

NEWSLETTER

April / May / June 2002 Edition



Forgetfulness: It's Not Always What You Think

Resource: Alzheimer's Disease Education & Referral Center

Next Meeting of The Coalition

Thursday, April 25
8:30am - 10:30am
The Legal Center
455 Sherman Street, Denver, CO
Building Conference Room
First Floor

Program:

Alzheimer's - My Safety - Your Safety *(taking a look at abuse going both ways)*

Speaker:

Cheryl Siefert,
Education Services Director
Alzheimer's Association
Rocky Mountain Chapter

8:30 - 9:00am
Continental Breakfast
9:00 - 9:45am
Program
9:45 - 10:00 am
Question & Answers
10:00-10:30 am
Networking Adjournment
10:30-11:30 am
CCERAP Steering Committee Meeting

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Many older people worry about becoming forgetful. They think forgetfulness is the first sign of Alzheimer's disease. In the past, memory loss and confusion were considered a normal part of aging. However, scientists now know that most people remain both alert and able as they age, although it may take them longer to remember things.

A lot of people experience memory lapses. Some memory problems are serious, and others are not. People who have serious changes in their memory, personality, and behavior may suffer from a form of brain disease called dementia. Dementia seriously affects a person's ability to carry out daily activities. Alzheimer's disease is one of many types of dementia.

The term dementia describes a group of symptoms that are caused by changes in brain functions. Dementia symptoms may include asking the same questions repeatedly; becoming lost in familiar places; being unable to follow directions; getting disoriented about time, people and places; and neglecting personal safety, hygiene, and nutrition. People with dementia lose their abilities at different rates.

Dementia is caused by many condi-

tions. Some conditions that cause dementia can be reversed, and others cannot. Further, many different medical conditions may be treatable. Reversible conditions can be caused by a high fever, dehydration, vitamin deficiency and poor nutrition, bad reactions to medicines, problems with the thyroid gland, or a minor head injury. Medical conditions like these can be serious and should be treated by a doctor as soon as possible.

Sometimes older people have emotional problems that can be mistaken for dementia. Feeling sad, lonely, worried, or bored may be common for older people facing retirement or coping with the death of a spouse, relative, or friend. Adapting to these changes leaves some people feeling confused or forgetful. Emotional problems can be eased by supportive friends and family, or by professional help from a doctor or counselor.

The two most common forms of dementia in older people are Alzheimer's disease and multi-infarct dementia (sometimes called vascular dementia). These types of dementia are irreversible, which means they cannot be cured. In Alzheimer's disease, nerve cell changes in certain parts of the brain result in death of a large number of cells.

In multi-infarct dementia, a series of small strokes or changes in the brain's blood supply may result in the death of brain tissue. The location in the brain where the small strokes occur determines the seriousness of the problem and the symptoms that arise.

People who are worried about memory problems should see their doctor. If the doctor believes that the problem is serious, then a thorough physical, neurological, and psychiatric evaluation may be recommended.

Stress, anxiety, or depression can make a person forgetful. Forgetfulness caused by these emotions usually is tempo-

rary and goes away when the feelings fade. However, if these feelings last for a long period of time, getting help from a professional is important. Treatment may include counseling, medication, or a combination of both.

Some physical and mental changes occur with age in healthy people. However, much pain and suffering can be avoided if older people, their families, and their doctors recognize dementia as a disease, not part of normal aging.

Dementia Communication Strategies

Resource: Alzheimer's Association, Rocky Mountain Chapter

Professionals, friends or family members may find the following strategies to be helpful when interacting or communicating with people affected by any form of dementia.

- Locate the Caregiver, if there is one. This may be the most important thing you can do to obtain good information. Ask questions with the caregiver present.
- Treat the Alzheimer's person with dignity and respect.
- Be calm and reassuring.
- Speak and move slowly.
- Speak directly to the person.
- Use short, simple, and concrete words and sentences.
- Tell the person who you are and why you are there.
- Minimize distraction, talk away from crowds, noise, etc.
- Talk in a one to one situation.
- Maintain eye contact at all times.
- Approach the person from the front to avoid startling them.
- Ask one question at a time or give one direction at a time.
- Don't ask questions that require a lot of thought or memory.
- Ask Yes and No questions when possible.
- Allow the person adequate time to respond.
- Stay positive and use humor whenever possible, but not at the person's expense.



