10 Confusion, Dementia, and Alzheimer's Disease

1. Discuss confusion and delirium

Confusion is the inability to think clearly and logically. A confused person has trouble focusing his attention and may feel disoriented. Confusion interferes with the ability to make decisions. The person's personality may change. He may not know his name, the date, other people, or where he is. A confused person may be angry, depressed, or irritable.

Confusion may come on suddenly or gradually. It can be temporary or permanent. Confusion is more common in the elderly. It may occur when a person is in the hospital. Some common causes of confusion include the following:

- Urinary tract infection (UTI)
- Low blood sugar
- Head trauma or head injury
- Dehydration
- Nutritional problems
- Fever
- Sudden drop in body temperature
- Lack of oxygen
- Medications
- Infections
- Brain tumor
- Diseases or illnesses
- Loss of sleep
- Seizures

Guidelines: Caring for Clients Who are Confused

- Do not leave a confused client alone.
- Stay calm. Provide a quiet environment.
- Speak in a lower tone of voice. Speak clearly and slowly.
- Introduce yourself each time you see the client. Remind the client of his location, name, and the date. A calendar can help.
- Explain what you are going to do, using simple instructions.
- Be patient. Do not rush the client.
- Talk to the client about plans for the day. Keeping a routine may help.
- Encourage the use of eyeglasses and hearing aids. Make sure they are clean and are not damaged.
- Promote self-care and independence.
- Do not leave cleaning agents, such as liquid soap, or personal care products, such as lotions or toothpaste, where the client can access them. A person who is confused may try to eat or drink these products.
- Report observations to the supervisor.

Delirium is a state of severe confusion that occurs suddenly; it is usually temporary. Some causes are infections, disease, fluid imbalances, and poor nutrition. Drugs and alcohol may also cause delirium. Symptoms of delirium include the following:

- Agitation
- Anger
- Depression
- Irritability
- Disorientation
- Trouble focusing
- Problems with speech
- Changes in sensation and perception
- Changes in consciousness
- Decrease in short-term memory

Report these signs to your supervisor. The goal of treatment is to control or reverse the cause. Emergency care may be needed, as well as a stay in a hospital.

2. Describe dementia

As a person ages, some of the ability to think logically and clearly may be lost. This ability is called **cognition** (*kog-NI-shun*). When some of this ability is lost, a person is said to have **cognitive impairment** (*KOG-ni-tiv im-PAYR-ment*). How much cognition is lost depends on the individual. Cognitive impairment affects concentration and memory. Elderly clients may lose their memories of recent events, which can be frustrating for them. HHAs can help by encouraging them to make lists of things to remember and by writing down names, events, and phone numbers. Other normal changes of aging in the brain are slower reaction time, difficulty finding or using the right words, and sleeping less.

Dementia (*di-MEN-sha*) is a general term that refers to a more serious loss of mental abilities such as thinking, remembering, reasoning, and communicating. As dementia advances, these losses make it difficult to perform activities of daily living, such as eating, bathing, dressing, and eliminating. Social skills may be affected. **Dementia is not a normal part of aging.**

Alzheimer's disease is the most common cause of dementia in the elderly. Dementia may also be caused by these disorders:

- Multi-infarct or vascular dementia (a series of strokes causing damage to the brain)
- Lewy body dementia (abnormal structures, called Lewy bodies, develop in areas of the brain, causing a variety of symptoms)
- Parkinson's disease
- Huntington's disease (an inherited disease that causes certain nerve cells in the brain to waste away)

3. Describe Alzheimer's disease and identify its stages

Alzheimer's disease (**AD**) is a progressive, degenerative, and irreversible disease. AD causes tangled nerve fibers and protein deposits to form in the brain, eventually causing dementia. **Progressive** and **degenerative** mean the disease gets worse, causing greater and greater loss of health and abilities. **Irreversible** means the disease cannot be cured. Clients with Alzheimer's disease will never recover. They will need more care as the disease progresses.

Symptoms of AD appear gradually. It generally begins with memory loss. As the disease progresses, it causes greater and greater loss of health and abilities. People with AD may get disoriented. They may be confused about time and place. Communication problems are common. They may lose their ability to read, write, speak, or understand. Mood and behavior change. Aggressiveness, wandering, and withdrawal are all part of AD. Alzheimer's disease generally progresses in stages. In each stage, the symptoms become progressively worse. The majority of people who have this disease are eventually completely dependent on others for care.

Each person with Alzheimer's disease may show different symptoms at different times. For

example, one person may continue to read, but not be able to recognize a family member. Another person can play a musical instrument but does not know how to use the phone. Skills that a person has used over a lifetime are usually retained longer (Fig. 10-1).

Fig. 10-1. *A person with AD may retain skills she has used her whole life.*

The Alzheimer's Association (alz.org) identifies three general stages of Alzheimer's disease:

Mild Alzheimer's disease (early stage)

At this stage, the person may show some problems, such as memory loss and forgetting some words and the location of familiar objects. The person's medical examination may show problems with memory and concentration. However, the person may still be independent and able to work, drive, and do other activities.

