

Alzheimer's Disease and the Nursing Assistant



Presented by: Stacey Pollard, RN, BSN, CHPN
Rowan Hospice and Palliative Care
stacey.pollard@hospicecarecenter.org

Objectives



At the completion of this session, participants will be able to:

- ∞ Define Alzheimer's
- ∞ List the signs and symptoms of this disease.
- ∞ Recognize the stages of this disease.
- ∞ Identify key points to remember when providing care to patients with this disease.

<http://www.youtube.com/watch?v=q1BkfV2h09g>

Why is This Important?

Laying the Foundation

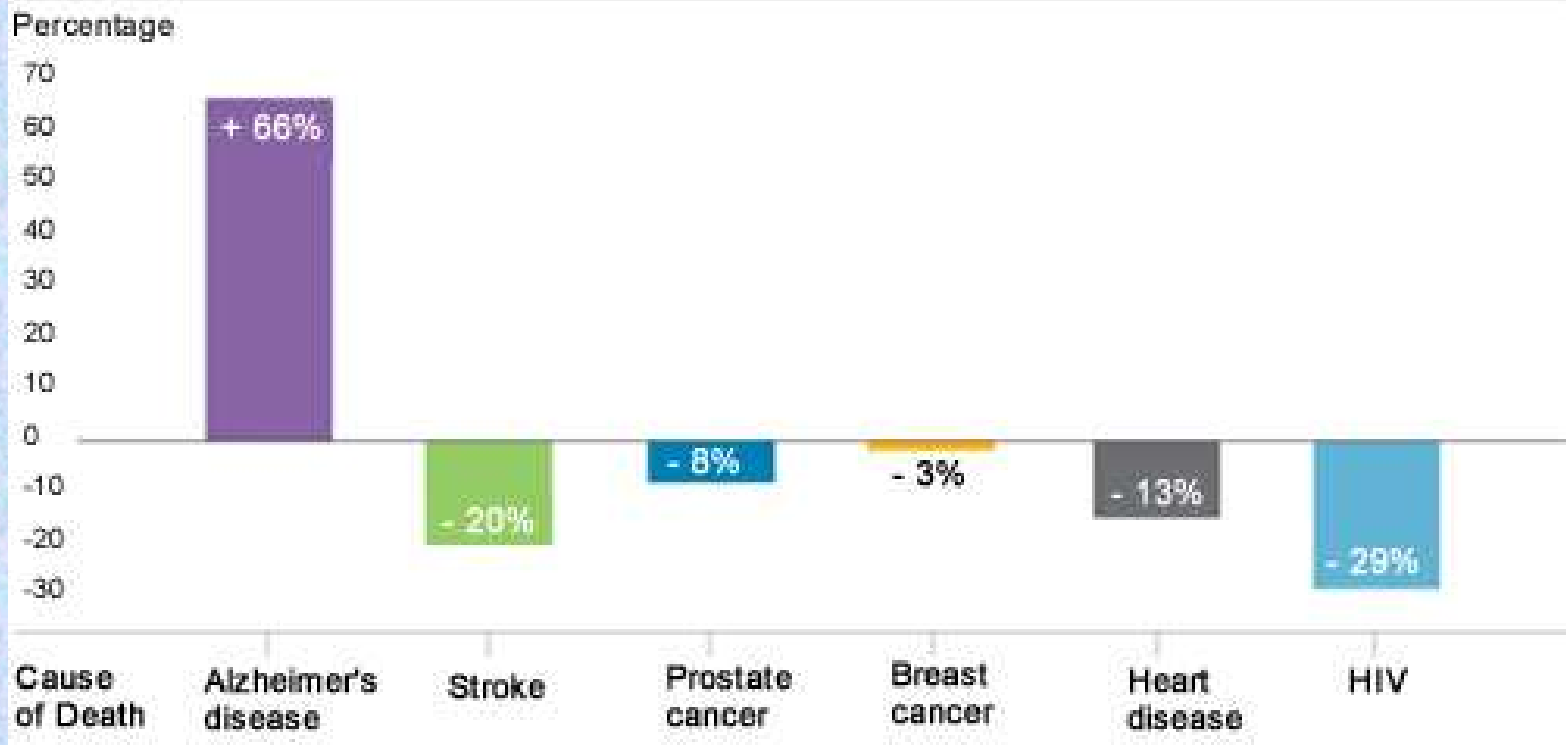
- ❧ Alzheimer's disease rapidly affecting 5.4 million people today
- ❧ One in eight older Americans have Alzheimer's
- ❧ By 2030, 7.7 million will be affected
- ❧ By 2050, 16 million will be affected
- ❧ 6th leading cause of death in the US and the only cause of death among the top 10 in the United States that cannot be prevented, cured or even slowed
- ❧ Death rate is rising

