

Caring since 1991



ACaregiver's Roadmap to Alzheimer's

RESOURCE

COUNSELOR

ADVOCATE

FRIEND







CHARLOTTE BISHOP,

Creative Care Management (CCM) is a professional story and a personal story.

Charlotte Bishop started CCM more than 20 years ago. Soon after that Charlotte's husband was diagnosed with brain cancer. Charlotte became her own spouse's death three years later. This personal journey evolved into a professional journey and certification as a Geriatric Care Manager (GCM) and the part of CCM dedicated to "Serving Elders and Others."

Creative Care Management is a team of certificated professionals providing answers to older adults in Illinois and their families.

Is It Forgetfulness or Is It Alzheimer's?

hat scares many older individuals the most is not the prospect of dying one day; it is the prospect of losing their mental abilities. Alzheimer's disease is high on the list of "to be feared" medical conditions even though it is down at number seven on the list of overall causes of death among Americans.

Dementia is any disease that can cause progressive loss of memory function.

Alzheimer's is just one of the three major types of dementia that health care experts talk about. While Alzheimer's has a lot of name recognition, there also is vascular dementia. Vascular dementia is the gradual hardening of the arteries that bring blood to the brain. Just like the kind of artery hardening that starves the heart, vascular dementia starves the brain. Finally, there is a third category that covers a number of conditions like Lewy Body, Frontotemporal demen-

tia and even Mad Cow disease, but these are quite uncommon.

There are also reversible "dementias." Depression, for example, is a common cause of reversible dementia among older adults. Other medical conditions like hypothyroidism, Lupus, vasculitis, some venereal diseases or B12 deficiency can cause reversible dementias. Substance abuse - also common among older adults - is a source of reversible dementia. Also, other prescription medications can impair recall and cognitive function.

Some of the basic warning signs of Alzheimer's disease include when the individual:

- Tells the same stories
- Asks the same questions
- Has difficulty with numbers
- No longer engages in activities they usually do (cooking, sewing)
- Gets lost in unfamiliar places (restaurants)
- Neglects their own self-care
- Defers to a caregiver ("Ask my spouse").

A person can do a small self-check as well. Each evening write down a short list of notable events from that day. The next morning, review what was written to determine if they are familiar. It gives peace of mind, because we tend to forget that everyone forgets some things along the way.

There is a lot more ground to cover on this topic. For more answers or resources, go to the web site of the Alzheimer's Foundation of America.



4 Things NOT to do When It is Dementia



or those of you with a loved one who suffers from dementia of any sort, it is hard to see them fade in their ability to remember familiar surroundings, important experiences from the past or even remember you. As if that is not enough to manage as a caregiver, your loved one may also become inexplicably angry or aggressive at times. So what can you do when dementia becomes violent?

One critical point to always remember is that the dementia is not about you, and it is not even really about the parent who once walked you to school or down the aisle if you are married or any of the countless other wonderful episodes in your collective life. It is about the dementia and you cannot reason with it.

The Alzheimer's Association, an organization founded to provide optimal care and services to individuals confronting dementia, as well as their caregivers and families, offers some very helpful advice.

alzheimer's PS association

When you are with a person suffering from dementia, and they become aggressive or violent, follow these guidelines:

- Do not get physical Unless the situation is truly violent or threatening, do not use restraints or force, because it gives the person with the dementia even more reason to be fearful and frustrated.
- Do not confront Dementia does not allow you the opportunity to negotiate, so you need to learn to just let it go. Anything short of backing down only fuels the issue.
- O Do not blame You should apologize no matter who is at fault for the same reason as #2; you cannot negotiate, and you cannot win an argument.
- O Do not fuel the issue Remember that fighting fires calls for water; you do not fight fire with fire. It is important to keep your cool and be as reassuring as possible.

A psychologist I know encourages better caregiving by remembering a simple acronym: A-R-E. It stands for:

Do not Argue

Do not Reason Do not Explain

If you have had angry outbursts from a person with dementia, you may be able to reflect on the situation and appreciate that your own response may have fanned the

flames of an outburst. Remember, it is not the person acting out; it is the dementia.