Moderate Alzheimer's disease (middle stage)

Generally speaking, this stage has the longest duration. At this stage, the person may show signs and symptoms such as forgetting recent events, forgetting some of one's own past experiences and background, changes in personality and behavior, and being moody or withdrawn. Other changes include needing help with some activities of daily living, such as with elimination needs and helping to choose clothing appropriately. There may be changes in sleep patterns, increased wandering, suspiciousness or delusions, and confusion about time and place.

Severe Alzheimer's disease (late stage)

During this final stage, a person may be unable to communicate with others, control movement, or respond to his surroundings. The person needs significant help with activities of daily living, including eating and eliminating. The ability to walk, sit, and swallow may be affected.

It is important for home health aides to encourage independence, regardless of what signs and symptoms a client with Alzheimer's disease shows. The client should be encouraged to do whatever he is able to do. This helps keep the client's mind and body as active as possible. Working, socializing, reading, problem solving, and exercising should all be encouraged (Fig. 10-2).

Fig. 10-2. *Home health aides should encourage clients with AD to socialize, read, work, problem solve, and exercise to keep their minds and bodies active.*

4. Identify personal attitudes helpful in caring for clients with Alzheimer's disease

The following attitudes will help HHAs give the best possible care to clients with AD:

Do not take things personally. Alzheimer's disease is a devastating mental and physical disorder. It affects everyone who surrounds and cares for the person with AD. People with Alzheimer's disease do not always have control over their words and actions. They may often be unaware of what they say or do. A client with Alzheimer's disease may not recognize a caregiver or do what he is supposed to do. He may ignore, accuse, or

insult care team members. When this happens, it is important to remember that the behavior is due to the disease.

Be empathetic. It is helpful if the HHA thinks about what it would be like to have Alzheimer's disease. She can imagine being unable to do activities of daily living and being dependent on others for care. It would be very frustrating for anyone to have no memory of recent events or to be unable to find words for what one wants to say. Home health aides should assume that people with AD have insight and are aware of the changes in their abilities. They should treat clients with AD with dignity and respect.

Work with the symptoms and behaviors noted. Each person with Alzheimer's disease is an individual. Clients with AD will not all show the same symptoms at the same times. Each client will do some things that others will never do. The best strategy is to work with the behaviors that are seen on any particular day. For example, a client with Alzheimer's disease may want to go for a walk one day, when the day before he did not want to go to the bathroom without help. If allowed by the care plan, the HHA should try to go for a walk with him.

Work as a team. Symptoms and behavior change daily. When home health aides observe and report carefully, as well as listen to others' reports, the care team may be better able to develop solutions. HHAs are in a great position to give details about clients. Being with clients often allows them to have insights that others may not have. HHAs should make the most of this opportunity.

Be aware of difficulties associated with caregiving. Caring for someone with dementia can be physically and emotionally exhausting, as well as incredibly stressful. Home health aides should take care of themselves so they can continue to provide the best care (Fig. 10-3). Being aware of the body's signals to slow down, rest, or eat better is important. Each HHA's feelings are real; they have a right to them. Mistakes should be viewed as learning experiences. Unmanaged stress can cause physical and emotional problems. When stress feels overwhelming, an HHA should talk to her supervisor.

Fig. 10-3. *Regular exercise is an important part of taking care of oneself.*

Work with family members. Family members can be a wonderful resource. They can help caregivers learn more about a client. They also provide familiarity and comfort to the person with Alzheimer's disease. Home health aides should build relationships with family members and keep the lines of communication open.

In addition, HHAs should be reassuring to family members. It is very difficult for families to see a loved one's health and abilities decline. When clients with AD exhibit problem behaviors, it can be stressful for the family. HHAs can help by reassuring family members that they understand that this behavior is part of the disease.

Remember the goals of the care plan. In addition to the practical tasks home health aides perform, the care plan will also call for maintaining clients' dignity and self-esteem. HHAs should help clients be as independent as possible.

5. List strategies for better communication with clients with Alzheimer's disease

Many things can be done to improve communication with clients who have Alzheimer's

disease. Providing person-centered care for clients with AD means responding to each client as an individual. The guidelines below can help with communication:

Guidelines: Communicating with Clients Who Have Alzheimer's Disease

- Always approach from the front, and do not startle the client.
- Smile and look happy to see the client. Be friendly.
- Determine how close the client wants you to be.
- If possible, communicate in a calm place with little background noise and distraction.
- Always identify yourself, and use the client's name. (Do not touch first; this may upset the person.) Continue to use the client's name during the conversation.
- Speak slowly, using a lower tone of voice than normal. This is calming and easier to understand.
- Repeat yourself, using the same words and phrases, as often as needed.
- Talk about only one subject at a time. Be patient. Use short, simple sentences.
- Use signs, pictures, gestures, or written words to help communicate.
- Break complex tasks into smaller, simpler ones. Give simple, step-by-step instructions as necessary.

