Partners

In Care Giving

Good Shepherd Services
Village Newsletter July/August2011

Let them eat cake…..and bacon!

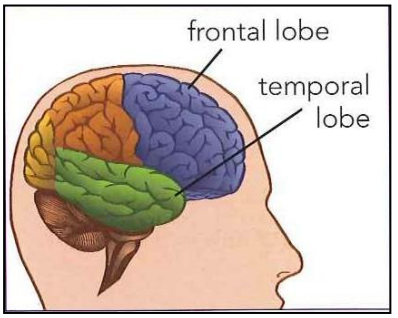
Ever think you would forget to eat??

As healthy adults we have days when our mind tells us all day long to eat! More often than not, we struggle to keep weight off…rather than on. Those with Alzheimer's or other dementias will struggle with weight loss at some point in the disease process. Interestingly, unexplained weight loss in older people may be an *early* sign of Alzheimer's or other dementias. Researchers at Rush University completed a study of 820 Roman Catholic priests, nuns and brothers who averaged 75 years old. They followed this population for 10 years. The researchers found that healthy participants in the study whose body mass index (BMI) fell during this time were most likely to develop Alzheimer's disease. Increasingly, studies are showing that abnormalities and changes in behavior are present 10 years prior to any symptoms of Alzheimer's or other dementias developing.

Those that are in the later stages of the Alzheimer's or dementia disease process often struggle to keep weight on. Some lose the capacity to be able to recognize hunger. It's hard to eat when you are never hungry. Remembering to chew and then to swallow can make dining difficult and slow. This issue is especially trying for those that have very short attention spans. Some with the disease struggle with sitting long enough to eat the amount of food required to sustain the calories needed to support their activity.

As folks age, their brains are able to process the taste of sugar and salt easier…and longer. Therefore, not only do older adults find these foods more palatable….but for those with dementias, these foods offer high calories….and fat. Remember, that weight loss can lead to increased risk for infections, skin breakdown and other negative concerns. So, the next time you see abundant snacks offered to cognitively impaired residents, the goal is not about sustaining a therapeutic balanced diet….it is probably about getting them to simply eat something. For those residents that are already a bit "fluffy" it is inevitable that their weight will diminish as they progress in the disease process. At this point, the approach is quality of life…..as we are not going to save them from the terminal disease that will overcome them eventually. Therefore, let them eat cake…..and bacon!

What causes Frontotemporal Disorders (FTD)?



(Make sure to read our last newsletter article "What are Frontotemporal Disorders?")

Frontotemporal disorders are not a specific disease. Rather they are a family of brain diseases that share common characteristics. Researchers still struggle to define why these diseases occur. We do know that the disease has a familial component, or that there is a risk of inheriting the disease from your family. About 10 percent of cases inherit the gene directly from a parent and about 20 to 40 percent of people diagnosed have a family history of the disease. Genes are the tiny component in the body that direct cells on what to do so that the body can function. When a gene produces something that is abnormal (gene mutation), changes occur in cellular function. These changes can lead to disease. Autopsies provide insight into the physical changes of the brain that occur in relation to these changes resulting in disease. As noted in our last article, the brain can literally have holes in the tissue where destruction has occurred. If we can imagine a brain with entire pieces of tissue missing.....it will help us to understand why folks with FTD are challenged to interact with their environment.

Scientists continue to research FTD. Research endeavors are currently underway to help understand why a single gene mutation can result in different frontotemporal diseases within the same family.

Next newsletter: Common Symptoms of Frontotemporal Disorders

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.

PRESENTING…

Patti Christianson, C.N.A.

Patti is one of the certified nursing assistants (CNA) working in the Village. She is a Team Leader and has been with Good Shepherd since January of 2008.

Patti loves living in Wisconsin and considers it "God's Country" …..maybe that is why her favorite TV program is "Ice Road Truckers!" Spring is her favorite season. Patti is a gardener and enjoys the new beginnings the season offers.

Patti and her husband, Grant, have been married for 29 years. They share a son and daughter. Additionally, they have one grandson.

As for travel, she loves to visit warm places but always looks forward to returning to WI. Other hobbies include fishing and collecting toy tractors. Her favorite TV channel? The History Channel!

Do Not Resuscitate Bracelets

Please remember that if you are taking one of the residents outside of the building and they are designated as a "No Code" they should have their "No Code" bracelet on them.

Be aware that if they have an event and become pulseless and they do not have their bracelet on, the paramedics MUST attempt to resuscitate, by law.

Also, know that the physician signed "Do Not Resuscitate" forms are not in itself valid. The DNR bracelets are designated as the only way EMS can bypass resuscitation efforts.

2010 Alzheimer's Disease Facts and Figures

- As many as 5.3 million people in the US have Alzheimer's disease.
- Wisconsin has approximately 110,000 residents aged 65 or older with Alzheimer's disease or other dementias.
- Alzheimer's is the 7th leading cause of death in the US.
- Every 70 seconds there is a new case of Alzheimer's disease.

