

ADS SUPPORT GROUPS

Watch out for information regarding upcoming Support Group

*I didn't cause it,
I can't fix it,
I'm doing the best I
can.*

"Kindness can transform someone's dark moment with a blaze of light. You'll never know how much your caring matters. Make a difference for another today."

— Amy Leigh Mercree,
author

CareLines is partially supported by the Aging Commission of the Mid-South.

Caregivers Do Angel Work

A caregiver is that rare and special individual who says "yes" to helping, supporting and caring for a loved one. A caregiver offers the most special gift of all to another human being who is in need of care. A caregiver doesn't just help with the daily challenges of life, but a true caregiver provides not only physical support, but also emotional and spiritual support, all given with love. A caregiver is really God's way of giving us angels here on Earth. A caregiver does Angel work.

Caregivers need to embrace their roles as ones of importance, significance and honor they play in a loved one's life. So often the caregiver is alone in this journey and this aloneness leads to feelings of isolation and a lack of importance. Nothing could be further from the truth. When you care for a loved one, be it a mother, father, sibling, child or a friend, you are continually called upon to give unselfishly to your loved one.

There are days and nights when you feel like you are on your last leg, but you get up and keep going. You give and give and give and often you give without thinking of your needs. I don't want to use the term sacrifice in the truest sense of the word, but there is most definitely sacrifice involved when you say "yes" to caregiving. Wouldn't it be better if, as a caregiver, you wrapped your head around the idea that caregiving and Angel work are one in the same? So the next time someone asks you what you've been doing lately... answer with, "I've been doing Angel work." And see how that definition makes you feel.

Adapted from article by Cindy Laverty, agingcare.com, 10/19/12

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Preventing Falls Among the Elderly



Several factors contribute to the fact that seniors fall so much more frequently than younger people:

Lack of physical activity. Failure to exercise regularly results in poor muscle tone, decreased bone mass, loss of balance, and reduced flexibility.

Impaired vision. This includes age-related vision diseases, as well as not wearing glasses that have been prescribed.

Medications. Sedatives, anti-depressants, and anti-psychotic drugs, plus taking multiple medications are all implicated in increasing risk of falling.

Diseases. Health conditions such as Parkinson's disease, Alzheimer's disease and arthritis cause weakness in the extremities, poor grip strength, balance disorders and cognitive impairment.

Surgeries. Hip replacements and other surgeries leave an elderly person weak, in pain and discomfort, and less mobile than they were before the surgery.

Environmental hazards. One third of all falls in the elderly population involve hazards at home. Factors include: poor lighting, loose carpets and lack of safety equipment.

However, falls are not an inevitable part of growing older. Many falls can be prevented, by making the home safer and using products that help keep seniors more stable and less likely to fall.

Caregivers can do several things to make the home safer for their loved ones.

- Install safety bars, grab bars or handrails in the shower or bath.
- Put no-stick tape on the floor in the tub.
- Use a stool riser seat to make getting on and off the toilet easier.
- Install at least one stairway handrail that extends beyond the first and last steps.
- Make sure stairs are sturdy with strong hand railings.
- Be sure that stairwells are well-lit. Consider making the lighting in your home brighter to aid vision.
- Make sure rugs, including those on stairs, are tacked to the floor.
- Remove loose throw rugs.
- Avoid clutter. Remove any furniture that is not needed. All remaining furniture should be stable and without sharp corners, to minimize the effects of a fall.
- Change the location of furniture, so that your elderly parent can hold on to something as they move around the house.
- Do not have electrical cords trailing across the floor. Have additional base plugs installed so long cords are not necessary.
- Have your parent wear non-slip shoes or slippers, rather than walking around in stocking feet.
- Make sure all rooms have adequate lighting. Consider motion-sensitive lights that come on when a person enters a room. Use night lights in every room.
- Keep the water heater thermostat set at 120 degrees F, or lower, to avoid scalding and burns.
- Wipe up spills and remove broken glass immediately.

(continued on page 3)

Preventing Falls Among the Elderly (continued from page 2)

Here are some products that caregivers can use to keep their elderly seniors from falling.

Monitors / sensor pads. Sensors work well for the bed, chair, or toilet. The pads electronically detect the absence of pressure, which in turn sends an electronic signal to the monitor setting off an alarm. Used on a bed, the pressure pads can be under or on top of the mattress. They are very thin, so they do not disturb sleeping and are plugged into the monitor via a telephone type line. Chair and toilet sensors work in the same way.

There are also pad/monitors that detect and sound an alarm if a person steps on the pad (detects pressure). This type of pad can be used beside the bed, in a hallway or in front of a chair while the person is seated. (These items can be expensive.)

