

Home Health Aide

D I G E S T™

Pre-/Post-Test Alzheimer's & Dementia (Mar/Apr 2003 issue)

All questions in this quiz are based on articles in the Mar/Apr 2003 issue of *Home Health Aide Digest*. After completing the quiz, please turn it in to your supervisor. (Circle the one correct response for each question.)

1. A client with dementia may show the following symptom(s):

- a. Loss of memory.
- b. Mood change.
- c. Problems with communication.
- d. a & b.
- e. All of the above.

2. (True/False) An AD client may gain a sense of accomplishment if asked to recall events from long ago.

- a. True.
- b. False.

3. (True/False) Because the AD client's family is facing much grief, it is wise to avoid asking them many questions about the client.

- a. True.
- b. False.

4. An AD client's restlessness may sometimes be solved by:

- a. Taking the client to the toilet.
- b. Placing a comfortable chair in the center of the home.
- c. Putting a ball or smooth object in the client's hand.
- d. Removing the client's shoes.
- e. All of the above.

5. (True/False) An AD client will be happier if the client's daily routine is changed often to give variety that stimulates the mind.

- a. True.
- b. False.

6. When a client with AD is having trouble saying something, it is best to:

- a. Reassure the person that you will take time to listen.
- b. Look away from the client to prevent the client from feeling nervous.
- c. Try to suggest the word the word the client is seeking.
- d. a & c.
- e. All of the above.

7. (True/False) If a client seems to prefer a certain outfit, suggest to the family that they buy several sets of the same clothes.

- a. True.
- b. False.

8. Measures for increasing the safety of an AD client include:

- a. Applying paint or colored tape to the edges of steps.
- b. Lowering the temperature setting of the water heater.
- c. Planting thorn bushes to keep the client from damaging other plants in the yard.
- d. a & b.
- e. a & c.

9. When an AD client has a change of behavior near the end of the day, this change is called:

- a. Twilightting.
- b. Sundowning.
- c. Moonshining.
- d. Nightfalling.
- e. None of the above.

10. Which of the following is NOT a "red flag" of care-giver burnout?

- a. Changes in sleep patterns.
- b. Irritability.
- c. Excessive energy.
- d. Withdrawal from friends and loved ones.
- e. None of the above.

I began reading *Home Health Aide Digest* at _____ am/pm.

I finished reading *Home Health Aide Digest* at _____ am/pm.

name

date

signature



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Dementia?**
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Home Health Aide

D I G E S T TM



**Spirit Profile:
Theresa Espinosa**

100%
FOR THE **Better**

After working in both long-term care and post-surgery, Theresa Espinosa came to a fork in the highway of her career. The choice she made was the road of less pay: home hospice care. And she hasn't looked back, despite other offers. The philosophy Theresa offers her fellow home health aides (HHAs) is blunt: "Forget about the paycheck. It's not about that. It's to fulfill you and to make yourself a better person. It's for the betterment of all things.

"In hospice I'm able to give more one-on-one care," Theresa says with

satisfaction." It's more about the client. The client and family come first, no matter what their need. That is ultimately why I chose hospice. I was getting paid more for working at the hospital, but as far as my personal aspirations, I am able to do more and be more centered with the hospice client."

The job change came almost by accident. "I never applied for it," Theresa recalls. "Hospice Services of Lake County [HSLC, in Lakeport, CA] called and asked if I'd come to work for them. I filled in temporarily for someone; then, after a couple days, they wanted to hire me." For almost nine years she's been pleased with the choice she made. "I've been offered other positions," she says, "but the one-on-one seems so natural."

For Theresa, there is stark contrast between home care and her previous work. "In a facility or hospital, it's often about efficiency and money," she observes. "Working in those fields left me really frustrated. I thought patients

**"Forget about the
paycheck...It's for the
betterment of all things."**

—Theresa Espinosa

deserved more one-on-one. It only takes a minute to go in and give them that personal touch, to do whatever is needed in that moment. The hospitals may not promote that because it's not efficient."

Theresa admits that giving personalized care can be a challenge. "What I do is

Focus on ALZHEIMER'S & DEMENTIA

A few decades ago the problem was often called "hardening of the arteries." Now it is the subject of awkward humor, as people excuse memory lapse as "old timer's disease." But, to its victims and their care givers, it is no laughing matter.

Alzheimer's disease (AD)/dementia takes a host of casualties, wrecking both the brain of the sufferer, as well as the emotions of family members. Yet, victims of AD and other forms of dementia often remain healthy as their brains lose function. Therefore, as a home health aide, you may find caring for an AD/dementia client to be one of your greatest challenges. It requires you to be in tune to the needs of both the client and family care givers.

This issue of the *Digest* is meant to help you succeed in making life better for both the client and care givers.

stressful, emotional, and personal. I'm dealing with spiritual needs, emotional needs, and all kinds of needs." But she finds great satisfaction in facing those

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Spirit Profile *continued from cover*

challenges with a high degree of freedom.

"In home hospice care, I'm kind of in charge of what I'm going to do," she explains. "Yes, I have to follow the care plan. And, yes, I have a list of clients—usually five—who must be visited in a day. Nonetheless, I get to make more of my own decisions about how much time to spend with each person. I'm more in control. If a client needs extra time, I can make that work."

Even supervisors see the benefit to the client. Arnold Pomeroy, director of patient services at HSLC, calls Theresa "thoughtful, caring, and knowledgeable." When she takes on a new client, "Theresa is liked almost immediately by her client and family. It does not take long before she is considered a valued member of the care-giving family in the home. She is able to give the love and attention that families and clients need, but keeps her professionalism."

