia affects men and women about equally.

The cause of FTD is unknown, but some cases are due to a genetic mutation. More specifically, in these individuals the onset of FTD seems to occur as a result of mutations concerning the so-called Tau gene and the proteins it helps produce. These abnormal proteins accumulate in the brain and can form Pick bodies, which are named after Dr. Arnold Pick who first identified them. These proteins and Pick bodies disrupt brain cell function in similar ways to the plaques and tangles found in Alzheimer’s disease and the Lewy bodies found in Lewy body dementia. However, unlike Alzheimer’s disease and Lewy body dementia, frontotemporal dementia mainly affects the frontal and temporal lobes of the brain. These areas are the centers for thought, speech, and behavior

### Symptoms of Frontotemporal Dementia

The two main symptoms of frontotemporal dementia are changes in personality and loss of the ability to express and understand language. Unlike Alzheimer’s disease and Lewy body dementia, FTD does not affect an individual’s memory.

### Changes in Personality

FTD affects the front, right side of the brain, which controls our judgment, personality, and ability to manage complex tasks. Individuals with this form of dementia might look like they are "acting up" because they may start behaving oddly or inappropriately in public places or around strangers. Social skills like tact and empathy may be lost. They may lose interest in everything, or they may suddenly need to be active all the time. They often lose the ability to make informed and safe decisions about tasks, such as managing finances or driving in the car. When the behavioral problems are the most obvious, this form of dementia may look a little like depression, schizophrenia, or bipolar disorder. Not all people with FTD will show all of these symptoms.

### Changes in Speech/Language

The disease also affects the way in which an individual is able to use and understand language. You may hear FTD called by the names "semantic dementia" and "primary progressive aphasia." Each of these names refers to a particular set of symptoms that affect language in frontotemporal dementia:

- Semantic dementia: Semantic dementia refers to the disease’s effect on the temporal lobes of both sides of the brain. This region of the brain controls how we understand and recognize words, faces, and their meaning. A person with this symptom of FTD would have trouble communicating – both using words correctly and understanding what is being said.
- Primary progressive aphasia: Primary progressive aphasia refers to the disease’s effect on the left side of the brain. This region of the brain controls the way in which we are able to put words together and express meaning. Individuals may have trouble finding and using the right words to explain themselves.

#	Lewy Body and Frontotemporal Dementia’s	True	False
1	People with Lewy body dementia have a progressive decline in their memory and ability to think; similar to Alzheimer’s disease.		
2	The cognitive ability or alertness of a person with Lewy body dementia is <i>less</i> likely to fluctuate from one moment to the next.		
3	Antipsychotic drugs should not be taken by persons with Lewy body dementia		

	unless otherwise directed by a physician. Even though these medications can help manage hallucinations, in Lewy body patients, these drugs can make movement problems worse.		
4	Frontotemporal dementia (FTD) strikes people at a relatively younger age — usually between the ages of 40 and 60.		
5	Individuals with FTD form of dementia might look like they are "acting up" because they may start behaving oddly or inappropriately in public places or around strangers. When the behavioral problems are the most obvious, this form of dementia may look a little like depression, schizophrenia, or bipolar disorder.		
<b>DO NOT WRITE ANSWERS ON THE TEST. PLACE ANSWERS ON THE MASTER ANSWER SHEET</b>			

# Dementia Training: 3<sup>rd</sup> hour of 4 hour requirement

## Vascular dementia

Vascular dementia is a brain disorder that is characterized by memory loss and difficulty thinking, such as solving problems and making decisions. It is caused by problems with the blood vessels that feed the brain. Sometimes a stroke or multiple small strokes can cause vascular dementia. Sometimes it is caused by a narrowing of the blood vessels called atherosclerosis, which is the same buildup of fatty material in blood vessels that can lead to heart attacks. High blood pressure may also be a cause.

### How common is Vascular Dementia?

Vascular dementia is the second most common type of dementia after Alzheimer's disease. About 20% of all people with dementia have some vascular dementia. It has been estimated that 1.5% of the population in Western countries like the United States has vascular dementia. Vascular dementia is most common in people over age 60, and the risk of developing vascular dementia increases with age. Additionally, individuals are much more likely to develop vascular dementia following a stroke than at other times.

