



ALZHEIMER'S AND DEMENTIA CARE

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Objectives: Upon completion of this presentation the learner will be able to discuss the following:

- 1. Discuss Alzheimer's Disease .**
- 2. List 5 symptoms of Alzheimer's disease.**
- 3. List four medication categories for treating the symptoms of Alzheimer's Disease.**
- 4. Define the difference in Alzheimer's Disease and Dementia.**
- 5. List the three stages of Alzheimer's disease and list behaviors seen as the Disease progresses.**
- 6. List 5 resources for the Care Givers who are taking care of their loved one with AD.**

What is the Difference between Dementia and Alzheimer's disease?

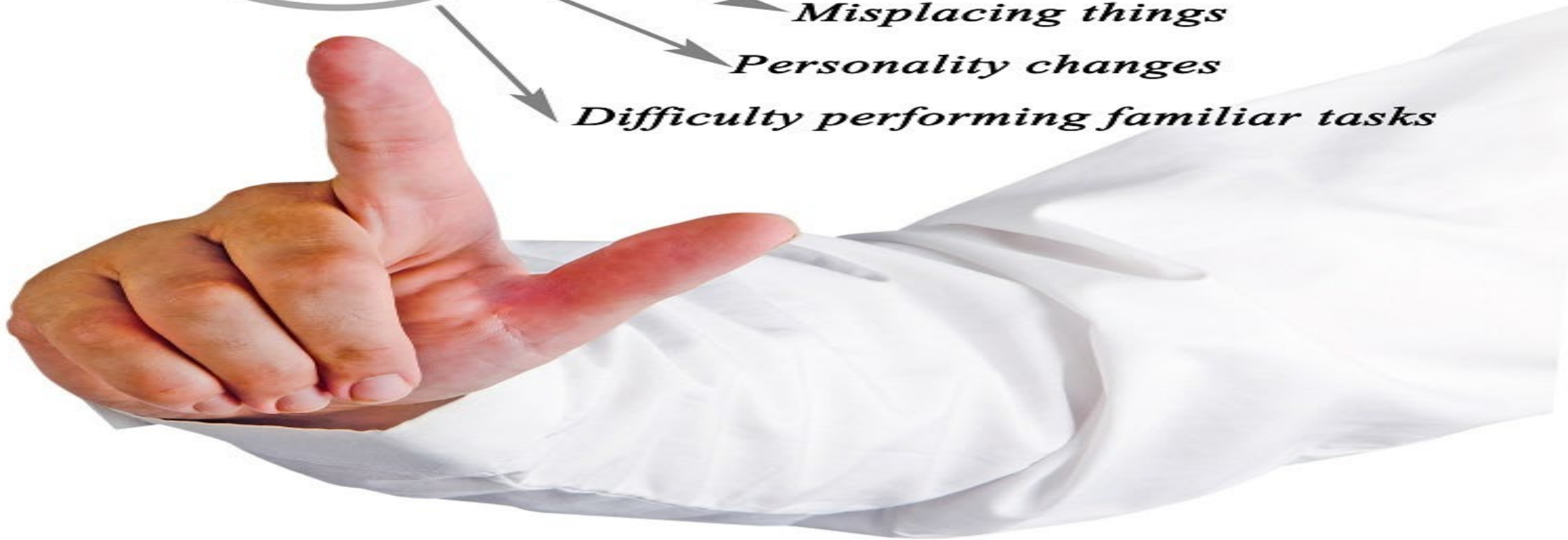
These terms are often used interchangeably, but they actually have different meanings.

Dementia is not a specific disease. It's an umbrella term that describes a wide range of symptoms.

These symptoms affect people's ability to perform everyday activities on their own.

Common symptoms of dementia include:

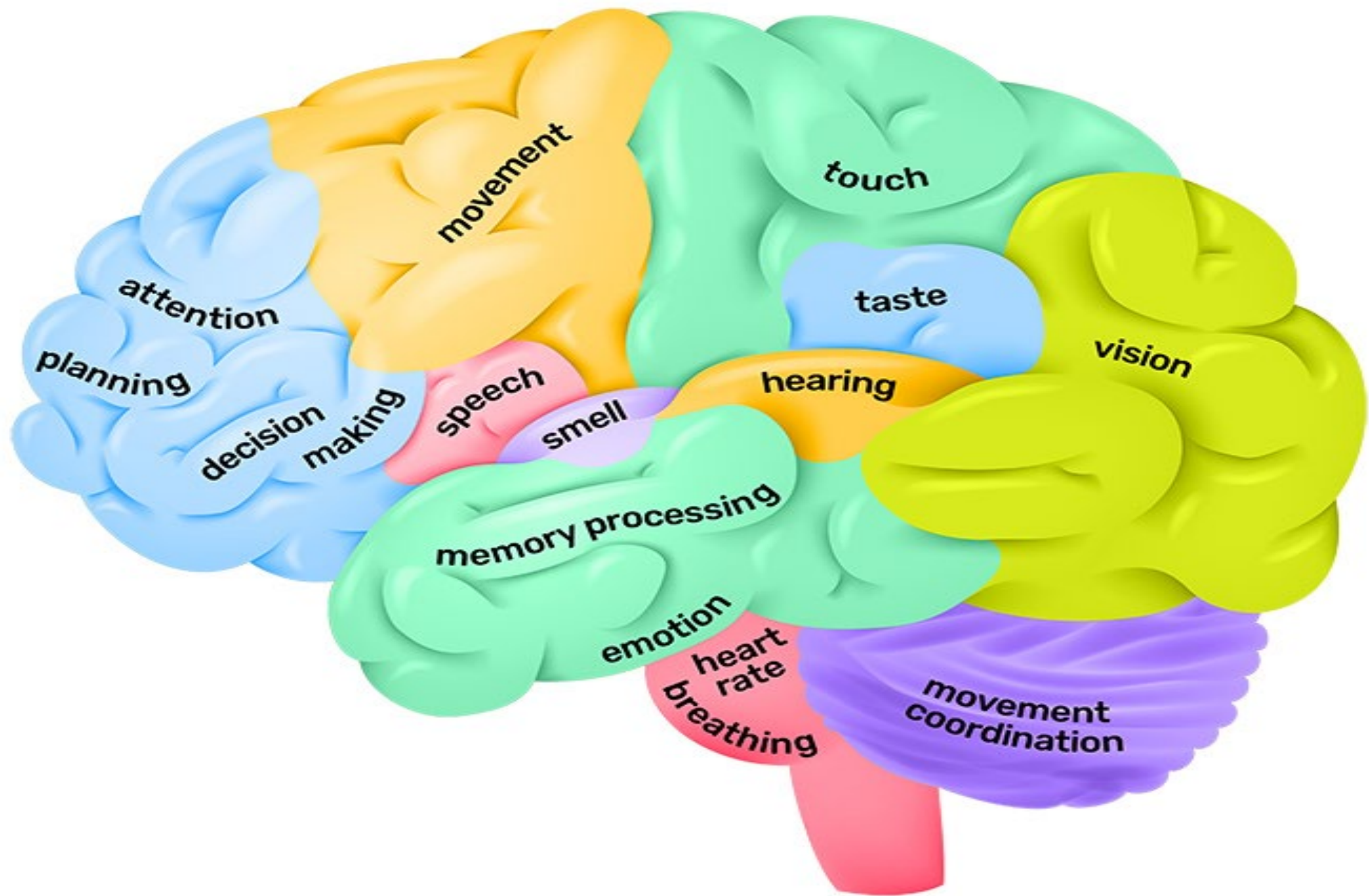
- A decline in memory**
- Changes in thinking skills**
- Poor judgment and reasoning skills**
- Decreased focus and attention**
- Changes in language**
- Changes in behavior**