~Data from Alz. Association

Stages of Alzheimer's and Dementia

Diamond – Level 5 – Minimal memory loss, "Needs Routines"

Resident Behaviors:

Approach – Social Behaviors

- Can initiate social greetings and interactions
- Responds to social greetings
- Will look to see who is at door and respond to a "knock"
- Carries on conversations – takes turns, asks questions, answers questions (may be wrong)
- Seeks out familiar when stressed, unfamiliar when bored
- Uses verbal cues and visual information (may misinterpret)
- Can choose and select from among options

Task Behaviors

- Often lacks initiation for task start-up
- Uses routines and habits to get through the day
- Can physically perform routine self-care and "work-related" tasks
- *Speed may be slowed*
- Prefers to have options and to be in-charge of activities
- Follows daily routines and schedules with minimal prompts or reminders
- Blames self or others for errors
- Stops doing tasks that are too challenging or asks someone else to do them

Caregiver Behaviors:

Approach Behaviors

- Use preferred name
- Ask permission to enter space – acknowledge response
- Engage in conversation
- Offer information about the day, activities, self
- Provide options for time use

Caregiver Behaviors: (continued)

Task Behaviors

- Prompt and support start of tasks
- Offer options for tasks
- Follow Routines
- Hi-light changes in routines
- Use social interactions to exchange during tasks

Environmental Considerations:

Approach Environments

- Treat the "room" as personal space
- Make sure personal space is respected
- Ask permission – Turn on the lights
- Ask permission – Turn off the TV/Radio if interacting
- Get to resident's eye level – sit down to interact or walk along side

Task Environments

- Label locations and storage spaces clearly
- Keep things in familiar spaces
- Honor location preferences
- Use hi-lighted colors or contrast to emphasize areas
- Provide task lighting to focus attention to next task
- Limit distractions BUT honor visual and auditory preferences (TVs, radios…)
- Make sure all necessary items are present for tasks

**Developed by Teepa Snow

Did you know Good Shepherd Home is the only 5 star nursing home in the Green Bay area and only 1 of 2 in Outagamie County? (CMS/Medicare 7/2011)

Special Invitation to Families And the Community

Elizabeth Malcheski, Social Worker, will host an educational session for families and community members to view the dynamic dementia expert, Teepa Snow, OTR. Teepa's style of demonstrating common challenges that occur in daily life when caring for those with dementia is not only insightful and helpful but offers a wealth of "tools" to empower successful interactions.

August presentations "Managing other medical conditions and dementia."

- August 17, 2011 at 6- 8 pm. Tours will be available at 5:30.
- August 23, 2011 at 2 - 4pm. Tours will be available at 1:30.

September presentations "Dementia: Sexuality and Intimacy. It's Time to Talk About It."

- September 13, 2011 at 6- 8 pm. Tours will be available at 5:30.
- September 29, 2011 at 2 - 4pm. Tours will be available at 1:30.

Both sessions will be held in the Good Shepherd Community Center. Refreshments will be provided.

What is a "Blue Light" Room?

Alzheimer's is an incurable disease and there are few effective treatments. Light therapy does show some promise as an intervention. Specifically, researchers noted improved sleep patterns, decreased agitation and calm during wakefulness. Our "blue light room" is a small room adjacent to our activity area in the Village. You will note that the room plays a dual role. That is, the room has several blue light "boxes" but it also doubles as a low stimulation environment. A low stimulation environment is beneficial when residents who are feeling stressed by something in the environment can spend some time to quietly "re-center."

What is Palliative Care?

Palliative care is often confused with hospice care. Both can be provided to people who have life limiting diseases. As Alzheimer's or other dementias are terminal diseases, palliative care or hospice care, are often sought out by family.

The philosophy of palliative care is to offer the highest quality of life possible during the disease process, rather than end-of-life care that is traditionally offered through hospice. Palliative care patients may or may not pursue acute care (curing) options. Sometimes families feel that the exposure to another care setting, such as a hospital, would be too distressing for those with cognitive impairment. The thought is that the exposure to the high stimulation would cause more harm to them than the proposed acute intervention. Hospitals are rarely "dementia friendly" as their approach to care does not offer the supportive services often required for the care of someone with dementia. Gurneys, unfamiliar machinery, people whisking you from room to room, lots of unfamiliar faces, and invasive interventions are frightening to those that are *not* cognitively impaired, so imagine the fear of this type of environment when you cannot synthesize where you are…..or why you are there. It is not uncommon to see a decline in cognitive status when these types of environment changes occur. Anesthesia use is another common cause of increased confusion, which may or may not resolve after an acute intervention.

Palliative care offers options for those residents and families that choose not to use hospital services for an illness or injury. Skilled nursing facilities have gotten fairly savvy over the last 10 years at managing this type of care. Almost always, the illness or injury can be managed with positive outcomes using palliative care. Many families choose to engage palliative care in an effort to provide a more compassionate choice for their loved one with cognitive impairments.

Advanced directives are critical for families in these types of situations. Unfortunately, many current older adults were unfamiliar or uncomfortable with creating these. Remember, when designating your health care choices in your advanced directive, that your choices may be different if you have cognitive impairment. Sometimes, the qualifier for choices is "If I can no longer recognize my family, these are my wishes….".

Next newsletter watch for: What are advanced directives?

Good Shepherd Services, Ltd.
607 E. Bronson Rd.
Seymour, WI 54165