### Subtypes of Vascular Dementia

Subtypes of vascular dementia are multi-infarct dementia and subcortical vascular dementia. Multi-infarct dementia is the subtype caused by a stroke or multiple small strokes. Not all strokes result in vascular dementia. The other subtype, subcortical vascular dementia, has also been called Binswanger's Disease. This is the type that is caused by narrowing of the blood vessels by buildup of fatty material, or atherosclerosis. The symptoms and progression of vascular dementia are slightly different depending on which subtype a person has, but individuals often have both subtypes.

### Relationship between Vascular Dementia and Alzheimer's disease

Many people have a combination of vascular dementia and Alzheimer's disease. In fact, having a combination of strokes and Alzheimer's disease is more common than having either Alzheimer's alone or having vascular dementia alone.

### More about Causes and Symptoms

Causes, risk factors, and symptoms of vascular dementia are somewhat different than other forms of dementia. Follow the links below to learn more.

### Causes of Vascular Dementia

Vascular dementia is caused by decreased blood supply to the brain. This most often is caused by blockage or narrowing of arteries. One of the main ways that arteries become blocked or narrowed is by the same disease processes that cause heart disease. Therefore, the factors associated with heart disease are also associated with vascular dementia.

Risk factors include:

- high blood pressure
- diabetes
- high cholesterol
- family history of heart problems
- heart rhythm abnormalities
- overweight
- smoking

**Strokes (infarcts) and ministrokes:** Many people develop vascular dementia after suffering a stroke (infarct) or a ministroke. This common type of vascular dementia is sometimes called multi-infarct dementia. The stroke causes parts of the brain to die, which is what leads to dementia. Strokes often cause physical symptoms, depending upon what part of the brain is affected, but ministrokes may happen without obvious external symptoms. Vascular dementia most commonly develops when the stroke occurs on the left side of the brain or when it involves the memory center of the brain, the hippocampus. A doctor may recommend scans of the brain — computerized tomography (CT) or magnetic resonance imaging (MRI) — for diagnostic purposes if a stroke is suspected. About one-third of people who had no dementia symptoms before the stroke will develop vascular dementia afterwards, usually within a year.

**High blood pressure (hypertension):** High blood pressure is a leading cause of vascular dementia, accounting for approximately half of the cases. High blood pressure may cause the form of vascular dementia known as subcortical vascular dementia (Binswanger disease), which affects the white matter of the brain.

**Other causes:** Vascular dementia can also be caused by other conditions that reduce blood flow to the brain, including certain autoimmune diseases (e.g., lupus erythematosus, temporal arteritis), certain inherited (genetic) diseases, infections of the heart (endocarditis), brain hemorrhage, profoundly low blood pressure.

### **Symptoms of Vascular Dementia**

Symptoms of vascular dementia vary depending on what part of the brain is affected and the cause of the vascular dementia. A common early symptom of vascular dementia is a decline in the ability to organize thoughts or actions. Often the most noticeable symptom of vascular dementia is memory problems. Other symptoms include the following:

- confusion and agitation
- difficulty solving problems
- unsteady walking
- difficulty "finding" words
- urinary frequency, urgency, or incontinence
- mood problems or changes in personality

### **Symptoms Related to Stroke or Mini-stroke**

People with vascular dementia may also have other (physical) signs of a stroke or ministrokes. There may be a localized area of the body, such as a hand or the facial muscles, that is weakened or the person may have a numb area somewhere on the body.

### Onset and Course of Symptoms

Symptoms of vascular dementia may have a sudden onset if they are related to a stroke or mini-stroke. People with this type of vascular dementia, sometimes called multi-infarct dementia, have a so-called "stepwise" progression of their symptoms, meaning that their symptoms stay the same for awhile and then suddenly get worse as the individual has additional strokes or mini-strokes.

People with other forms of vascular dementia will have a gradual increase in symptoms and the disease will slowly get worse over time. This is similar to the progression of Alzheimer’s disease.

### More about Diagnosis and Treatment

Approaches to diagnosis and treatment of vascular dementia are similar to those for other forms of dementia. Follow the links below to learn more.