- Repeat the question using the same words. If still no response, try rephrasing.
- If they are constantly misinterpreting or hallucinating, don't disagree.
- Make requests, not demands. Avoid... "Don'ts".
- Touching the Alzheimer's person on the hand or arm shows affection and caring.
- Avoid restraint or manhandling if possible. This can bring on a catastrophic response.
- When dealing with apparent sexual deviant behavior or catastrophic reaction use - distraction vs. scolding or lecturing. Distract with a drink of water, moving the person, etc.

Functional Capacity Assessments Seminar

Determining the Need for Guardianship of Adults

May 17, 2002 • 8:30am - 3:00pm
Arvada Center for Arts & Humanities
6901 Wadsworth Blvd., Arvada, Colorado 80003



Colorado's new guardianship law places greater responsibility on providers and professional persons who assess the need for guardianship. The law now requires that a person's functional capacity to manage his/her own affairs and make specific decisions must be assessed and guardianship should only be imposed as required by the person's specific needs and circumstances.

This seminar will address:

- definition of functional capacity;
- how to assess functional capacity;
- describe assessments tools;
- when to assess functional capacity for guardianship purposes;
- applications for various populations.

8:30am Registration

9:15am Keynote Presentation, Alan Lazaroff, M.D., Centura Senior Life Center
"Definition and Benefits of Functional Capacity, Why Changes In Law Are Important; How To Know When To Assess Functional Capacity"

10:00am *"How to Assess Functional Capacity and Develop Guardianship Letters for the Court"*
Panel:

Grace C. Nadolny, M.D., Geriatric Psychiatrist	Stuart Ferguson, M.D., Primary Care Physician
Don Gerber, Psy.D., Neuropsychologist	Dave Benson, O.T.R., Occupational Therapist
Paul Spragg, Ed.D., Psychologist	Gail Nichter, MSW, Social Worker

12:15pm Box Lunch inside or enjoy the Center's beautiful grounds and fresh air.

1:00pm Discussion tables for dementia, mental illness, developmental disabilities, brain injuries and other neurological impairment. Professional experts from each population will circulate between tables. Attendees can change tables if they wish.

FOR REGISTRATION AND OTHER INFORMATION CALL - 303/423-2898

Alzheimer's: My Safety - Your Safety

Thursday, April 25, 2002
The Legal Center, 455 Sherman Street, Denver
8:30am - 10:30am

Cheryl Siefert, Education Services Director of the Alzheimer's Association, Rocky Mountain Chapter, will be presenting this program at the quarterly meeting of the Colorado Coalition for Elder Rights and Adult Protection.

Alzheimer's disease victims suffer from gradual loss of memory and eventually reach the point where they can no longer care for themselves. A caretaker, guardian and/or conservator becomes necessary to handle their finances and make decisions regarding their welfare. This sometimes leads to individuals abusing the AD victim in a variety of ways.

But the abuse may not always be done to the AD victim. They in turn may inflict harm on others. More than just the AD victim can suffer from this dementia disease.

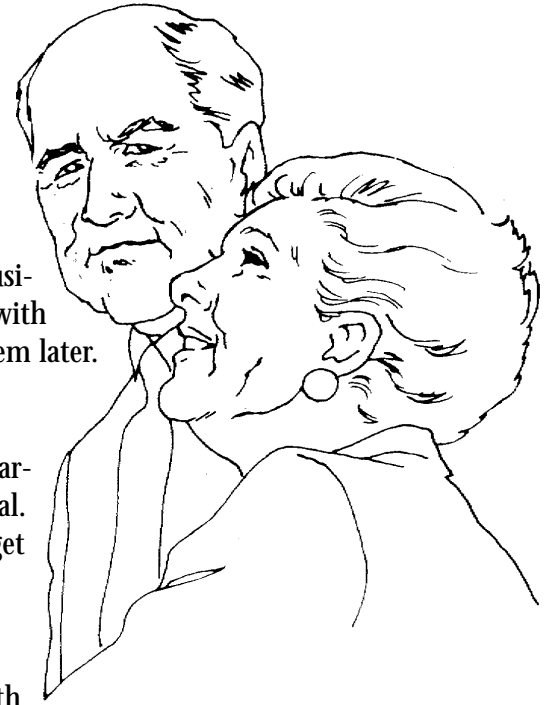
Following the presentation, there will be a question and answer period. You won't want to miss this meeting and improve your skills in recognizing, understanding, and working with victims of dementia.

