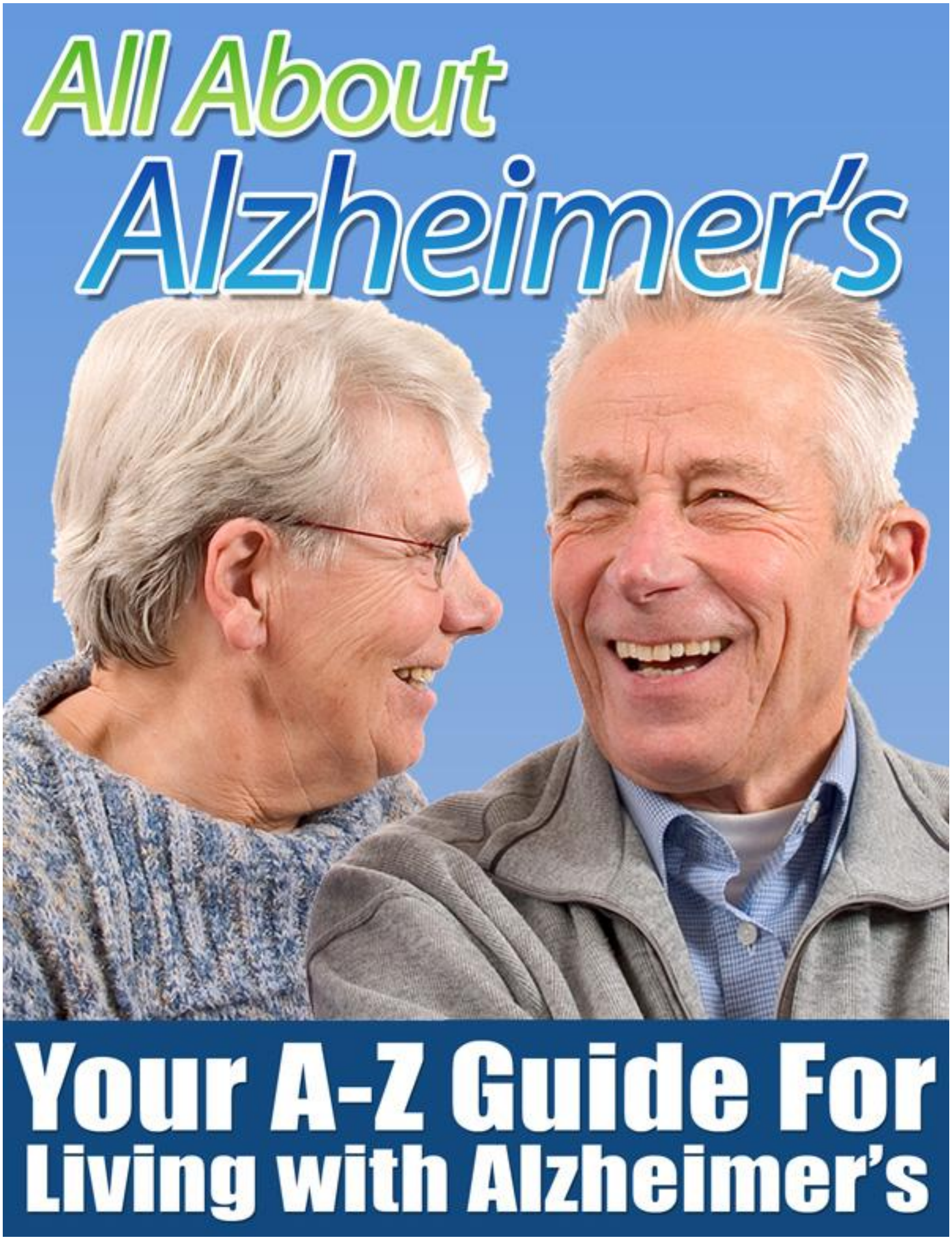
All About
Alzheimer’s
Your A-Z Guide For
Living with Alzheimer’s

My lawyer made me do it. :)

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Liz Tomey

Liz Tomey got her start in the marketing world at the age of 19 by starting her own direct mail/mail order business. Liz created several product and services to help others in the direct mail/mail order business build their businesses quickly and easily. She's successfully run this business since 1998.

In late 2004 Liz took the Internet marketing arena by storm by creating products and services especially for Internet marketers. These proven to work products are what have allowed Liz to become the well-known and liked Internet marketer that she is today.

The IM Truth newsletter is also published by Liz where she focuses more on teaching no BS marketing techniques rather than pushing the "product of the day". This newsletter allows her to help Internet marketers push their business to new levels.

Liz is also the owner and sole creator of some of the hottest sites in Internet marketing.

TomeyMarketing.com - This is Liz's main site. You can see exactly what she's about and any and all products and servicesshe has created along with incredible free learning tools including video tutorials and many helpful articles.

TrainYourAffiliates.com – Learn to become an elite super affiliate while promoting high paying and amazing quality digital products and services.

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IMVideoLearningCenter.com - This site was created to teach you how to do all the necessary things you need to do to create a business online. So many people can't learn just from ebooks, so everything here is taught via easy to use video tutorials. This is great for hands on learners!

AdsenseNewbieVideos.com - Liz created this site for all the frustrated people out there that can't seem to make any or enough money with Adsense. With this site you'll find a complete video tutorial that teaches you how to make money with Adsense, personal coaching and more!

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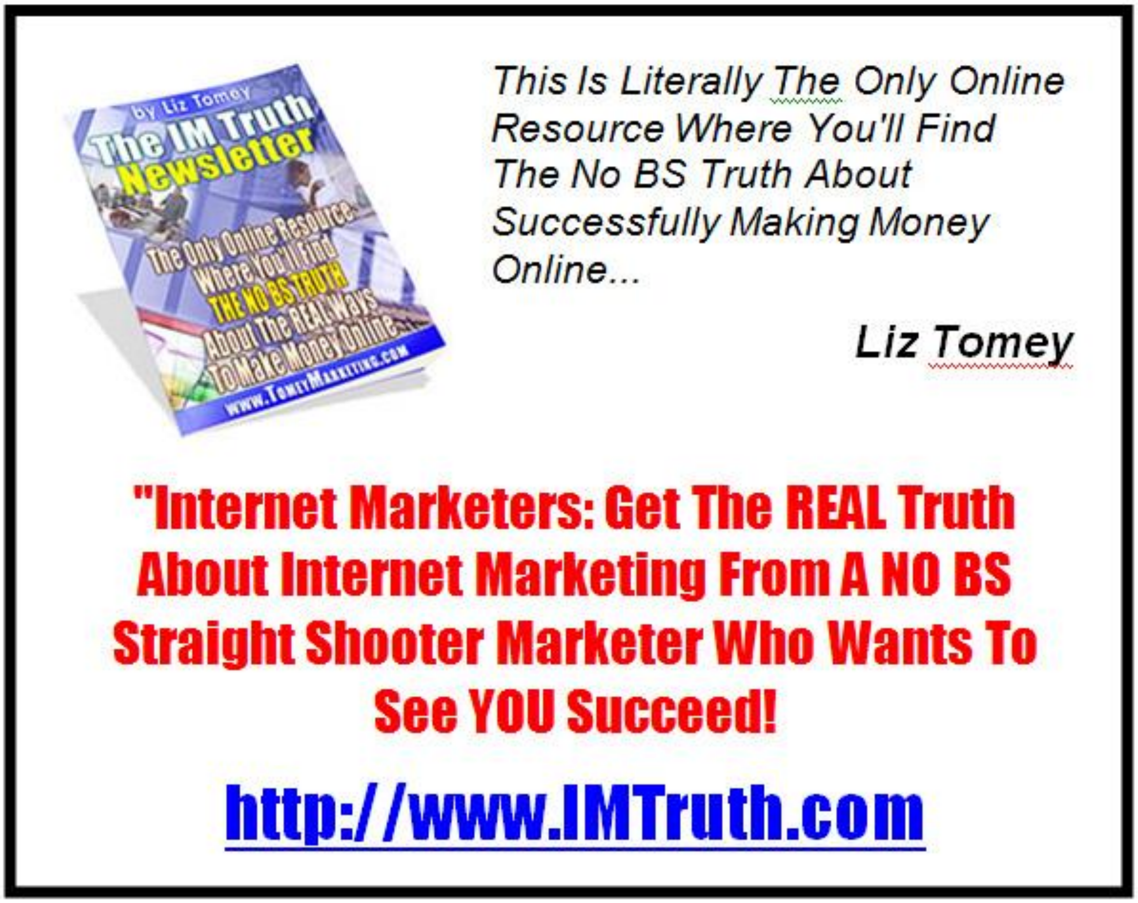
Liz lives in Gates, TN with her husband and 5 (yes, F-I-V-E) kids. She runs her business along with her husband full time from her home. Liz is known as "the marketers best friend" because of her passion for helping people succeed with their own online businesses!