### Diagnosing Dementia

People in the earliest stages of dementia – especially Alzheimer’s disease – do not typically appear sick and are able to perform most activities normally; therefore, the disease oftentimes goes unnoticed by close family members and coworkers. Some studies estimate that people experience symptoms from 3½ to 5½ years before being diagnosed (Gordeau and Hillier, 2005), although it may be even longer. Sometimes after diagnosis family members realize that their loved one has displayed strange or just “not quite right” behaviors for many years.

Generally, a significant change in behavior prompts family members to take their loved ones to the doctor’s office. When you begin to notice or suspect dementia symptoms in your loved one, you should talk to your doctor or his or her doctor. Their regular doctor may choose to make a referral to a neurologist or psychiatrist or a clinic specializing in diagnosing and treating dementia, sometimes called a “memory” or “Alzheimer’s” clinic.

#	Vascular Dementia 3 <sup>rd</sup> hr. of 4 hours		
1	Vascular dementia is a brain disorder that is characterized by memory loss and difficulty thinking, such as solving problems and making decisions.		
2	Vascular dementia is caused by too much blood supply to the brain		
3	Risk Factors include: A. high blood pressure B. diabetes C. high cholesterol D. All of the above	Choose correct letter	
4	Vascular Symptoms include: A. difficulty "finding" words B. urinary frequency, urgency, or incontinence C. mood problems or changes in personality D. All of the above	Choose correct letter	
5	Symptoms of vascular always have a slow progressive onset.		

**DO NOT WRITE ANSWERS ON THE TEST. PLACE ANSWERS ON THE MASTER ANSWER SHEET**

## Dementia- 4<sup>th</sup> hour of 4 hour yearly requirement.

### Holidays and Alzheimer's Families

The holidays are a time when family and friends often come together. But for families living with Alzheimer's and other dementias, the holidays can be challenging. Take a deep breath. With some planning and adjusted expectations, your celebrations can still be happy, memorable occasions.

- Check in with the person with dementia
- Familiarize others with the situation
- Adjust expectations
- Involve the person with dementia
- Adapt gift giving
- When the person lives in a care facility what can be done



#### Check in with the person with dementia

In the early stage, a person with Alzheimer's may experience minor changes. Some may withdraw and be less comfortable socializing while others may relish seeing family and friends as before. The key is to check in with each other and discuss options. A simple "How are you doing" or "How are you coping with everything?" may be appreciated. Plan the holidays together, focusing on the things that bring happiness and letting go of activities that seem overwhelming or stressful.

For people in the middle or late stages, consider rethinking holiday plans. Everyone is unique and finding a plan that works can involve trial and error.

#### Familiarize others with the situation

The holidays are full of emotions, so it can help to let guests know what to expect before they arrive. If the person is in the early stages of Alzheimer's, relatives and friends might not notice any changes. But the person with dementia may have trouble following conversation or tend to repeat

him- or herself. Family can help with communication by being patient, not interrupting or correcting, and giving the person time to finish his or her thoughts.

If the person is in the middle or late stages of Alzheimer's, there may be significant changes in cognitive abilities since the last time an out-of-town friend or relative has visited. These changes can be hard to accept. Make sure visitors understand that changes in behavior and memory are caused by the disease and not the person.

You may find this easier to share changes in a letter or email that can be sent to multiple recipients. Here are some examples:

>> "I'm writing to let you know how things are going at our house. While we're looking forward to your visit, we thought it might be helpful if you understood our current situation before you arrive.

>> "You may notice that \_\_\_ has changed since you last saw him/her. Among the changes you may notice are \_\_\_.

>> "I've enclosed a picture so you know how \_\_\_ looks now. Because \_\_\_ sometimes has problems remembering and thinking clearly, his/her behavior is a little unpredictable.

>> "Please understand that \_\_\_ may not remember who you are and may confuse you with someone else. Please don't feel offended by this. He/she appreciates your being with us and so do we."

>> "Please treat \_\_\_ as you would any person. A warm smile and a gentle touch on \_\_\_'s shoulder or hand will be appreciated more than you know."

>> "We would ask that you call when you're nearby so we can prepare for your arrival. With your help and support, we can create a holiday memory that we'll all treasure."

## Adjust expectations

**The stress of caregiving responsibilities layered with holiday traditions can take a toll.** Call a face-to-face meeting or arrange for a group discussion via telephone, video chat or email for family and friends to discuss holiday celebrations. Make sure that everyone understands your caregiving situation and has realistic expectations about what you can and cannot do. No one should expect you to maintain every holiday tradition or event.