In her rural area, maintaining that professionalism is not easy. "I become part of the family—they kind of adopt me," Theresa comments. "I live in a small community, so often I see these people in the grocery store or when I'm out to dinner. They'll come and cry on my shoulder. But, rather than get upset, I'm able to be supportive and remind them that our hospice's bereavement program can help. I encourage them to call the office and talk with someone who can help them through their grief."

She admits, however, "I allow myself to cry when I need to. It's easy to beat

myself up at the end of the day thinking I didn't do enough." Nonetheless, "Even though I believe there's no such thing as caring too much, I have to put myself in check when I'm tempted to call a client after I've come home. After all, I'm just a part of that person's life. I'm there only to assist and support. The client has his own life and his own family."

When she gets home, Theresa says, she changes her focus. "I know that my family is just as important as theirs. I have to take care of the moment." It's all a matter of perspective.

One of her toughest assignments gave Theresa a chance to teach this concept to a troubled spouse. Misplaced anger is a common thread in hospice care, and this spouse was no different. Upset and aggressive because housework was suffering, the man was making Theresa's work very difficult.

"Finally I told him, 'The dishes and vacuuming and the floors are all going to be here when she's gone, but she won't be here. So, maybe we need to spend some more time with her instead of worrying about the dust.' I was really scared when I said that, but it turned out to be a good thing. Once he and other family members had accepted that fact, they were able to relax and enjoy their wife and mother until she passed away—and they could ignore the superficial stuff around them."

A team player, Theresa helps to instruct and direct her fellow HHAs, and plays a key role in the interdisciplinary team that meets biweekly. As she meets with the team, which includes a doctor, nurses, social workers, and a bereavement counselor, Theresa is confident of her value: "My input is

valuable because I'm the one who spends the most time in the clients' homes. The clients sometimes share a lot more with me than they do with their nurse or even the family. I get a lot more out of them."

To give those clients even more, Theresa has gained certifications in massage therapy, therapeutic touch, and Reiki. The goal, she says, is to "make clients more comfortable." It's not typical for an HHA to offer such services, and Theresa grants that "another agency might not do that. But as I matured and acquired more skills, my agency grew with me. It would adopt a policy or procedure to accommodate my different skills. As I gained certificates, and clients started requesting more, it became a part of what we do. Because of that, other HHAs and nurses have taken courses and added new skills. It's been a good thing all the way around."

It's all an expression of a desire to give the client everything that's needed. "I give 100 percent to that person in the moment," Theresa says. "When I walk in the door of a person's home it doesn't matter what anyone has said, or whether they're rich or poor. It's 100 percent about that person in that moment."

Wholehearted home hospice care. Better for clients. Better for Theresa. One hundred percent better.

The address of the office that nominated Theresa Espinosa is:
Hospice Services of Lake County
1717 South Main Street
Lakeport, CA 95453

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Home Health Aide

D I G E S T

2724 9th St. East, Ste. 2
Glencoe, MN 55336

WHAT IS



by Suzanne P. Campbell,
MS, QRC, CRC

The term *dementia* (di-MEN-sha) is used to describe the symptoms that occur when the brain is affected by specific diseases and conditions such as Alzheimer's disease and stroke. The condition will worsen over time.

What are the symptoms?

- **Loss of memory.** This may include forgetting the way home or being unable to remember names of family members or friends.
- **Mood changes.** This is most likely to happen when the parts of the brain that control emotion are affected by disease. Sometimes people with dementia feel angry, sad, or frightened about how they are beginning to feel.
- **Problems with communications.** People with dementia may start to lose their abilities to read, write, and speak.

What causes dementia?

Several diseases and conditions cause dementia. They include:

Alzheimer's disease. Known as AD, this is the most common type of dementia. The disease causes changes to the structure and chemistry of the brain. Eventually it leads to the death of brain

cells. Through the use of 3-D video mapping, scientists now can observe how AD destroys a person's brain.

Interestingly, the damage tends to bypass the areas of the brain that control vision and some other functions.

TIA?

Vascular disease. In the brain, a network of blood vessels delivers oxygen to the brain. If that oxygen supply fails, those brain cells may die. This can happen following a stroke or a series of small strokes.

Dementia with Lewy bodies. This form of dementia gets its name from the tiny spherical structures (Lewy bodies) that develop inside nerve cells of affected people. The Lewy bodies lead to the destruction of brain tissue. The condition affects memory, concentration, and language skills.

Fronto-temporal dementia. This type of dementia includes Pick's disease. Damage is focused in the front of the brain. At first, behavior and personality are more affected than memory.

Rarer causes of dementia. There are many causes of dementia that happen more rarely. They include HIV, palsy, Parkinson's disease, Huntington's disease, and multiple sclerosis, among others.

Is there a cure for dementia?

Research is being done into vaccines, drugs, and other treatments. Most forms of dementia cannot be cured. There are drugs that help with some symptoms of Alzheimer's. These must be given in the early to middle stages of the disease.

They work to maintain a chemical in the brain called *acetylcholine* (a-se-t'l-KOH-leen). These drugs do not cure the disease but may stabilize some of the symptoms for a limited time. However, they also may have side effects such as diarrhea, nausea, insomnia, fatigue, or loss of appetite.

Can dementia be prevented?

At present, we are not sure what causes dementia. This means it's difficult to know what might prevent it. There is,

however, some evidence indicating that a healthy diet and lifestyle may protect against dementia. In particular, behaviors such as not smoking, regular exercise, avoiding fatty foods, and keeping mentally active may help prevent the development of vascular dementia and Alzheimer's.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

Some of this information was obtained from the Alzheimer's Society of the United Kingdom.

The Author

Suzanne P. Campbell, MS, QRC, CRC, is a rehabilitation consultant in Minneapolis, MN. The president of Campbell Consulting Services, she holds a BA in sociology and an MS in counseling, and has worked in the field of disability management for over 30 years, both in the private and public sectors. Suzanne, who is the editor of Home Health Aide Digest, may be contacted at suep@blackhole.com.

