

living with Alzheimer

Learning objectives: Caregivers' Series, Late Stage

- Upon completion of this program, participants will be able to do the following:
 - Explain the concept of the self in the late stage of Alzheimer's disease.
 - Describe effective ways to communicate, connect with and provide daily care in the late stage.
 - List late stage care options and describe how to access and evaluate them.

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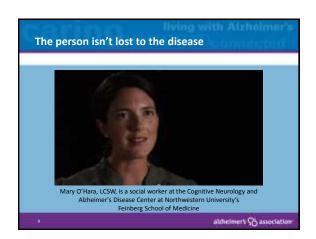


Late-stage symptoms The world is experienced through the senses. Impairment in memory increases. Language becomes more basic. Incontinence is typically an issue. Dependence on the caregiver increases. Physical abilities diminish.

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Traditional view of the late stage Multiple losses Focus on physical care management Emotional life of the person not considered in formal care planning



A new way of thinking about the late stage

- Holistic view of the late stage
 - Incorporates physical, emotional and spiritual aspects of care
 - Increases focus on the person's "self"
 - Individualizes care provision



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The "self" in a person with Alzheimer's Sam Fazio, Ph.D., is Director of Special Projects, Medical and Scientific Relations, at the Alzheimer's Association's National Office.

Changes in the caregiving role Personalities may shift in a different direction. Stories from long ago may emerge. Moments of clarity may occur. Lost abilities may reemerge through art or music.

Changes in the caregiving role Changes are more pronounced. The care role becomes more physically demanding. Caregivers make all care decisions. Caregivers become the advocates for care.

















Meaningful activities • Focus on remaining abilities. • Incorporate music. • Spend time outside. • Modify activities.



Include the person in providi	ng care
 Have the person imitate your Guide his or her hand with you Talk through the process. Use the hand-over-hand tech 	ours.
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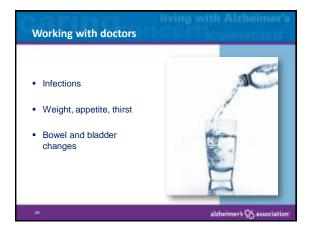
Daily care needs Around-the-clock care Decisions about long term care or additional services Close communication with doctors about marked changes Focus on quality of life and person-centered care

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Walking, sitting, and standing Physical changes affect the person's ability to move like he or she once did. Changes in gait and balance put the person at risk for falls. Using utensils, grasping, and holding objects become difficult. Sitting and smiling are affected in the late stage.

Toileting issues The ability to know how and when to use the bathroom is impaired. The individual needs increasing amounts of assistance with toileting. Incontinence is a normal part of the late stage. Work with the doctor to ensure there are no other causes for the person's incontinence.



Symptoms to report to doctors Fluid and electrolyte imbalance Nausea, cramping, muscle spasms and lightheadedness Pneumonia Cough, fever, lightheadedness, teeth-chattering, fatigue and diarrhea. Urinary tract infections (UTIs) Sudden increased confusion or shifts in personality and/or behavior.

Symptoms to report to doctors Bed sores or pressure sores · Red spots, particularly in bony areas, which develop into ulcerated skin with blisters or craters. · Prolonged pressure or friction from moving Ageing skin · Lack of ability to sense pain or the need to change positions · Weight loss · Poor nutrition and hydration · Urinary or fecal incontinence · Excess moisture or dryness of the skin · Medical conditions affecting circulation altheimer's 🚫 association Symptoms to report to doctors Bed sores or pressure sores · Red spots, particularly in bony areas, which develop into ulcerated skin with blisters or craters Behavioral symptoms Hallucinations · Seeing or sensing things that are not there Delusions · Believing things that are not real · Agitation or aggression altheimer's 🖓 association Late-stage medications Cholinesterase inhibitors Donepezil (Aricept) • Now approved for all degrees of Alzheimer's (mild, moderate and severe). N-methyl-D-aspartate (NMDA) receptor antagonist Memantine (Namenda) Approved for moderate to severe Alzheimer's. Combination medication Namzaric (Combines Namenda and Aricept into one

extended release capsule)

 Released in 2014 for moderate to severe Alzheimer's in people who are already stable on Namenda and Aricept.

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Pain management ■ Challenges in late stages: • Pain assessment • Pain management ■ Team approach to evaluation and management of pain includes: • Caregiver • Medical care team

Keeping the person healthy Moisturize the skin. Learn to lift. Maintain range of motion. Keep the person moving. Clean and treat vulnerable areas. Get flu vaccines. Talk with the person's doctor about dramatic changes in functioning.