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Living with Alzheimer’s – An Introduction

There is no easy way to say it – a diagnosis of Alzheimer’s Disease can be overwhelming for both the patient and family members. It leads to a fundamental life change for everyone involved. For the patient, questions rush to the surface: What happens next? Can I still work? Can I still live at home? Am I dying? What will happen to me? And for family members, the questions are as difficult: What happens to our lives? Can we depend on him any more? Will she still know me? What can we do? And will this happen to me, too? Is it hereditary?

There are no easy answers to these questions. What we know is that Alzheimer’s is a progressive disease in which brain functions deteriorate, including memory, decision-making and ability to communicate. We have little understanding of why this happens although we are learning more every day. We know less about prevention and treatment. And we know there is no cure. As scientists learn more about the physical causes of the disease, eventually a cure may be found. But we are not there yet.

These are difficult things to face for all of us. However, understanding as much as possible about what is happening to us or our loved one is an important tool in coping with the inevitable changes caused by the disease -- biological, physical and emotional. We need to become aware of how the diagnosis was determined. And as caregivers, we need to recognize ways to support the patient and adapt to his increasing limitations as well as learn to care for ourselves so that we do not experience caregiver burnout.

For the individual with Alzheimer’s, the challenge is in learning how to live a fulfilled life, in whatever way possible. Physical exercise, nutrition and keeping mentally active are important components in this quest. It is also essential to seek out support for the patient and the family, a significant factor in increasing the quality of life for both.

We cannot cure Alzheimer’s, we cannot fix it. But we can learn to live with the disease. And to be there, as much as possible, for each other. Because Alzheimer’s is a disease that affects everyone involved.

WHAT IS ALZHEIMER'S DISEASE?

Progressive deterioration of mental abilities in old age has been recognized and described throughout history. Some societies accept this as a normal part of aging and speak of their elders as being like children again. Even Shakespeare included it as part of his description of the stages of man, ending with the "last scene of all, that ends this strange eventful history...second childishness and mere oblivion, sans teeth, sans eyes, sans taste, sans everything".

In 1906, Dr. Alois Alzheimer, a German doctor, identified particular brain cell abnormalities in a woman who had experienced severe memory problems, confusion and difficulty with understanding language. At her death, an autopsy showed dense deposits around the nerve cells in the brain, called plaques, and twisted bands of fiber within the cells, known as tangles. It is through this post-mortem evidence that, to this day, we make a definitive diagnosis of the disease that is known by his name.

Alzheimer's disease is a progressive and degenerative disease of the brain that eventually destroys most areas of the brain including those responsible for the ability to think clearly, to comprehend and express language, to remember and, eventually, to carry out daily activities of life. Effects in behavior and emotion are often a part of later stages of this disease. Many people describe the result as a loss of self, a loss of what makes us unique. This includes feelings, desires, drives and will. Tragically, the process is irreversible and results in the death of its victim.

Dementia includes many syndromes and Alzheimer's is the most common of these. However, there are many other diseases or processes that can be reversed so it is important to get an accurate diagnosis. Some other reasons for loss of language, memory and ability to think clearly include: infection, diabetes, poor nutrition, heart or pulmonary disease, depression, anxiety and effects of alcohol, drugs or prescribed medications.

Psychological issues may appear to be dementia and can result from lack of motivation, financial insecurity, social isolation, losses and major life changes. Many of these issues can be resolved with medical and psychological support. Other syndromes that are not reversible and can sometimes be confused with Alzheimer's including multi-infarct dementia (the aftermath of multiple strokes), Huntington's chorea, Creutzfeldt-Jacob disease and some forms of Parkinson's Disease.

The progression of Alzheimer's is unique within each individual and the severity of symptoms is ranked into seven categories from mild to very severe. Eventually, the patient will die as a result of infection and a weakened immune system or the degeneration of the brain from Alzheimer's itself. Life span from diagnosis to death ranges from about five to over twenty years. Most patients die within eight years and will require complete care at some point prior to this time.

There are two distinct forms of Alzheimer's, late and early onset. Late onset is the more common one, with the illness appearing after the age of 65. Early onset, far rarer, can occur in individuals in their forties and fifties and has a strong genetic component.

Within the United States, approximately 4.5 million people suffer from Alzheimer's. This number has doubled since 1980 and will continue to grow as the country's population ages. One in ten people over sixty-five and one in two of those over eighty-five will be affected. They will live approximately half as long as those of the same age who do not have Alzheimer's. Half of all residents in nursing homes have Alzheimer's or other less common forms of dementia. According to a study published in the American Journal of Public Health, the average lifetime cost of care for someone with Alzheimer's is $174,000. Alzheimer's is expensive for individuals, families and the country. The Alzheimer's Association and National Institute on Aging estimate that the cost of caring for those with this disease is at least $100 billion annually. Caring for those with Alzheimer's is an issue for us all.

WARNING SIGNS OF ALZHEIMER’S

It is important to recognize the early signs of Alzheimer’s. Early intervention can help prolong the quality of life for the patient, including obtaining appropriate support. As well, many illnesses mimic some of the symptoms of this disease and these illnesses may be reversible so they need to be ruled out before a diagnosis of Alzheimer’s is made. If another reason for diminished cognitive function is found, it may be possible to treat it.

Often, a spouse is the first person to identify changes in the patient including personality changes, irritability, suspiciousness and angry outbursts. The patient may notice that he has more difficulty remembering recent information rather than memories of the past and finds learning new information increasingly challenging. Time sense is often affected and a patient may confuse the past with the present. She may be particularly unable to adjust to new situations. First symptoms are often recognized during a vacation or following a move.

Symptoms should be evaluated by a doctor when they:

- Are unusual for the individual
- Persist over time
- Are progressive. He may have good and bad days but, overall, the symptoms are getting worse
- Disrupt everyday routine. This can include jobs, relationships and all other facets of life.
- Involve unfamiliar and even bizarre changes in emotional expression.

Most people experience memory changes as they age and, since Alzheimer’s is much more common in older people, it is sometimes hard to discriminate between what are normal changes and those involved in a disease process. Common changes in a healthy aging person can include:

- forgetting names or appointments occasionally
- losing your train of thought or forgetting why you are standing at the refrigerator
- forgetting a word which is on “the tip of your tongue”
- forgetting what day it is or, sometimes, where you were going today
- making a questionable judgment that is not usual for you
- some difficulty with finances, for example, balancing your checkbook
- misplacing keys or other items such as a purse or wallet

- feeling sad or moody at times
- minor personality changes over time. As people age, they may become quieter, more agitated or find their interests change with time.
- feeling more tired and less motivated than when younger

A person with normal age-related changes in memory may forget part of an experience but is likely to remember it later. He can usually follow written or spoken directions and can and often will use notes as reminders. Most people who are healthy are able to care for themselves at an advanced age.

It is a different story when someone is in the early stages of Alzheimer's. The patient is often unable to remember any new information and can not retrieve it later. She will find it difficult to complete everyday tasks such as making a telephone call, preparing a meal or washing up and dressing.

Although most people experience "losing words" as they age, someone with Alzheimer's will progressively lose more words and begin to adapt by describing items rather than identifying them by name. An example is talking about "the wood thing that I sit on" because he is unable to retrieve the word "chair".

