

Education

Definitions:

Acetylcholine: A chemical in the brain, called a neurotransmitter, involved in learning and memory. Acetylcholine is greatly diminished in the brains of people with Alzheimer's disease.

Activities of daily living (ADLs): Activities that are necessary for everyday living and functioning, such as eating, bathing, grooming, dressing, and using the toilet.

Adult day services: Programs that provide participants with opportunities to interact with others, usually in a community center or dedicated facility. People come and go from the center on a daily basis.

Advance directive (living will): A document written when in "good" health that informs your family and health care providers of your wishes about extended medical treatment in times of emergency.

Aggression: Hitting, pushing, or threatening behavior that may occur when a caregiver tries to help an Alzheimer's patient with daily activities, such as grooming and dressing.

Agitation: Behavior, such as screaming, shouting, complaining, moaning, cursing, pacing, fidgeting, wandering, etc., that is disruptive, unsafe, or interferes with the delivery of care in a particular environment.

Alzheimer's disease: A progressive disease in which nerve cells in the brain become damaged and brain matter shrinks, resulting in impaired thinking, behavior, and memory.

Amyloid plaque: Abnormal clusters of dead and dying nerve cells, other brain cells, and amyloid protein fragments.

Anxiety: A feeling of apprehension, fear, nervousness, or dread accompanied by restlessness or tension.

Apathy: Lack of interest, concern, or emotion.

Aphasia: Difficulty understanding the speech of others and/or expressing oneself verbally.



Assisted living facility: A residential care setting that combines housing, support services, and health care for people in the early or middle stages of a disabling disease, such as dementia.

Atrophy: Shrinking in size; often used to describe the loss of brain tissue seen in someone with dementia.

Behavioral symptoms: In dementia, emotional symptoms, such as wandering, depression, anxiety, hostility, and sleep disturbances.

Beneficiary: An individual named in a will who is to receive all or part of an estate upon the death of the person who made the will.

Binswanger's disease: A type of dementia caused by stroke-related changes in the brain.

Brain: With the spinal cord, makes up the central nervous system. The brain is the center of thought and emotion. It is responsible for the coordination and control of bodily activities and the interpretation of information from the senses.

Calcium channel blocker: A drug that blocks the entry of calcium into cells, thereby reducing activities that require calcium, such as nerve cell communication. Calcium channel blockers are being studied as potential treatments for dementia.

Caregiver: The primary person in charge of caring for an individual with a serious illness, such as dementia; usually a family member or a designated health care professional.

Case management: A term used to describe formal services planned by care professionals.

Central nervous system (CNS): One of the two major divisions of the nervous system. Composed of the brain and spinal cord, the CNS is the control network for the entire body.

Clinical trial: An organized research program conducted with patients to evaluate a new medical treatment, drug, or device.

Co-existing illness: A medical condition that exists simultaneously with another, such as



arthritis and dementia.

Cognitive abilities: Mental abilities, such as judgment, memory, learning, comprehension, and reasoning.

Cognitive symptoms: In dementia, the symptoms that relate to loss of thought processes, such as learning, comprehension, memory, reasoning, and judgment.

Combativeness: Episodes of aggression.

Competence: A person's ability to make informed choices.

Deficits: Physical and/or cognitive skills or abilities that a person has lost, has difficulty with, or can no longer perform because of his or her dementia.

Delusion: A false idea that is firmly believed and strongly maintained in spite of contradictory proof or evidence.

Dementia: The loss of mental functions — such as thinking, memory, and reasoning — severe enough to interfere with a person's daily functioning. Dementia is not a disease itself, but rather a group of symptoms that may accompany certain diseases or conditions. Symptoms also may include changes in personality, mood, and behavior. Dementia is irreversible when caused by disease or injury but may be reversible when caused by drugs, alcohol, hormone or vitamin imbalances, or depression.

Depression: Low mood that prevents a person from leading a normal life and is associated with a variety of other symptoms.

Disorientation: A cognitive disability in which the person loses his/her sense of time, direction, and recognition.

Durable power of attorney: A legal document that allows an individual an opportunity to authorize another person, usually a trusted family member or friend, to make legal decisions when the person is no longer able to make legal decisions for himself.

Durable power of attorney for health care: A legal document that allows an individual to appoint another person to make all decisions regarding health care, including choices



regarding health care providers, medical treatment, and, in later stages of the disease, end-of-life decisions.

Dysphasia: The inability to find the right word or understand the meaning of a word.