A final reminder is that all CCERAP meetings are open to the public. You do not need to be a member to attend the meetings. We ask that you R.S.V.P. (see front cover) so if the presenter has handouts, an estimate on quantity can be provided.

Is It Alzheimer's?

Ten Warning Signs

Resources: Alzheimer's Association, Rocky Mountain Chapter



RECENT MEMORY LOSS THAT AFFECTS JOB SKILLS

It's normal to occasionally forget assignments, colleagues' names, or business associate's telephone number and remember them later. Those with Alzheimer's disease may forget things more often, and not remember them later.

DIFFICULTY PERFORMING FAMILIAR TASKS

Busy people can be so distracted from time to time they may leave the carrots on the stove and only remember to serve them at the end of the meal. People with Alzheimer's disease could prepare a meal and not only forget to serve it, but also forget they made it.

PROBLEMS WITH LANGUAGE

Everyone has trouble finding the right word sometimes, but a person with Alzheimer's disease may forget simple words or substitute inappropriate words, making his or her sentence incomprehensible.

DISORIENTATION OF TIME AND PLACE

It's normal to forget the day of the week or your destination for a moment. But people with Alzheimer's can become lost on their own street, not knowing where they are, how they got there or how to get back home.

POOR OR DECREASED JUDGEMENT

People can become so immersed in an activity they temporarily forget the child they're watching. People with Alzheimer's disease could forget entirely the child under their care. They may also dress inappropriately, wearing several shirts or blouses.

PROBLEMS WITH ABSTRACT THINKING

Balancing a checkbook may be disconcerting when the task is more complicated than usual. Someone with Alzheimer's could forget completely what the numbers are and what needs to be done with them.

MISPLACING THINGS

Anyone can temporarily misplace a wallet or keys. A person with Alzheimer's disease may put things in inappropriate places: an iron in the freezer, or a wristwatch in the sugar bowl.

CHANGES IN MOOD OR BEHAVIOR

Everyone becomes sad or moody from time to time. Someone with Alzheimer's disease can exhibit rapid mood swings – from calm to tears to anger – for no apparent reason.

CHANGES IN PERSONALITY

People's personalities ordinarily change somewhat with age. But a person with Alzheimer's disease can change drastically, becoming extremely confused, suspicious or fearful.

LOSS OF INITIATIVE

It's normal to tire of housework, business activities, or social obligations, but most people regain their initiative. The person with Alzheimer's disease may become very passive and require cues and prompting to become involved.

Protecting Those Who Wander

Resource: Caregiver Guide, NIA, and Alzheimer's Disease Fact Sheet, CSU

Researchers estimate that at least 70% of AD patients wander are at risk at becoming lost. Some AD patients have driven hundreds and even thousands of miles from their home. Others become disoriented while traveling out of town or around the local mall. Some AD patients are not able to ask for assistance when they become lost.

Clinicians and researchers do not know the exact cause of wandering. They do speculate the restlessness might be due in part to lack of exercise, boredom, a change in physical environment, stressful living conditions, or fear produced by delusions or hallucinations. Wandering behavior may be a product of trying to search for something familiar or reassuring.

Keeping a person safe is one of the most important aspects of caregiving. Knowing what to do to limit wandering can protect a person from becoming lost.