Another change which can prove to be dangerous for the Alzheimer's patient is that he may become easily lost in familiar neighborhoods. He may not recognize where he is, how he got there and especially how to get home.

Judgment is strongly affected even in the early stages of Alzheimer's. They may make inappropriate choices in clothes, whether for climate or decorum. This inability to judge situations may result in a marked vulnerability to financial scams with the patient agreeing to give large sums of money to someone with little or no information about the person or organization.

Abstract thinking is also strongly affected. The ability to understand concepts is diminished and the patient may not only be unable to use numbers appropriately, for example, he also may no longer understand what numbers are for or what they represent.

Mood swings are exaggerated in the Alzheimer's patient and others may not understand the reason for the quick changes from sadness to happiness and then back again..

Personality changes may be drastic and are often one of the first symptoms recognized by families. The patient may become suspicious, have many angry outbursts, seem confused or fearful and generally express himself as if he were a different person than before. He may become very passive and no longer interested in activities that he once found pleasurable. He may spend his days sleeping or seated in front of the television, often not really engaged in watching it.

With normal age-related changes, an aging individual can and often will take care of himself but this is not true for someone with Alzheimer's. The changes described eventually lead to a total inability to care for oneself and a complete dependence on others.

SYMPTOMS OF ALZHEIMER'S

The progression of Alzheimer's is determined by the deterioration of cells within the brain. Each individual will experience this in unique ways but there are patterns to the progression and they have been identified as different stages of the disease. Not everyone will show the same changes and symptoms but, in most cases, the earliest symptoms will involve memory and thinking, the middle stages will show more changes in judgment and behavior and later stages involve control and coordination of movements. At the time of diagnosis, the doctor is likely to identify the patient as falling into one of these seven stages:

Stage 1: No Impairment
The doctor does not identify any memory problems

Stage 2: Very Mild Cognitive Decline (may be age-related or very early signs of Alzheimer's)

The patient describes some memory problems, such as forgetting words or names, and may frequently lose keys or other objects used daily. No problems are evident during examination or noticed by family members or friends familiar with the patient.

Stage 3: Mild Cognitive Decline (usually, but not always, diagnosed as early stage Alzheimer's)

Friends, family members and co-workers notice some decline in memory and concentration and these changes are measurable through testing or during medical interview. Difficulties with remembering words or names, problems in work performance or in social settings are noticeable, the patient retains little information when reading and frequently misplaces important objects. She may show difficulty in planning or organizing everyday activities.

Stage 4: Moderate Cognitive Decline (Mild, Early-Stage Alzheimer's)
Deficiencies noted during medical examination include:

- poor knowledge of recent or current events

- unable to perform more difficult mental arithmetic such as counting backwards from 100 by 7s (a part of the mini-mental diagnostic test)
- unable to plan and carry out some daily life activities such as making dinner or paying bills
- poor memory of own history
- social withdrawal (possibly because of embarrassment at deficiencies)

Stage 5: Moderately Severe Cognitive Decline (Moderate or Mid-Stage Alzheimer’s)The patient is unable to:

- carry on daily activities without assistance
- remember personal information such as his address or telephone number.
- identify date, day of the week, year or season.
- perform easier mental arithmetic such as counting backwards from 40 by 4’s or from 20 by 2’s (part of diagnostic test).
- Choose clothing appropriate for time of year.

He is likely to be aware of his own name and those of immediate family. He is usually able to eat and use the toilet without assistance.

Stage 6: Severe Cognitive Decline (Moderately Severe or Mid-Stage Alzheimer’s)
At this point, family members will describe major personality changes. Patient will need help with most daily activities. He may be unaware of recent experiences, events and of own surroundings. She can recall her own name but little else of personal history. Although she may be able to recognize familiar faces, she may not be able to name close relatives. Sleep disruption may be severe. Assistance with toilet and eating is required. Personality changes include increased suspiciousness and agitation, hallucinations, repetitive behaviors such as handwriting. The patient is likely to wander and often gets lost if left on his own.

Stage 7: Very Severe Cognitive Decline (Severe or Late-Stage Alzheimer’s)
Patient can no longer respond to the environment. She will lose the ability to speak and, eventually, the ability to control movement. Although the patient may say isolated words or phrases, there is little recognizable speech. Most individuals will become incontinent. Physical movements will become difficult and the patient is unable to walk, sit up unsupported or hold up her head. Muscles become rigid and swallowing becomes difficult.

These stages are mostly described in terms of cognitive symptoms involving memory, language, thinking and reasoning. At the same time, psychiatric and behavioral symptoms may also occur. Early symptoms of the disease include some personality changes such as anxiety or depression. In later stages, sleep will be affected and the patient may seem increasingly restless and agitated. He may react strongly to hallucinations (sensing things that are not present) or delusions (belief in things that are not real). Many of these symptoms can be controlled with psychological interventions and psychiatric drugs. They can, however, be made worse by major changes in the patient's life, including moving to a nursing home or the loss of a specific caregiver.

CAUSES OF ALZHEIMER'S

In order to understand what happens physically in the brain when someone has Alzheimer's, we need to understand the structure of our brains. The cerebrum takes up most of the skull and is the area we use to remember, think, feel and solve problems. Other areas of the brain include the cerebellum, responsible for our physical balance and coordination, and the brain stem which ensures that the autonomic system of our body, those activities we do not consciously control, work well.

Our brains need blood and up to 25% of the blood in our body eventually circulates into the brain. This feeds the cortex, which is the outer layer of the cerebrum. In the front of this area, the frontal zone, we formulate thoughts and other cognitive skills. In the hippocampus, we both form and store memories. Both areas involve voluntary activities.

Nerve cells called neurons are the building blocks of our brain. How we form thoughts, memories and feelings occurs through connections between the neurons at their closest point together, the synapse. The connection is completed through neurotransmitters that travel from one neuron to the other. This results in an electrical charge that we can observe in diagnostic tests.

In Alzheimer's, both the electrical charges within the cells and the activity of these neurotransmitters are affected. Nerve cells and brain tissue die and the brain shrinks. Over time, this affects all functions controlled by the brain, voluntary or involuntary. The areas responsible for thinking, problem solving and language in the cortex shrivel. The hippocampus, where memories are stored, becomes progressively smaller. Spaces between cells become larger and there are fewer neurons and synapses to relay information throughout the brain.

Scientists now understand that this process is due to the buildup of plaques and tangles. Plaques are pieces of protein that are sticky and easily clump together. They build up between nerve cells and block signals between these cells.

The transport system which brings nutrients to the brain is normally organized in parallel strands kept straight by a protein, tau. When tau is not available or depleted, the strands begin to twist together and the tracks disintegrate. This makes it impossible to transport nutrients to the cells. With no nutrients, they eventually die and the immune system then destroys the now useless cells.

In Alzheimer's, these plaques and tangles are spread throughout the cortex, causing deterioration and then total destruction of brain cells. The result is that the brain of a person with this disease is significantly smaller than a disease-free brain.

Why this happens is not yet understood but scientists are beginning to examine several possibilities for the onset of this process. What they know at this point is:

- Alzheimer’s is not an inevitable part of aging. Memory loss is often a part of aging but severe memory loss is a sign of disease, not a natural result of aging.

- Alzheimer’s affects both men and women although there is some evidence to suggest that, because women have a longer life span, their numbers are over-represented in the statistics.

- Alzheimer’s is more common in older people. However, there are some categories of this disease (far more rare) that occur in people in their forties and fifties.

- Alzheimer’s is not caused by a general hardening of the arteries. The plaque, which occurs in the brain, may be affected by overall poor circulatory health but this has not been proven at this time.

- Alzheimer’s is not a result of stress. Overall good psychological and physical health seems to provide some protection from this disease but, again, there is currently no proof for this connection.

- Research has focused on three main areas when looking at the causes for this disease.

1. Family History – Is Alzheimer’s Genetic?

For certain types of Alzheimer’s (familial or early onset), the genetic link is well substantiated. However, in most cases, there is no solid proof of a hereditary link. If there is a connection, it is a weak one at best, accounting for less than 10% of new cases. It has been noted that, the more cases of Alzheimer’s within the family, the greater the likelihood of an individual developing the disease.