### **Be good to yourself.**

Give yourself permission to do only what you can reasonably manage. If you've always invited 15 to 20 people to your home, consider paring it down to a few guests for a simple meal. Let others contribute. Have a potluck dinner or ask them to host at their home. You also may want to consider breaking large gatherings up into smaller visits of two or three people at a time to keep the person with Alzheimer's and yourself from getting overtired.

### **Do a variation on a theme.**

If evening confusion and agitation are a problem, consider changing a holiday dinner into a holiday lunch or brunch. If you do keep the celebration at night, keep the room well-lit and try to avoid any known triggers.

## Involve the person with dementia



### **Build on past traditions and memories.**

Focus on activities that are meaningful to the person with dementia. Your family member may find comfort in singing old holiday songs, watching favorite holiday movies, or looking through old photo albums.

### **Involve the person in holiday preparation.**

As the person's abilities allow, invite him or her to help you prepare food, wrap packages, help decorate or set the table. This could be as simple as having the person measure an ingredient or hand decorations to you as you put them up. (Be careful with decoration choices. Blinking lights may confuse or scare a person with dementia, and decorations that look like food could be mistaken as edible.)

### **Maintain a normal routine.**

Sticking to the person's normal routine will help keep the holidays from becoming disruptive or confusing. Plan time for breaks and rest.

## Adapt gift giving



### **Reduce post-holiday stress.**

Arrange for respite care so you can enjoy a movie or lunch with a friend.

### **Encourage safe and useful gifts for the person with dementia.**

Diminishing capacity may make some gifts unusable or even dangerous to a person with dementia. If someone asks for gift ideas, suggest items the person with dementia needs or can easily enjoy. Ideas include: an identification bracelet (available through MedicAlert<sup>®</sup> + Alzheimer's Association Safe Return<sup>®</sup>), comfortable clothing, favorite foods and photo albums.

### **Put respite care on your wish list.**

If friends or family ask what you want for a gift, suggest a gift certificate or something that will help you take care of yourself as you care for your loved one. This could be a cleaning or household

chore service, an offer to provide respite care, or something that provides you with a bit of rest and relaxation.

### When the person lives in a care facility

A holiday is still a holiday whether it is celebrated at home or at a care facility. Here are some ways to celebrate together:

- Consider joining your loved one in any facility-planned holiday activities
- Bring a favorite holiday food to share
- Sing holiday songs and ask if other residents can join in
- Read a favorite holiday story or poem out loud
- Make a Christmas craft that can easily be accomplished
- Christmas and Holiday magazines to look at together
- Share an old tradition or talk about a common tradition that the family did each year.

### The Holiday Blues:

Depression is common among the older population, and holidays can increase or compound feelings of sadness. The person with dementia may feel a sense of loss during the holidays. They may miss a loved one who they lost a long time ago, may not recognize the family around them, or may feel that someone is missing. Caregivers may also feel a sense of loss since their loved one is not the same as they were all of the holidays prior. Tending to such emotions may be particularly challenging during the holidays when so much is going on, so it helps to talk to your doctor before the holidays if you or your loved one struggles with depression.

High Expectations: It is common for people with dementia to lack enthusiasm and interest in holidays. Caregivers may feel nostalgic over activities that their loved ones no longer understand or are able to participate in. Special traditions, such as decorating the house, lighting candles, or having company over for a meal may become too bothersome or dangerous to continue.

Disrupted Routines: The holiday season can disrupt routines that have barely been established. Changes to the daily schedule or the presence of new or many people around can upset people with dementia.

#	<b>Dementia Training 3<sup>rd</sup> hr. of 4hour requirement: Holidays and the Alzheimer’s Family</b>		
1	Diminishing capacity may make some gifts unusable or even dangerous to a person with dementia.		
2	For families living with Alzheimer's and other dementias, the holidays can be challenging		
3	Focus on activities that are meaningful to the person with dementia.		
4	Buying gifts that challenge a person with dementia may give them the		

	opportunity to increase their mental capabilities.		
5	The holidays are usually a very cheerful time for the elderly and depression is not a problem.		
<b>DO NOT WRITE ANSWERS ON THE TEST. PLACE ANSWERS ON THE MASTER ANSWER SHEET</b>			