Fall mats. Fall mats are used in areas where a person could be injured from a fall on a hard floor such as the side of a bed, by a toilet or in front of a chair. They are cushioned floor mats of various sizes 1-inch or 2-inches thick with beveled edges. They cushion the fall and prevent injuries. Be aware that they may be a fall hazard, too.

Grab bars. Install them near the toilet, in the bathtub and shower.

Shower chair or transfer bench. When getting in and out of the tub, transfer benches provide stability and help the caregiver get the elderly seniors in and out of the tub safely, without injuring the elderly person or the caregiver.

Anti-slip mats. Install these on the bath tub or shower floor. The hard rubber material prevents the elderly person from slipping and provides stability.

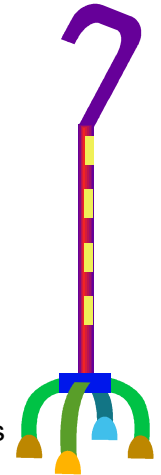


Canes and walkers. They help seniors feel steady on their feet. Make sure the mobility device you choose is the correct height for your loved one, and has a rubber tip or other traction on the bottom, for safety. Ask the doctor about ordering these mobility products along with therapy to teach your loved one proper usage of the devices.

Socks, shoes and slippers. Wearing properly fitted, low-heeled, non-slip footwear for walking and transferring provides traction and is much safer than going barefoot. Many socks and shoes are available with non-skid treads on the bottom, to keep your elderly parents safe and help reduce slipping accidents. Avoid slippers that can easily slip on and off.



Adapted from "Preventing Falls Among Elderly Parents" at Agingcare.com, June 2009.



SAFETY

“Football is a dangerous game and there will be injuries. However, I made sure my players had good equipment and were in good condition to play the game. I never wanted anyone to get hurt and I did what I could to protect them.”

“There are many products and services that can help keep your loved ones safe. And good old common sense will help, too. Be on the lookout for things around the house that could be dangerous to a young child.”

— Coach Broyles —



Alzheimer Disease Caregiver Tips

From Individuals with Dementia

The saying "When you've met one person with Alzheimer's disease, you've met one person with Alzheimer's disease," reflects its variation among individuals. Nevertheless, when those individuals tell us how they experience the disease, they deserve our attention, respect, and a change in our care practices that reflect their needs.

The quotes that follow are excerpts from people with dementia. Knowing that at least some people with dementia have this experience, ask yourself, how can I change my care to improve their sense of well being?

Recognition of losses

"I live in two worlds. Sometimes I can function. Sometimes I just can't."

Robert Simpson



Misunderstandings often arise because - like all of us - people with dementia have good days and bad days. Like us, stress, diet and the amount of exercise and sleep gotten each day contribute to whether the day is "good" or "bad," but the difference in abilities between good days and bad days tend to be more pronounced in people with dementia. Neither Alzheimer's disease nor any other form of dementia is entirely predictable in its patterns of progression. Some people retain verbal skills while losing math skills. For others, the opposite happens.

Mental exhaustion

"I think people with Alzheimer's just give up because everything is so much work!" Robert Simpson



"Leaving the routine of being around my familiar home, having more people and excitement around than I am accustomed to, varying my ritual for taking care of my grooming and healthcare, being unable to lie down and nap at my usual times, all brought me to a place of being unable to make even the most basic decisions for myself, of not even being aware of how to relieve my discomfort." Robert Davis

Feelings and emotions

Fear is thought by some to be the most prevalent feeling experienced by people with dementia.

"You know why I get anxious when you're gone? I feel so responsible! What if someone comes to the door? What if the phone rings? When you come back I can relax." Robert Simpson

Shoulds & shouldn'ts for being helpful

"When you come up to me, especially if we are in a public place, move slowly, and speak softly. Introduce yourself. Even if I know you, I may not be able to find your name and then we will both feel badly. . . If someone says, "Do you remember. . .?" or "Do you know who I am?" the pressure makes me panic."

"Hand-in-hand with this disease goes a sense of worthlessness. If someone makes me feel that I can do something helpful or fun, I feel lively again." Robert Simpson



"Instead of dwelling on what I have lost, I am focusing my attention on the activities I can still enjoy."

Frank Carline

Adapted from "Wiser Now," June 2009, Vol. 10 Issue 6, edited by Kathy Laurenhue

ADS WISH LIST

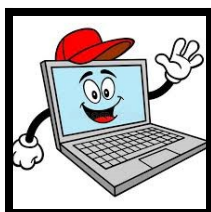
Critical Items We Need Now!