Alzheimer's Association. 2012 Alzheimer's disease facts and figures. *Alzheimer's and Dementia: The Journal of the Alzheimer's Association*. March 2012; 8:131-168.

Rising Death Rate



Percentage Changes in Selected Causes of Death (All Ages) Between 2000 and 2008



Alzheimer's Association. 2012 Alzheimer's disease facts and figures. *Alzheimer's and Dementia: The Journal of the Alzheimer's Association*. March 2012; 8:131-168.

Dementia

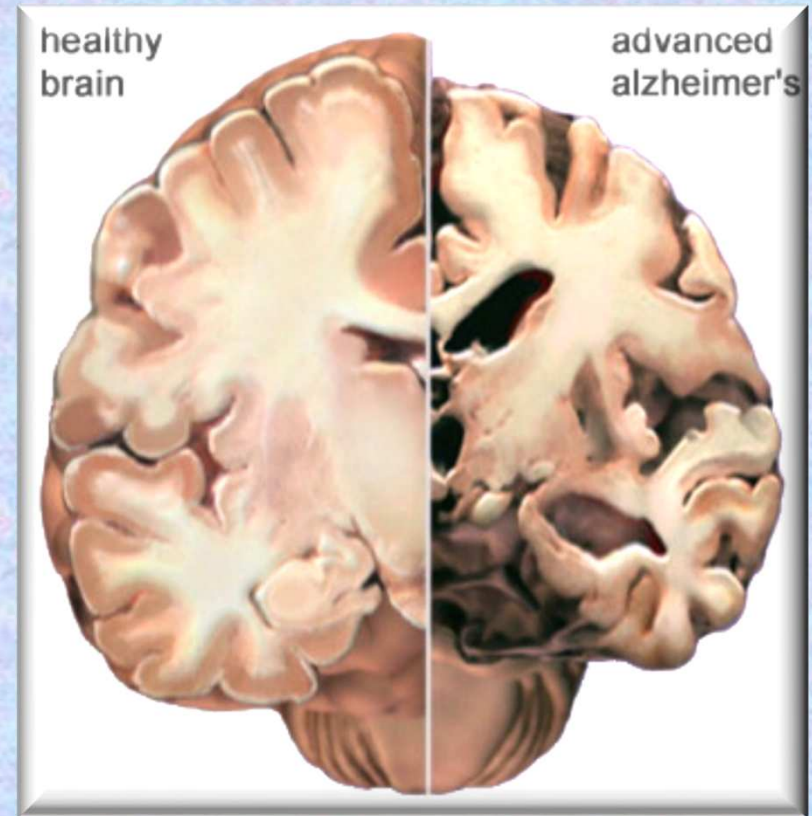


- ∞ (De mens) is a Latin word for “out of mind”
- ∞ Permanent, progressive loss of many intellectual capabilities (ex. loss of memory function, loss of ability to understand spoken/written word or inability to speak, loss of ability to perform remembered motor tasks, loss of the ability to recognize sensory messages)

Alzheimer's Disease



- ❧ The most common type of dementia
- ❧ German physician Dr. Alois Alzheimer first discovered and described the disease in 1906
- ❧ No cure exists



How is it Diagnosed?