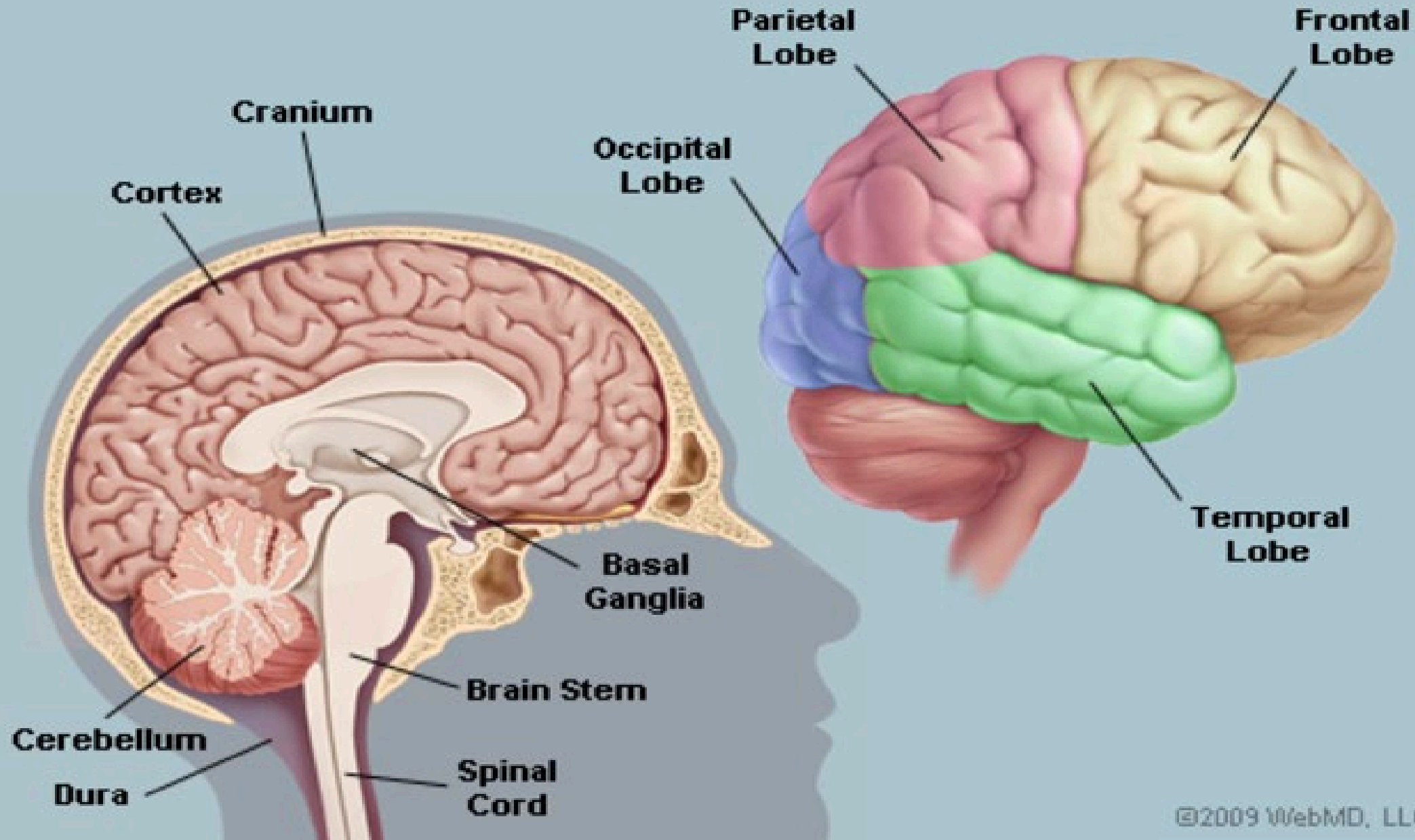


Alzheimer's disease is the most common type of dementia, but it's not the only one.

There are many different types and causes of dementia, including:

- Lewy body dementia**
- Frontotemporal dementia**
- Vascular dementia**
- Limbic-predominant age-related TDP-43 encephalopathy**
- Chronic traumatic encephalopathy**
- Parkinson's disease dementia**
- Creutzfeldt-Jakob disease**
- Huntington's disease**
- Mixed dementia**





The Human Brain

The Brain is an amazing organ.

It is responsible for complex thoughts, memories, and personality.

The Brain is the Control Center for movement and basic bodily functions (breathing, heart rate, body temperature), and it processes input from the 5 senses- vision, hearing, smell, touch, and taste.

All of these are interconnected by a network of nerve cells called neurons(100 billion Neurons) clustered into various brain regions.

To Understand Alzheimer's Disease, it helps to review how the Brain works, how it is damaged by the disease, and how this creates problems with memory, intellectual abilities, emotions, and behaviors.

- [Alz.org/brain](https://www.alz.org/brain) : Take the Alzheimer's Association "Inside the Brain: An interactive tour to learn how Alzheimer's affects the brain and its functions".

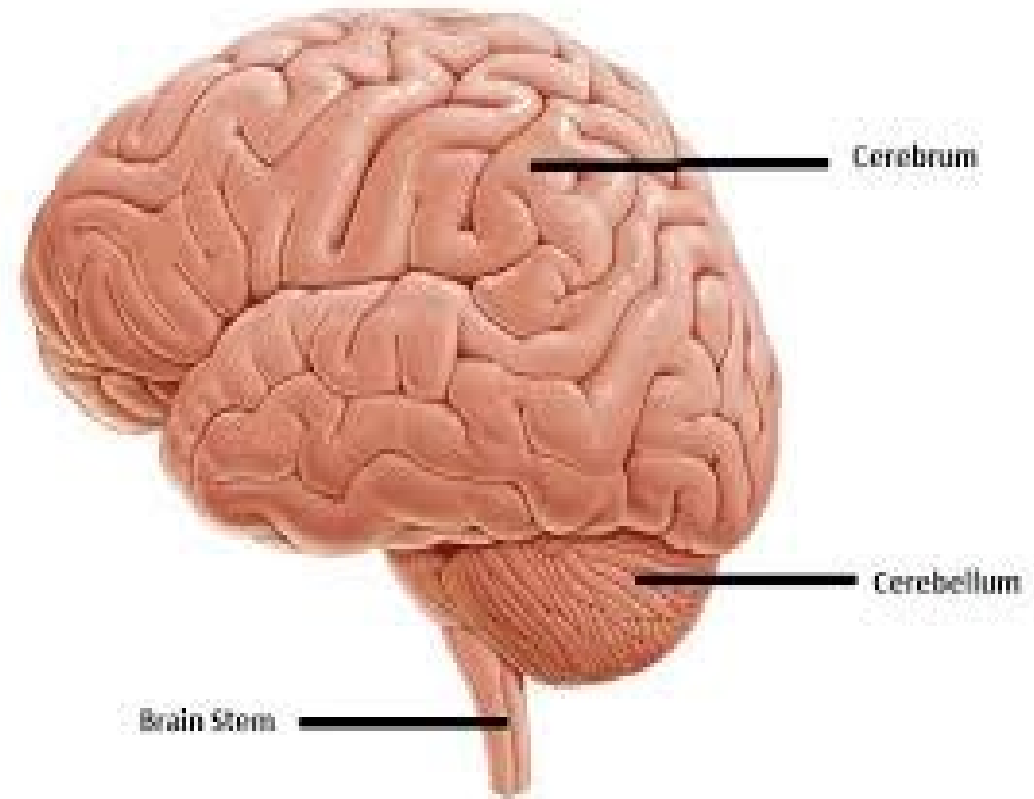
Brain Regions affected by Alzheimer's

Neurologists conceive of the human brain as having 3 different systems, which are connected by an extensive two-way network of neurons.