- **Paper Towels
- **Copy Paper
- **Facial Tissues
- **Liquid Antibacterial Hand Soap
- **Toilet Paper
- **Wet Wipes

Support Options for Care Partners

For virtual community events and online support resources:

- ◆ alzfdn.org
- ◆ alztennessee.org
or call 24/7 Helpline:
800-259-4283
- Dailycaring.com
- Teepasnow.com



Tips for the Month of February

- ♥ Your loved one's television habits or preferences may change. She might have trouble following a story. She may project herself into the story. Children's programs could become her favorites or she may enjoy programs that feature nostalgic music.
- ♥ Be aware that your loved one is constantly changing. Something that works well for you now may not work six months from now. Your creativity in discovering solutions is increasing. You'll find yourself meeting new challenges fairly easily. Also, a difficult stage your loved one is in now may pass quickly.
- ♥ Your loved one's ability to judge temperatures can be lost early on. Monitor the use of hot water faucets and anything else that could cause burns. It's a good idea to turn down the temperature on your hot water heater.
- ♥ It's best not to ask your loved one if she remembers something. It can be frustrating and depressing to her. Also don't ask fill-in-the-blank questions. If you find family or friends doing this, take them quietly aside and ask them not to.
- ♥ Creating a memory collage with your loved one may be fun and helps to stimulate conversation. Make the collage from old meaningful pictures of family, past trips, and past homes. The use of blunt scissors and glue stick help to make the project safer.
- ♥ Soft background music can be beneficial at mealtime. Instrumental music is usually the best. Remember, we all are social and no one likes to eat alone.
- ♥ Sorting is a skill that seems to be retained for a long time. Your loved one may enjoy doing chores that involve sorting such as helping with the laundry or setting the table.
- ♥ Your loved one may not appear to comprehend some things that are said to her. This does not necessarily mean she doesn't understand anything. Make sure no one talks about her as if she isn't in the room. Her feelings and dignity should be protected at all times.

Adapted from: Lyn Roche, *Coping with Caring*, Elder Books, 1996.



Caring for Your Family Member's Skin

As a person ages, changes in the skin are the most noticeable. Besides the wrinkles, we notice with each passing year that older skin:

- Has less fat.
- Is not as elastic or flexible.
- Has more dark spots.
- Is drier.
- Is thinner.
- Is more susceptible to infections.






















Older skin needs extra protection. This is especially true for older people who are inactive, sitting or lying in one position most of the day. When you care for skin, remember:

- Skin can break and tear easily. Get help to lift another person rather than pulling him to a new position. Use footboards or support under the knees to prevent sliding in bed.
- Positions should be changed often. Relatively healthy people (those who can shift weight by themselves and move independently) should change position every four hours. A person who is very ill and incapable of independent movement should be moved from every half hour to every two hours.
- Special attention must be paid to the pressure points -skin where bones protrude- including shoulders, elbows, hips, knees, heels, ankles, ears and the back of the head. These can be protected by lying or sitting on sheep skin, an air or water mattress, or foam air "donuts." Periodically massage these areas.
- Skin should be kept clean and dry. Areas of the skin that are damp and away from the light, such as under the breasts, between the legs, and under the knee, can breed infection.

Adapted from: *Alzheimer's Home Companion*, February 2002.

Tactile

The sense of touch is easy to stimulate. The caring touch or hug provided to a receptive participant can be greatly appreciated. Many objects lend themselves to tactile stimulation. The idea here is to provide the participants with safe objects that have textures that are different from the blankets and chairs they touch in everyday life. Try these, while always being sure to monitor for safety:

-  Sandpaper of various types
-  Wood blocks
-  Stuffed animals
-  Pine cones
-  Flowers and small plants
-  Model cars or airplanes
-  Koosh® balls
-  Potato masher
-  Fake Fur
-  Soft ear muffs
-  Snow, sand, shells, rocks
-  Tree bark
-  Clay, dirt, play dough
-  Cotton, sheepskin, feathers
-  Pasta, cereal, spaghetti
-  Large beads, jewelry
-  Body pillows
-  Textured fabrics
-  Silk materials

Or you might try a gentle hand massage, a supervised visit with a soft, furry animal, soaking hands in warm, scented water or even reaching into a shallow pan of rice or sand to find "treasures."

Adapted from: *Information Source*, November 2004, Issue #104.