Early onset Alzheimer's disease: An unusual form of Alzheimer's disease in which individuals are diagnosed with the disease before age 65. Less than 10% of all Alzheimer's disease patients have early onset disease.

Early stage: The beginning stages of Alzheimer's disease, when an individual experiences very mild to moderate cognitive impairments.

Electroencephalogram (EEG): A procedure that measures the amount and type of brain wave activity using electrodes placed on the surface of the scalp.

Environment: The physical and interpersonal surroundings that can affect mood and behavior in people with dementia.

Guardian: An individual appointed by the courts who is authorized to make legal and financial decisions for another person.

Hallucination: An experience in which a person sees, hears, smells, tastes, or feels something that is not really there.

Hoarding: Collecting and putting things away in order to guard them.

Hospice: The approach to providing comfort and care at life's end rather than heroic life-saving measures.

Incontinence: Loss of bladder and/or bowel control.

Late-onset Alzheimer's disease: The most common form of Alzheimer's disease, usually occurring after age 65. Late-onset Alzheimer's disease affects almost half of all people over the age of 85.

Late stage: Designation given when dementia symptoms have progressed to the extent that persons cannot take care of themselves.



Living trust: A legal document that allows an individual (the grantor or trustor) to create a trust and appoint someone else as trustee (usually a trusted individual or financial institution) to carefully invest and manage his or her assets.

Living will: A legal document that expresses an individual's decision on the use of artificial life support systems.

Mini-Mental State Examination: A standard mental status exam routinely used to measure a person's basic cognitive skills, such as short-term memory, long-term memory, orientation, writing, and language.

Multi-infarct dementia (MID): A form of dementia, also known as vascular dementia, caused by a number of strokes in the brain.

Neurofibrillary tangle: An accumulation of twisted protein fragments inside nerve cells. These tangles are one of the abnormalities found in the brains of people with Alzheimer's disease.

Paranoia: Suspicion and fear of someone else that is not based on fact.

Parkinson's disease: A progressive, nervous system disease with an unknown cause in which nerve cells in a specific area of the brain begin to die off. People with Parkinson's disease have symptoms such as tremors, speech impairments, movement difficulties, and often dementia later in the course of the disease.

Peripheral nervous system (PNS): One of the two major divisions of the nervous system. Nerves in the PNS connect the central nervous system with sensory organs, other organs, muscles, blood vessels, and glands.

Prognosis: The probable outcome or course of a disease; the chance of recovery.

Progressive disorder: A disorder that gets worse over time.

Pseudodementia: A severe form of depression resulting from a progressive brain disorder in which cognitive changes mimic those of dementia.

Psychosis: A general term for a state of mind in which thinking becomes irrational and/or



disturbed. Psychosis refers primarily to delusions, hallucinations, and other severe thought disturbances.

Repetitive behavior: Repeated questions, stories, and outbursts or specific activities repeated over and over again, common in people with dementia.

Respite: A short break or time away.

Respite care: Services that provide people with temporary relief from the tasks associated with caregiving. Examples of respite care include in-home assistance, short nursing home stays, and adult day care.

Restraints: Devices used to ensure safety by restricting and controlling a person's movement. Many facilities are "restraint-free" or use alternative methods to help modify behavior.

Risk factor: A factor that increases a person's chance of developing a disease or predisposes a person to a certain condition.

Senility: A term meaning "old," once used to describe elderly diagnosed with dementia.

Shadowing: Following, mimicking, and interrupting behaviors that people with dementia may exhibit.

Side effect: An undesired effect of a drug treatment that may range from barely noticeable to uncomfortable or even dangerous. Side effects usually are predictable.

Skilled nursing care: A level of care that includes ongoing medical or nursing services.

Special care unit: A designated area of a residential care facility or nursing home that cares specifically for the needs of people with dementia.

Sundowning: Unsettled or agitated behavior that happens in the late afternoon or early evening.

Support group: A facilitated gathering of patients, caregivers, family, friends, or others affected by a disease or condition for the purpose of discussing issues related to the



disease.

Suspiciousness: A distrust of people common in dementia patients as their memory becomes progressively worse. An example is when patients believe their belongings have been stolen because they forgot where they left them.

Wandering: Common behavior that causes people with dementia to stray and become lost in familiar surroundings.

Common questions to discuss with your health care provider

Are there any medications that someone with dementia should not take?