The most basic system consists of the brainstem and cerebellum. They control functions of survival; heartbeat and body temperature.

The Brainstem and Cerebellum are NOT affected by Alzheimer's disease, until late in its course, when motor functions such as, walking, swallowing, and coordination of basic movement become impaired.

The other two systems- the Limbic system , regarded as the emotion center, and the Cerebral cortex, which governs conscious thought, are Both affected much earlier in the course of the disease.



The Limbic System

Deep inside the brain is the Limbic center which is a complex center of nerves which links emotion and behavior. Stimulating one area produces feelings of anger and aggression, while stimulating another area creates feelings of pleasure and relaxation.

The Limbic system is the interface between our animal drives and the constraints of civilization, between irrational impulses and practical decisions, between raw emotions and rational behavior. (Harvard Health.).

The Limbic system also has another major function: it is central to memory and learning.

Our Memories are not stored in one location of our brain, but the Limbic system orchestrate memory formation.

The Hippocampus, helps convert new information into long term memory and assists with memory recall. It is attacked early in Alzheimer's.

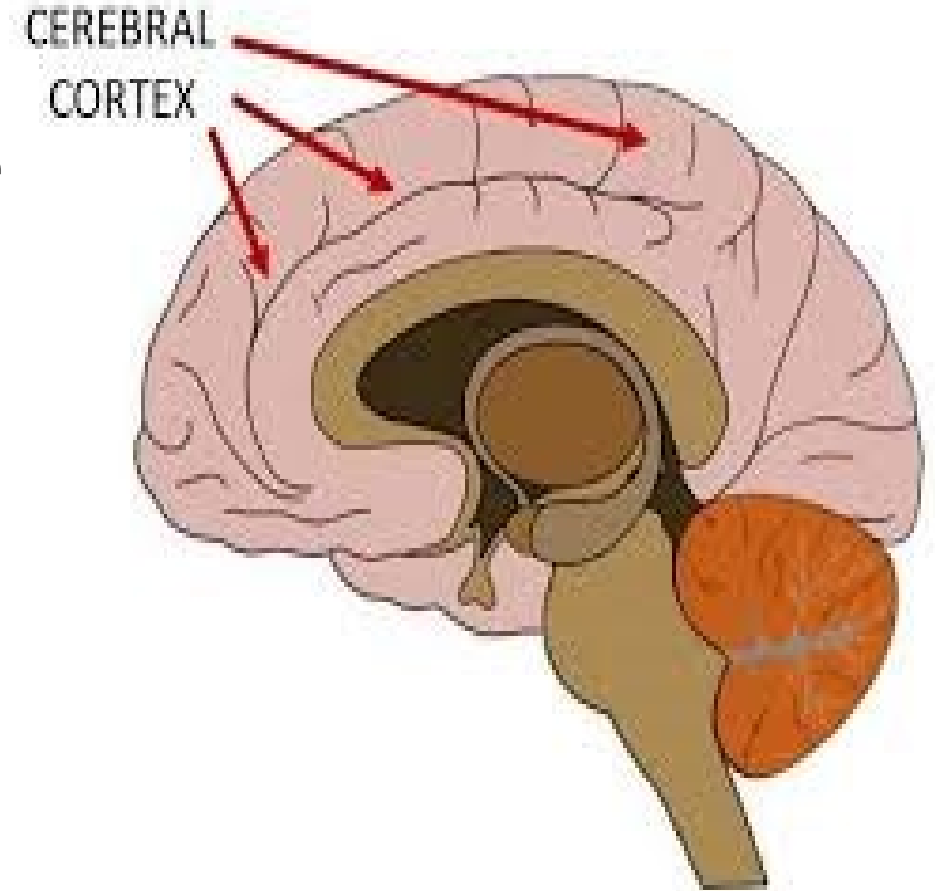
The Cerebral Cortex

The Cerebral Cortex is the region of conscious thought: we store memory and language skills , process information, and carry out creative thinking.

As Alzheimer's disease worsens, areas of the Cerebral cortex shrink and become dysfunctional.

This leads to problems with language, calculations, reasoning, and processing of visual information.

Behavioral changes begin to be observed; Forgetfulness, agitation, anxiety, wandering, losing important objects ie. keys, pacing. These behavioral changes are due to Cerebral cortex changes in the brain.



Neurotransmitters

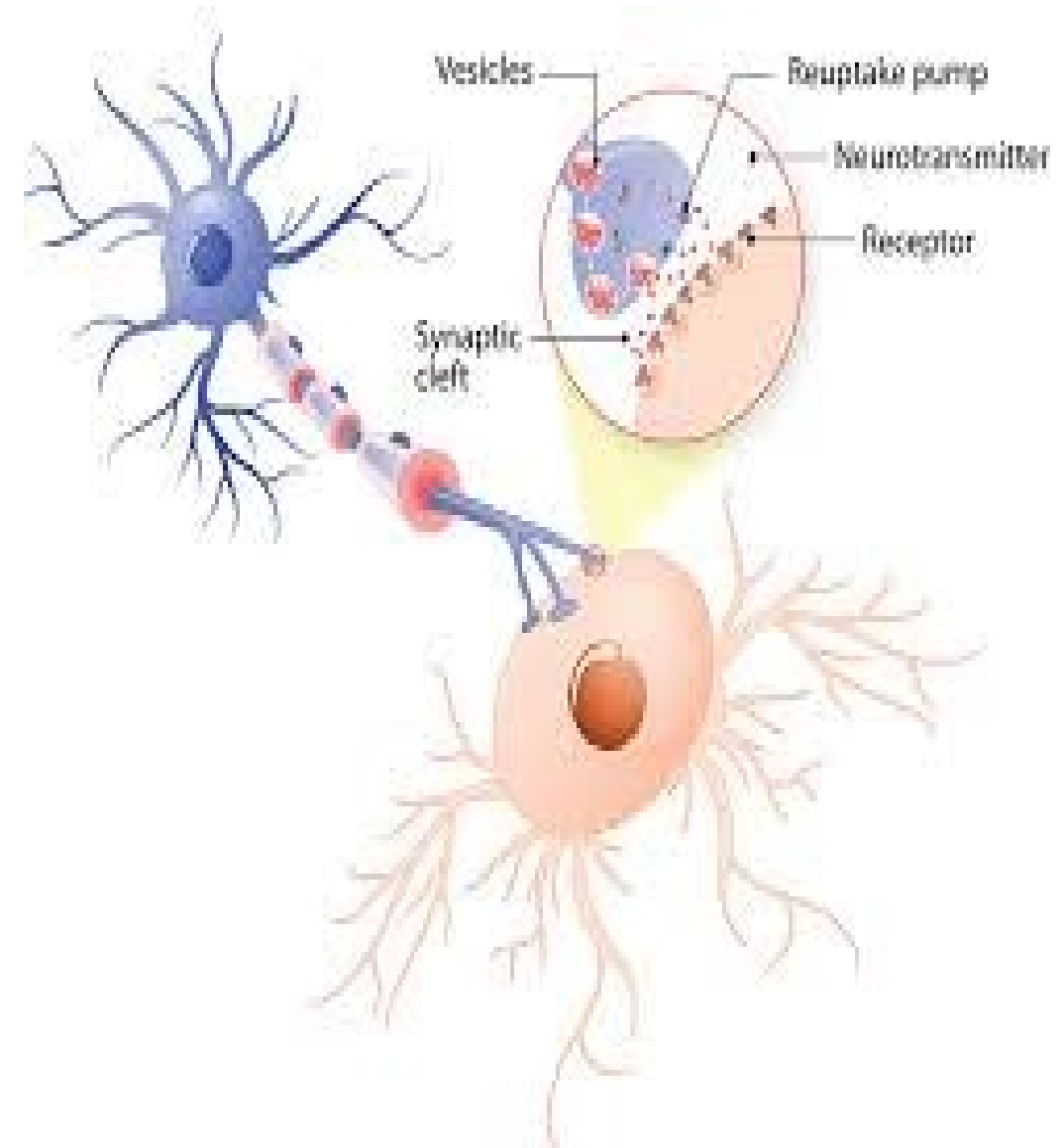
The Brain is a web of interconnecting cells called Neurons.