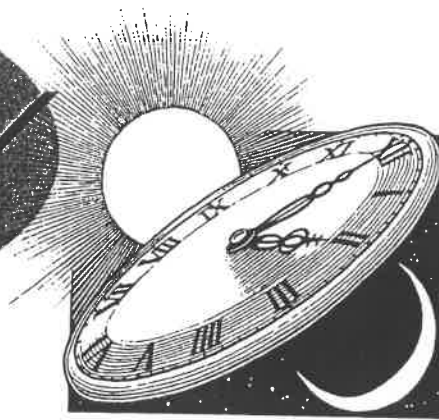
What You Will Learn

After studying this issue of the Digest, you should:

1. Know several signs that may indicate a person has AD/dementia.
2. Be able to recognize when a care giver is showing normal signs of grief.
3. Be aware of a variety of ways to make life pleasant and comfortable for an AD/dementia client.
4. Understand how to improve communication with an AD/dementia client, especially when bathing or dressing that client.
5. Know the signs of "burnout" that may mean a family care giver needs special help.



Providing Good Moments



AN INTERVIEW WITH RENAE SHORE, RN

by Suzanne P. Campbell,
MS, QRC, CRC

Hillcrest is a senior community in Wayzata, MN, a suburb of Minneapolis. It offers several levels of care and, in July 2001, started a new program for care of Alzheimer's clients. Renae Shore is the Alzheimer's care director at Hillcrest.

When the Alzheimer's program was begun, Shore says, "The criteria were changed to focus on people in the moderate stages of dementia. Our residents are unable to structure their time and need assistance with ADLs. Our unit is designated for Alzheimer's clients but it's important to remember that Alzheimer's is dementia, the most common type of dementia. We also have people in our program who have dementia of other types such as that caused by Parkinson's disease or stroke."

The Alzheimer's unit has 39 beds. When the program was begun, Shore says, "We made renovations that allowed us to be much more homelike. We have a living room, front porch, kitchen, beauty shop, and even a Northwoods room that we use as a kind of family gathering place. We also improved the secured outdoor living area."

Person-centered care

Though the aides in her unit are called care givers, they have the same credentials as home health aides (HHAs) and Shore believes that they face many of the same issues when dealing with clients who have AD. "Our care givers provide assistance both with care and with activities for the residents, who are divided into family groups," she says. "Like HHAs, the care givers take care of the same people daily. People with dementia need a routine. It's important

that the HHA get to know the client as an individual. We call this *person-centered care*. The aide needs to get to know the person and their background.

"Since dementia clients often lose short-term memory, it's important to capitalize on long-term memory. We do a lot of reminiscing so people can feel good about some of their accomplishments. We help by asking them to recall past events and achievements. This also increases the client's sense of worth.

"Another reason it's important to get to know your client is that, with dementia, you can have a lot of difficulty with challenging behaviors," Shore continues. "If you know the client's idiosyncrasies, it can help you deal with this acting out." All health-care providers who work with dementia eventually have to deal with issues such as the client's difficulty communicating, poor judgment, wandering behavior, physical or verbal aggression, and/or suspiciousness. The care givers need to be prepared to recognize and deal with these behaviors.

What if, for example, a client suddenly suspects that his food has been poisoned and refuses to eat? How can an HHA handle the situation? "I recommend that the HHA try to be reassuring and tell the client very confidently that they have checked the kitchen and everything is okay," Shore says. "This is another time when having built a trusting relationship with the client pays off. We spend a great deal of our time reassuring clients." If the client continues to refuse food, this must, of course, be reported so that a doctor can decide the best course of action.

Working with the client's family

Shore has some advice for HHAs about working with the client's family. "We need to be aware that families are often having a hard time dealing with the changes that occur with their loved one," she says. "The HHA needs to intentionally involve the family. Often, the most important thing an HHA can do is to listen.

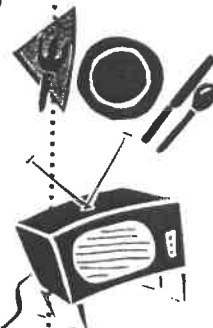
"Another thing that's helpful is to ask questions," Shore advises. "Ask the family about the client's past, favorite activities, foods, memories, daily routine. Routine and consistency are important when working with clients who have dementia. Family members

can tell you when the client usually eats meals or goes to bed, whether she has a favorite television program, etc. All of this provides the HHA with valuable information. Giving it may also help the family as they go through a very natural grieving process.

"If the family members are interested, allow them to assist with some care-giving activities," Shore suggests. Check with your supervisor about what might be appropriate. Often there are community education courses or support groups to which the interested family members can be referred. Your supervisor can provide information about these resources. "I particularly like the programs offered by the Alzheimer's Association," Shore says. "It offers educational programs that would be good for HHAs, as well as a variety of things for families and other care givers." Shore cautions that some families may not want to be involved and the HHA must be sensitive to that need also.

Behaviors to report to your supervisor

Since HHAs often spend more time with clients than other health-care providers, they may be the first to spot behavioral changes. Because they cannot always express a problem in words, dementia clients may show through their actions that they have pain or health issues such as an infection.



Providing Good Moments

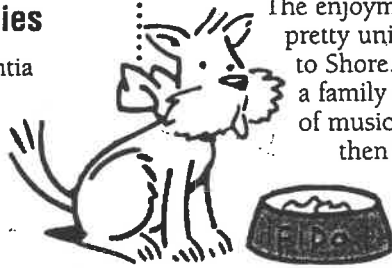
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Watch for and report the following behaviors to your supervisor:

1. A change in eating habits.
2. Personality changes such as a sudden suspiciousness of people or things around them.
3. Any safety concerns.
4. Increase in frequency of behavior such as trying to leave and go someplace else.
5. A dramatic increase in confusion.
6. Hallucinations.
7. Increased aggression.