Communication with clients with AD can also be helped by using these specific techniques:

If the client is frightened or anxious:

- Speak slowly in a low, calm voice. Speak in a quiet area with few distractions.
- Try to see and hear yourself as the client might. Always describe what you are going to do.
- Use simple words and short sentences. If helping with care, list steps one at a time.
- Check your body language; make sure you are not tense or hurried.

If the client forgets or shows memory loss:

- Repeat yourself, using the same words if you need to repeat an instruction or question. However, you may be using a word the client does not understand, such as *tired*. Try other words like *nap*, *lie down*, and *rest*. Repetition can also be soothing for a client with Alzheimer's disease. Many people with AD repeat words, phrases, questions, or actions. This is called **perseveration**. Do not try to stop a client who is perseverating. Answer the questions, using the same words each time, until he stops. Even though responding over and over may frustrate you, it communicates comfort and security.
- Keep messages simple. Break complex tasks into smaller, simpler ones.

If the client has trouble finding words or names:

- Suggest a word that sounds correct. If this upsets the client, learn from it and try not to correct a client who uses an incorrect word. As words (written and spoken) become more difficult, smiling, touching, and hugging can help show care and concern (Fig. 10-4). Remember, however, that some people find touch frightening or unwelcome.

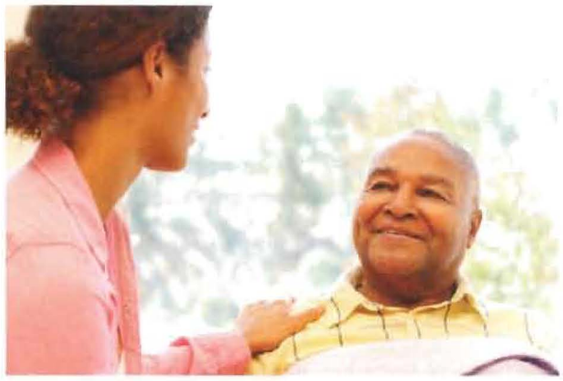

Fig. 10-4. *Touch, smiles, hugs, and laughter will be understood longer, even after speaking abilities decline.*

If the client seems not to understand basic instructions or questions:

- Ask the client to repeat your words. Use short words and sentences, allowing time to answer.
- Note the communication methods that are effective and use them.
- Watch for nonverbal cues as the ability to talk lessens. Observe body language—eyes, hands, and face.
- Use signs, pictures, gestures, or written words. For example, a picture of a toilet on the bathroom door can help remind a person where the bathroom is. Combining verbal and nonverbal communication is helpful. For example, you can say, "Let's get dressed now," while holding up clothes.

If the client wants to say something but cannot:

- Encourage the client to point, gesture, or act it out.
- If the client is obviously upset but cannot explain why, offer comfort with a smile, or try to distract him. Verbal communication may be frustrating.

If the client does not remember how to perform basic tasks:

- Break each activity into simple steps. For instance, "Let's go for a walk. Stand up. Put on your sweater. First the right arm..." Always encourage clients to do what they can.

If the client insists on doing something that is unsafe or not allowed:

- Redirect activities toward something else. Try to limit the times you say "Don't."

If the client hallucinates (sees or hears things that are not really happening), or is paranoid or accusing:

- Try not to take it personally.
- Try to redirect behavior or ignore it. Because attention span is limited, this behavior often passes quickly.

If the client is depressed or lonely:

- Take time, one-on-one, to ask how he is feeling. Really listen to the response.
- Try to involve the client in activities. Always report signs of depression to your supervisor (Chapter 18).

If the client is verbally abusive or uses bad language:

- Remember it is the dementia speaking, not the person. Try to ignore the language, and redirect attention to something else.

If the client has lost most verbal skills:

- Use nonverbal skills. As speaking abilities decline, people with AD will still understand touch, smiles, and laughter for much longer. Remember that some people do not like to be touched. Approach touching slowly and be gentle. Softly touching the hand or smiling can express affection and say you want to help (Fig. 10-5).
- Even after verbal abilities are lost, signs, labels, and gestures can reach people with dementia.
- Assume people with AD can understand more than they can express. Do not talk about them as though they were not there or treat them like children.

Fig. 10-5. *Smiling can communicate positivity and a willingness to help.*

6. Explain general principles that will help assist clients with personal care

Home health aides should use the same procedures for personal care and activities of daily living for clients with Alzheimer's disease as they would with other clients. However, here are some general principles that will help HHAs give the best care:

1. **Develop a routine and stick to it.** Being consistent is important for clients who are confused and easily upset.
2. **Promote self-care.** Helping clients care for themselves as much as possible will help them cope with this difficult disease.
3. **Take care of themselves, both mentally and physically.** This will help HHAs give the best care.

7. List and describe interventions for problems with common activities of daily living (ADLs)

As Alzheimer's disease worsens, clients will have trouble doing their activities of daily living. Below are interventions to help clients with these problems. An **intervention** means a way to change an action or development.

