

Partners



In Care Giving



Good Shepherd Services Village Newsletter

January-March 2012

Vitamin's Unlikely to Revitalize the Mind

"There is little proof that taking supplements prevents cognitive decline or dementia" (Harvard Mental Health Letter, 2010).

It is normal as people age to suffer from vitamin deficiencies. Vitamin B12 is a common deficiency in the older adult population related to a decreased production of stomach acid. Stomach acid assists the body in metabolizing vitamins from food sources. Other age related body changes make older adults less able to synthesize sunlight to produce vitamin D.

Some vitamin deficiencies can *impair* brain function. The most common of these deficiencies is vitamin B12. A vitamin B12 deficiency presents with symptoms that can *mimic* Alzheimer's or other types of dementia with symptoms such as disorientation and confusion. Vitamin B12 supplements might prevent further brain deterioration, or treat symptoms once they appear.

Let's take a look at 3 vitamin therapies most often investigated.

B Vitamins

Homocysteine is an amino acid that is released during digestion. Vitamin's B6, B12 and folic acid assist in breaking down homocysteine. When the body is deficient in vitamin B6, B12 and folic acid, elevated blood levels of homocysteine can occur. Elevated homocysteine blood levels are associated with the development of both cardiac and Alzheimer's disease. Researchers are

not aware of what causes this link. A couple of theories include that B-vitamins assist in maintaining cognitive function indirectly by keeping homocysteine levels within normal parameters. The other theory includes that high homocysteine levels occur in direct relation from a B-vitamin deficiency. “Regardless of what mechanism may (or may not be involved) there is not yet enough evidence to recommend B-vitamin supplements to prevent cognitive decline or to treat dementia. Most studies have proved disappointing” (Harvard Mental Health Letter, 2010). The Cochran Collaboration, an international group of independent experts found in several double-blind, randomized placebo controlled trials, that B-vitamin supplements did nothing to slow the progression of dementia or mild cognitive impairment.

Vitamin D

Vitamin D, often referred to as the “sunshine vitamin” is actually a hormone. Vitamin D’s job in the body is to signal the intestines to absorb calcium, which is then used by the body to restore or strengthen bones. Vitamin D has also been found to keep vessels healthy. Healthy vessels ensure adequate oxygen and nutrients to the brain. Interestingly, our brain tissue actually has Vitamin D receptors located on it. These Vitamin D receptors on the brain suggest that the hormone must directly affect that tissue. “While the evidence is mixed, most epidemiological studies have concluded that vitamin D deficiencies are associated with cognitive decline and the development of dementia” (The Harvard Mental Health Letter, 2010). Again, no studies have provided a direct correlation that vitamin D *prevents* cognitive decline or Alzheimer’s. Experts do agree that vitamin D plays multiple roles in maintaining overall health. Surveys found about 40% to 90% of people throughout the world - even those living in sunny climates- have vitamin D levels that are below recommended levels. The consensus of experts show that most adults need more vitamin D. Vitamin D supplements are easy to take, inexpensive and safe.

Vitamin E

Free radicals are naturally occurring molecules that damage cells in the body. Antioxidants such as Vitamin E counter the effects of free radicals on cells. Animal research suggests that damage to the brain by free radicals may contribute to cognitive decline and Alzheimer’s. “Studies on people have found that there is an association between low levels of vitamin E and impaired cognitive functioning and Alzheimer’s” (Harvard Mental Health Letter, 2010). Again, that link is still not understood, as several significant studies found that vitamin E supplements do not alter the progression of Alzheimer’s any better than a placebo. Scientists are examining opportunities to combine antioxidants, such as vitamin E, with anti-inflammatory medications and other medications in an effort to prevent cognitive decline and maintain function in older adults.

What To Do Now

“No vitamin supplement can ever serve as a stand in for a healthy diet. People can take a daily multi-vitamin but for now there is not enough evidence to recommend taking extra supplements to *revitalize* the brain” (Harvard Mental Health Letter, 2010).

Indeed, a recent large study of 38,772 older women found an increased mortality rate when women took common supplements to prevent chronic disease. The long-term consequences of these compounds are unknown. Specifically, the use of multivitamins, vitamin B6, folic acid, iron, magnesium and copper were associated with increased risk of death. The link between supplement intake and death risk was strongest with iron. Calcium supplements were associated with a reduced risk of mortality. This study notes that more research is required to analyze the use of supplements by older women (Mursu, et al, 2011).

Harvard Mental Health Letter, February 2010.

Mursu J., Robien, K., Harnack, L., Park, K., Jacobs, D (2011). Dietary Supplements and Mortality Rate in Older Women, *Archives of Internal Medicine*. V171(18), 1625-1633.



Introducing our Friend Elaine Skenandore!

Ever dream of marrying your high school sweetheart?? Well, Elaine did! Elaine and her husband have been married for 22 years. He is a reporter for the Advertiser Community News. Their 3 children are all boys. They span quite a few

years with the youngest being in 4th grade and the oldest a senior in high school. Elaine's oldest son will be attending UW-Madison in the fall. The boys keep Elaine and her husband busy with sports. They are involved in bowling, wrestling, cross country running and baseball. When Elaine is not busy with the boy's sporting events, she likes to scrapbook and stamp.

Summer is Elaine's favorite time of the year. She loves to camp and spend lots of time with her family. Although she enjoys heading "up north," if she had a choice to be anywhere it would be home in Kaukauna. She has lived there for 22 years and enjoys the area.

