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Patient Care for Dementia-Related Conditions Including Alzheimer's Disease



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Goals

- Review early signs of Alzheimer's disease including diagnosis and treatment
- Identify sources of stress for individuals with dementia/Alzheimer's disease
- Discuss interventions to alleviate caregiver role strain
- Discuss interventions used when caring for patients with dementia/Alzheimer's disease
- Describe behavioral approaches for patients with dementia/Alzheimer's disease

Brief Overview of Alzheimer's Disease

- Early Signs and Symptoms
 - Memory loss that disrupts daily life
 - Difficulty with changes in planning and/or problem solving
 - Difficulty completing familiar tasks
 - Confusion with time and/or place
 - Trouble understanding visual images and/or spacial relationships
 - Trouble with word finding during speech and/or writing
 - Misplacement of important items and the inability to retrace steps to find them
 - Decreased or poor judgement
 - Withdrawal from work or social activities
 - Changes in mood and/or personality

Report any of these symptoms to the primary care provider ASAP

Brief Overview of Alzheimer's Disease

- Diagnosing Alzheimer's disease
 - Detailed history and physical exam
 - Rule out other causes, i.e., depression, medication-induced delirium, dehydration, infection, etc.
 - A computerized tomography (CT) scan or a magnetic resonance imaging (MRI) may be performed to rule out head injury
 - A complete blood count (CBC) test or a comprehensive metabolic panel (CMP) to rule out any infection or blood count abnormalities
 - Thyroid function test to rule out hypo- or hyperthyroidism
 - Mini-Cog® assessment can be used
 - The Mini-Mental State Exam (MMSE) can be used

Brief Overview of Alzheimer's Disease

Treatment

- There is no known cure, only treatment of symptoms
- To treat memory loss cholinesterase inhibitors (also called acetylcholinesterase inhibitors) can be prescribed
 - Donepezil (Aricept®), galantamine (Razadyne®), rivastigmine (Exelon®)
- To treat memory loss N-methyl-D-aspartate (NMDA) receptor antagonists can also be prescribed
 - Memantine (Namenda®)
- Depression can be treated with selective serotonin reuptake inhibitors (SSRIs)
 - Citalopram (Celexa®), fluoxetine (Prozac®), sertraline (Zoloft®), fluvoxamine (Luvox®), mirtazapine (Remeron®), and /or trazodone (Desyrel®)
- For treatment of agitation or aggressive behavior try using a diversion box
 - Box will contain items that have a calming/distracting effect on the patient, i.e., a baby doll, puzzles, Rubik's Cubes™, etc.

Brief Overview of Alzheimer's Disease

- Seek less drastic means of behavior modification prior to medications
- Physical restraint is a last resort to prevent the patient from injuring themselves or others
- Antipsychotic medications can be prescribed
 - Aripiprazole (Abilify®), haloperidol (Haldol®), olanzapine (Zyprexa™), quetiapine (Seroquel®), risperidone (Risperdal®)
 - These medications may have different side effects with elderly patients than with younger patients
- Benzodiazepines including
 - Clonazepam (Klonopin®), lorazepam (Ativan®)
- Sleep aids may include
 - Zolpidem (Ambien®) may cause an unsafe (sleepwalking) condition

Sources of Stress for Individuals with Dementia/Alzheimer's Disease

- Forgetfulness
 - Trouble with word finding during speech and/or writing
 - Forgetting names of people, places, or things
 - Forgetfulness causes embarrassment and eventual social isolation
 - Forgetting everyday tasks that can cause hazards
 - Leaving notes around the home to remind him/herself of tasks
- Forgetfulness may cause a loss of job
 - Occupational skills can be forgotten
 - These lost skills can cause workplace hazards
 - In avoidance of this the individual may quit/resign their job
- Social isolation
- Inability to care for family
 - Fear of not being able care for loved ones anymore, (especially disabled adult children)

Sources of Stress for Individuals with Dementia/Alzheimer's Disease

- Feeling the need to “get things done” before disease progression
 - Making a living will, medical power of attorney, assigning an executor of estate, etc.
 - Individual must be mentally competent to accomplish the above tasks
 - Making funeral arrangements
 - Making sure family will be cared for
 - Getting general affairs in order

Caregiver Role Strain

- Over 16,000,000 Americans are providing unpaid care for people with Alzheimer's disease or other dementias
 - Most of these caregivers are providing in their homes
- Risk for abuse (patient)
 - For unpaid home caregivers there is no break or reprieve from the patient (often a loved one) during their waking hours
 - Home caregivers often lack formal medical training
 - Love is not a substitute for medical training
 - This lack of training can result in undue stress in the household

Signs of abuse

- Physical abuse is typically committed by trusted individuals

Caregiver Role Strain

- Signs of physical abuse include: broken bones, bruises, self-treated injuries, sprains, tooth loss, unexplained hair loss, burns, patterns of hospitalizations for the same or similar injuries, delayed medical care for an injury, discomfort for certain individuals, poor explanations for injuries, and/or trips to different emergency rooms to avoid suspicion

Caregiver Role Strain

- Sexual abuse
 - Signs include: anal or genital bleeding, bruised genitalia or inner thighs, new sexually transmitted infections (STI), panic attacks, pelvic injuries, difficulty walking or sitting, social or emotional withdrawal, and/or torn/bloody/stained underwear
- Psychological or emotional abuse is very common in elderly patients with dementia/Alzheimer's disease
- Psychological or emotional abuse can be name calling, threats, insults, barring access to resources, and/or humiliation
 - Signs of psychological or emotional abuse include: avoiding eye-contact, differing eating or sleeping patterns, low self-esteem, mood swings, and/or appearing disturbed or scared
- Neglect
 - Signs of neglect: unclean patient, soiled bedding, unclean clothing, abandoned patient, lonely/depressed patient, and/or malnourished