2. The Environment

Research connecting environmental factors to the development of Alzheimer’s has not been proven at this time. High levels of aluminum in the blood of patients has led some to a hypothesized connection between the use of aluminum and the disease but there has been no conclusive link established. This is also true for the use of aspartame and memory loss.

3. The Individual

Many factors have been investigated which have tried to determine why one person will get Alzheimer’s and another will not.

- We know that age is the greatest risk factor for the disease. As we get older, our chance of getting Alzheimer's increases geometrically. By our later years (85 and older), one in two people will develop Alzheimer's.

- There is some evidence to suggest that head injuries can lead to various types of Alzheimer's. Protecting your head through the use of seat-belts in the car and a safe environment in the home may help to prevent such injuries.

- Because women have a higher incidence of Alzheimer's, estrogen loss has been postulated as a risk factor. It is not clear yet whether the higher incidence is a result of women's longer life spans.

- Overall brain health seems to provide some protection against Alzheimer's. This, combined with overall health (heart, lungs) is a factor in postponing or avoiding its occurrence. Conditions which can damage the circulation, such as heart disease, diabetes, high blood pressure and high cholesterol lead to increased cases of Alzheimer's. By maintaining a healthy diet, avoiding tobacco and excess alcohol and remaining socially, mentally and physically active, we can protect ourselves from possible links with the disease.

- There is no conclusive proof that antioxidants like Vitamin E and C or Omega-3 fatty acid can prevent Alzheimer's but an overall healthy diet is likely to reduce cardiovascular problems which have been linked with the disease.

- Higher education has been linked to a lower incidence of Alzheimer's. It has been postulated that this is due to increased tissue and connections within the brain that form when the brain is stimulated. If this is so, then we might assume that poverty and poor educational opportunities may influence the incidence of the disease.

Can Alzheimer's be Prevented?

Because we do not know what begins the process of deterioration in Alzheimer's, we cannot identify how it can be prevented. What we are learning is that certain choices can reduce the risk of the disease. Because of the implications of cardiovascular problems leading to poor circulation in the brain, anything that increases overall health is likely to lead to a healthier brain, as well. Lifestyle choices such as regular physical exercise and healthy diets low in fats and sugars and high in vegetables and fruits may protect brain cells. Social activities can reduce stress and provide motivation for other forms of activity, as well. The more connections we have in the brain, the more protected we are from any damage that may occur. Such connections are encouraged through both mental and social stimulation. The brain is much like the muscles of your body. It works best when it is used regularly.

DIAGNOSIS

A definitive diagnosis of Alzheimer’s can only be made after the individual dies, in a post-mortem exam. The evidence of plaques and tangles within the brain confirm that Alzheimer’s Disease was present. A diagnostic examination prior to an individual’s death is more a process of excluding other, perhaps reversible illnesses to account for the patient’s symptoms. The examination should include the following:

Laboratory tests, including

- blood and urine samples
- blood pressure and pulse
- EEG (electroencephalogram) to rule out brain tumors, seizures and strokes
- CAT scan (Computed Axial Tomography) to determine the physical state of the brain. Over time, brain tissue shrinks in everyone but if a patient is experiencing major cognitive losses and brain shrinkage is also evident, a diagnosis of Alzheimer’s is likely.
- PET (positron emission tomography) to examine the function of distinct areas of the brain and identify areas most affected by the disease
- MRI (magnetic resonance imaging) to identify lesions in brain tissue

Personal and family medical history.

This should also include:

- A history of the patient’s work and hobbies to determine whether exposure to chemicals and other toxins may have caused temporary or permanent brain damage
- History of medications to determine whether any previously unidentified interactions may be a factor
- History of alcohol use. Alcohol may lead to temporary or permanent brain damage and must be considered as a possible cause of dementia symptoms
- Examination of your diet to evaluate certain vitamin deficiencies
- Neurological exam, looking to identify specific diseases of the nervous system and identifying possible lesions in the brain that could lead to sensory deficits or balance difficulties.

- Psychological exam, including a mental status test. This exam will evaluate the patient’s sense of time and place, ability to remember, understand, communicate and abstract thinking, The Mini Mental State Examination is the most commonly used test of cognitive impairment. Its result leads to a diagnosis of dementia but not specifically Alzheimer’s. It is based on a series of questions and tests.

These include:

Orientation - the patient is asked to identify the date (month, day and year) and location where the test is being administered. He may also be asked the location of his home, city, state or country.

Memory – the patient is asked to remember three simple words (examples include chair, pen, ball). He will then be asked other questions and, after a short period of time, asked to recite back the three words he has learned previously.

Attention and Calculation – the patient is asked to count backwards from 100, subtracting 7 from each number he recites (so that he should say 100, 93, 86, 79 and so on). He will also be asked to spell a word backwards (for example, if the word is world, his answer should be d-l-r-o-w).

Language, Writing and Drawing – the test administrator will point to two objects, such as a chair and a pen and ask the patient to identify them.

Other tests in this area include:

- carrying out a three-step process such as picking up a pen, putting it on the chair, then moving it to the table,
- repeating a sentence spoken by the test administrator
- copying a shape in the test booklet (shapes include a square with a triangle above it and an “x” within the square)
- writing a sentence on a piece of paper. This sentence should be self-generated by the patient, on any topic.
- drawing a clock with numbers and hands in the appropriate locations
- The scores for all tasks are added up to give a final result.

- Psychiatric exam, including a review of recent major changes or losses in the patient's life. Other factors examined will include a mood assessment and identifying emotional factors that could cause similar symptoms.

Following the comprehensive examination, a diagnosis of Alzheimer's may be made if other disorders have been ruled out. Probable Alzheimer's means that the doctor has ruled out other disorders that may cause dementia. Possible Alzheimer's means that, although this disease is the most likely cause of the symptoms, other disorders may have an impact on the progression of the symptoms. Such disorders may be reversible and lessen the impact or extent of the primary disease process.

Within the last few years, several screening tests have been made available to consumers online through web sites or by telephone. They include the Early Alert Alzheimer's Home Screening Test and the Minnesota Cognitive Acuity Screen. Because a diagnosis of Alzheimer's involves ruling out other syndromes that may cause similar symptoms and many different factors need to be examined, these tests are not considered a substitute for an ongoing relationship with a health professional who specializes in this area. The need for information and emotional support for both the patient and family at the time of diagnosis is a further reason for not relying on such tests. The premise of at least one of these tests, which identifies loss of smell as a precursor to Alzheimer's deterioration of cells, has not been substantiated at this time.

REACTIONS TO A DIAGNOSIS OF ALZHEIMER'S

Following a diagnosis of Alzheimer's, the patient and family members are likely to have many questions. These include:

1. What does the diagnosis mean?
2. Are more tests needed to confirm the diagnosis?
3. What changes in cognitive abilities, behavior and emotional expression might be anticipated?
4. What treatments and medications are available?
5. How can symptoms be minimized?
6. Are there community resources to help?
7. What research is being done in my area and can we be involved?

A diagnosis of Alzheimer's is a loss, a change to an expected future for both the patient and family members. And, like any grief experience, it may result in disbelief, shock, anger, fear and despair for the individuals involved. The patient may not wish to hear information about the course of the disease. That is also true for family members who may have been in denial about the changes in their loved one for some time. Like all grief experiences, each person will react differently and there are no set ways to handle the overwhelming emotions that come with such a diagnosis. It is important for health professionals to acknowledge these feelings and for family members to find ways to understand each other. This may include finding a way to focus on the present, maximize comfort and pleasure for the one afflicted and focus on her strengths. Both family members and the individual herself may need time to adjust to this new reality and to make plans for the eventual changes.

Some ways families can cope with this diagnosis include:

- Go back to the doctor shortly after the diagnosis. Be prepared with a list of questions. At the time of the diagnosis, emotional upheaval can mean that little of the initial information is retained. Give yourself time to absorb the reality, then go back to ask questions about what this diagnosis means to the individual and family members involved

- Take the opportunity to speak to the doctor about your own feelings about this diagnosis. As a caregiver, you will need support throughout this process.