- ⌘ Very hard to diagnose in its early stages
- ⌘ Diagnosis is made after a complete H&P
 - ⌘ Mental test
 - ⌘ Laboratory test
- ⌘ Can only be definitively diagnosed upon autopsy

Stages of Alzheimer's



œ Early Stage

œ Middle Stage

œ Late Stage

<http://www.youtube.com/watch?v=tzFNTtHyTzo&feature=related>

Early -Stage 1



- ❧ Short-term memory loss
- ❧ Saying the same thing over and over
- ❧ Getting lost easily, even in places known well
- ❧ Lose interest in activities once enjoyed
- ❧ Have trouble finding names for common objects
- ❧ Lose things more often than normal
- ❧ Undergo personality changes
- ❧ Forget how to do simple things



Middle-Stage 2



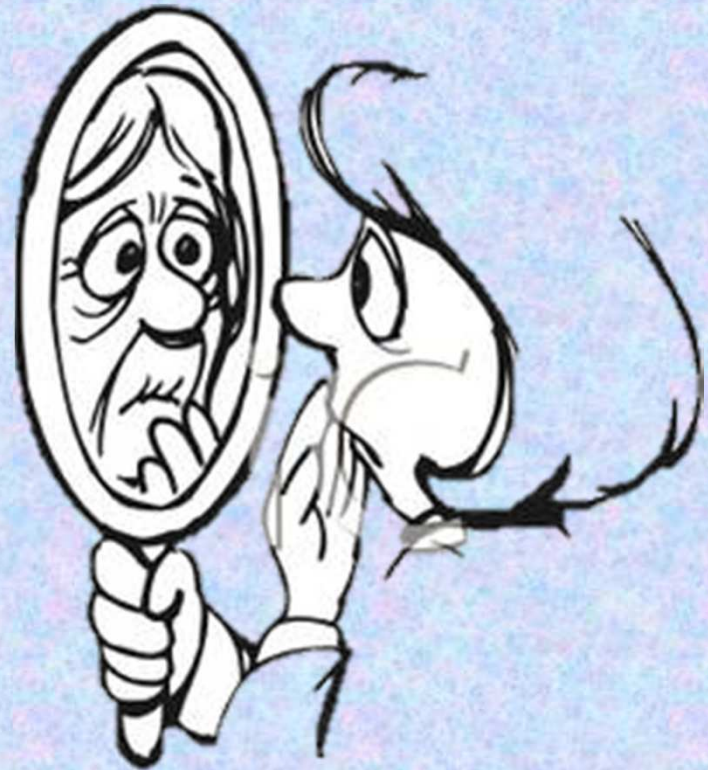
- ∞ Becomes more confused about recent events
- ∞ Experience difficulty with simple daily activities
- ∞ Argue more often than usual
- ∞ Believe things are real when they are not
- ∞ Pace
- ∞ Often require close supervision
- ∞ Display anxiety or depression



Late-Stage 3



- ❧ Inability to use or understand words
- ❧ Inability to recognize family member
- ❧ Inability to recognize themselves when they look in the mirror
- ❧ Inability to care for themselves at all



