

FAQs:

Q: What are the symptoms of dementia / Alzheimer's?

A: *Symptoms that signal the onset of dementia are usually subtle and may not be noticeable for a number of years. Memory loss is considered the central symptom in most dementias. The most common symptoms are:*

- *Memory loss that affects job skills*
- *Difficulty performing familiar tasks*
- *Problems with language*
- *Disorientation of time and place*
- *Poor or impaired judgment*
- *Problems with abstract thinking, perceptual skills, reasoning*
- *Misplacing things*
- *Changes in mood or behavior*
- *Changes in personality*
- *Loss of initiative*

Q: Can anything stop the progression of dementia / Alzheimer's?

A: *Dementia/Alzheimer's is a progressive and degenerative disease of the brain. Though science has made tremendous progress in learning more about the disease, to date there is still no cure. Medications, however, have been developed which help slow the advancement. Lifestyle changes in diet, exercise and brain stimulating challenges additionally contribute in the slow-down of symptoms.*

Q: Is there a right time to place an elder in a home?

A: *No one wants to face the time when placing their loved one into a home is the only option; but, oftentimes that is the case. Be aware of the difficulties your loved one is experiencing. When their symptoms and situation becomes unsustainable for a family member to live with and care for their loved one, it is time to seek a professional caregiver.*

Q: What type of home is available for dementia / Alzheimer's patients?

A: *For those with behavioral issues, a memory care facility may be the best option. For those whose symptoms are manageable but need daily help, an assisted living or residential care home community may be the best selection. For those whose symptoms are grievously advanced and the other options do not offer aging in place, a nursing home may be the only choice. If circumstances allow, some may bring a credentialed caregiver into the home and render the needed care. The most important component would be having trained caregivers who understand the disease and have the disposition and knowledge of how to appropriately care for their elder. Refer to book "**HELL NO I DON'T REMEMBER, I HAVE ALZHEIMER'S**" for valuable detailed information on this subject; chapter 5 "**Finding the Right Place**".*

Q: How much does it cost to place a dementia/Alzheimer's patient in a care home?

A: *The cost of living in a community varies and is costly whether it is memory care, an assisted living, residential care home or in-home care. The most expensive is full-time in-home care with a paid caregiver. Second, memory care. Third, an assisted living community. Fourth, residential care homes, and finally Medicaid-funded care. What are the variables? **A)** location (state / city) **B)** type of community **C)** levels of care **D)** length of time one lives in a community **E)** if one has long-term care insurance, **F)** if one has Aid and Attendance - VA Benefits, or **G)** if one qualifies for Medicaid.*

Preparing early in life for this possibility will work in your favor by setting aside monies or purchasing long term care insurance. At the time of placement, most people have a home to sell or retirement benefits to contribute toward these costs.

Q: What is the difference between assisted living and memory care facilities?

A: *Refer to book “HELL NO I DON’T REMEMBER, I HAVE ALZHEIMER’S” for valuable detailed information on this subject; chapter 5 “Finding the Right Place”. A brief response to this question is that an assisted living community requires the resident to assist the caregiver with all ADLs (activities of daily living) and the memory care facility accommodates only those whose cognitive disease has altered their abilities to care for themselves and the residents most often has behavioral issues. Each state and care community has admission requirements for entry into their community. Be sure you know what they are.*

Q: What medications can help with memory loss?

A: *Researchers have discovered many medications which help slow the progression of dementia/Alzheimer’s.*

An appointment with your physician for a thorough physical and a professional recommendation for an appropriate medication prescription is advised.

Q: Is there a cure for Alzheimer’s?

A: *Currently, there is no cure for Alzheimer’s. There is, however, optimism and hope as researchers are presently making break-through discoveries regarding the cause and cure for this dreaded disease.*

Q: My senior will not eat. What are some ways I can get them to eat?

A: *Some suggestions are to offer a liquid booster full of nutrients, serve favorite easily digestible soft foods and soups. We recommend that your loved one’s doctor make a thorough evaluation to discover why eating is not occurring. Determine several things: A) Is anxiety about aging, illness, dying or other problems stunting their desire to eat? B) Is disease or some type of obstruction affecting your senior’s eating? C) Exam their oral health. Are gum disease, pain or tooth issues causing problems? D) Are the types of foods the senior has been eating satisfying and tasty? At some point, however, when Alzheimer’s reaches its most advanced stage, organs of the body will begin shutting down and your loved one will not be able to eat. This is the beginning stage of the dying process.*

Q: What should I do when my senior becomes combative?

A: *Not all seniors with dementia/Alzheimer’s are combative; but some do enter that stage. Combativeness usually occurs when confronted with something they do not want to do, and they feel trapped or forced. Do not argue or force an issue. Divert conversation. Revisit the issue after a period of time on those things which are absolutely necessary such as personal hygiene and taking medications. A kind gentle touch using a calm and loving voice is essential for those with cognitive impairment.*

Q: Are there tests to diagnose dementia/Alzheimer’s?