- Talk to the patient about the diagnosis but do not argue if she needs to deny the reality. She will hear it when she is ready and may need time to begin her grieving. Be ready to listen to her and recognize that she will guide you concerning what she needs at this time.

- Make sure to care for yourself during this time. Get the help you need.

DRUGS & TREATMENTS FOR ALZHEIMER'S

Since the nineties, several drugs have been introduced that may help slow the deterioration of Alzheimer's. The first of these, Cognex, increases the amount of the neurotransmitter acetylcholine in the brain. This transmitter helps communication between nerve cells or neurons and is important for memory. However, Cognex has serious side effects including nausea, vomiting and diarrhea. It can also cause liver damage so tests must be performed regularly to screen for this. The medication must be taken four times a day.

Other drugs that also increase the amount of this transmitter in the brain include Aricept, Exelon and Reminyl. A drug normally used for treatment of Parkinson's Disease, Eldepryl, has been shown to be somewhat effective in slowing down the deterioration of moderate Alzheimer's.

More severe stages are now being treated with Namenda. This drug protects neurons from excess amounts of glutamate, a transmitter released by damaged cells. Glutamate is necessary for memory storage but an excess of this chemical can lead to cell death. This drug partially blocks receptors of glutamate.

Vitamin E is sometimes given as a treatment for Alzheimer's because it is believed to protect brain cells from free radicals, a byproduct of cell functions that can damage cell structures. Cells usually can protect themselves from damage but, as we become older, the defenses against this stress decline. Vitamin E has been shown to provide some protection against this for people with Alzheimer's. It is important to check with a physician before taking vitamin supplements.. For example, people taking anticoagulants or blood thinners may not be able to take Vitamin E.

Because of increased agitation in the Alzheimer's patient, many are given medicines to minimize or alleviate psychiatric symptoms. **These include:**

Antidepressant medications for depression and irritability

- Celexa
- Prozac
- Paxil, and
- Zoloft

Anti-anxiety medications for anxiety, restlessness, verbally disruptive behavior

- Ativan, and
- Serax

Antipsychotic medications for hallucinations, delusions, marked aggression and hostility

- Ablify
- Clorzil
- Zyprexa
- Seroquel
- Risperdal, and
- Geodon

Medications sometimes prescribed for extreme aggression include mood stabilizers such as:

- Tegretol, and
- Depakote

There are difficult side effects to most of these drugs. Sedative medication may cause incontinence, increased falls and, for some, even increased agitation. Patients taking medication must work regularly with health professionals to monitor possible side effects.

Herbal Remedies and Supplements

Although several herbal remedies and supplements are purported to alleviate symptoms and treat Alzheimer’s, few have been researched extensively. Some issues of concern in using these alternative remedies are:

- unknown effectiveness and safety since they are not required to pass U.S. Food and Drug Administration (FDA) requirements

- unknown purity of the drug since following FDA guidelines is not required

- Side effects are not always known or monitored

- Supplements can have serious interactions with prescribed medications

Herbal remedies and supplements include:

- Coenzyme Q10 - an antioxidant that occurs normally in the body. The synthetic version, idebenone, has not shown evidence of success as a treatment for Alzheimer’s.

- Ginkgo biloba, a plant extract, is believed to have both antioxidant and antinflammatory properties as well as the ability to regulate the function of neurotransmitters throughout the brain. It has been used for centuries in Chinese medicine and is often used in Europe at the present time to alleviate cognitive symptoms of various forms of dementia. Preliminary research shows some improvement in symptoms but side effects include a reduction in the ability for blood to clot, especially if used with other blood-thinning drugs. Research is now taking place to determine whether Ginkgo biloba can prevent or delay the onset of Alzheimer’s in healthy individuals.

- Huperzine A, also used for centuries in Chinese medicine, is a moss extract. It is similar to FDA-approved medications and studies show it may be as effective as those approved drugs in minimizing symptoms in mild to moderate Alzheimer’s. It is considered a dietary supplement and is not regulated by the FDA for purity or consistent standards.

- Phosphatidylserine (fos-fuh-tie-dil-sair-een) is a fat that is the primary component of cell membranes in the brain. It is used to strengthen these membranes with the hope that it will prevent cells from degenerating. It is derived from the brain cells of cows and, with the advent of mad cow disease concerns, investigations into this remedy have been limited.

- Coral Calcium is a calcium carbonate compound derived from shells of once living organisms that now make up the coral reef structures. It has been marketed as a cure for Alzheimer’s as well as other serious illnesses. There is no evidence that these claims can be validated.

NON-DRUG INTERVENTIONS

New therapies are being developed to strengthen memory in Alzheimer’s patients. The most promising of these are memory training and reminiscence therapy.

Memory Training

Since, in the early stages, most patients have some limited ability to learn, these patients are trained to remember people they have had difficulty remembering by looking at their portraits and practicing certain techniques. Portraits include both people from their immediate social networks as well as famous people. The techniques used for remembering include the following methods:

- Mnemonics – associating the portraits with words or images that are meaningful to the patient.

- Vanishing cues – the patient is assisted in filling in letters in the name until they can recall the whole name without assistance.

- Expanding rehearsal – patients test themselves in fixed intervals over time to see what they have learned.

Initial results of this training have shown that patients maintain ignificant retention of what was learned for over a period of twelve months. What this may imply is that early diagnosis and treatment may postpone some of the memory loss by introducing techniques at a time when the patient is still able to learn.

Reminiscence Therapy

Because memory loss is more extreme for recent events, the ability to remember people and events from the past may be preserved for some time. Through reminiscing with others, a patient may retain higher self-esteem including valuing his identity and feeling a sense of belonging with others. This can be encouraged through many different mediums that, in addition, support the continued use of language as a means of communication.

- Visual - looking at pictures of photographs, videos or looking at objects that have personal meaning to the patient’s life.

- Music - playing familiar tunes from the radio or CDs or encouraging patients to play instruments.

- Smell or taste - exposing the patient to familiar foods or scents and identifying them by name.

- Tactile - touching objects, experiencing different textures, painting pictures or creating pottery.

An additional form of therapy involves stimulating many of these sensual pathways. Alzheimer’s patients have been shown to respond favorably to pets, touching them and talking to them in ways that they might have done in the past with their own pets. Many nursing homes now encourage people to bring pets for visits with patients.

Reminiscing can be done in individual, group or family sessions. The focus may be simply on talking about the past to share information and pleasurable memories, undertaking a kind of life review or dealing with trauma by revisiting difficult memories with the hope of understanding and resolving issues that may be raised. Families can be involved by providing photos and sharing their own memories with the patient. They may also guide health professionals by providing information about difficult memories that may arise during this therapy.

LIVING WITH ALZHEIMER'S

A diagnosis of Alzheimer's means that both the individual affected and his family will need to make changes in order to make sure a healthy environment supports everyone involved. Choices for the present and the future can include job, housing and plans for coping with daily concerns.

It is important to realize that the individual with Alzheimer's is usually not totally incapacitated for some time and can be a part of making changes and choices for her own life. Areas of concern include:

Maintaining physical health in the Alzheimer's patient

- People with Alzheimer's usually experience a weakened immune system and are more susceptible to other illnesses and infections. General health needs to be monitored with

- Regular follow-up examinations from a trusted physician.

- Regular vision and hearing tests. This is important because, as the disease progresses, it may become more difficult to receive good information from diagnostic tests. The patient will be unlikely to accurately report difficulties in seeing or hearing.

- Periodic review of medications, making sure that the patient is taking them in the appropriate amounts and appropriate times. Packages of medication, sorted for times of the day, can be provided by pharmacies to alleviate some confusion over multiple medications.

Keys to a healthy lifestyle are the same for Alzheimer's patients as for anyone else:

- A healthy diet, balanced and with low amounts of fat and sugars

- Regular exercise

- Rest including regular hours of sleeping, if possible

- Limited alcohol, no smoking

Maintaining emotional health in the Alzheimer's patient

Psychiatric disorders are common in Alzheimer's patients as the areas of the brain that affect emotions deteriorate. Many symptoms can be treated and it is important to identify emotional problems as soon as possible. They may first show up as an increasing loss of appetite, changes in sleep patterns, irritability, hyperactivity or a marked lessening of activity and angry outbursts. Medications may be prescribed to alleviate some of these symptoms.