The Human brain contain about 100 billion neurons.

These Neurons communicate with each other using chemicals called neurotransmitters, generating signals that are either passed on to other neurons or halted.

People with Alzheimer's disease have low levels of a number of neurotransmitters., especially Acetylcholine.

Neurons that produce Acetylcholine (called cholinergic neurons) are abundant in the forebrain, and each has a long Axon that allows it to communicate with other neurons throughout the brain., such as, the cortex needed for memory and learning.



Neurotransmitters



Plaques and Tangles

The impairments in memory and thinking of Alzheimer's disease are linked to the production of two detrimental features in the brain- Amyloid plaques and Neurofibrillary tangles.

As plaques and tangles form, neurons die, connections between them are lost, and the brain shrinks in size.

By the time someone with Alzheimer's disease dies the cortex may have lost 90% of its acetylcholine.

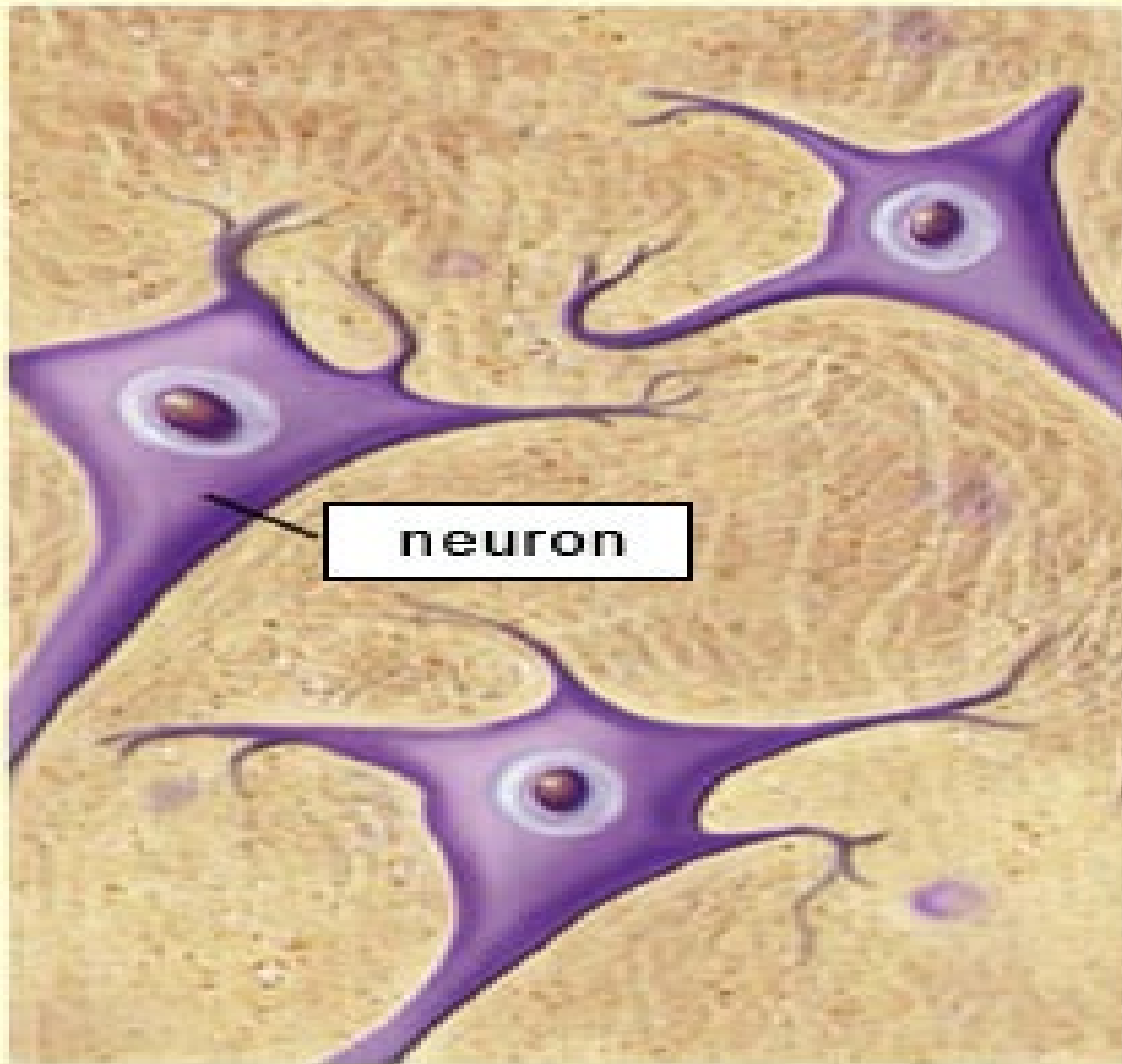
Most medications approved to treat Alzheimer's Disease boost the amount of acetylcholine available for brain function.

Scientists believe that amyloid plaques begin to form up to 20 years or more before any memory or thinking problems are noticed.

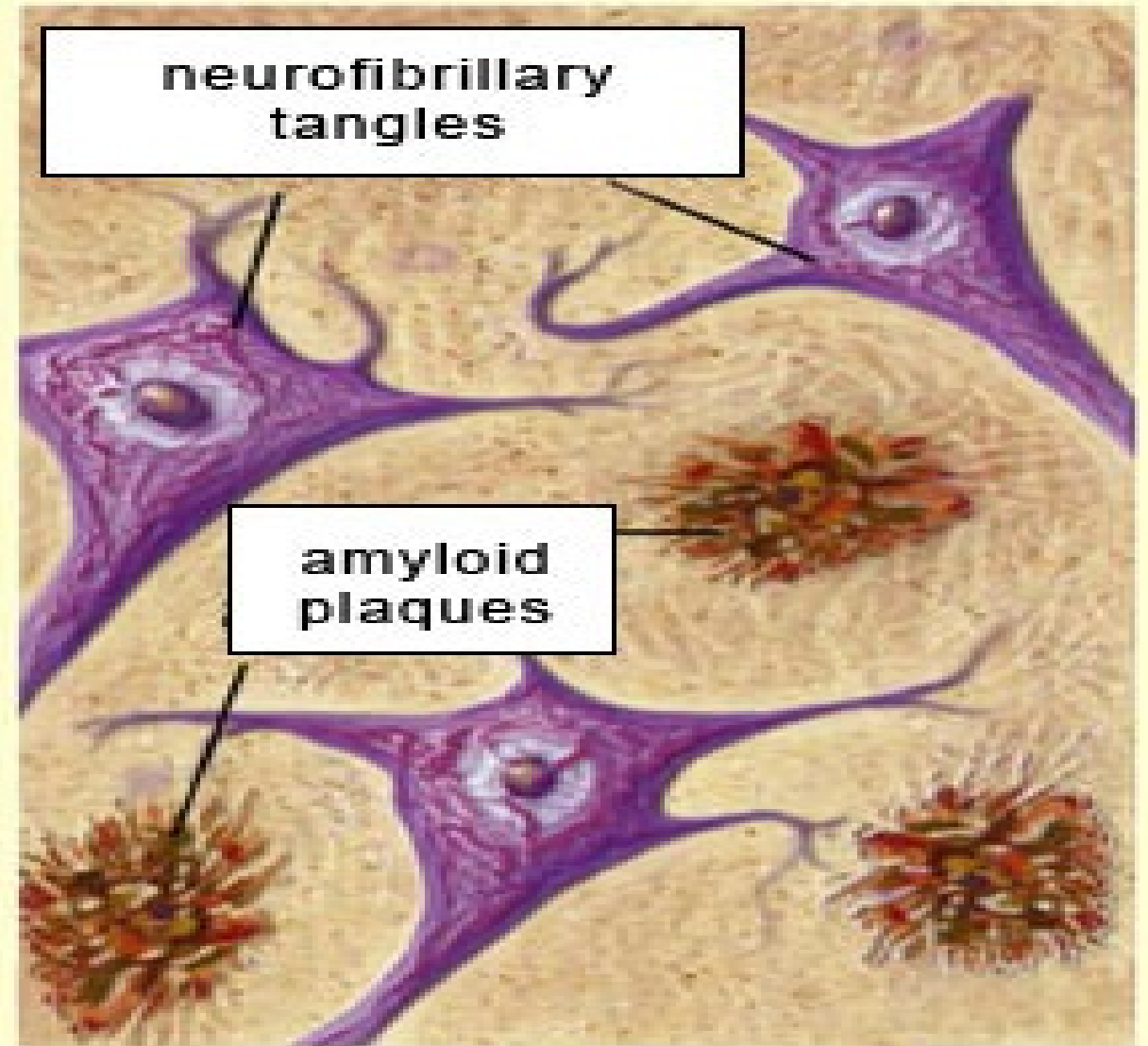
Other damage in brains may also contribute to Alzheimer's,