February Activities at ADS

Dorothy's Place Activities

Spanish Language Arts with Brigitte, Mondays at 1:15

Art Therapy with Sarah Nowlin, Thursday, February 10 at 1:30

Music Entertainment with Double D Band, care of Creative Aging, February 17 at 1:30

Music Entertainment with Joyce Cobb, care of Creative Aging, February 23 at 1:30

Kennedy Park Activities

Spanish Language Arts with Brigitte, Mondays at 10:00

Art Therapy with Sarah Nowlin: February 9, 17 and 24 at 1:30

Music Entertainment with Tim Stanek, care of Creative Aging, February 10 at 1:30

Music Entertainment with Deborah Swiney, care of Creative Aging, February 22 at 1:30



*Valentine's Day Musical Entertainment
care of Creative Aging
Monday, February 14*

Kennedy Park: Entertainment by Lea Van

Dorothy's Place: Entertainment by Joe Oser

Visiting the Doctor

It is important that the person with Alzheimer's disease receive regular medical care. Advanced planning can help the trip to the doctor's office go more smoothly.

- ✓ Try to schedule the appointment for the person's best time of day. Also, ask the office staff what time of day the office is least crowded.
- ✓ Let the office staff know in advance that this person is confused. If there is something they might be able to do to make the visit go more smoothly, ask. Even if you have gone to this physician for years, remind the staff of your loved one's diagnosis because they may be new and unaware of the situation.
- ✓ Don't tell the person about the appointment until the day of the visit or even shortly before it is time to go. Be positive and matter-of-fact.
- ✓ Bring along something for the person to eat and drink and any activity that he or she may enjoy.
- ✓ Have a friend or another family member go with you on the trip so that one of you can be with the person while the other speaks with the doctor. You can not openly talk with the doctor if you are worrying about what your loved one is hearing.



Adapted from: *Caregiver Guide, Tips for Caregivers of People with Alzheimer's Disease*, National Institute on Aging, December 2002, NIH Publication No. 01-4013.

Special Note: ADS has lightweight, travel chairs to help when you go for appointments. Families are welcome to check out a chair when needed. The chair fits easily into a car and is easy to maneuver because of its small wheels. Call or ask about availability. We'll show you how easy it is to use.

Tiny Gifts That Are Tremendous

APPROACH me from the front and avoid startling me. **BEND DOWN** or sit down near me if I am in a wheelchair. **CALL** my name gently and with a smile. **DO** mention your name, looking at me. **ENJOY** quiet times with me like reading to me. **FEAR NOT** if I take a break from commotion. **GO WITH ME** and others on slow quiet nature walks. **HEAR** my stories from long ago attentively. **INVITE** me along on community and church gatherings. **JUST** redirect me pleasantly if I keep repeating myself. **KNOW** that closing my eyes may be me trying to find my words. **LISTEN** with me to music and dance tunes. **MAKE** new ways I can still be of service to others. **NOTE** that I take your words literally so avoid teasing and sarcasm. **PLEASE** affirm what I have contributed and still do contribute. **QUIT** quizzing me with Who, What, When, and Where questions. **REPEAT** gently, looking toward me if I miss hearing something. **STAND UP** for the environment. A healthy land is good for me. **TEACH** me your songs, stories or moments of awe & wonder. **UNDERSTAND** my moods may change quickly. **VALIDATE** my feelings like, "It looks like you might be sad (or glad or mad)." **WORDS** of clear suggestion help like, "Now is a good time for us to...." **X-CHANGE** negative for positive like, "Let's step over here" for "Don't fall." **YOU ARE A TRUE FRIEND** when you remind me of what I can do, not so much what I can't do. **ZANY HUMOR** is great. Let's laugh and enjoy the moment together.

Courtesy of the Alzheimer's & Dementia Alliance of Wisconsin. Compiled by Mary Kay Baum



Late for an Appointment

It was a busy morning, about 8:30, when an elderly gentleman in his 80's arrived at the hospital to have stitches removed from his thumb. He said he was in a hurry as he had an appointment at 9:00 a.m.

While taking care of his wound, I asked him if he had another doctor's appointment, as he was in such a hurry.

The gentleman told me no, that he needed to go to the nursing home to eat breakfast with his wife. I inquired as to her health.

He told me that she had been there for a while and that she was a victim of Alzheimer's disease. As we talked, I asked if she would be upset if he was a bit late.

He replied that she no longer knew who he was, that she had not recognized him in five years now. I was surprised, and asked him, "And you still go every morning, even though she doesn't know who you are?"

He smiled, as he patted my hand and said, "She doesn't know me, but I still know who she is."

Received from a past ADS Caregiver.

*True love is neither physical, nor romantic.
True love is an acceptance of all that is, has been, will be, and will not be.*