A person with dementia may be taking medicines to treat symptoms of the disease, as well as other health problems. However, when a person takes many medications there is an increased risk of having an adverse reaction, including confusion, agitation, sleepiness or sleeplessness, mood swings, memory problems and/or stomach upset. It is important to discuss the pros and cons of medications with your healthcare provider before making a decision regarding medication. In addition, it is important to consider the possible side effects of over-the-counter medication, including cough and cold remedies, and sleep medicines.

I'm thinking about taking a trip with my grandfather, who has dementia. Is there anything special I should do?

The most important things to do when traveling with someone with dementia is to plan ahead and try to anticipate the person's needs, so you'll be ready for any changes or problems. As you plan, be sure to consider the stage of the person's illness and any behaviors that may be affected by traveling away from home. You may want to try taking a short trip as a trial run to see how your loved one reacts to traveling. Here are a few other things to consider:

Plan some activities for the person to do when traveling. Simple things — such as reading a magazine, playing with a deck of cards, or listening to music — can help keep your loved one calm.

Never leave a person with dementia alone in a car. When moving, be sure to keep the seat belt buckled and the doors locked.

Plan regular rest stops.





Bring an extra driver if your trip involves more than four hours of driving time.

If the person becomes agitated while traveling in a car, stop at the first available place. Don't try to calm the person while driving.

If your loved one is easily agitated, it may be wise to avoid places that are very crowded. You may also want to avoid fast-paced sightseeing trips.

I'm having trouble getting my loved one to eat. What can I do?

Good nutrition is important for people with dementia. In fact, poor nutrition can worsen some symptoms of dementia. Talk with the dietitian if one is available. To get your loved one to eat, try some of the following:

Talk to the healthcare provider. Sometimes, poor appetite is due to depression, or other treatable problems.

Don't force feed. Try to encourage the person to eat, and try to find out why they don't want to eat.

Try to get your loved one to eat more protein and fat and less simple sugars.

Offer small, frequent meals and snacks.

Encourage your loved one to walk or participate in other types of light activity to stimulate appetite.

Consider serving finger foods that are easy for the person to handle and eat.

Remember to treat the person as an adult, not a child. Don't punish the person for not eating.

Serve beverages after a meal instead of before or during a meal so that your loved one doesn't feel full before beginning to eat.

Plan meals to include your loved one's favorite foods.

Make eating a pleasurable experience, not a chore; for example, liven up your meals by





using colorful place settings and/or play background music during meals.

Try not to let your loved one eat alone. If you are unable to eat with your loved one, invite a guest to share their meal.

My loved one has dementia, and I've noticed she is getting more confused. How can I help?

There are several things you can try to help a person who is confused:

Try to minimize any changes in the surroundings or to your loved one's daily routine. If you have to make changes in routines, do so gradually.

Follow simple routines and avoid situations that require the person with dementia to make decisions.

Help your loved one maintain his or her orientation by describing the events for the day, reminding him or her of the date, day, time, place, etc., and repeating the names of the people with whom he or she has contact.

Try placing large labels (with words or pictures) on drawers and shelves to identify their contents.

Simplify or re-word your statements or requests if the person doesn't seem to understand.

Is exercise recommended for someone with dementia?

The major benefits of exercise include improved strength, endurance, and heart fitness. Exercise can also increase energy, and improve mood and sleep. Exercise also helps people with dementia maintain motor skills and improve balance, which in turn, can help prevent serious injury from falls. The type and intensity of exercise appropriate for someone with dementia depends on the person's degree of impairment. People in the early stages of the disease may enjoy exercises such as walking, bowling, dancing, golf, and swimming, although supervision may be necessary. Greater supervision may be required as the disease progresses. Activities that could lead to injury should be avoided. It is important to talk to your healthcare provider before beginning any exercise program.





What is “sundowner’s syndrome?”

Sundowner’s syndrome — also called sundowning or sunseting — is a behavior common in people with dementia. It describes the confusion, anxiety, agitation, or disorientation that often occur at dusk and into the evening hours. The episodes may last a few hours or throughout the night.

While the exact cause of sundowner’s syndrome is not known, experts believe there are many factors. These include physical and mental exhaustion (after a long day), and a shift in the “internal body clock” caused by the change from daylight to dark. Some people with dementia have trouble sleeping at night, which may cause their disorientation. Medication can cause agitation or confusion that may contribute to this syndrome.

Community Education Schedule-this will be schedule of our general education program with dates, topics, locations we will add these as soon as they are finalized.