If the patient becomes agitated, the family member or caregiver needs to react with a calm voice. Reassuring the patient that you are there to help her and letting her know you understand why she is feeling that way can be helpful. Overall, maintaining a calm environment with few strong stimuli such as bright lights, loud noises and clutter may help the patient to lower her level of agitation. Give her time to tell you what is troubling her and be patient with her difficulties in communication. Help her to see possible choices to resolve the situation. Reassure her of your care and concern and your willingness to be with her through the difficult challenges she is facing.

We need to remember that people with Alzheimer's are dealing not only with the disease process but with their own grief and confusion over the diagnosis. They may feel frightened, embarrassed or ashamed. They may wish to deny the diagnosis. They may feel lonely and worry that they will lose many important relationships, including friends, because of this disease. In many ways, they are facing an eventual loss of themselves. They may no longer see themselves as who they once were. They may feel angry at what they are now facing and question "why me?" Emotional support is essential as they adjust to the changes they experience.

Other methods of dealing with their emotions as patients experience the continual changes are:

- encouraging patients to write down their feelings in a journal
- working with a counselor or psychologist to work through some of the more difficult feelings they may experience
- attending a support group specifically for people with Alzheimer's, separate from any caregiver support programs for family members
- meeting with a religious leader to reflect on spiritual needs during this period
- honest and open discussion with family and friends
- continuing to keep up activities as much as possible
- connecting to an online community to share experiences and information, or
- sharing educational information about your disease with others
- Maintaining a healthy physical environment for the Alzheimer's patient

Patients need to be able to maintain as much control as possible in their lives and environment. Keeping this in mind, environments can be modified so that individuals remain as independent as possible.

- Simplify the environment, avoid clutter
- Use labels to help the patient remember
    - names of photographs of significant people in his life
    - names of common items in the house
    - names of food items
    - calendars
    - important phone numbers clearly displayed
- Use safety locks on doors if wandering is a concern
- Make sure there are no guns in the house
- Keep lights on to reduce confusion if the patient has difficulty sleeping and gets up through the night
- Establishing structured daily routines.

As Alzheimer's progresses, patients are increasingly unable to plan activities and care for themselves or others. Establishing routines early in the disease's progression may provide a sense of security for both the patient and family members.

Guidelines for the patient coping with the changes can help in many areas:

Daily tasks that may now seem difficult

- Identify the time of the day when you feel best and plan to do most tasks during this time.
- Take all the time you need and don't let anyone rush you or take over for you.
- When things become too difficult, stop for a while and then return to the task.
- Know when it is time to ask for help and do not be afraid to do so.

Communication Problems

- Speak as slowly as you need to and do not allow yourself to be rushed.

- If you do not understand someone, ask them to repeat a sentence or tell you the meaning of a word you do not recognize.

- Ask to talk together in a quiet place with few distractions.

Driving

- It is difficult but necessary to recognize when you are no longer able to drive safely. Discuss with both your doctor and family members when that decision is appropriate.

- Have plans in place for other transportation.

- Some communities have support programs for people dealing with the loss of their driver's license. Many people feel they lose a major part of their identity with this loss. Such feelings need to be expressed and the individuals supported.

Memory Loss

- It may be difficult to remember everyday plans. A written schedule, developed by you alone or with others, can include times for breakfast, lunch and supper, exercise and when to take medications. You may wish to make several copies of each schedule and keep them posted throughout the house.

- Keep a list of important phone numbers and post a copy of this list by each phone.

- Ask a friend or family member to call each day to remind you of mealtimes, appointments or when you need to take your medication.

- At all times, keep a small book with you with important information written in it. Such items as phone numbers, appointments and your home address should be easily visible. You may also use the book to write down ideas and thoughts so that you are not as likely to forget them.

- You can get your medications put into sealed packs by the pharmacist so that several medications to be taken at the same time are in one pack. If you are unable to get this service, have someone help you sort your medications into separate compartments for different times or days. Ask them to clearly label each compartment.

- Keep several calendars in your home and mark off each day as it ends in order to keep track of the current day.

- Keep photo albums available and clearly label photos of your closest relatives.

- Label all cupboards so that you know how to find items. If words are becoming harder to understand, use pictures of the contents to help you organize your kitchen (for example, pictures of a bag of sugar, bread, soups)

- Get assistance to organize your clothes so it becomes easier to dress. This may include organizing by seasons, by occasion or by putting together complete outfits from underclothes to coats.

- Write or ask someone else to write reminders about electrical appliances and doors such as “Did you turn off the stove?” “Do you have your keys?” and post them on front and back doors so that you see them before you leave the house.

In the early stages of Alzheimer’s, a patient may choose to live on his own. He will need additional support and assistance in order to do this. Guidelines for this patient will include:

- Arrange for help with housekeeping, meals (including home-delivered meals, if necessary), transportation and other chores as needed.

- Arrange for all checks to be deposited directly into your bank.

- Either arrange for bills to be paid regularly by your bank or have someone you trust given legal authority to handle financial matters for you.

- Leave a set of keys with a trusted neighbor.

- Have your smoke alarm checked regularly to make sure it is functioning.

- Have someone check in with you daily, by phone or in person. This can be a friend, family member or someone from a community service. Keep a list of questions you need to discuss with them each day. Also, ask them to check that appliances are off, mail is brought in and there is adequate food in the cupboards and refrigerator.

Relationships

Family relationships are greatly affected by the diagnosis and progression of Alzheimer’s. The most changed is likely to be with a spouse. Relationships can benefit from:

- a commitment to keep involved in familiar activities for as long as possible.

- working together to modify activities as abilities change.

- open discussion on what kind of support or assistance is needed.

- researching information together for future choices.
- professional counseling to discuss changes in the relationship.
- being open to ways of sharing both physical and emotional intimacy.
- becoming involved in support groups for patients and their spouses.

Children in the family may be afraid of the changes they observe. They need to know that:

- Alzheimer's is not contagious.
- The individual with Alzheimer's may show personality and behavior changes but they are not the child's fault. He does not do these things intentionally. These changes are the result of the disease.
- It is normal to feel frightened and angry at times about the changes in their family member and in the family as a whole and they have a right to be supported as they deal with these feelings. They may speak to a counselor or a school social worker or teacher if they wish. The school should be told of the changes within the family so that they can provide the best support to the child.
- Support groups may be available for children whose parents have Alzheimer's. Sometimes it is helpful to talk with other kids going through some of the same feelings your child may have.
- They have a right to ask questions and get answers about the disease and its progression. They can read books, speak to doctors or talk to associations that provide material on Alzheimer's for children. If you are not able to answer their questions, they have a right to seek the answers outside of their families.

An individual with Alzheimer's may choose to write down memories or thoughts when he is still able to so that those things may be left with his children as the disease progresses. Being with the child as long as possible and working together to create journals, photo albums and meaningful items helps a child to learn that memories can still be created during this difficult time.

Making choices for the future

Financial:

Family members or friends need to take over some of the responsibility for financial maintenance. This can include finding out where money and valuables are held and identifying what bills need to be paid. Choices may also be made concerning when it is appropriate for someone to intervene to control the patient's finances. Other financial decisions will include researching options for dealing with future costs for medical care and accommodation for the patient.

Legal:
This includes important decisions that must be made as soon as possible. They include creating certain advance directives which will inform people of the patient's wishes concerning end-of-life care and treatment. Two common forms are:

Living will:
This records your choices for future medical care including your wishes about life-saving measures. That may include ventilators, resuscitation, antibiotics, artificial food or hydration.

Durable power of attorney for health care:
This identifies your choice for someone to make decisions about your health care when you are no longer able to do so.