Ideas for special activities

Sometimes people with dementia respond positively to pets, children, music, and other special activities. "We have a bichon frisé named Magnum in our unit," Shore says. "He's



the sweetest little dog, and when they see him our residents just light up. They hold and pet him and really enjoy his company. When the weather is warm enough they can walk him. He has a little bed in our front porch but he kind of sleeps around. There are certain residents who really like him and he sometimes sleeps in their rooms. We also encourage people to bring in family pets."

Once a month the residents in Shore's unit receive a visit from the children of a local day-care center. The preschoolers and the seniors enjoy activities such as playing bingo. "Sometimes they do crafts, read together, or play a game," Shore says. HHAs might encourage visits from younger family members or neighborhood children.

The enjoyment of music is pretty universal, according to Shore. Ask your client or a family member what kind of music they enjoy, and then find opportunities to play it if

possible. Perhaps the client would enjoy music during mealtimes or when relaxing.

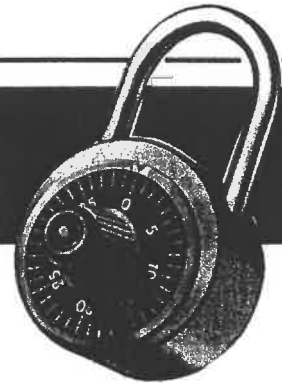
It is also important to remember that people like to feel useful and active. "We do simple baking, have spiritual programs with favorite hymns or prayers, plan social activities, and do crafts such as painting," Shore says. "We try to have them participate in the normal, everyday things they did before, such as setting the table or washing dishes. Perhaps those things are not done perfectly, but that isn't as important as helping our residents to feel that they can accomplish things.

"Remember," Shore concludes, "people with dementia live in the moment. So our job is to do as much as possible to provide positive moments."

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

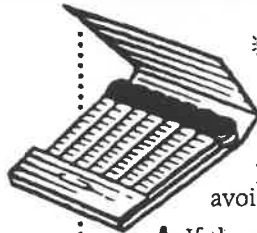
Keeping an Alzheimer's Client

SAFE



A person with AD may exhibit a childlike lack of judgment. Therefore, the client's family and outside care givers need to take steps to protect that person from being injured, or from harming other people and property. The following is a list of measures that can be taken to increase safety in the home of an AD client.

- ☼ Keep the outside of the home free of debris. Have the area well-lit and equip stairs with handrails. Paint the edges of the stairs to make them more visible. [Brightly-colored tape may also be used.]
- ☼ Keep emergency-contact information in pockets of the client's clothing or sewn into his clothing.
- ☼ Fill uneven ground areas in the yard, remove thorny bushes, etc.



- ☼ Keep matches well hidden.
- ☼ Lower the temperature of your water heater to avoid scalds.
- ☼ If there is a swimming pool, make sure it has a security fence around it. Keep the gate locked.
- ☼ Use rubber underpadding on area rugs or remove the rugs completely.
- ☼ Avoid having glass-topped coffee tables or kitchen tables.
- ☼ Make sure all curtains, upholstery, and linens are flame-retardant.
- ☼ Consider using plastic dishes, not ceramic dishes, for meals.
- ☼ Use childproof latches on the refrigerator. (Alzheimer's patients often hide food in drawers, pockets, and other strange places.)

- ☼ Install handrails in bathtub enclosures.
- ☼ Lock the medicine cabinet.

Sharing these ideas with a client's family will help to ensure that the client will not be a threat to self, others, or property.

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Communicating WITH AN ALZHEIMER'S Client

Trying to communicate with a person who has AD can be a challenge. Both understanding and being understood may be difficult. Here are some tactics to try:

- ❖ Don't assume your client with dementia cannot understand you.
- ❖ Choose simple words and short sentences, and use a gentle, calm tone of voice.
- ❖ Avoid talking to the person like a baby or talking about the person as if he weren't there.
- ❖ Call the person by name, making sure you have her attention before speaking.
- ❖ Allow enough time for a response. Be careful not to interrupt.
- ❖ Try to frame questions and instructions in a positive way.
- ❖ Be specific. Instead of saying, "Here it is," say, "here is your coat."
- ❖ Your discussion should center around actual events, things, and people—not abstract ideas.
- ❖ Position yourself at eye level with your client.
- ❖ Ask only one question or give one instruction at a time. Coach your elder through each step of a task.
- ❖ Repeat yourself if necessary.
- ❖ Minimize distractions and noise, such as television or radio, to help the person focus on what you are saying.
- ❖ Reassure your client that you will take time to listen to her.
- ❖ Avoid becoming overexcited, using wild gestures, or being overly demonstrative.



- ❖ Pay attention to the words and emotional messages being conveyed.
- ❖ If your client loses the thread of a story or is unable to complete a sentence, repeat the last phrase she said to prompt her memory.
- ❖ If the person with AD is struggling to find a word or communicate a thought, gently try to provide the word he is looking for.
- ❖ Help your client become tolerant of his communication difficulties.
- ❖ Offer encouragement and treat your client with respect and dignity.

Bathing

While some people with AD don't mind bathing, for others it is a frightening, confusing experience. Advanced planning can help make bath time better for both of you.