Guidelines: Assisting with ADLs for Clients Who Have Alzheimer's Disease

If the client has problems with bathing:

- Schedule bathing when the client is least agitated. Be organized so the bath can be quick. Give sponge baths if the client resists a shower or tub bath.
- Prepare the client before bathing. Hand him the supplies (washcloth, soap, shampoo, towels). This serves as a visual aid.
- Take a walk to the bathroom with the client, rather than asking directly about the bath.
- Make sure the bathroom is well lit and is at a comfortable temperature.
- Provide privacy during the bath.
- Be calm and quiet when bathing a client. Keep the process simple.
- Be sensitive when talking to a client about bathing.
- Give the client a washcloth to hold. This can distract him while you finish the bath.
- Always follow safety precautions. Ensure safety by using nonslip mats, tub seats, and handholds.
- Be flexible about when to bathe a client. A client may not always be in the mood. Also, be aware that not everyone bathes with the same frequency. Understand if a client does not want to bathe.
- Be relaxed and allow the client to enjoy the bath. Offer encouragement and praise.
- Let the client do as much as possible during the bath.
- Observe the skin for any signs of irritation or breakdown during the bath.

If the client has problems with grooming and dressing:

- Assist with grooming to help the client feel attractive and dignified.
- Avoid delays or interruptions while dressing.
- Show the client some of his clothing. This brings up the idea of dressing. Tell him you are going to help him get dressed.
- Provide privacy by closing doors and curtains.
- Encourage the client to pick clothes to wear. Simplify this by giving just a few choices. Make sure the clothing is clean and appropriate. Lay out clothes in the order in which they are to be put on (Fig. 10-6). Choose clothes that are simple to put on, such as

slip-on instead of lace-up shoes and pants or skirts instead of dresses. Some people with Alzheimer's disease make a habit of layering clothing regardless of the weather.

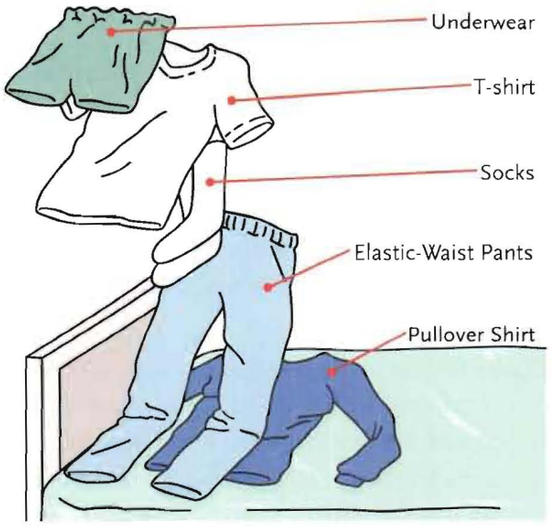

Fig. 10-6. *Lay out clothes in the order in which they should be put on.*

- Break the task down into simple steps. Introduce one step at a time. Do not rush the client.
- Use a friendly, calm voice when speaking. Praise and encourage the client at each step.

If the client has problems with elimination:

- Encourage fluids. Never withhold or discourage fluids because a client has urinary incontinence. Report to your supervisor if the client is not drinking fluids. Follow schedules in the care plan for drinking fluids.
- Mark the bathroom with a sign or a picture as a reminder of where it is and to use the toilet.
- Make sure the path to the bathroom and the bathroom are well lit.
- Note when the client is incontinent over two to three days. Check him every 30 minutes. This can help determine "bathroom times." Take the client to the bathroom just before his bathroom time.
- Take the client to the bathroom after drinking fluids. Take the client to the bathroom before and after meals and before bedtime. Make sure the client actually urinates before getting off the toilet.
- Put lids on trash cans, wastebaskets, or other containers if the client urinates or defecates in them.
- Follow the elimination schedule carefully and document urination and bowel elimination as required.
- Family or friends may be upset by their loved one's incontinence. Be professional when cleaning after episodes of incontinence. Do not show any disgust or irritation.

If the client has problems with nutrition:

- Encourage nutritious food. Food may not interest a client with Alzheimer's disease or he may forget to eat. It may be of great interest, but he may only want to eat a few types of food. A client with AD is at risk for malnutrition.
- Serve meals at regular, consistent times each day. You may need to remind the client that it is mealtime. Serve familiar foods that look and smell appetizing.
- Make sure there is adequate lighting.
- Keep noise low and distractions to a minimum during meals.
- Keep the task of eating simple. If the client is restless, try smaller, more frequent meals. Finger foods (foods that are easy to pick up with the fingers) work best. Examples of finger foods that may be good to serve are sandwiches cut into fourths, chicken nuggets or small pieces of cooked boneless chicken, fish sticks, cheese cubes, halved hard-boiled eggs, and fresh fruit and soft vegetables cut into bite-sized pieces.
- Do not serve steaming or very hot foods or drinks.

- Use a simple place setting with a single eating utensil and remove other items from the table (Fig. 10-7). Plain plates without patterns or colors work best.