Other documents that can ensure that your wishes are respected include:

Durable power of attorney:
This identifies your choice for someone to make legal and financial decisions for you when you are no longer able to do so

Living trust:
Through this, you can create a trust and appoint someone to manage and invest your assets in your name (usually an individual or a bank)

Will:
In this, you name someone to manage your estate and identify beneficiaries. Specific items may be left to individuals, as well.

Job:
If the patient is still working at the time of diagnosis, she will need to discuss the eventual changes with her employer. She needs to provide adequate educational material so that he might better understand what is involved. Discussions can include looking at changing positions or reducing work hours, working as long as possible with adequate support to bolster a failing memory, talking to other co-workers about the changes they may have already observed, considering early retirement and reviewing employee benefits. For the patient, it will be important to consider options once they are no longer working, such as getting involved in volunteer work or pursuing new hobbies.

Providing Care:
Needs will change over time and it is important for family members and patients to have discussions concerning future needs as soon as possible following an Alzheimer's diagnosis. Options include:

In-Home Care Provider:
This is a person who will come into the home to provide general care for the patient. This may include reviewing medical concerns and checking that medications are taken regularly, preparing daily meals, helping the patient bathe and dress, caring for the home and serving as a companion. You will need to decide how often you need these visits and what time is best for you. Check references and experience and make sure the agency is open to discussing any problems that may arise.

Respite Care:
These programs are provided so that you are able to socialize with others and caregivers are able to take time to care for themselves. Often, programs include art and music exercises and discussion and support groups. Most provide transportation and meals for their participants.

Residential Care Facilities:
There are a variety of facilities geared to different levels of need. They include:

Retirement homes:
This is most often just a small apartment or room with a kitchen. Staff are not usually available for twenty-four hours. This is most appropriate for people in early stages of Alzheimer's when they are still able to live independently.

Assisted Living Facilities:
Offer both housing and meals as well as health care services. Sometimes referred to as board and care homes. Personalized assistance and supportive companionship are often provided through these facilities

Skilled Nursing Facilities:
Also known as nursing homes, they provide twenty-four house medical and personal care as needed. They usually have staff that focus on nutrition, recreation, spirituality as well as medical care. Many homes have special units designed specifically for Alzheimer's patients to ensure that they do not wander and get lost.

Many continuing care facilities now encompass all three levels of care. In these, people are transferred to a more comprehensive facility as their needs increase but they are able to remain in the same area and often work with some of the same staff.

Hospice Care:
These facilities serve to care for people in the later stages of Alzheimer's as well as other terminal diseases. They attempt to remain as home-like as possible and visiting hours are very flexible. Their main philosophy is to provide comfort without the addition of life saving measures. Most have staff to help with the emotional concerns of the family as well as provide medical care for the patient.

Finding support

- Talking to people who are dealing with similar challenges can be an incredible help through difficult times. Support groups serve many purposes:

- They provide a safe place to express frustration, confusion and fear.

- They give participants an opportunity to observe how others survive the difficulties, offering hope to those new to the experience.

- They serve as a forum for practical information and new research possibilities.

- They help to break the isolation many individuals and families experience and offer the opportunity to find a place where participants feel they belong.

- They serve as advocates for those affected by Alzheimer’s and their families.

Identifying resources in the community

During the progression of the disease, many new resources may be needed. Each community provides some level of support and it is important to find out what these resources are before there is an urgent need for any. Community resources will include some or all of the following:

- Income maintenance programs
- Transportation
- Health and mental health services
- Legal assistance
- Nutritional support
- Employment programs
- Adult day-care programs
- In-home services
- Long term care institutions

Living with Alzheimer’s is not easy for the one with the disease or for his family. By focusing on abilities rather than disabilities, encouraging activities and interests that the patient can still participate in, creating an environment in which the person with Alzheimer’s can maintain some of his independence and by working together whenever possible to make decisions that affect everyone involved, we can find a way to live with the disease, not just endure it. And that means an improved quality of life for as long as possible – for both the patient and those who love him.

TAKING CARE OF THE CAREGIVER

Caring for someone with Alzheimer's can be frustrating, difficult and at times, overwhelming. It is not unusual for caregivers to experience burnout, feeling unable to give more to the patient or even to themselves. It can begin with the diagnosis of the disease or the denial of symptoms prior to the diagnosis.

Feelings at the Time of Diagnosis

Some of the most common feelings experienced by caregivers include wanting to deny the reality of the diagnosis, anger, tremendous sadness, a sense of being abandoned and alone to deal with this and a profound grief. All of these feelings are normal. We speak about grief as the feelings we experience when a loved one dies. With Alzheimer's, we experience grief before death. Our loved one changes sometimes before our eyes and the person we used to know may no longer be recognizable. And we may feel tremendous guilt at the grief we feel as we see this person, still alive, in front of us.

Grief is not a clear progression of stages and family members and friends may go through all of the emotions over and over: despair, hopelessness, fear, anger, sadness and guilt. At times, they may want to argue with the diagnosis and deny the existence of the disease. They may search for signs that the patient is getting better or convince themselves that they have not really seen any changes. On good days, when the patient may seem almost like her own self, they may choose to believe that the diagnosis was never correct. Some forms of denial are quite normal but ignoring the truth can be exhausting. You can only try to explain it or work it out for so long before the reality of the situation takes hold.

Anger, too, is a part of the grief most people experience. That anger can be directed at the doctors, the person who is ill or others in the family who are not there as supports. People may feel abandoned by the patient. "He would have been the person to help me with something as difficult as this – but he can't do that anymore." They may resent the role of caregiver, a position they were thrust into by necessity.

Family members may also feel a tremendous load of guilt. In trying to make sense of the diagnosis, they may blame themselves for not understanding or perhaps having added to the stress load for the patient, maybe even causing the disease. They may feel shame for their feelings of anger at the patient, sometimes wishing it were all over and feeling guilt for what is essentially a wish for the death of their loved one. If they are not able to care for the patient at home and need to find accommodation for him in a nursing home, they may feel as if they have failed him. They may feel unable to provide the care needed and try at times to shut off their own needs, to be everything to the patient while giving nothing to themselves. Or they may feel guilt when they enjoy themselves, knowing their loved one cannot.

They may also experience tremendous sadness and sometimes even clinical depression. They may choose to withdraw from any of their prior activities, focusing completely on the needs of the patient. They may have little motivation left for themselves.

The grief we experience when a loved one has Alzheimer's can seem impossible to survive, at times. But there are things we can do to help ourselves with these difficult feelings:

- Accept your feelings. There is no right nor wrong to feelings, they just are. By accepting them, whatever they are, we can begin to look at how to support ourselves. This includes feelings of anger, guilt and sadness.

- Understand that these feelings will occur over and over. There is no time limit or clear stages to the experience of loss. It does not mean you are getting worse if some days seem far more difficult. It is the nature of grief, a kind of roller coaster of multiple feelings.

- Understand that each person grieves in his or her own way and own time. There are no set ways to deal with these changes and the resulting feelings you may have. Learn more about the grieving process so that you will understand what, in most cases, is a chaotic but normal process.

- Find ways to express your feelings. On your own, you may find writing in a journal or recording your thoughts on a tape or CD may help you to look at them. And find someone to talk to about your feelings, as well. This can be a trusted friend, family member or a counselor.

- Connect with others who are going through or have gone through similar experiences. Other caregivers will understand your feelings and may give you some helpful advice on coping with the experience. Join a support group or talk to others you have met in the hospital. You may find that, as you connect, you will not only share feelings and thoughts but begin to share enjoyable moments of laughter together as you get to know each other in an honest and trusting way.

- This is a time when Reinhold Niebuhr's prayer can be most helpful, asking for "the serenity to accept the things I cannot change; courage to change the things I can; and wisdom to know the difference, living one day at a time and enjoying one moment at a time." No matter your religious faith, this prayer helps us to realize that, although much of the progression of Alzheimer's is out of our control, there are things we can do and attitudes we can adopt that will help improve our lives and those of our loved ones.

- Don't let go of your own hopes for the future. Don't become so involved in caring for your loved one that you ignore your own life. Try to find balance in interests and activities in other areas of your life.