- Plan the bath or shower for the time of day when the person is most calm and agreeable. Be consistent. Try to develop a routine.
- Respect the fact that bathing is scary and uncomfortable for some people with AD. Be gentle and respectful. Be patient and calm.
- Tell the person what you are going to do, step by step, and allow her to do as much as possible.
- Prepare in advance. Make sure you have everything you need ready and in the bathroom before beginning. Draw the bath ahead of time.
- Be sensitive to the temperature. Warm up the room beforehand if necessary and keep extra towels and a robe nearby. Test the water temperature before beginning the bath or shower.

- Minimize safety risks by using a handheld showerhead, shower bench, grab bars, and nonskid bathmats. Never leave the person alone in the bath or shower.
- Try a sponge bath. Bathing may not be necessary every day, and a sponge bath can be effective between showers or baths.

Dressing

For someone who has AD, getting dressed presents a series of challenges: choosing what to wear, getting some clothes off and other clothes on, and struggling with buttons and zippers. Minimizing the challenges can make a difference.

- ❖ Try to have the person get dressed at the same time each day so he will come to expect it as part of the daily routine.
- ❖ Encourage the person to dress herself to whatever degree possible. Plan to allow extra time so there is no pressure to rush.
- ❖ Allow the person to choose from a limited selection of outfits. If he has a favorite outfit, consider buying several identical sets.
- ❖ Arrange the clothes in the order they are to be put on to help the person move through the process.
- ❖ Provide clear, step-by-step instructions if the person needs prompting.
- ❖ Choose clothing that is comfortable, easy to get on and off, and easy to care for. Elastic waists and Velcro closures minimize struggles with buttons and zippers.



This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

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Dealing With the Alzheimer's Client's Confusion

by Suzanne P. Campbell, MS, QRC, CRC

Patients with AD typically exhibit behaviors such as confusion, wandering, and pacing. Here are some hints to help:

Pacing and wandering

- Reassure the person by coming alongside him and gently asking if you can walk with him. Then lead him back to where he should be.
- Keep walkways and hallways clear of clutter.
- Make sure the client carries or wears some type of identification and a medical bracelet to alert others if she is found wandering.
- Take him to the toilet. Sometimes a person with AD wanders because he needs to go to the bathroom.
- Be sure exterior doors are locked and latched. It may be necessary to change the lock if the person can open the one that's there.
- Place a comfortable chair in the center of household activity, such as the kitchen. This may limit wandering.



- Place a ball or other smooth object in the client's hands if she seems restless.
- Put away or secure anything that can cause injury.

➤ Sometimes it is helpful to help the patient remove his shoes. He may associate that with an old memory that, when he takes his shoes off, it is time to sit down or lie down. If he decides to wander anyway, put his shoes back on.

Confusion

- ✓ Sometimes male clients with AD have problems knowing where to urinate. Coloring the water in the toilet sometimes will assist their aim.
- ✓ Mark the client's bedroom entrance with something, such as dried flowers or a familiar photo to help her locate it.
- ✓ If the client is frightened by darkness, leave lights on throughout the house.
- ✓ Ask family members about the client's usual routine and try to maintain it as much as possible. He may like to water the plants at a certain time, take a nap after lunch, or walk to the mailbox at a particular hour.

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RECOGNIZING THE CA

By Kristine A. Ryder, RN

Judy Smith is an HHA in a small community. She has a full caseload, and she carries a full load at home as well. Judy is a single mother of two teenage boys and she also takes care of her 86-year-old mother Florence.

Usually quite self-sufficient, Florence fell three months ago and broke her hip. There has been very little progress since Florence's discharge from the hospital. She still requires assistance with bathing, dressing, toileting, and medications. She is also unable to prepare her own meals or assist with household chores. One of Florence's friends comes in to help her during the day, but the friend leaves when Judy comes home.

Judy has noticed that she is feeling tired lately. She has cancelled plans with friends that had been scheduled weeks in advance. She feels frustrated over her mother's slow recovery. She is irritable, snapping at her two sons for little or nothing. Judy also has noticed that her clothing is getting tight and she has been unable to shake a cold.



The eight red flags of burnout

- 1). Changes in sleep patterns.
- 2). Appetite changes resulting in unintentional weight gain or loss.
- 3). Frequent illness.

Additional Resources on Alzheimer's Disease

The Alzheimer's Association

919 N. Michigan Avenue, Ste. 1100
Chicago, IL 60611
1-800-272-3900
<http://www.alz.org>

This is the largest national voluntary health organization. It provides information about Alzheimer's disease resources and research.

Alzheimer's Disease International

<http://www.Alz.co.uk>

This is the umbrella organization for Alzheimer's organizations around the world

that offer support and information for people with dementia and their care givers.

Alzheimer's Disease Education and Referral (ADEAR Center)

P.O. Box 8250
Silver Spring, MD 20907
1-800-438-4380

<http://www.alzheimers.org>

ADEAR is a service of the National Institute on Aging. It offers a free 14-page Caregiver Guide covering areas from choosing a nursing home to coping with the holidays and dealing with communication problems

D FLAGS OF

GIVER BURNOUT

- 4). Irritability; feeling blue, hopeless, and helpless.
- 5). Loss of interest in previously enjoyed activities.
- 6). Emotional and physical exhaustion.
- 7). Feelings of wanting to hurt yourself or the person for whom you are caring.
- 8). Withdrawal from friends, family, and loved ones.

Judy is so busy caring for others that she has neglected her own emotional, physical, and spiritual health. Demands on the care giver's mind, emotions, and body may seem overwhelming. This can lead to fatigue and a feeling of hopelessness.

Factors contributing to care-giver burnout

Unreasonable demands. Care givers may place unreasonable demands on themselves, believing that giving care is their exclusive responsibility.

Control. Lack of money, skills, and resources to plan, manage, and organize a loved one's care can be extremely frustrating, and can cause great anxiety.