for example, damage to small blood vessels. (Vascular Dementia VaD, or Vascular Cognitive Dementia VCD).

Plaques and Tangles

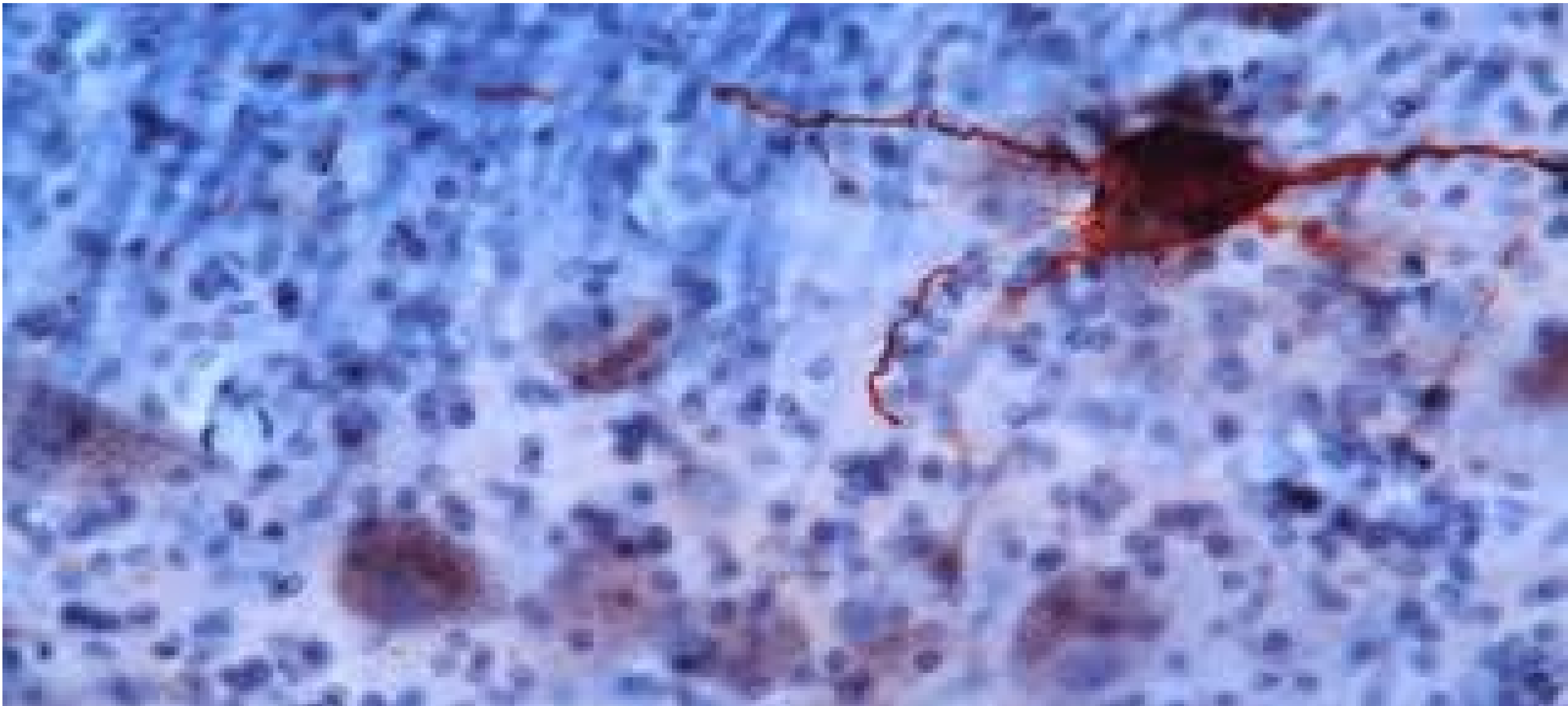


normal brain



Alzheimer's brain

Plaques and Tangles



Risk Factors for Alzheimer's Disease

Risk factors you cannot control:

Age: Rises steadily after age 65.

Gender: Women higher rates 2/3 of cases, due to longevity.

Women with the APOE4 (Apolipoprotein) variant gene have a higher risk than men who carry the same gene.

Family History: Having a first degree relative with Alzheimer's doubles the risk.

If you live to be 80 years old you have about a 10-12 % lifetime risk of developing Alzheimer's.

Genes that Cause Alzheimer's Disease

There are 3 known gene mutations that cause early onset Alzheimer's.

1. Presenilin 1
2. Presenilin 2
3. All Amyloid precursor proteins (APP)

These genetic mutations increase production of the beta-amyloid plaques.

1. Early onset Alzheimer's disease, age 45 years old onset, accounts for 1% of total Alzheimer's in the United States, or 50,000 cases out of 5.7 million people. (Harvard Journal of Medicine)
2. Apolipoprotein E Gene(ApoE) comes in three variants called alleles: E2, E3, E4. (E4 the most problematic.

(Harvard Journal of Medicine)

Factors you can control

High blood pressure : Alzheimer's and Vascular Dementia

High cholesterol: Plaques CVA,MI, Alzheimer's

Obesity: Belly weight, CVA, DM, MI, Alzheimer's

Metabolic syndrome: Large waistline, elevated B/P, High triglycerides, Low HDL, difficulty regulating blood sugar. When 3 or more of these factors are present called Metabolic syndrome.

Diabetes: Type 1 and Type 2, Vascular dementia and Alzheimer's.

Smoking: Older smoker 80% chance of Alzheimer's

Head Injury/TBI (traumatic brain injury): Chronic traumatic encephalopathy (CTE) football players. Boxers, combat veterans

Depression: In Midlife, raises stress hormones damage brain.(theory)

Possible Protective Factors

Exercise: reduces risk of Alzheimer's, DM 2, colon cancer, breast cancer, anxiety, depression, insomnia.

Healthy diet: Heart healthy=Brain healthy diet, Mediterranean diet, or MIND diet

Watching your weight and waistline

Sleep: Need 7-9 hours a night, Good Sleep Hygiene.

Education: More years of Education is linked to lower Alzheimer's rates. Onset of worse symptoms from AD appeared later in life for people with higher education.