Caregiver Burnout

When we become totally exhausted – physically, mentally, emotionally and spiritually— we experience burnout. We may feel we are no longer able to care – about our loved one or perhaps about anything. If we have put our complete focus on giving to the one with Alzheimer’s, we may have forgotten our own needs and feel depleted, as if we have nothing more to give. Some symptoms of the stress that can lead to burnout include:

- A refusal to believe in the diagnosis, constantly looking for signs that the patient is getting better or has never really been sick in the first place.
- Increasing anger at the patient, at the reality of the diagnosis or the lack of understanding in other people about the disease or the challenges of care giving.
- Withdrawal from friends, family and other loved ones. No longer becoming involved in favorite activities that were pleasurable before.
- Anxiety about the future and the sense that there are no answers to coping with inevitable progression of the disease.
- Depression – sadness, hopelessness and a sense of helplessness, and wanting not to care anymore.
- Total physical exhaustion – getting sick more often, not eating regularly, no longer exercising, sleeplessness. And not wanting to do anything about it.
- Irritability and moodiness. Heightened sensitivity to others, particularly if they are critical.
- Lack of concentration. Diminished ability to focus on anything other than the patient’s status and needs.

Caregivers may lose their own sense of identity, seeing themselves only in the role of caregiver to the patient. They may feel unappreciated and see their efforts as wasted as they observe the patient becoming more affected by the disease over time. They may feel isolated and unaware of resources to help them with health, finances, life planning and other issues they are trying to deal with by themselves. They may see other family members as expecting them to burden the major responsibility and feel resentment. And their own expectations for their ability to give care may be equally as demanding.

Often, it is only when the caregiver herself becomes ill, that she becomes aware of the degree of burnout she may be experiencing. But there are many things that can be done before this happens to make sure such burnouts do not occur or occur less frequently. They include:

- Learn all you can about the disease. It will help you to understand the behavior of your loved one and the progression you might expect. Remember – everyone is different and your family member’s disease process is not completely predictable. But information will help you to identify common patterns that may help you cope with the changes. And make sure all reversible symptoms have been identified and treated. Early diagnosis will rule out many reversible diseases before a diagnosis of Alzheimer’s is made. The sooner the patient sees the doctor, the more likely there is a chance of reversing some of these other diseases.

- Be aware of the resources in your community. You do not have to do this alone. Look into resources for adult day-care, visiting nurses, home delivery meals and transportation. An excellent first contact is your local Alzheimer’s Association chapter.

- Learn about techniques of care giving from professionals who understand the Alzheimer’s process. You may need to provide different care at different stages of the disease. Get help in learning what you will need.

- Know that you have a right to get help for yourself. This may be professional help or support and caring from friends and family members. Again, you do not have to do this alone. Don’t be afraid to ask for what you need from individuals or community resources.

- Do not forget to take care of yourself. You will not be much help as a caregiver if you are ill. Like the patient, you need to remember certain basics in caring for yourself – a healthy diet, adequate exercise and rest. Use community respite services to allow you an opportunity to take time for yourself. As much as possible, keep yourself socially and mentally active.

- Find ways to alleviate stress. Talk to your physician. Investigate ways to relax yourself on a regular basis. These may include yoga, meditation and relaxation exercises. Increased stress may lead to physical and emotional illness if not addressed.

- Accept changes, one day at a time. It is inevitable that the patient with Alzheimer’s will change and her needs will increase. Get all the information on how you can best be supported as you care for her. Enjoy the good moments and learn how to get through the more difficult ones. Work with the changes rather than denying them. They are inevitable and fighting them will make the experience more difficult for everyone.

- Make conscious choices for the future. Legal and financial decisions need to be made and it is better to do this early on in the disease process. At that point, the patient may be able to be included in the decisions. Making these plans will alleviate some of the anxiety for the future. Questions will not need to be answered in an urgent fashion.

- Know the reality of the disease. At this time, the degeneration of Alzheimer's is both inevitable and fatal. We cannot change that. But your care will help to keep the patient safe, secure and loved for as long as possible. Enjoy the more pleasant moments and hold on to your memories of the healthy person you carry in your heart.

- Know that you are doing the best you can. At times, you may feel guilty that you are never able to do enough. That is the nature of the disease. Know that you are standing by your loved one throughout the process. We could all wish for such a gift as you are providing. Respect that in yourself.

- Families may encounter increased stress in relationships as the duties of care giving begin to fall on a few individuals. Friends may pull away; uncertain of what they might say to you that will not makes things worse. At a time when you may already feel the load of care giving, you may also take on the responsibility of educating others. But this, in turn, may bring you much needed support.

- Talk to your friends and educate them about the disease and its process. Let them know you would still like to spend time with them. And let them know that they don't need to say anything to "fix it"; they just need to be there. If you invite them to your home, guide them in how best to approach the person with Alzheimer's and suggest some activities they might do.

- Meet with your family and talk about the responsibilities and care giving roles. Find out what each person is willing and able to give to support you and your loved one. You may find it helpful to meet as a group with the physician, a counselor or Alzheimer's educator. Make a list of tasks and share the responsibilities with other family members. And continue to talk together – about feelings as well as responsibilities in caring for the Alzheimer's patient.

- Continue to spend time enjoying the company of your loved one. At earlier stages of the disease, it is possible to share many things, creating new memories you will carry after they have passed on:

- Go for a walk. Enjoy the weather. Smell the flowers. Listen to the birds.

- Do chores together – washing dishes, folding laundry. Help the patient to help herself.

- Listen to music or sing together. Even dance together.

- Look at old photo albums together. Remind your loved one of stories of your shared past.
- Read a favorite book or magazine aloud. Talk about what you have read.
- Create a scrapbook about your loved one. Ask them to share stories of their past, pieces of a life you would like to record for future generations.
- Watch a movie together.
- Write stories or poems together.
- Just talk together. Walk with them in this final journey.

The facts of Alzheimer’s are stark. It is a progressive disease that eventually strips an individual of everything – his thoughts, feelings, language and beliefs. It is irreversible and fatal. And, at this time, there is no cure. But there are things we can do for both the patient and ourselves. And as we care for ourselves and share moments with our loved one, we learn that the quality of life is in our everyday moments. I wish you courage and strength to embrace each one of those moments.

For further information on Alzheimer's Disease:

- the disease, itself
- medications and treatment
- costs of care
- making decisions about housing
- financial and legal decisions
- care for the caregiver

Contact the
Alzheimer's Association
1-800-272-3900
www.alz.org

- information
- support

They are there for you.

Don't hesitate to contact them.

Great job on finishing this course, now it's time for you to get started!

To your success!

Liz Tomey

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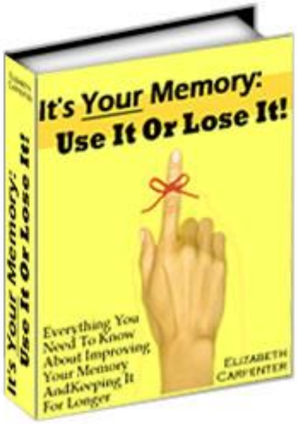
http://www.MyOriginalEProducts.com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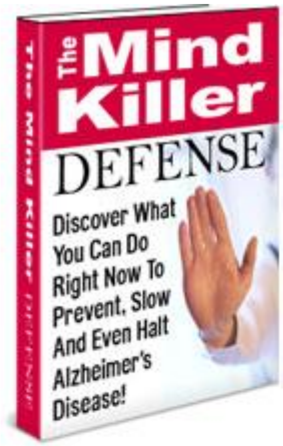
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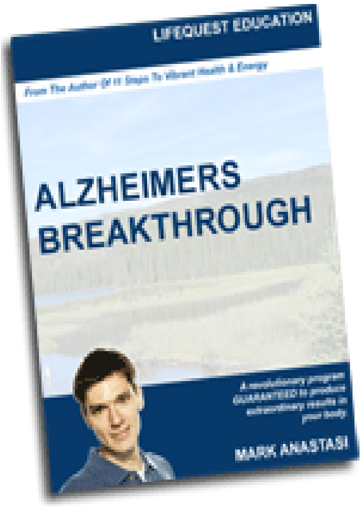
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