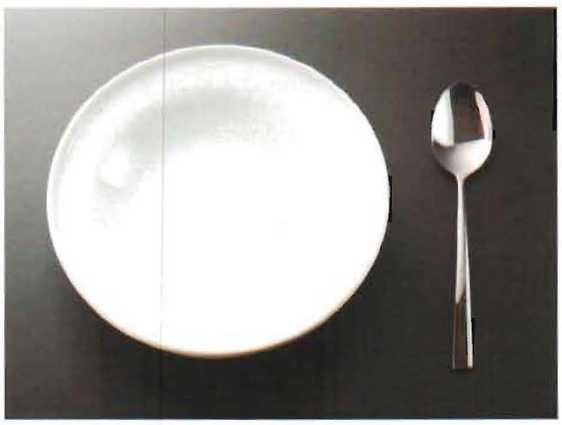

Fig. 10-7. *Plain white plates on a contrasting-colored surface may help avoid confusion and distraction.*

- Put only one item of food on the plate at a time. Multiple kinds of food on a plate may be overwhelming.
- Give simple, clear instructions. Clients with AD may not understand how to eat or use utensils. Help the client taste a sample of the meal first. Place a spoon to the lips. This will encourage the client to open his mouth. Ask the client to open his mouth.
- Guide the client through the meal, providing simple instructions. Offer regular drinks of water, juice, and other fluids to prevent dehydration.
- Use assistive devices for eating, such as special spoons and bowls, as needed.
- If a client needs to be fed, do so slowly. Offer small pieces of food. (Chapter 22 explains the procedure for feeding a client.)
- Make mealtimes simple and relaxed, not rushed. Give the client time to swallow before each bite or drink.
- Observe and report eating or swallowing problems, as well as changes in eating habits.
- Report changes in intake and output. Monitor weight accurately and frequently.

To promote the client's physical health:

- Prevent infections and follow Standard Precautions. Follow proper procedures for food preparation and storage and household management.
- Help clients wash their hands frequently.
- Observe the client's physical health. Report any potential problems. People with dementia may not notice their own health problems.
- Give careful skin care to prevent pressure injuries.
- Watch for signs of pain. People who have Alzheimer's disease may not be able to express that they are in pain. Nonverbal signs that a client may be in pain include grimacing or clenching fists (Fig. 10-8). A client may be agitated or have an angry outburst. Report possible signs of pain to your supervisor. (Chapter 14 contains information about pain and pain management.)
- Maintain a daily exercise routine.

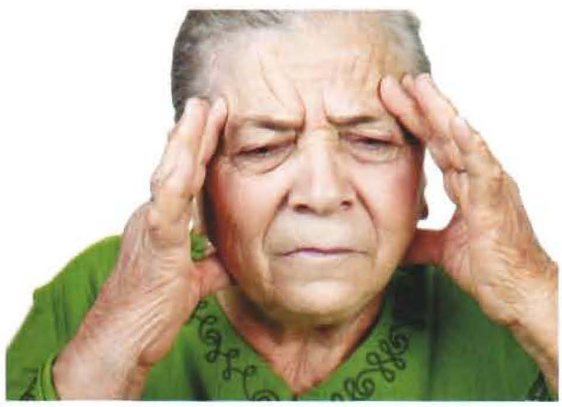

Fig. 10-8. *Be aware of nonverbal signs of pain, such as holding or rubbing a body part. Report these signs to your supervisor.*

To promote the client's mental and emotional health:

- Maintain self-esteem by encouraging independence in activities of daily living.

- Share in enjoyable activities, such as looking at pictures, talking, and reminiscing.
- Reward positive and independent behavior with smiles, hugs, and warm touches.

8. List and describe interventions for common difficult behaviors related to Alzheimer's disease

Below are some common difficult behaviors that home health aides may face when working with clients who have Alzheimer's disease. Each client is different. HHAs should work with each person as an individual and should provide person-centered care.

Agitation: A client who is excited, restless, or troubled is said to be **agitated**. Feeling insecure or frustrated, encountering new people or places, and changing a routine can all trigger this behavior. A **trigger** is a situation that leads to agitation. Even watching television can cause agitation, as a person with AD may lose his ability to distinguish fiction from reality. If a client is agitated, the HHA should

- Try to eliminate triggers, keep a routine, and avoid frustration. Redirecting the client's attention may help.
- Reduce noise and distractions. Focusing on a familiar activity, such as sorting things or looking at pictures, may help.
- Remain calm and use a low, soothing voice to speak to and reassure the client.
- Pat the client's arm or back if it is soothing.

Sundowning: When a person with AD becomes restless and agitated in the late afternoon, evening, or night, it is called **sundowning**. Sundowning may be triggered by hunger or fatigue, a change in routine or caregiver, or any new or frustrating situation. If a client experiences sundowning, the HHA should

- Provide adequate lighting before it gets dark.
- Avoid stressful situations during this time. Limit activities, appointments, trips, and visits.
- Play soft music.
- Try to discourage daytime napping.
- Set a bedtime routine and keep it.
- Recognize when sundowning occurs and plan a calming activity just before.
- Serve the evening meal long before bedtime.
- Eliminate caffeine from the diet.
- Provide snacks.
- Give a soothing back massage.
- Distract the client with a simple, calm activity like looking at a magazine.
- Maintain a daily exercise routine.