Unrealistic expectations. For people with a progressive disease such as Alzheimer's or Parkinson's, their care givers may find themselves expecting their involvement to have

a positive effect on the happiness and health of the client. When the loved one fails to progress, the care giver may feel he has done something wrong.

Confusion of roles. It may be difficult to separate one's role as care giver from the role of spouse, child, or friend.

Recognition. The care giver may fail to recognize when she is experiencing burnout, resulting in the care giver spiraling to the point of dysfunction. This may lead to the care giver becoming ill.

An ounce of prevention

- * Consult your doctor or therapist if you are having trouble sleeping.
- * Know that there is no right or wrong way to give care. It is okay if you do not have all the answers.
- * Call friends and reach out for support.
- * Open discussions with your loved ones. Ask them to try to solve the problem, if they are capable.
- * Make sure you do not deplete your own financial resources.
- * Eat regularly.
- * Exercise regularly.
- * Educate yourself. The more you know, the more powerful you are.
- * Find humor in your care-giving situation.

- * Take time for yourself. Create leisure time in which you can bathe, read a good book, or watch a movie.
- * Take advantage of home care agencies, respite care, family, and friends. A few hours here and there can make a substantial difference.

Where to turn for help

If you are already suffering from depression and stress, discuss your feelings with your physician. These are treatable disorders. Consider turning to one of the following resources for help with your care giving.

- a. Adult day care
- b. Home health services
- c. Nursing homes or assisted-living facilities.
- d. Area Agency on Aging
- e. Private care aides.
- f. Care-giver support services

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

The Author

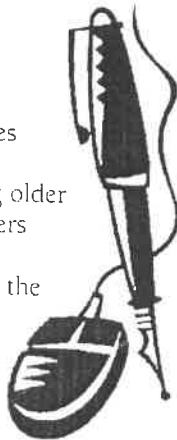
Kristine Ryder is director of clinical services at All Metro Health Care in Rochester, NY. She holds associate degrees in nursing and medical assisting. Kristine began working in the medical field in 1980 as a certified medical assistant. She has worked as staff nurse and as a supervisor in a nursing home.

Eldercare Locator

1-800-677-1116

<http://www.eldercare.gov>

This organization provides a nationwide directory assistance service helping older people and their care givers locate local support and resources. It is funded by the Administration on Aging.



Wellspouse Foundation

63 W. Main Street, Ste. H

Freehold, NJ 07728

1-800-838-0879

<http://www.wellspouse.org>

This is a nonprofit membership organization that gives support to wives, husbands, and partners of the chronically ill and/or disabled. It publishes a bimonthly newsletter

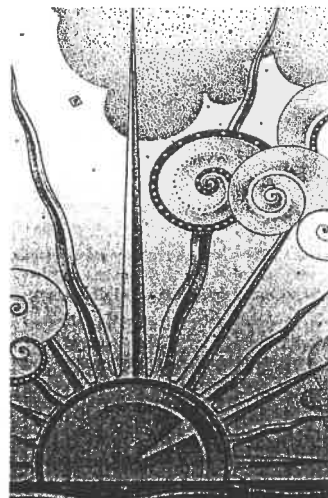
“Everyone thinks of changing the world, but no one thinks of changing himself.”

—Leo Tolstoy

by Suzanne P. Campbell,
MS, QRC, CRC

In its publication *Foundations for Caregiving*, the American Red Cross explains "sundowning" as a change in behavior, toward the end of the day, of a person with Alzheimer's disease. The client may become demanding, suspicious, upset, or disoriented. Experts are uncertain about the causes but here are some possible factors:

- ◆ End-of-the-day exhaustion.
- ◆ An upset in the internal body clock causing a biological mix-up between night and day.
- ◆ Difficulty seeing well in dim light, resulting in confusion.
- ◆ Disorientation due to the loss of ability to separate dreams from reality when sleeping.
- ◆ The care giver's communication of fatigue and stress, which causes the client to become anxious.
- ◆ Restlessness due to the need for more activity.



SUN DOWNING

Ten steps for care givers

1. Check to see if the cause of sundowning may be a physical need, such as a full bladder.
2. By watching and listening, see if a cause can be determined. Perhaps the client fears being left alone, needs warmer clothes, or wants brighter lights in the room.
3. Control the person's intake of caffeine in the afternoon.
4. Plan an active morning which may include walking or other exercise.

5. Plan a quiet afternoon schedule. Do baths, appointments, trips, etc., in the morning.
6. Discourage afternoon napping if evening sleeplessness is a problem.
7. Discuss the situation with your supervisor to see if a change in medication might help encourage sleep.
8. If the client seems anxious, try the following: Talk quietly; play soft music; try a gentle back or arm rub.
9. Don't argue or demand decisions if the client is anxious or upset.
10. If the client can't fall asleep in his bed, suggest he try a couch or recliner in another room.

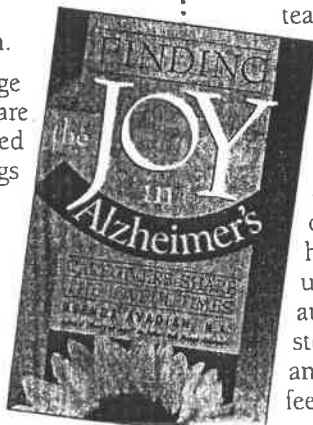
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BOOKS for Alzheimer's Care Givers

Finding the Joy in Alzheimer's

By Brenda Avadian, MA.
North Star Books, 2002
661-945-7529
e-mail: NStarBks@aol.com.

In her mission to encourage and educate Alzheimer's care givers, Avadian has gathered delightful, heartfelt writings from 27 care givers (including herself) who have coped with Alzheimer's in a parent or spouse. This collection of brief, candid stories makes for enjoyable—and helpful—casual reading.