- Make sure that the person carries some kind of identification or wears a medical bracelet. If he or she gets lost and is unable to communicate adequately, this will alert others to his or her identity and medical conditions.
- Keep a recent photograph or videotape of the person with AD to assist police if the person becomes lost.
- Keep doors locked. Consider a keyed deadbolt or an additional lock up high or down low on the door. If the person can open a lock because it is familiar, a new latch or lock may help.
- Be sure to secure or put away anything that could cause danger, both inside and outside the house.
- Use safety gates across doors and on openings at the top and bottom of stairs.
- Explore the possibility of installing electronic buzzers, chimes or other security alarms at all exits.
- Encourage movement and make exercise in a secured environment a part of the AD patient's daily routine.
- Enroll in the Alzheimer's Association "Safe Return" Program. Call 1-800-272-3900 or your local association for more information.

What Do You Visit About When They Can't Even Remember Your Name?

By: Kathy Rickart, CCERAP Manager

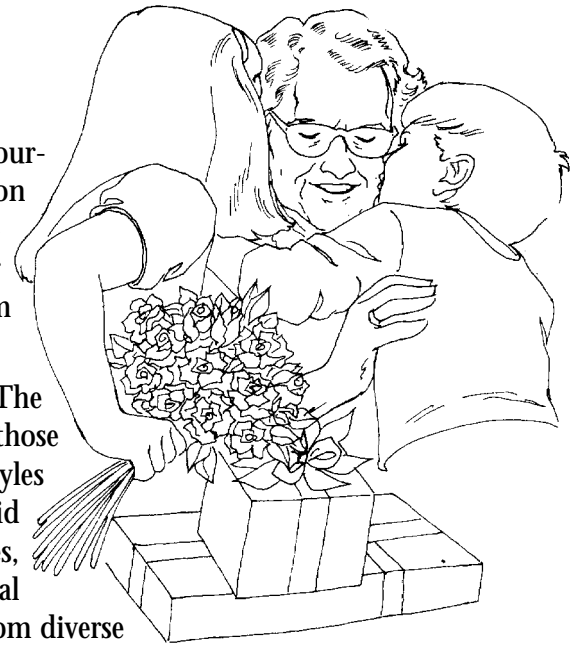
So many times, people put off visiting someone with dementia. You find yourself lost for things to talk about. You are living in the present and the person with dementia may only be able to recall the past, which you know next to nothing about. Here's a series of books that may be the ticket to fun for everyone – something those with dementia can remember and a "blast-from the past" history lesson for you.

Eldergames is a series of three books, - *the 30's, the 40's and the 50's*. The books contain memory stimulations activities for older adults, including those with memory disorders. Themes celebrate the people, the events, and lifestyles of each decade. Not only do they help stimulate memory, but become an aid to conversations about music, fads and fashions, headlines, sports, movies, and much more. At least one clue is given for each topic, and additional clues can be given as prompts. The topics were selected for participants from diverse backgrounds and of varying cognitive ability. The format is intentionally flexible so an appropriate level of simplicity or complexity can be used. Each book includes instructions and suggestions for using the topics in different games.

Another idea – how about donating a set of these books to the Long Term Care Facility where a loved one lives, so many families can use them when visiting?

Available from Eldergames, Untied Seniors Health Cooperative.

Go to www.unitedseniorshealth.org/html/pubs_eldergames.html for more information on cost and ordering.



Community Guardians Program Proposal for Rural Areas

By Alice Kitt, Director, Guardianship Alliance of Colorado

Throughout Colorado communities there exists a serious lack of guardians for adults who are incapacitated and isolated (they have no available family or friends). There is no state public guardianship or conservatorship program and few county departments of human services provide guardianship services. Colorado law prohibits the departments from petitioning for guardianship to make medical decisions. (C.R.S. 15-18.5-103(8)). In some cases adults have resources to pay professional guardians and/or conservators, however, in most rural communities, those services are also rare. Therefore, health care providers struggle and incapacitated, isolated patients suffer because no one is available to make medical treatment,

placement, financial and other important decisions.

We are very grateful to the Comprecare Foundation for a grant to pursue development of a Community Guardianship Program in rural areas and in smaller cities in Colorado.