Mental Stimulation: Reading, writing, cross word puzzles, playing board games, card games, group discussions, playing music, learning a second language.

Stress Management

Healthy Life Style:

Mediterranean diet

The Mediterranean diet is Low in Saturated fat (from meat and dairy) and high in Monounsaturated and polyunsaturated fat (olive oil, canola, oil, nuts and fish).

Vegetables

Fruits

Whole Grains

Beans

Fish (High Omega 3 fatty acids Salmon, Mackerel, sardines).

MIND Diet

- 10 healthy food groups and how often they should be eaten.
- Green Leafy Vegetables eat every day
- Other Vegetables eat every day
- Nuts and berries 2-3 times per week
- Beans eat every other day
- Whole grains 3 servings a day
- Fish at least once per week
- Poultry two or more times per week
- Olive Oil one serving each day
- Wine one glass a day or less

Diagnosing Alzheimer's Disease

Find a Physician experienced in diagnosing Alzheimer's disease. A complete evaluation may take more than one day.

BASIC DIAGNOSTIC TESTS

Personal Medical History

Physical and neurologic examination (reflexes, coordination, muscle tone and strength, eye movement, speech, sensation)

Diagnostic tests: brain scans, MRI, CT scan,

Neuropsychological testing-written tests, computer tests, interviews

Functional Assessment- what can a person do and not do Activities of Daily Living (ADL),

EEG

Lumber Puncture

- MORE ADVANCED TESTS
- Amyloid PET Scans : looking for amyloid plaques in the living brain. Cost \$6,000.00
- TAU PET SCANS: Look for Tau Neurofibrillary tangles in the living brain
- Genetic tests-APOE4 gene,
- Psychological Evaluation by social worker for planning ahead

Reversible causes of dementia

Reaction to drugs (anti-anxiety drugs, anticholinergic drugs, antidepressants, Parkinson drugs, antihistamines, anti seizure drugs, Steroids, opioids, cardiovascular drugs.

Depression-pseudo-dementia lose the ability to derive enjoyment or pleasure from usual sources.

Vitamin B12 deficiency (found in eggs, poultry, fish, dairy, and meat). Pernicious anemia

Hydrocephalus- “Water on the brain”. NPH Normal pressure hydrocephalus seen in older adults.

Tumors- Depends on their location and size, symptoms vary.

Subdural hematoma: pooling of blood outside a blood vessel. Bleed between brain and outer covering. Falls.

Thyroid disease-Over production or underproduction of Thyroid hormones. Both treatable, but may not reverse the dementia.

Alcoholism- B12 deficiency, Can destroy brain cells- forgetfulness, clumsiness, impaired memory, orientation, and attention decline.

Autoimmune disease-MS, SLE, Limbic Encephalitis, Hashimoto’s encephalitis, Sarcoidosis.

HIV Associated cognitive impairment and dementia-Untreated HIV leading to AIDS, decline rapidly into dementia.(HAD- HIV Associated Dementia).)

Irreversible causes of dementia

Vascular dementia: damage to blood vessels

Lewy Body disease: abnormal clumps of protein inside the neuron(nerve cell) called Lewy bodies

Parkinson's disease: Lewy bodies accumulate in the brain that controls movement. Usually the ventral tegmental area (VTA) of the mid brain. Affects motivation and reward processing. Dopamine to neurons.

Dementia with Lewy bodies

Frontotemporal dementia (FTD): (Pick's Disease), shrinkage in the frontal and temporal parts of brain. Affects reasoning, decision making, language, personality, and social behavior. Difficult to control these behaviors.

Huntington's disease: rare inherited abnormal gene. Appears in 20-40 year old's.

Creutzfeldt-Jakob disease: Inherited, normal protein converted to abnormal protein,(Prion Protein). Die within a year of diagnosis.

Neurosyphilis: Before penicillin, up to 30% of patients admitted to mental institutions had neurosyphilis. Begins 15 years after Initial syphilis infection.

Medications for Alzheimer's disease

The drugs available on the market today, cannot prevent or stop the cognitive deterioration of Alzheimer's disease.

Most alleviate symptoms temporarily.

These behavioral/ cognitive symptoms work best with home environment changes.

First classification of drugs approved by FDA. Work by reducing cholinesterase, thus preventing the breakdown of acetylcholine.

The FIVE (5) FDA approved drugs for treatment of Alzheimer's disease are:

1. Donepezil (Aricept): Cholinesterase inhibitors: Most widely used: Raise Acetylcholine in the brain by blocking cholinesterase which breakdowns acetylcholine, which is a chemical messenger in the brain. Treats all stages of ALZ.
2. Rivastigmine (Exelon): Cholinesterase inhibitors, approved for mild to moderate Alzheimer's disease.
3. Galantamine (Razadyne): Cholinesterase inhibitor for mild to moderate stages of Alzheimer's disease.

Second classification of Drug

4. Memantine (Namenda): NMDA antagonist: Used for moderate to severe Alzheimer's dementia: works by preventing glutamate another neurotransmitter, from attaching to NMDA receptors in the brain. If excessive amounts of glutamate is made it will destroy brain cells.

Approved in 2003 by the FDA.

Third Type of Drug

The third type of drug is a combination of cholinesterase inhibitor and a glutamate regulator.

Donepezil and Memantine (Namzaric) approved by the FDA in 2014 is used to treat moderate-to-severe stages.

New Drugs approved by the FDA- Disease Modifying Treatments

5. **Kisunla (Donanemab-AZBT, Lecanemab) , Eli Lilly, newest FDA drug approved in 2024 for patients with mild cognitive impairment (MCI) or mild dementia stage of disease.**

Given IV infusion every 4 weeks.

Reduces marked clinical decline on the:

Integrated Alzheimer's Disease Rating Scale (iADRS),

Alzheimer's Disease Assessment Scale-Cognitive Subscale (ADAS-Cog-13)

Alzheimer's Disease Cooperative Study (ADCS-iADL) Scale.

How it works: Amyloid-targeting Therapy (ATT). Slows Cognitive and functional decline up to 35% on iADRS scales at 76 weeks.

Can get amyloid-related imaging abnormalities due to the monoclonal antibodies directed against the aggregated form of beta amyloid.

Medications for Behavior Problems

Antidepressants : Helpful for moodiness, sleep disturbances.

Antipsychotics: Helpful for hallucinations, moodiness, agitation.

Anti-Anxiety Drugs: Helpful for anxiety, insomnia, pacing, fearfulness.

Antidepressants

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRI's)

Citalopram (Celexa)

Escitalopram (Lexapro)

Sertraline (Zoloft)

SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI'S)

Desvenlafaxine (Khidasheli, Pristiq)

Duloxetine (Cymbalta)

Venlafaxine (Effexor

Other Drugs Used

Bupropion (Wellbutrin)

Mirtazapine (Remeron)

Trazadone (Desyrel, Oleptro)

Mood Stabilizer Drugs

Carbamazepine (Carbatrol, Epito, Equetro, Tegretol): TMJ also

Divalproex sodium (Depakote): reduce muscle jerks in late stage of Alzheimer's.

Gabapentin (Neurontin): effective for pain

Lamotrigine (Lamictal): less potential to worsen cognitive decline.

Takes time to reach a therapeutic dose.