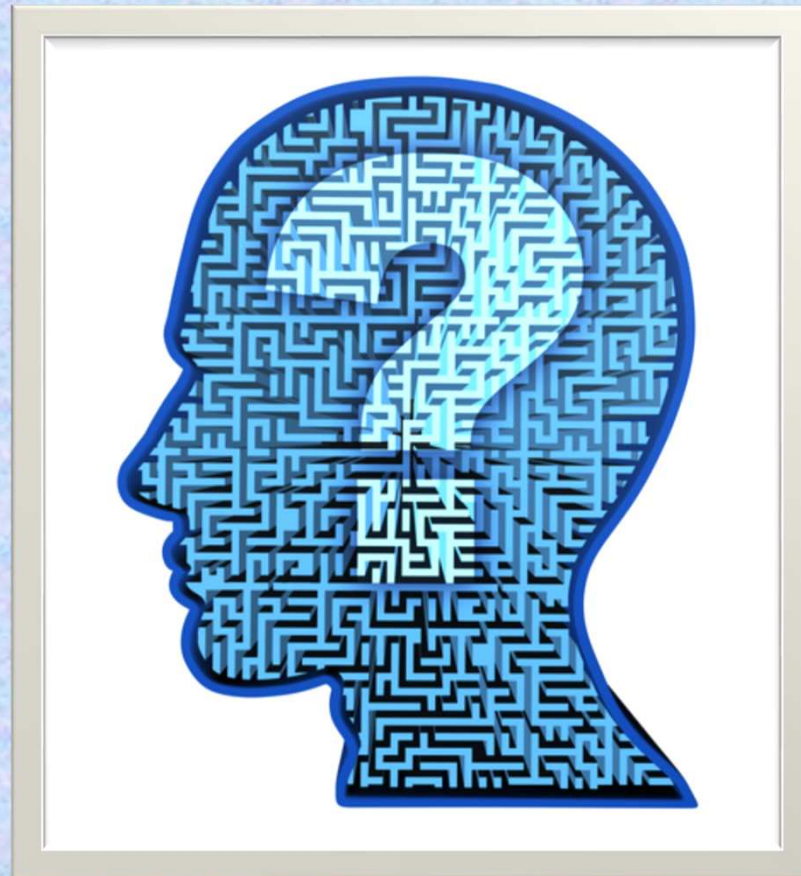
Treatment



- ∞ At current time, there are 4 drugs prescribed to treat the symptoms of Alzheimer's disease.
- ∞ In some cases, the treatments are to improve daily life though increasing memory and cognitive capabilities.



Is Dementia a Terminal Illness?



When is Hospice Appropriate?

- ∞ Speech limited to 6 words during an intensive interview
- ∞ Unable to perform ADL's without assistance
- ∞ Other medical complications over 12 months (aspiration pneumonia, UTIs, multiple decubitus ulcers, 10% weight loss, serum albumin <2.5)

Caring for Alzheimer's Patients

❧ *Confusion*

- ❧ Keep patient care area bright
- ❧ Keep stimulation and noise to a minimum
- ❧ Use large clocks, calendars to orient the patient
- ❧ Spend time reorienting



Caring for Alzheimer's Patients

Falls and other safety risks

- ❧ Remove clutter and dangerous chemicals
- ❧ Use non-skid slippers
- ❧ Answer call bells promptly
- ❧ Follow patient identification procedures



Caring for Alzheimer's Patients

❧ *Wandering*

- ❧ Respond to bed alarms
- ❧ Redirect the wanderer

❧ *Lack of Rest*

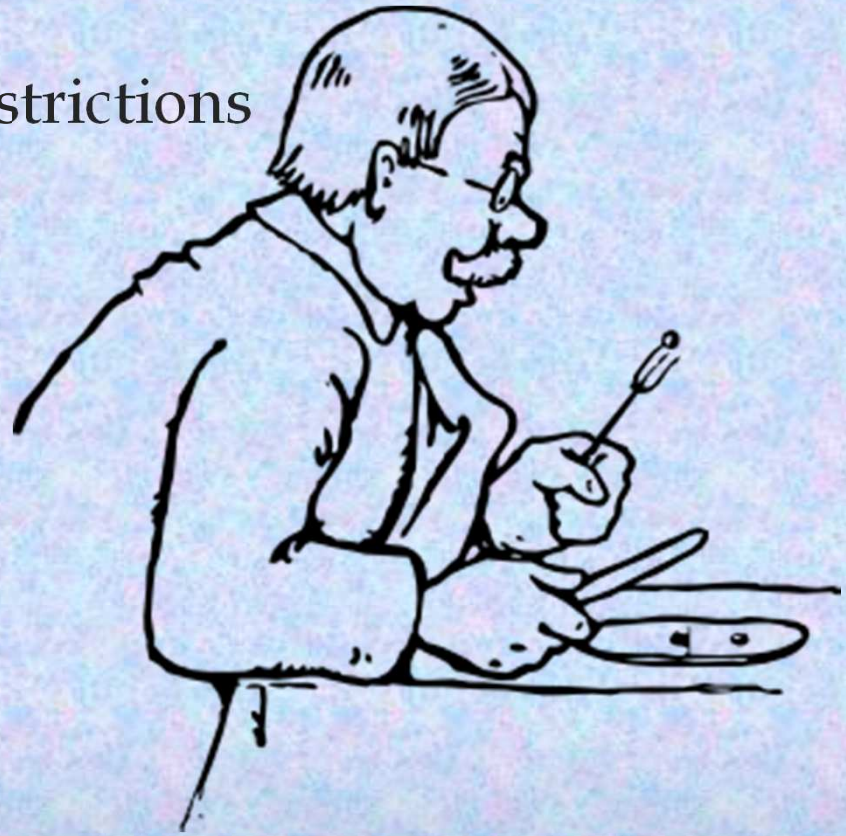
- ❧ Alternate rest with activities
- ❧ Keep a regular bed time



When Eating is a Problem



- ☞ Allow them independence
- ☞ Be aware of any diet restrictions



Behavior Problems



The Key is Prevention!