Ultimately, you'll find what solution is bestsuited for your own loved one. It may be some favorite music that calms the waters, or just changing the subject to anything else. It may even be just taking a time-out by leaving the room. In the end, both of you will feel better. For more advice on handling the situation, check out the Alzheimer's Association (http://www.alz.org/living with alzheimers aggression.asp)



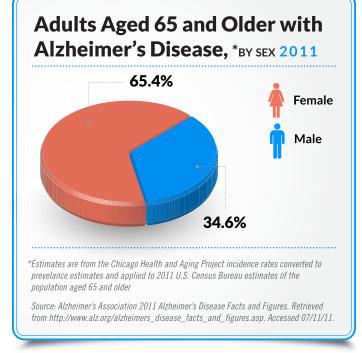
Alzheimer's as a Women's Disease?



ith the release in 2010 of "The Shriver Report: A Woman's Nation Takes on Alzheimer's," there has been a lot of buzz about Alzheimer's disease. Maria Shriver, the First Lady of California has experienced Alzheimer's close up with her father, and she worked closely with the Alzheimer's Founda-

tion to produce this report. It notes that not only are women disproportionately more often a caregiver to an older spouse, but they also represent almost two-

thirds of those who will have Alzheimer's disease. It is not genetically-linked. But it is a function of women's greater likelihood to live to be much older than their male counterparts.



Currently a new case of dementia is diagnosed globally every seven seconds, and it is expected that there will be about 80 million people with the condition by 2040.

A lot of advocates are pushing for more funding of Alzheimer's research, given the expected epidemic proportions we will see globally in the next three decades. Currently a new case of dementia is diagnosed globally every seven seconds, and it is expected that there will be about 80 million people with the condition by 2040.

Given our profession as Geriatric Care Managers, you can imagine that dementia (generally) and Alzheimer's (specifically) are an important focus. Our association, the National Association of Professional Geriatric Care Managers http://www.caremanager.org/index.cfm has some useful information on how to be aware of the signs and symptoms of Alzheimer's - http://www.caremanager.org/display-common.cfm?an=1&subarticlenbr=173

SHRIVER





The brain does lose some of its pathways through natural attrition. However, to create a vibrant life for the aging individual, it is critical to keep working in order to maintain the pathways they already have as well as to create new ones as some of those may become unavailable.

Changing Your Elder's Mind for the Better

r. Oliver Sacks explains neuroplasticity in his article, "This Year, Change Your Mind," published in the editorial page of The New York Times. As a geriatric care manager, I have encountered clients whose injuries have induced deficits of some sort from which recovery plans are designed and executed. Physical injuries such as lost limbs, vision, hearing or others have fairly clear rehabilitation trajectories, and the injured individual can learn and work through them to recover as much of a productive life as possible.

Neurological injuries like those Dr. Sacks offers as examples require remolding an organ that we do not see from injuries that also may be invisible. As Dr. Sacks explains, neuroplasticity offers the means by which the brain can remold itself to overcome a deficit. For a geriatric care manager, the deficits do not have to be as dramatic as a spinal cord injury, the onset of blindness or even a stroke. We see every day the consequences of older adults' inactivity and the cumulative deficits that can grow out of the under stimulated life. The brain does lose some of its pathways through natural attrition. However, to create a vibrant life for the aging individual, it is critical to keep working in order to maintain the pathways they already have as well as to create new ones as some of those may become unavailable. A colleague likens it to commuting in the brain. There may be detours and rerouting, but an active individual will always find a route home.

There is a case of a 70+ year old client whose spouse is suffering from Alzheimer's inexorable progression. While there is little to do to forestall that condition, he takes it upon himself to exercise at his facility's gym three times a day, he is a voracious reader and he is an active participant in his wife's care team so that he can be both physically and mentally able to care for his wife to whom he is entirely devoted. Or the 90+ year old woman who will keep up with her grand-children when they come to visit – as exhausting as it may be. She is a brilliant conversationalist, she rarely repeats herself and she completes the New York Times crossword puzzle. What do they have in common? They both push the boundaries of the envelope. They both are pushing the plasticity of their brains.

Dr. Sacks exhorts us to "change our mind" this year as part of a new year's resolution. Expand that to include all of those on whom an elder or person with special needs depends, and encourage those caregivers to help push the envelope for those in their care in order to effect a change of mind and a robust life next year for all.



Caring since 1991



CCM, Inc. can be there when you can't

We are the professionals who help families who are caring for older adults (geriatric care management) or others with special needs. Our professional geriatric care managers and special needs case managers can be your eyes and ears when you simply cannot. You can count on us to help you manage both your care-giving responsibilities, and those of your family and your work that cannot be ignored...or postponed. Some of our clients refer to us as their Sister in ChicagoSM.

We serve Chicago's North side and the North, Northwest and West suburbs as well as Central Illinois.