Therapies Under Investigation

1. Drugs that reduce Beta-Amyloid : Work two ways:

A. Either reducing the production of Beta-Amyloid

B. Enhancing Clearance from the brain

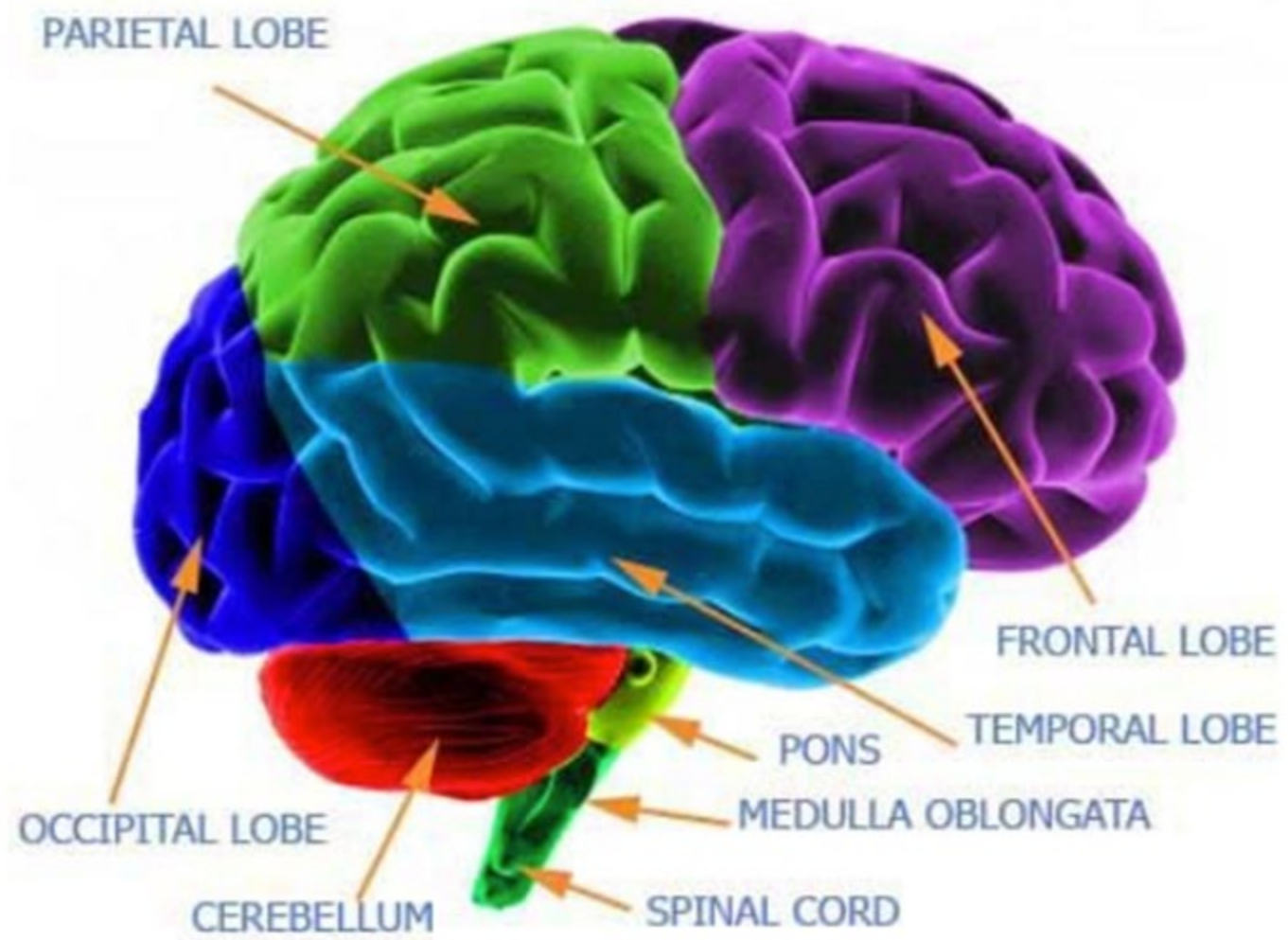
2. Medications that enhance clearance

3. Drugs that Target Tau (the Neurofibrillary tangles, which form inside the brain cells (neurons)).

4. Magnetic or electrical Stimulation

5. Implanting Healthy Neurons

6. Drugs that reduce Production of key enzymes that involved in Beta-Amyloid production by altering the Proteins needed to create the stickier beta-amyloid protein that forms plaques in the brain and are toxic to neurons (nerve cells).



Managing Behaviors

The first steps to managing behaviors associated with Alzheimer's and Dementia is to be aware of the causes of behavioral responses.

Why do difficult behaviors occur?

Five Causes Below:

1. Physical/Physiological reasons: Pain, fatigue, discomfort, impaired speech, short attention span, medical problems, complications from medications.

2. Emotional Health: Depression, feelings of loss of control, scared, tired, lonely, fears of health or death, loss of identity, loss of family or spouse, feelings of inadequacy

3. Environmental: Sensory overload, unfamiliar people, noise, lighting, something that startles a person, agitating behaviors in others.

4. Tasks: Overwhelming, rushing, over stimulating, too complicated, cannot focus, poor attention.

5. Communication: Verbal communication, the words we use:

6. Non-Verbal Communication: our actions, body language, and facial expressions, tone of voice, expression of emotion, inflection or voice.

The Three Stages of Alzheimer's

Early -Stage Alzheimer's:

Can function independently, still drive, dress themselves, work, be part of social activities.

Problems finding the right word or name

Troubling remembering names when introduced to new people

Challenges with tasks at work or social tasks

Forgetting material that was just read

Losing or misplacing a valuable object (keys, wedding rings, medications)

Trouble with planning and organizing- [Create an action plan visit](#)

alz.org/Alzheimersnavigator

Stages of Alzheimer's

Middle-Stage Alzheimer's: Middle stage Alzheimer's is the longest, can last for many years . Begin to require a greater level of care.

Forgetful of their personal history and events.

Feeling moody, withdrawn, lack insight into their behavior

Cannot recall their address, phone number, high school, or college.

[Visit alz.org/safety](http://alz.org/safety) to learn about Medic alert +Alzheimer's Association Safe Return Medical assistance program.

Confusion about Time and Place-(6 out of 10 will wander and become lost).

Cannot select appropriate clothes for the right season or occasion

Trouble controlling bladder and bowel in some persons

Changes in sleep patterns, confuse day and night, sleep during the day, up at night, restlessness

Increased risk of wandering and getting lost , focus on their nutrition.

Behavioral and personality changes include-suspicious, delusions, compulsive, repetitive behavior like wringing or tissue shredding.

Stages of Alzheimer's

Late-Stage Alzheimer's: In the final stage of the disease, individuals lose the ability to respond to their environment, carry on conversations, and eventually lose control of movement, swallowing, walking, bowel control.

They need 24/7 care and assistance with all ADL and personal care.

Lose awareness of recent experiences as well as their surroundings

Experience changes in physical abilities, including the ability to walk, sit, swallow and can no longer speak.

Have great difficulty with communication, speech is impaired

Increased vulnerability to infections, especially pneumonia, Covid, Influenza

Hazards of Immobility: Bed sores, aspiration pneumonia, constipation, incontinence, aspiration of food or liquids, etc.

COMMUNICATION

When communicating with a person with Alzheimer's or Dementia try these techniques;

Face the person: get down to their eye level

Speak slowly

Use the person's name

Do not rush, wait for their response

Repeat if necessary

Cue or model behaviors, for example, pick up the spoon show them how to use it for soup.

Smile at ALL times

Praise and reassure the person

Focus on the present, and not the past, when communicating with the person

Stage One Early Dementia

Characteristics and Capabilities

Moderate Memory Loss, leads to Frustration

Realization of Memory Deficits are beginning

Awareness of needing help from others

- What we can do to help:
- Provide crafts that are simple to increase self esteem and sense of accomplishments.
- Have a schedule to complete daily living skills to preserve dignity (brushing hair, shaving, brushing teeth).
- Provide daily physical exercise to reduce stress, frustration, and elevate mood. Promotes a better sleep pattern.
- Enroll them in sensory programs to improve recognition, for example, Programs that offer sensory include the use of scents, vision, hearing, tactile and taste.
- Financial and legal matters should be taken care of early
- When they can help make their own decisions.
- Provide tasks one at a time.
- Be aware of non-verbal signals. (tap on shoulder, hold your arm)

Stage Two: Middle Dementia

Characteristics and Capabilities:

Severe memory Loss

New material lost rapidly

Disoriented most of time, only simple chores of ADL preserved.