"Where's my shoes?" My Father's Walk Through Alzheimer's"

By Brenda Avadian, MA.
North Star Books, 1999
661-945-7529
e-mail: NStarBks@aol.com.

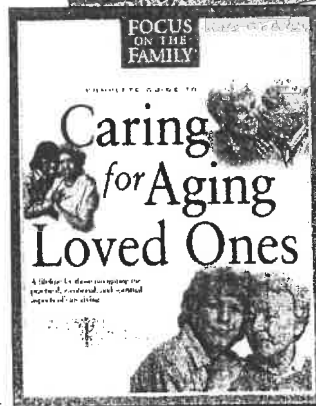
A care giver's journey through Alzheimer's is a roller-coaster of tears and giggles, of good days and bad. Brenda Avadian, whose father Mardig died at 90, retells the daily struggles of caring for Mardig as his mental functions unraveled. The author's unvarnished stories will encourage any care giver who feels alone in the battle.



Complete Guide to Caring for Aging Loved Ones

By Focus on
the Family
Tyndale House, 2002
Focus on the Family
800-232-6459
Web site:
www.family.org

As a resource for family care givers, as well as health-care workers, this volume is almost an encyclopedia of knowledge. This book provides key facts, inspiration, and advice that can make life easier for a care giver, and better for the aging loved one.





Grief arises from loss. When a loved one is afflicted with Alzheimer's disease, those around him suffer the loss of the person as they knew him. It is a death of sorts and loved ones may well experience grief as a result of this loss.

Whether due to a death, a loss, or an unexpected and unwanted change, grief is a very personal thing. People express their grief in different ways, but most psychologists and counselors agree that there is a pattern people go through, starting with shock and disbelief. This pattern has been called "the cycle of grief."

Shock

People's first reaction is usually one of shock and complete disbelief. Shock affects people in different ways: Everything can seem unreal; people can feel numb, withdrawn, detached; some people feel completely disoriented and don't know what to do with themselves. For some it is a nightmare they cannot escape. Many people quickly experience complex and confused feelings—anger, guilt, despair, emptiness, helplessness, and hopelessness.

Denial

When the shock begins to wear off, many people go through a stage of denial during which they cannot accept the reality of the loss. This often involves what counselors call "searching behavior," an attempt at some level to try to deny that the death or loss has occurred. If a loved one has died, people often find themselves thinking

they have seen or heard the dead person. Many people talk aloud to the person they have lost.

Anger and guilt

It is common to experience anger, sometimes guilt, and often both. Many people find themselves asking: "Why has this happened?" "Why me?" This is particularly so if the loss was sudden, unexpected, or involved a tragic accident. Counselors say that it is common to wish to find blame, either in ourselves, in others, or even with the person who has died or been afflicted with AD, and this can lead to powerful feelings of anger and guilt.

Despair and depression

In the first few weeks, the whole situation may seem unbearable. In the months that follow, many people feel there is little purpose in life and nothing of interest in the outside world. People sometimes begin to question their own sanity and think that they are going crazy. Counselors advise that this is a common experience.

Acceptance

Eventually people pass through the period of depression and begin to accept the loss. This usually happens with the passage of time and, as the pain eases, we are able to think about our loved one and recall the past without feelings of devastation. This can take up to a year or longer.

It may be when people start thinking of beginning their life again, maybe renewing old interests and taking up new pursuits. Many people take up a hobby as a therapy. Some people feel that this is disloyal to the person who has AD or who has died, but the past is always a part of us and is not affected by enjoying the present, or planning for the future.

Finding good listeners

There is no automatic or quick answer to grief and it helps to express the feelings that well up inside us. Many people are afraid to talk to us when we experience a loss because they feel they will upset us. Most people do not realize that we want and need to talk about our loss. It is important to find good listeners. Many organizations

provide professional help and counseling for the bereaved. Grief support groups can be very helpful and healing. To find groups in your area, contact your local mental health association, counseling center, suicide prevention center, or church for referrals, or call the bereavement counselor or social worker at your local hospital or hospice.

Finding good resources:

A wealth of information is available on the Internet (search under "grief and bereavement") and at your local library. Following are a few of many available resources:

Griefnet is a collection of resources of value to those who are experiencing loss and grief. It is sponsored by Rivendell Resources, a nonprofit foundation based in Ann Arbor, MI: <http://rivendell.org/>

Netkin:
<http://www.netkin.com/memorials/homepage.php3>

Counseling for Loss and Life Changes:
<http://www.counselingforloss.com/>

AARP Grief and Loss Program:
866-797-2277 (toll free)
<http://www.griefandloss.org>

The Compassionate Friends offers grief support after the death of a child.

The Compassionate Friends
P.O. Box 3696
Oak Brook, IL 60522-3696
877-969-0010 (toll free)
<http://compassionatefriends.org>

Growth House, Inc., offers information and referral services:
<http://www.growthhouse.org/death/html>

Focus Adolescent Services provides information to help parents help their adolescents through grief:
877-362-8727 (toll free)
<http://www.focusas.com/Grief/html>

I Up Health:
http://www.luphealth.com/health/grief_info.html

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

HEALTH CARE SAVVY

A Slippery Slope for the Elderly

Each year, millions of elderly suffer falls, and about 10,000 actually die from falls annually. Why do seniors seem to be more prone to falls than younger folks? Researchers at Virginia Tech are studying the problem.

By fastening subjects into a safety harness and having them walk on a slippery track, the researchers are trying to find out what factors lead to falls. They have determined that old and young alike are equally likely to slip on the slippery track, but that the younger subjects are better able to recover their balance and keep from falling.

Besides aging, other factors that diminish one's ability to keep from falling include impaired vision; dementia; arthritis; use of four or more prescription drugs, particularly those that upset balance (such as some for the heart, epilepsy, and depression); and a dip in blood pressure that brings dizziness when one stands up suddenly.