Catastrophic Reactions: When a person with AD overreacts to something, it is called a **catastrophic** (*kat-a-STRAH-fik*) **reaction**. Many situations can cause this reaction, but it is most often triggered by the following:

- Fatigue
- Change of routine, environment, or caregiver
- Overstimulation (too much noise or activity)
- Difficult choices or tasks
- Physical pain or discomfort, including hunger or a need to use the toilet

An HHA can respond to catastrophic reactions as she would to agitation or sundowning. For example, she can remove triggers and help the client focus on a soothing activity.

Violent Behavior: A client who attacks, hits, or threatens someone is using **violence**. Violence may be triggered by many situations, including frustration, overstimulation, or a change in routine, environment, or caregiver. If a client is violent, the HHA should

- Call for help if needed.
- Block blows but never hit back.

- Not try to restrain the client.
- Step out of reach and stay calm.
- Not leave client in the home alone.
- Try to remove triggers.
- Use the same techniques to calm clients as for agitation.

Pacing and Wandering: A client who walks back and forth in the same area is **pacing**. A client who walks aimlessly around the house or neighborhood is **wandering**. Pacing and wandering can have many causes, including the following:

- Restlessness
- Hunger
- Disorientation
- Incontinence or the need to use the toilet
- Constipation
- Pain
- Forgetting how or where to sit down
- Too much daytime napping
- Need for exercise

If a client paces and wanders, the HHA should

- Eliminate causes when possible. For example, provide nutritious snacks, encourage an exercise routine, and maintain an elimination schedule.
- Let the client pace or wander in a safe and secure (locked) area, such as in a level, fenced area (Fig. 10-9). The client should not be restrained.
- Redirect attention to something the client enjoys, such as taking a walk together.
- Mark rooms with signs or pictures, such as stop signs or "closed" signs, as this may prevent clients from wandering into areas where they should not go.
- Report to the supervisor immediately if a client wanders away from a protected area and does not return, or **elopes**.

Fig. 10-9. *Make sure a client is in a safe area if he paces or wanders.*

Hallucinations or Delusions: A client who sees, hears, smells, tastes, or feels things that are not there is having **hallucinations**. A client who believes things that are not true is having **delusions**. If a client is experiencing hallucinations or delusions, the HHA should

- Ignore harmless hallucinations and delusions.
- Reassure a client who seems agitated or worried.
- Not argue with a client who is imagining things. Challenging the client serves no purpose and can make matters worse. The feelings are real to the client. The HHA should not tell the client that she sees or hears his hallucinations. She should redirect attention to other activities or thoughts.

Depression: People who become withdrawn, isolated, lack energy, and stop eating or doing things they used to enjoy may be depressed. Losing independence and facing the reality of an incurable disease can cause depression. Feelings of failure and fear are other causes. Chemical imbalances can cause depression. Chapter 18 provides more information on depression. If a client is depressed, the HHA should

- Report signs of depression to your supervisor immediately. It is an illness that can be treated with medication.

- Observe for triggers that cause changes in mood.
- Encourage independence, self-care, and activity.
- Listen to clients if they want to share their feelings or talk about their moods.
- Find ways to help foster social interaction and relationships.

Perseveration or Repetitive Phrasing: Clients who have dementia may repeat words, phrases, questions, or activities over and over again. This is called perseveration (*per-SEV-er-ay-shun*) or repetitive phrasing. Such behavior may be caused by several factors, including disorientation or confusion. The HHA should be patient with this behavior and not try to silence or stop the client. She should answer questions each time they are asked, using the same words each time.

Disruptiveness: Disruptive behavior is anything that disturbs others, such as yelling, banging on furniture, and slamming doors. Often this behavior is triggered by pain, constipation, frustration, or a wish for attention. To prevent or respond to disruptive behavior, the HHA should

- Be calm and friendly, and try to find out why the behavior is occurring. There may be a physical reason, such as pain or discomfort.
- Notice and praise improvements in the client's behavior, being sensitive to avoid treating the client like a child.
- Tell the client about any changes in schedules, routines, or the environment in advance. Involving the client in developing routine activities and schedules may help.
- Encourage the client to join in independent activities that are safe (for example, folding towels). This helps the client feel in charge and can prevent feelings of powerlessness. Independence is power.
- Help the client find ways to cope. Focusing on activities the client may still be able to do, such as knitting or crafts, can provide a diversion.

Inappropriate Social Behavior: Inappropriate social behavior may include cursing, name-calling, or yelling. As with violent or disruptive behavior, there may be many reasons why a client is behaving this way. The HHA should try not to take this behavior personally. The client may only be reacting to frustration or other stress. The HHA should remain calm and be reassuring. She can try to find out what caused the behavior (possible causes include too much noise, too many people, too much stress, pain, or discomfort). Any physical abuse or serious verbal abuse should be reported to the supervisor.