Pacing

Poor judgement

Need help with dressing, feeding, using bathroom.

- What we can do:
- Create crafts/arts that increase their self-worth , Create success for them.
- Create and schedule daily activities of living that reinforce OLD skills.
- Daily Physical exercise that replace wandering, improve strength, give them an outlet for pacing.
- Sensory programs that promote learning and retention of materials and old skills.
- Provide nutritious finger foods to replace calories.
- Use Door knob devices, black rugs in front of all doors, door alarms, window alarms.
- Nutritious finger foods to replace calories lost.

Stage Three: Late Dementia

Characteristics and Capabilities:

Dependent on others for care and are frail.

Cannot recall ADL abilities.

Short attention span, cannot focus well.

Require nurturing , support, reassure them.

May have difficulty with swallowing.

May be incontinent.

Have difficulty walking, high fall risk.

• What we can do:

- Provide crafts and arts that have few steps.
- Provide soft music
- Preserve their dignity when providing all care (bathing, dressing, bathroom)
- Daily physical exercise programs, short walks, chair exercises.
- Provide sensory experiences with person, favorite smell, favorite blanket, soft clothes, buttons to work with, different fabric textures.
- Music they always enjoyed.

Get Yourself Organized: Hold a Family meeting to decide what kind of care is needed and determine who will research each option.

Decide who will give the care, who will pay for it, what the budget is. Options: Adult Day Care Centers, Senior Living Communities that offer Memory Care Communities, County Programs that offer Adult Day Care on a Sliding Scale payment basis. In some families they create a schedule of who will share adult day care each day of the week. They share the care giving for their loved one. This helps to defray costs. Medicare /Medicaid coverage Services 877-267-2323.

Ask for Help and Accept It:

Offer Support: If You are not the main care giver, ask if you can take over a weekend a month, or a few weekdays a month, or a much needed-vacation?

Could you provide transportation help coordinate certain services, such as house cleaning or transportation to doctor's appointments?

Collect Medical Information: Keep a well organized binder with H+P, Medications, allergies, latest lab results, insurance cards, and healthcare proxy, living will, and durable power of attorney. AARP has a tool on line to help you.

Obtain Respite care: Certain Senior Living communities will offer Respite care usually for a 1 month period. Families and friends can also offer Respite care for a weekend. Adult Day Care Centers may offer a weekend respite stay. (Insight Memory Care in Fairfax, Va.)

Join a Real- Time or Virtual Care Giver support Group: Talk out your feelings, frustrations, helpful ideas with other people in the same situation.

Blow Off Steam:

Take Care of Yourself: Eat well, get enough sleep and exercise, pursue activities that give you pleasure. Get extra help with the chores.

Special Precautions for Wanderers

Wandering might be occurring because they have deep rooted memories of going to work, going for a jog, walking the dog, picking up the children. we call this purposeful wandering.

Inability to control this is usually the main reason a family chooses a senior living community.

Simple Measures:

Slide bolts installed at the top and bottom of doors and windows.

Warning bells on doors, and windows.

Camouflage doors by covering them with cloth the same color as walls.

Childproof knobs

Camouflage doors by painting them the same color as walls.

Create a 2 foot black threshold in front of doors so it looks like a gaping hole. Use tape, paint, or a black rug. People with limited visual-spatial abilities will avoid it many times.

Take photographs often to show police if needed.

Buy identification jewelry engraved with their name, phone number, address.

General Safety Measures:

A home that is safe for the average family nearly always contains hidden hazards for someone with Alzheimer's or Dementia.

Look through the eyes of a cognitively impaired person's eyes as you inspect your home.

Look for dimly lit areas, electrical cords, stairs with rugs in front of them, doors with easy to open handles.

Make sure the route from bedroom to bathroom is clutter free.

Have night lights to light the way.

Lower the temperature on water heaters and insulate exposed hot water pipes.

Block off radiators with a furniture or a gate.

Keep toxic cleaning supplies, insecticides, gasoline, paint, solvents and medications locked up.

Hide the stove knobs so they cannot turn on the stove. Switch off stove at the circuit breaker.

If you have a gas stove ask the Gas company how you can disable it.

Stairways should have sturdy handrails and good lighting. Use skid resistant mat inside shower or tub.

Lock away all fire arms power tools, sharp knives, and scissors and machinery.

Legal and Financial Matters

Legal competence: Essentially all adults are presumed competent to make decisions.

Incompetence, can only be determined by a court, it is usually based on a person's functional abilities, not simply based on the diagnosis of Alzheimer's.

Incompetence may be hard to prove, for example, memory lapses and poor business sense are not sufficient evidence for incompetence.

Durable Power of Attorney can grant another person the power to make decisions regarding your property, residence, and financial affairs. It can be broad or very narrow. (ie. Sell your car only, not your house) **Durable Power of Attorney** can start as soon as it is signed or it can go into effect at a future date.

Trust: another way to grant authorization to another to manage your affairs. More complex and far reaching than a **Durable Power of Attorney**. Trusts allow you to gather stocks, house, money, investments, and place them in a legal entity.

While YOU are alive you are the Trust's beneficiary. You can control the Trust and distribution.

You can designate Trustees to carry out your wishes and a point in time when you specify.

When you die the Trustee distributes remaining assets.

Advance Directives: POLST FORM

Advance directives : Health Care Power of Attorney . Death from Alzheimer's and Dementia is often preceded by years of decline.

Remember Durable Power of Attorney only covers your financial and legal matters.

The most common cause of death from Alzheimer's is pneumonia, because they are bed bound in their later years.(bed sores, contractions, UTI, sepsis)

Advance Care Planning Process helps to make this difficult process easier for loved ones.

1. Set up a Family Meeting. Make sure there is a full understanding of your current health status and prognosis for the future.
2. Clarify your Health Care goals, wishes, and end of life treatment choices. POLST Form (Physicians Order for Life Sustaining Treatment). Focus on your comfort care goals at the end of life.
3. Decide who will be your Surrogate decision maker, known as your Health Care Agent or Proxy.
4. Discuss all the above with your Proxy, family members, health care providers, and anyone else who will be involved with future decision making for you.
5. Document who will be Your Health Care Power of Attorney, in writing.

Long-term residential care

There are generally Four types of living arrangements available for people with advanced Alzheimer's disease or dementia.

1. **Nursing Homes: Medicare.gov for ratings are available.**
2. **Special Care units within the Nursing homes. Medicare.gov for ratings are available.**
3. **Senior Living communities (Assisted-Living Communities) . Offer Secure Memory Care Communities with specially trained staff that understand the disease and the special needs of the individual. There is no Buy -In option, As people's needs change they offer Independent Living, Assisted Living, and Memory Care levels of care. Residents rent month to month. Can be partially paid by long term care insurance, Veterans benefits, reverse mortgages, pensions, and savings. If a Skilled Nursing Home is needed Medicare will partially cover this cost.**
4. **Continuing Care Retirement Communities (CCRC) Buy in, as the individual's needs change they can advance from Independent living to Assisted living to Memory Care level of care. They also offer a Skilled Nursing Unit that may have long term care beds. Partially paid by Long term care insurance, Veterans Benefits, reverse mortgages, pensions, and savings.**

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Thank You for spending time with me today.

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