PEARL

Reflexive – 'Minimal Contact with the Outside World'

Resident Behaviors:

Approach - Social Behaviors

May attend to, respond to, OR *startle* to voice, touch, temperature, sounds

Eye contact is poor and may be absent

Ability to reach out is minimal

Grasp and flexion patterns are strong and reflexive to movement and touch

Release is not voluntary

Moaning or sound production is common with contact

Task Behaviors

Moves into flexion patterns with activities and stretching

Has a strong grasp reflex if palm is touched or stimulated

Can't actively 'let go' of objects without help most of the time

Has poor protective reactions to oral intake, oral care, movement, positioning

No awareness of 'risky' responses to care

Reflexive speech and swearing may be elicited with startle, movement, or action

Quick movements or actions will produce fearful, angry, or anxious motor behaviors



Caregiver Behaviors:

Approach Behaviors

Move slowly and keep voice calm and soothing and slow

Make sure hands are all 'warm' prior to contact

Use flats of fingers and palms of hands when giving care

Use hand-under-hand palm to palm contact to manage grasping that will occur

Maintain a point of contact for the entire interaction

Say 'Hi, (name), this is (your name), I am going to help you...'

Task Behaviors

Move slowly and talk slowly focusing on comfort and soothing content and tone

Keep one hand on the person at all times

Tell the person in simple terms what you are doing, step-by-step as you are doing it

Give person time to relax between tasks

Make sure materials and supplies are warm and pleasant to touch

Hold the person's hand in thumb control position at all times when trying to move arms or place a hand roll or object in the hands to control grasp reflex

Use 'safest' positioning and techniques for task performance when reflexes are impaired

Expect to do a majority of all tasks

Consider humming or singing, *if* this is soothing to the person

Environmental Considerations:

Approach Environments

Treat the 'person' as personal space

Turn off other stimulation when giving care

Provide light for area – ensure light is NOT in the person's eyes

Provide auditory and tactile information simultaneously

Close off interaction prior to leaving



Task Environments

Be aware of and control all sensory components in activities – smell, touch, taste, sound, and sight

Use comfortable but supportive sitting (special upright seating for oral care and intake)

Use task lighting that is focused on the task not the person

Eliminate loud noise, fast movements, or bright lights during a task

Keep space warm and control air flow into the space (close doors)

Arrange props and supplies within arm's reach prior to starting task

Alzheimer's Affect's Everyone: Telling the Children

As adults, watching the progression of Alzheimer's or other dementia's can be frightening. Imagine a child trying to work through these changes with a treasured grandma, grandpa or other older adult. It is inevitable that the child will struggle with what they see, or hear. The best way to manage these situations is to provide simple, honest explanations....always ensuring the child that the person with Alzheimer's continues to love them and that it is their illness that is changing them.

The Mayo Clinic staff (2010) developed a list of possible questions that children may ask coupled with answers to assist adults in the explanation process:

- Is Grandma crazy?

Explain that Alzheimer's is an illness. Just as kids get colds or tummy aches, older people may get an illness that causes them to act differently or to forget things. They may look the same on the outside but their brains are changing on the inside.

- Doesn't Grandpa love me anymore?

If the person with Alzheimer's no longer recognizes the child, he or she may feel rejected. Remind your child that the illness makes it hard to remember things—but that the child is still loved and important to that person.

- Is it my fault?

If the person with Alzheimer's accuses the child of a wrongdoing, your child might feel responsible. Explain to the child they are not to blame. Reinforce that the person has an illness that makes them think things that are not true sometimes.

- Will you get Alzheimer's? Will I?

Reassure your child that Alzheimer's is not contagious.

- What will happen next?

Explain to your child that the person will have good and bad days. Reassure them that they are loved no matter what the future holds.

Tell your child that it is okay to feel angry, sad or worried about the changes that Alzheimer's brings to their loved one. Children may feel frustration related to having to say things over and over.....or needing to repeatedly identify themselves.....and then feel remorseful for acting frustrated or guilty. Children can also be self-conscious about being in public with their loved one. Remember that kids are amazingly resilient. Encourage your child to come to you and talk about their feelings, and about their loved ones illness.

Excerpts taken from the Mayo Foundation for Medical Education and Research, January 21, 2010

Frye, B. (2008). Talking to Children About Alzheimer's Disease

Study: Women Feel More Intense Pain

Stanford University researchers noted that women reported significantly higher pain levels from injury and illness over males. Investigators analyzed 11,000 electronic medical records of patients who had rated their pain. Diagnoses and pain ratings were compared between males and females. The data does not lead to a specific reason for the discrepancy and more research is required to understand possible biological factors. "Pain experts have said it is possible men are more liable to downplay their level of pain when asked, but these same experts also noted that previous studies have indicated hormones may play a role in how women experience pain" (McKnights Assisted Living, February 2012).

Good Shepherd Services, Ltd.
has been **RATED** one of the
BEST nursing homes in Wisconsin
by **US News and World Report**



607 Bronson Rd, Seymour
920-833-6856 www.gssltd.org

Good Shepherd Services, Ltd.

607 E. Bronson Rd.

Seymour, WI 54165

STATEMENT OF PURPOSE

We are a faith-based care community dedicated to serving those entrusted to us with dignity, respect and compassion, in a safe and cheerful environment. Our goal is to provide extraordinary care, while creating moments of joy and a sense of belonging.