Inappropriate Sexual Behavior: Inappropriate sexual behavior, such as removing clothing, touching one's own genitals in public, or trying to touch others can disturb or embarrass those who see it. It is helpful to stay calm and be professional when this behavior occurs. The HHA should not overreact, as this may reinforce the behavior. Trying to determine the cause of the problem may help. Is the behavior actually intentional? Is it consistent? A client may be reacting to a need for physical stimulation or affection. Ways to provide physical stimulation include giving backrubs, offering a soft doll or stuffed animal to cuddle, providing comforting blankets, or giving physical touch that is appropriate.

Hoarding and Rummaging: Hoarding is collecting and putting things away in a guarded way. **Rummaging** is going through drawers, closets, or personal items that belong to oneself or to other people. These behaviors are not within the control of a person who has Alzheimer's disease. Hoarding and rummaging should not be considered stealing. Stealing is planned and requires a conscious effort. In most cases, the person with AD is only collecting something that catches his attention. It is common for those with AD to wander and collect things. They may carry these objects around for a while, and then leave them

in other places. This is not intentional. If the client hoards or rummages, the HHA should

- Regularly check areas where clients store items. They may store uneaten food in these places.
- Provide a rummage drawer—a drawer with items that are safe for the client to take with him.

Sleep Disturbances: Clients who have AD may experience a number of sleep disturbances. If a client experiences sleep problems, the HHA should

- Make sure that the client gets moderate exercise and participates in activities he enjoys throughout the day.
- Allow the client to spend some time each day in natural sunlight if possible. Exposure to light and dark can help establish restful sleep patterns.
- Discourage sleeping during the day if possible.

Suspicion: A person with Alzheimer's disease often becomes suspicious as the disease progresses. Clients may accuse caregivers or family members of lying to them or stealing from them. Suspicion may escalate to paranoia (having intense feelings of distrust and believing others are "out to get" them). When a client is acting suspicious, the HHA should not argue with him. Arguing just increases defensiveness. Instead, the HHA should offer reassurance and be understanding and supportive.

Safe Environments for Clients with AD

A nurse should assess a home's safety before the home health aide visits a client with Alzheimer's disease. She will suggest changes that need to be made. Examples include using gates on stairways, putting locks on certain doors, and removing clutter. When the client's condition changes, the HHA should report it. Another visit will be made to reassess the home and make further changes. In general, the HHA can follow these safety guidelines:

For disoriented clients

- Use signs to mark rooms, including stop signs on rooms that should not be entered.
- Use calendars and other reminders of day, date, and location.
- Put bells on the door to indicate when someone is coming or going.
- Keep pictures and familiar objects around.
- Put stickers or brightly colored tape on glass doors, large windows, or glass furniture.

For clients who wander

- Use locks on doors. These can be installed lower or higher than usual, so the client will not see them.
- Install alarms that sound when exit doors are opened.
- Have clients wear identification. Labels can be affixed to or sewn into clothing.
- Alert neighbors that the client may wander. Show them a recent photo of the client. Keep a recent photo handy, as well as a piece of clothing the client has worn. These can help police and police dogs track a client who has wandered away.

For clients who pace

- Remove clutter and throw rugs.
- Do not rearrange furniture.
- Do not wax floors.
- Be sure shoes and slippers fit and have nonslip soles.

For clients who have difficulty walking

- Keep areas well lit, even at night.
- Block access to stairs with a gate.
- Clear walkways of electrical cords and clutter.

General tips include the following:

- Keep medications and other chemicals out of reach.
- Display emergency numbers, including Poison Control, and the client's home address where they can be easily seen.
- Use red tape around radiators or heating vents to prevent burns.

- Check the refrigerator and hiding places for spoiled food.
- Prevent kitchen accidents by removing knobs on the stove, unplugging the toaster and other small appliances, and supervising activities.

9. Describe creative therapies for clients with Alzheimer's disease

Although Alzheimer's disease cannot be cured, there are techniques to improve the quality of life for clients who have AD, including the following:

Validation therapy means letting clients believe they live in the past or in imaginary circumstances. **Validating** means giving value to or approving and making no attempt to reorient the client to actual circumstances. Validating can provide comfort and reduce agitation. Validation therapy is useful in cases of advanced dementia.

Example: Mr. Baldwin tells his HHA he does not want to eat lunch today because he is going out to a restaurant with his wife. The HHA knows his wife has been dead for many years and that Mr. Baldwin can no longer eat out in restaurants. Instead of telling him that he is not going out to eat, the HHA asks what restaurant he is going to and what he will order. The HHA can also suggest that he eat a good lunch now because sometimes the service is slow in restaurants (Fig. 10-10).

Fig. 10-10. *Validation therapy accepts a client's fantasies without attempting to reorient him to reality.*

Benefits: By playing along with Mr. Baldwin, the HHA lets him know that she takes him seriously and does not think of him as a crazy person or a child who does not know what is happening in his own life. She also learns more about her client, such as that he used to enjoy eating in restaurants and liked certain dishes. Eating out is something he probably associates with being with his wife. This knowledge can help the HHA give better care in the future.

