

Development of Alzheimer's

Mild Cognitive Impairment

- Some memory problems... usually able to live independently.

Common Changes in Mild AD

- Cognitive break.
- Impaired memory and thinking skills.
- Requires assistants with life skills.
- Loses spark or zest for life - does not start anything.
- Starts to notice they are having a problem.
- Loses recent memory without a change in appearance or casual conversation.
- Loses judgment about money.
- Has difficulty with new learning and making new memories.
- Has trouble finding words - may substitute or make up words that sound like or mean something like the forgotten word.
- May stop talking to avoid making mistakes.
- Has shorter attention span and less motivation to stay with an activity.
- Easily loses way going to familiar places.
- Resists change or new things.
- Has trouble organizing and thinking logically.
- Asks repetitive questions.
- Withdraws, loses interest, is irritable, not as sensitive to others' feelings, uncharacteristically angry when frustrated or tired.
- Won't make decisions. For example, when asked what she wants to eat, says "I'll have what she is having."
- Takes longer to do routine chores and becomes upset if rushed or if something unexpected happens.
- Forgets to pay, pays too much, or forgets how to pay - may hand the checkout person a wallet instead of the correct amount of money.
- Forgets to eat, eats only one kind of food, or eats constantly.
- Loses or misplaces things by hiding them in odd places or forgets where things go, such as putting clothes in the dishwasher.
- Constantly checks, searches or hoards things of no value.

Common Changes in Moderate AD

- Changes in behavior, concern for appearance, hygiene, and sleep become more noticeable.
- Mixes up identity of people, such as thinking a son is a brother or that a wife is a stranger.
- Poor judgment creates safety issues when left alone - may wander and risk exposure, poisoning, falls, self-neglect or exploitation.
- Has trouble recognizing familiar people and own objects; may take things that belong to others.
- Continuously repeats stories, favorite words, statements, or motions like tearing tissues.
- Has a restless, repetitive movement in late afternoon or evening, such as pacing, trying doorknobs, fingering draperies.
- Cannot organize thoughts or follow logical explanations.
- Has trouble following written notes or completing tasks.
- Makes up stories to fill in gaps in memory. For example might say, "Mama will come for me when she gets off work."
- May be able to read but cannot formulate the correct response to a written request.
- May accuse, threaten, curse, fidget or behave inappropriately, such as kicking, hitting, biting, screaming or grabbing.
- May become sloppy or forget manners.
- May see, hear, smell, or taste things that are not there.
- May accuse spouse of an affair or family members of stealing.
- Naps frequently or awakens at night believing it is time to go to work.
- Has more difficulty positioning the body to use the toilet or sit in a chair.
- May think mirror image is following him or television story is happening to her.
- Needs help finding the toilet, using the shower, remembering to drink, and dressing for the weather or occasion.
- Exhibits inappropriate sexual behavior, such as mistaking another individual for a spouse. Forgets what private behavior is, and may disrobe or masturbate in public.

Common Changes in Severe AD

- End-stage Alzheimer's
- Doesn't recognize self or close family.
- Speaks in gibberish, is mute, or is difficult to understand.
- May refuse to eat, chokes, or forgets to swallow.
- May repetitively cry out, pat or touch everything.
- Loses control of bowel and bladder.
- Loses weight and skin becomes thin and tears easily.
- May look uncomfortable or cry out when transferred or touched.
- Forgets how to walk or is too unsteady or weak to stand alone.
- May have seizures, frequent infections, falls.
- May groan, scream or mumble loudly.
- Sleeps more.
- Needs total assistance for all activities of daily living.

Communication Techniques AD

- Approach from the front to prevent the “Startled Syndrome”.
- Listen closely.
- Maintain eye and verbal contact.
- Use short, simple sentences and speak slowly and clearly.
- AD patients will use a “Start → → → Stop → → → Rebound → → → Start approach to communication. Help them to return to Start and move through the process.
- Minimize distractions – patients are hypersensitive to their emotions and the emotions of others.
- Do not appear to be rushed or impatient – leads to increased anxiety.
- Keep facial expressions warm and friendly.
- Do not overwhelm with information or emotions.
- Patients often respond by shutting down, anger and frustration.
- Repeat your question or statement with the same phrase or wording. Remember “Start → Stop → Rebound → Start”.

The Wandering AD Patients

- 4% - 26% are Nursing Home residents.
- 59% of patients living in community.
- Restless due to boredom or lack of exercise.
- Confusion as to time of day. Internal clock.
- Change in physical environment.
- Over stimulated from crowds or noise.
- Fear causing delusions and hallucinations.
- Medication side effects.

Common Medications for AD Patients

- Aricept (donepezil hcl) – used in early stage.
- Exelon (ribastigmine) – used in latter stages.
- Reminyl (faldantamine hydrobromide) – used in latter stages.
- Namenda (memantine) – New drug waiting for FDA approval – used in latter stages.

Alzheimer’s Organization and Information

www.alzheimers.org

www.mayoclinic.com

www.alz.org

Alzheimer’s Safe Return Program

Safe Return Crisis Line - 800.772.1122

Provides search database for recovery, clothes tag, bracelets and caregiver bracelet.