A: *Identifying a firm diagnosis of any cognitive impairment can be difficult. The components which are considered include interviews with close family members regarding behavioral changes and incidents of forgetfulness not age-related. Brain scans, psychological testing and lab work are also a part of the diagnosis.*

Q: What does it mean when my loved one starts having hallucinations?

A: *Hallucinations can be a side effect of medications or a symptom of brain disease. One should definitely consult with their doctor to determine the cause and remedy.*

Q: How do I control my loved one when they wander?

A: *Wandering or elopement can be a characteristic of Alzheimer's disease. Not all experience wandering but some do usually in the mid to latter stage of the disease. Sometimes, this stage can be a temporary stage. Wanderers or elopers have an innate uncontrollable desire to move, walk, get outside with no regard to where they are going. Needed are locks on doors and windows and for their own safety, and observation by someone at all times.*

Q: What should I do when my loved one will not take their medications?

A: *When someone with cognitive impairment refuses necessary medications, place meds in foods such as yogurt or applesauce. If that is not successful, consider crushing meds and then mix in foods. Do not enter into any confrontation.*

Q: What is respite care and how does it work?

A: *Respite Care is the provision of short-term, temporary relief to those who are caring for family members who might otherwise require permanent placement in a facility outside the home. Respite programs provide planned short-term and time-limited breaks for those providing care. Respite also provides a positive experience for the person receiving care. Even though many families take great joy in providing care to their loved ones so that they can remain at home, the physical, emotional and financial consequences for the family caregiver can be overwhelming without some supportive relief, such as respite care.*

Q: What should I do when my siblings don't help with caring for my loved one?

A: *Siblings working together provide a team of support for one another; but, when that support is absent and only one is left to manage care for their loved one, the responsibility can be overwhelming. For emotional and physical support, seek friends, extended family and spiritual consult. For financial support, research all options for possible additional funds such as Veteran benefits, Medicaid options or special financial breaks from various facilities when considering a placement.*

Q: What are the different types of dementia?

A: *Dementia is an umbrella term that describes a collection of symptoms that are caused by disorders affecting the brain. It is not one specific disease. The most common type of dementia is Alzheimer's disease. Others are: vascular dementias, Lewy Body dementia, Fronto Temporal Dementias, Parkinson's, Huntington's, head trauma, alcohol related dementia, Crutzfeldt-Jakob disease, corticobasal degeneration and progressive supranuclear palsy.*

Q: What is the best way to handle incontinence? When are diapers appropriate?

A: *Incontinence is the inability to have control of the bladder and/or bowels; when there is no sensation for the urge to use the bathroom. In this instance a diaper or brief is necessary. Prior to full incontinence, the person may experience leakage. In that instance, an appropriate size and thickness of pad should be used. Placing one on a toileting schedule to pre-empt accidents is a good system for helping to control incontinence issues.*

Q: How do I deal with my loved one's fixations and obsessions?

A: *Fixations and obsessions are unfortunately a common aspect of dementias. One of the best ways to help with this symptom is to divert your loved one's attention to something positive and of interest to them. Introduce photographs or playing music helps. Understanding and acceptance is what is needed from those who are the caregivers.*

Q: What should I do when my loved one loses their filter and says horrible things?

A: *No one wants to hear obscene hurtful comments or cursing come from their loved one; most especially when it is completely against their character. In some cases, those with various dementias experiencing this symptom can be upsetting to family members. Trained caregivers know that this is the disease talking and should take no offence. When encountered, one should address the behavior as unacceptable in a firm yet kind tone. Never command or demand; instead ask. Divert attention to something positive.*

Q: How much medication is too much for your senior?

A: *Oftentimes, seniors can be over-medicated. Seeing multiple doctors with each giving various prescriptions makes it easy for: **A)** taking too much medication **B)** negative reactions when mixing some meds, and **C)** symptoms to render the patient too sleepy, too weak, too "loopy", etc. Competent oversight of medications for each senior should occur daily. No one with dementia should be responsible for dealing with their own medications. Also, a thorough evaluation by their primary care physician of all medications should be scheduled to assess appropriateness.*

Q: We have been hearing about ways to reduce our risk of Alzheimer's - is this idea hyped up, or is the evidence for real?

A: *The evidence for lifestyle changes is more than hype. The data is accumulating from a growing number of observational studies and clinical trials. Some evidence points to a 25% - 50% reduction in cognitive decline or Alzheimer's risk from things like exercise, diet, and multiple lifestyle changes. Currently approved drugs for Alzheimer's disease are modestly effective, so lifestyle changes are something that can be done right now while we're waiting for the development of more effective drugs.*