Reminiscence therapy involves encouraging clients to remember and talk about past experiences. The HHA can explore memories by asking about details. Reminiscence therapy can help elderly people remember pleasant times in their past and allow caregivers to increase their understanding of clients. It is useful in many stages of Alzheimer's disease, but especially with moderate to advanced dementia.

Example: Mr. Benavidez, an 86-year-old man with Alzheimer's disease, fought in the Korean War. In his home are many mementos of the war—pictures of his war buddies, a medal he was given, and more. The HHA asks him where he was sent in the war. The HHA asks him more detailed questions about his experiences. Eventually the client shares a lot: the friends he made in the service, why he was given the medal, times when he was scared, and how much he missed his family (Fig. 10-11).

Fig. 10-11. *Reminiscence therapy encourages a client to remember and talk about his past.*

Benefits: By asking questions about Mr. Benavidez's experiences in the war, the HHA shows an interest in him as a person, not just as a client. This lets the client show that he is a person who was competent, social, responsible, and brave. This boosts his self-esteem. The HHA also learns that Mr. Benavidez cared very much for his wife and daughter.

Activity therapy uses activities the client enjoys to prevent boredom and frustration. These activities also promote self-esteem. The HHA can help the client take walks, do puzzles, listen to music, cook, read, or do other activities she enjoys (Fig. 10-12). Activity therapy is useful throughout most stages of AD.

Fig. 10-12. *Activities that are not frustrating can be helpful for clients with AD. They promote mental exercise.*

Example: Mrs. Hoebel, a 70-year-old woman with AD, raised four children and ran a household for almost 50 years before being diagnosed with Alzheimer's disease. She loves cooking and baking. She misses being in the kitchen now that she cannot cook for herself. The HHA learns that she always used to bake cookies at Christmas. The HHA purchases some pre-made cookie dough and rolls out the dough. Mrs. Hoebel uses her old cookie cutters to cut out the shapes. The HHA bakes the cookies for her.

Benefits: Mrs. Hoebel can enjoy an activity that always brought her pleasure. She feels competent, because the HHA gave her small tasks, such as cutting out the cookies, that she could handle. The HHA showed care for Mrs. Hoebel by taking the time to help her bake the cookies. This may lead the client to associate positive feelings with the HHA.

10. Discuss how Alzheimer's disease may affect the family

Alzheimer's disease requires the client's family to make adjustments, which may be difficult. The disease progresses at different rates, and people with AD will need more care as the disease progresses. Eventually most people with AD need constant care. How well the family is able to cope with the effects of the disease depends, in part, on the family's emotional and financial resources.

The client who has Alzheimer's disease may be living alone, which can cause the family to worry about her health and safety. Financial resources may be limited, which adds to stress levels. Finding money needed to pay the expenses of home care or adult day services can be difficult. Families do not know what goes on when no one is in the home. They may be afraid that the person is not caring for herself, is not taking medications properly, could wander away, or could cause a fire.

The client may be living with the family, which can cause stress and other emotional difficulties for all involved. The household schedule has to change; family members will lose the freedom to come and go as they please. Family members must monitor the loved one's activities and provide constant care. They may lose sleep, as well as lose time to do their own activities and time to relax.

Alzheimer's disease introduces other stressors, too. It is very difficult to watch a loved one's personality change and her health and abilities deteriorate. It is also hard to switch roles—to go from being a child who was once cared for by the parent to being the one caring for the parent.

Home health aides should be sensitive to the big adjustments clients and their families may be making. There are many resources, such as organizations, books, counseling, and support groups, available for people with Alzheimer's disease and their families. The Alzheimer's Association has a helpline that is available 24 hours a day, seven days a week for information, referral, and support. The number is 800-272-3900, and the website is alz.org. The National Institute on Aging provides information by phone at 800-438-4380 or on their Alzheimer's & Related Dementias Education and Referral (ADEAR) Center website, nia.nih.gov/alzheimers. If an HHA thinks that more help is needed, she can inform her supervisor.

Chapter Review

1. How can confusion affect a person?
2. Define *delirium* and list five possible causes.
3. What is dementia?
4. Alzheimer's disease is a progressive, degenerative, and irreversible disease. What does this mean?
5. What type of skills does a person with Alzheimer's disease usually retain?
6. Why should an HHA work with the symptoms and behaviors she observes about a client who has Alzheimer's disease?
7. What is the best way for an HHA to respond to a client who is perseverating (repeating words, phrases, questions, or actions)?
8. When a client with Alzheimer's disease has lost most of her verbal skills, what can the HHA do?
9. Why may developing a routine be helpful for a client who has Alzheimer's disease?
10. When serving a meal to a client who has Alzheimer's disease, how many items of food should the HHA put on the plate at a time?
11. How might an HHA remind a client who has Alzheimer's disease where the bathroom is?
12. What are six ways that an HHA can respond to a client who is experiencing sundowning (becoming restless and agitated in the late afternoon, evening, or night)?
13. Describe these creative therapies for Alzheimer's disease: validation therapy, reminiscence therapy, and activity therapy.
14. What difficulties might families of people who have Alzheimer's disease face?