Stop it Before it Starts

Causes of Behavior Problems



- ∞ Too much/too little stimulation
- ∞ Underlying illness or discomfort
- ∞ Pain
- ∞ New medications
- ∞ Environmental changes
- ∞ Not having glasses on/hearing aids in
- ∞ Unable to maintain independence/control
- ∞ Poor approach from caregiver

Preventing Behavior Problems

- ❧ Get to know your patients
- ❧ Give simple instructions and repeat instructions
- ❧ Take your time and listen to the patient
- ❧ Approach a very confused patient from the side
- ❧ Pay attention to the patient care environment

Preventing Behavior Problems

- ∞ Always be prepared
- ∞ Beware of your body language
- ∞ Focus your attention on the patient and not the task
- ∞ Show dignity

Some Helpful Strategies



- œ Be familiar with warning signs
- œ Ask permission
- œ If possible, remove patient from the trigger
- œ Redirect patient
- œ Allow patient energy release
- œ Present soothing activities
- œ Don't make sudden movements or "gang up"
- œ Make sure there is no underlying cause

How to Talk to Them



- ❧ Avoid baby talk
- ❧ Be friendly, positive and always respectful
- ❧ Lower pitch and slower is better
- ❧ Use simple, short phrases
- ❧ Demonstrate appreciation and positive feedback
- ❧ Do not argue
- ❧ Give patient options but keep them simple



What Do I Say?



- œ Always greet patient by name and say:
 - œ “I’m sorry you’re upset.”
 - œ “You’re safe here.”
 - œ “I’m on your side.”
 - œ “How may I help?”
 - œ “Would you help me please?”
 - œ “Everything is under control.”

Approaching Patient



- ∞ Introduce yourself
- ∞ Take it slow
- ∞ Offer your hand
- ∞ Adjust yourself to the patient's level or lower
- ∞ Eye contact
- ∞ Non-threatening body language
- ∞ Touch is good if patient is accepting

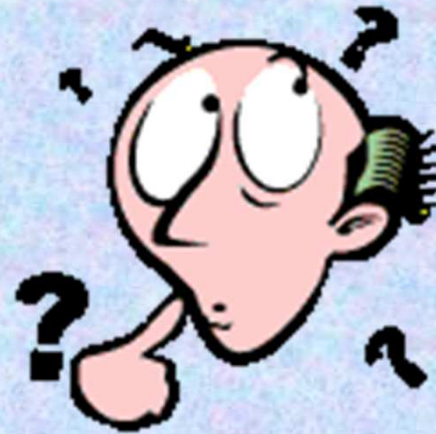


Managing Poor Behaviors

- ∞ Stay calm, speak softly, be respectful
- ∞ Stop the task you are doing
- ∞ Get help if needed
- ∞ Protect yourself and the patient from injury
- ∞ Attend to the patient's needs
- ∞ Report behavior and all patient changes to the nurse

- ❧ Caring for Alzheimer's patients require skill and patience
- ❧ The caregiver should remember to:
 - ❧ Anticipate the patient's needs
 - ❧ Ensure the patient's safety
 - ❧ Maintain the patient's dignity and show respect

Key Points to Remember



A True Story



⌘ [http://www.youtube.com/watch?v=lwfnZxHAXgA
&feature=related](http://www.youtube.com/watch?v=lwfnZxHAXgA&feature=related)



References



- ∞ Alzheimer's Association. 2012 Alzheimer's disease facts and figures. *Alzheimer's and Dementia: The Journal of the Alzheimer's Association*. March 2012; 8:131–168.
- ∞ Dealing with Alzheimer's Disease and Dementia as a CNA | Alzheimer's Disease (2010) Retrieved from-
<http://certifiednursingassistantschool.net/dealing-with-alzheimers-disease-and-dementia-as-a-cna/>
- ∞ Burke, A. (2010) Alzheimer's Disease Nursing Assistant Education-Retrieved from-
<http://www.nursingassistanteducation.com/site/courses/eng/nae-ad-eng.php>