The proposed program is based on a model in Idaho where a multidisciplinary volunteer board serves as the corporate guardian for incapacitated, isolated adults. In Idaho the program is established by state law, receives legal assistance and administration by the county prosecutor (county attorney in Colorado), and the Boards are appointed by county commissioners which also provide minimal funding. Volunteers assist the Boards by pro-

viding direct contact with their wards and monitoring services.

We will soon send our proposal around Colorado and sponsor three meetings in different areas to explore development of such a program in communities that express an interest. We believe it is very important to develop a program that meets the unique needs of each community; therefore, the community must develop it. We will present the basic concept; provide consultation, guardianship training, and encouragement along the way.

We invite anyone who is interested in receiving the proposal to contact us at 303/423-2898 or email at gdpall@aol.com.

RESOURCES

Guardianship Alliance of Colorado

By Alice Kitt, Director, GAC

The Guardianship Alliance of Colorado is a nonprofit organization that works to improve the guardianship system in Colorado. The Alliance is devoted to assuring that appropriate decision-making assistance and support is available to adults while protecting their rights to make as many of their own decisions as possible. While working in a number of ways to improve the state's fragmented guardianship system, the Alliance also provides information and referral services relating to guardianship concerns. A major goal is to inform the general public about guardianship and steps that might be taken to avoid guardianship. Information can be obtained by calling (303) 423-2898.



Video's Especially for Families Living with Alzheimer's Disease

The Rocky Mountain Chapter of the Alzheimer's Association has a lot of videos available for loan. Listed below is just one video available in each of the categories. You may borrow any of the following videos free for 10 days with a refundable deposit.



- | | |
|------------------------|--|
| General Overview: | Understanding Alzheimer's – 25 minutes |
| Caregiving: | Challenges of Caregiving – 25 minutes |
| For Children or Teens: | A Child's View of Grief – 30 minutes |
| Respite: | Favorite Things – 20 minutes |
| Sexuality: | A Thousand Tomorrows: Intimacy, Sexuality and Alzheimer's – 32 minutes |
| Film Stories: | Pop – 1 hour, 20 minutes |

Call 303-813-1669 or Toll Free 1-800-864-4404 to get a complete list of the videos available or to borrow one listed above.

Alzheimer's Association, Rocky Mountain Chapter

Resource: *Fact Sheet HAC #6001*



Help and Support

- Helpline – M-F, 8:30am – 4:30pm
- Support Groups that meet monthly
- Individual and Family counseling
- Safe Return Program (see the October 2001 newsletter for more details on this program)
- Memories in the Making Art Program

Advocacy

Actively works to advance care issues with legislators in Colorado and Washington D.C.

Educational Opportunities

- Getting Started Workshop - information on legal, financial and care issues.
- Resource Library – books and videos for loan.
- Annual Education Conference featuring experts on AD and caregiving issues.
- Speaker's Bureau
- Learning Institute – 32 hour certificate in dementia care for professionals.

Hope

Research into the cause, prevention and cure for AD offers hope for the future.

Contact us for assistance, information on a office near you, or to become a volunteer at: 1-800-864-4404 or visit our Website at: www.alz.org/rockymtn

CSU Service in Action Sheets

By Gale Loeffler, CSU Cooperative Extension Director, Arapahoe County.

Colorado State University has many *Service in Action Fact Sheets*. These are two to four page sheets addressing various topics and are written by Colorado State University professors and/or Extension professionals. Those relating to the topic of the April newsletter are:

10.233 - *Alzheimer's Disease*

10.244 - *Age-Related Changes in Memory*

You can go to CSU Extension's web site at : www.ext.colostate.edu, click Consumer/Family, click Fact Sheets, click Family-Elderly and discover many more interesting topics concerning the elderly. From the website you can print your own copy; or call for single copy free orders using the toll free number (877)692-6358, or request via e-mail cerc@coop.ext.colostate.edu.



Alzheimer's Disease Education & Referral Center

At the ADEAR website: www.alzheimers.org you will find information about Alzheimer's disease and related disorders. This is a service of the National Institute on Aging under the U.S. Department of Health and Human Services. At the site you can check out:

- Research Updates
- Locate Alzheimer's Centers
- Read or Obtain AD Publications
- See what Multimedia on AD is available
- Much more.