The research is important because one of every three people aged 65 or over falls each year. Of these, one fall out of every 10 results in serious injury, the worst being broken hips (340,000 each year), and 25 percent of those who suffer broken hips die within a year. Others (40 percent) require nursing home care and many, even with rehabilitation, never again walk without aid.

The study will continue as researchers try to determine why one senior falls and another doesn't. In the meantime, some steps have been proven to be helpful. These include: fixing hazards in the home such as removing throw rugs and adding stair rails; doing exercises to improve balance and strength; updating glasses prescriptions; reducing fall-inducing medications, if possible; and, especially for those with osteoporosis, wearing a hip protector.

(Source: *Home Health Provider*)



Elder Justice Act Promises New Protections for Elderly

Senators John Breaux, D-Louisiana, and Orrin Hatch, R-Utah, have introduced the Elder Justice Act of 2003 that promises to be a major step toward protecting older people. According to Sen. Hatch's staff the bill, labeled S.333, is "designed to create a national focus on elder abuse to increase detection, prevention, prosecution, and victim assistance."

Some experts claim that 84 percent of elder abuse, neglect, and exploitation is never reported. The Elder Justice Act of 2003 is designed to reduce that problem, and also to increase the number of people who care for elders.

(Various sources)

Extra Weight, Early Death

Too many extra pounds can shorten one's life. Combine that with smoking, and one is likely to lose even more years of life. This is nothing new. However, data has recently been analyzed that pinpoints just how detrimental these health issues can be.

The Framington Heart Study followed 3,457 participants aged 30 to 49 from 1948 to 1990. The current study analyzed information from the Framington study to look at lowered life expectancy for those who are overweight at 40 years of age.

Even for nonsmokers, being overweight (defined as a Body Mass Index [BMI] of 25 to 29.9 kg/m²) at age 40 translated to a loss of 3.3 years of life for women and 3.1 years for men. Being obese (BMI of 30 kg/m² or greater) at 40 meant a loss of 7.1 years for women and 5.8 years for men. Couple this with smoking, and obese women lost 7.2 years compared with normal-weight smokers and 13.3 years compared with normal-weight nonsmokers. Male smokers who were obese lost 6.7 years compared with normal-weight smokers

and 13.7 years compared with normal-weight nonsmokers.

Boiled down, this means that being overweight or obese can translate to shortened life expectancy comparable with that of smokers. Add a smoking habit and the obese person has a substantially greater risk of shortened life.

(Source: *Annals of Internal Medicine*, 2003)

Dying at Home

A recent study shows that, although most Americans would rather die at home, most don't. The poll, made by Last Acts, showed that 70 percent of Americans would prefer to die in their own home. However, only 25 percent actually do so. This is partly because hospice care is not offered in all states.

Americans also said that they are not pleased with the care given to dying people. They feel that, too often, both the patients and families suffer unnecessarily.

Last Acts is a coalition of more than 1,000 groups, including the American Medical Association, American Nurses Association, and AARP.

(Source: *Medscape Medical News*)

The SUV of Wheelchairs

Wheelchair users will soon have the chance to be almost unstoppable, thanks to the iBOT from Independence Technology (of Johnson & Johnson). With four-wheel-drive, the new wheelchair makes easy work of rough ground. To climb steps, the iBOT's four same-size wheels (instead of the usual large-in-back, small-in-front design) rotate up and over each other. The iBOT also can raise its user to reach high shelves.

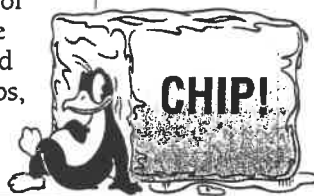
Once approved by the FDA, these features will come at a hefty price tag of \$29,000. And buyers will be required to have a doctor's prescription and strict training.

(Source: *Associated Press*)

TIP

Easy Ice for a Thirsty Client

Seriously ill patients often express the desire for something to drink, even if they can no longer swallow liquids without choking. Family members want to give them ice chips to help with the dry mouth, but chopping ice cubes is difficult and not every family has an ice crusher. I tell the family to put just a "splash" of water into each section of the ice cube tray. Place in the freezer and in no time you have tiny ice chips, just the right size for someone to safely suck on.



Thanks to Terrie Smith, CHHA, of Samaritan Hospice in Marlton, NJ. Have a care tip you'd like to share with other HHAs? If we publish yours, we'll send you \$10! Send your client care tips (along with your name, address, phone number, and name of your agency) to:

Care Tips, *Home Health Aide Digest*,
2724 9th St. E., Ste. 2,
Glencoe, MN 55336

A Care Tip published in *Home Health Aide Digest* may be edited as needed, and becomes the property of nuCompass Publishing.

GENE

May Be Key to Fight Alzheimer's

Alzheimer's disease, which afflicts about 4 million people in the US, involves the breakdown of several different types of neurons (nerve cells) in the brain. Researchers are working to find out if there is a way to stop that breakdown. And there appears to be hope.

Scientists have long known that a class of molecules known as *nervous system growth factors* helps in the growth and survival of certain neurons while the nervous system is developing. Researchers thought that nerve growth factor might be able to slow or reverse the neuron breakdown of Alzheimer's

disease. In tests on rats and monkeys, they found that indeed this seems to be the case.

Researchers then tried genetically changing cells to increase output of nerve growth factor. Further tests on rodents and then monkeys showed that use of those changed genes could prevent at least one type of neuron breakdown in the brains of those animals. The researchers have progressed to begin clinical trials in humans. Phase I has begun. Stay tuned—growth factor gene therapy may be the key to fighting Alzheimer's!

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