Caregiver Role Strain

- Financial abuse (larceny)
 - Signs of financial abuse: pattern of missing belongings or property, financial arrangements made without proper documentation, caregiver unusually interested in how much money the elder is spending, ATM withdrawals that the elder could not have made or other banking withdrawals, eviction notices, unexplained bills, and/or utilities being disconnected
 - If you suspect elder abuse, it is your legal and ethical responsibility to report it to the authorities
 - Work with the caregiver to assess family/caregiver stressors
 - Home caregiver seems stressed, fatigued, and/or upset
 - Work with your facility's social worker to see what kind of help that you can get for the caregiver
 - Determine what the stressors are
- Automated teller machine (ATM)

Caregiver Role Strain

- Work with the caregiver to assess family/caregiver stressors
- Reassurance
- Involve caregiver in patient care/teaching
 - Safety
 - If the client tends to wander, encourage caregiver to use a MedicAlert® or other tracking system
 - Keep on a regular schedule
- Respite care

Do's and Don'ts When Caring for a Patient with Dementia/Alzheimer's Disease

- Do
 - Treat the adult with respect and dignity
 - Use a gentle touch and make direct eye contact
 - Remain patient, flexible, calm, and understanding
 - Expect challenging behaviors
 - Give directions using gestures and/or pictures
 - Simplify tasks and focus on one thing at a time
 - Avoid questions or topics that require extensive thought, memory, or words
 - Ask simple questions
 - Be flexible
 - Use distraction when the patient is agitated, i.e., misdirection, subject change, a diversion box
 - Provide reassurance and sincere praise

Do's and Don'ts When Caring for a Patient with Dementia/Alzheimer's Disease

- Do not
 - Criticize, correct, or argue
 - Rush or hurry the patient
 - Force participation in activities (encourage)
 - Blame the patient, blame the disease
 - Be impatient
 - Use terms such as "honey"
 - Use threatening gestures
 - Overreact
 - Try to explain why or rationalize
- *Treat the patient with dignity and respect

Caring for a Patient with Dementia/Alzheimer's Disease

- Home care – what will the patient/family need?
- Safety is key
- Make plans for advance directives, care options, financial planning, and personal preferences for care
- Ensure the home has functioning door locks
- Provide protective wear for incontinence hygiene
- Ensure the home has good lighting
- Safety handrails
- Label faucets, doors, and drawers
- Build/establish a diversion box or other methods of distraction to calm the patient
- Memory aids in early stages
- ADLs (toileting, oral care, hygiene)
- Skin care

Caring for a Patient with Dementia/Alzheimer's Disease

- Help patient eat and drink if necessary
 - If the patient has trouble swallowing or chokes on their food, it may be a sign of dysphasia and will require a feeding tube, i.e., nasogastric tube
 - Possibly directed by advance directives or living will
- Infection prevention
- Caregiver support
- Assess for underlying cause
 - Pain/discomfort
 - Patient notices and is disturbed by tubes and/or dressings
 - Patient may need to go to the bathroom

Behavioral Approaches for Dementia/Alzheimer's Disease Care

- Sundowning (interventions to reduce incidence)
 - Create a quiet and calm environment
 - Open the blinds/curtains and let in the light during the daylight hours and discourage daytime napping
 - Close the blinds/curtains during the night
 - Have the nurse evaluate the medications
 - Limit caffeine intake
 - If all else fails, use of sleep aids might be the solution
- Treat underlying cause
- Distraction
- Calm, quiet environment
- Reorientation
- Memory aids
- Room near the desk
- Medications and physical restraints – last resort

Quality of Life Areas and Dementia/Alzheimer's Disease Care

- Affects quality of life
- Poor hygiene due to inability to perform ADLs
- Risk for Injury
- Social Isolation
- Poor Nutrition
- Advance directives
 - Living will
 - Medical power of attorney
 - Physician's orders for life-sustaining treatment (not a type of advance directive)
 - Do-not-resuscitate (DNR) order

Case Study

- Diversion box/distraction
- Suggest medications as a last resort
- 86-year-old male with Alzheimer's disease
- Difficulty getting dressed
- Has begun to wander-family found him six blocks away from house
- Patient becomes agitated and thinks his daughter and son are trying to steal from him
- Family is stressed; patient's daughter has not been able to attend their child's dance recitals or their son's soccer games
 - Patient may need a tracking system to help address wandering
 - Diversion box/distraction
 - Try reorienting the patient

Case Study

- Address possible caregiver role strain
- Assess the level and type of help the patient is receiving
- Patient may require medications
- Monitor the patient's behavior for changes
- 73-year-old female with Alzheimer's disease
- New home health client lives with adult daughter
- Difficulty eating and swallowing
- Incontinence
- You notice bruising to the back and arms
 - Possible elder abuse due to caregiver role strain
 - REPORT ALL SUSPECTED ABUSE! It is your legal obligation
 - The caregivers do need resources to continue safe patient care

References

- Alzheimer's Association. (2021). 10 early signs and symptoms of Alzheimer's. https://www.alz.org/alzheimers-dementia/10_signs
- Burchum, J. & Rosenthal, L. (2019). *Lehne's pharmacology for nursing care*. (10th ed). St. Louis: Elsevier.
- Department of Health and Human Services. (2020). Elder abuse. National Institute on Aging. <https://www.nia.nih.gov/health/elder-abuse>
- Harding, M., Kwong, J., Roberts, D., Hagler, D., & Reinisch, C. (2020). *Lewis' medical-surgical nursing assessment and management of clinical problems*. (11th ed). St. Louis: Elsevier.



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