Providing a Safe Home Environment for Patients with Alzheimer’s Disease

When caring for someone afflicted with Alzheimer’s disease in a home setting, caregivers must take a critical look at the living environment. Adapting the home to prevent accidents and ensure optimal safety for your loved one is paramount.

It is sometimes necessary for a caregiver to place himself or herself in the position of the person suffering from Alzheimer’s to help anticipate possible concerns or dangers. Learn to continually adapt both the living environment and approaches to care as the stages progress.

Caregivers will find that such approaches will be dependent upon the person for whom care is being provided. The most important aspect of care giving in a home is safety and security, for both the patient and the caregiver.

Minimizing risks and making a home safe for those suffering a steady decline in both cognitive and physical disabilities is also a major step toward ensuring security and protection of a loved one suffering from Alzheimer’s as well as providing a safe environment for all those involved in care.

In the long run, adapting the home environment is much easier than trying to adapt behaviors that may be exhibited by a loved one in various stages of the condition. Making necessary changes within the home environment may not only decrease physical hazards, but also reduce the amount of stress that is placed upon both the caregiver and the care receiver. Anticipating such risks and hazards goes a long way toward helping caregivers prevent potential injuries and accidents.

Creating a Safe Living Environment
When assessing a home or apartment for someone suffering from Alzheimer’s, one of the most important things to consider is preventing access or use to areas or equipment that may harm the patient. Such dangers can include:

- Hazardous areas within the house
- Basements and garages and tool sheds
- Kitchen and bathroom appliances

A person suffering from dementia may not be able to rationalize the difference between safe and unsafe. Locking doors that lead to areas that contain tools, equipment, or materials that may prove harmful to the patient is necessary.

Removing electrical equipment or appliances from the bathroom and kitchen area will help to reduce the risk of electrical shock. Something as innocuous as a kitchen blender may cause injury to someone suffering from cognitive function loss. To prevent accidents, knives and cooking implements should also be stored in a safe, secure location and cooking appliances in the kitchen can be made safer by removing knobs or installing hidden circuit breakers and gas valves.

Refrigerator should be checked frequently for food spoilage. In many cases, people suffering from various

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HAPPY 2010 TO EACH OF YOU! I THINK YOU WILL FIND THIS ISSUE OF OUR NEWSLETTER TO BE CHOCK FULL OF INTERESTING AND HELPFUL ARTICLES FOR THE CAREGIVERS AND FAMILY MEMBERS OF THOSE WITH DEMENTIA. I’D ALSO LIKE TO TAKE AN OPPORTUNITY TO SHARE WITH OUR READERS SOME RECENT DEVELOPMENTS TO BE AWARE OF.

On February 11, 2010, the Social Security Administration announced an important change in policy. The administration will now include early onset Alzheimer’s disease among the medical conditions that qualify for and will be given automatic approval for Social Security and Supplemental Security Income disability benefits.

The change, which goes into effect on March 1, 2010, folds early onset Alzheimer’s disease, as well as 37 other medical conditions, into what is known as the Compassionate Allowances category. Families will no longer have to go through a long approval process to have a loved one with early onset AD deemed disabled.

The Census: Every ten years on April 1, the United States counts each person on our soil - both citizens and non-citizens. This count is called the Census and, although you’re required by law to complete the Census form, it is extremely important to your community that you do so!

The Census is not only used to redraw and reapportion congressional districts. Of greater importance is the fact that the population statistics gathered from the Census forms are used by the Federal government to allocate $400 billion in federal funds EACH YEAR to states and local communities for funding of senior services, improvements to hospitals, schools, roads and much more. This equates to more than $3 trillion over a 10-year period.

In March 2010, your Census questionnaire will arrive in the mail or be delivered to your house. There are only ten questions which take less than ten minutes to complete! Basic information is collected on how many people live in the home, their name(s), age(s), dates of birth, race, phone number and whether the home is owned or rented. You will not be asked for financial information or your Social Security number.

If the form isn’t returned by April 1, a second form will be mailed to the home. If that form isn’t completed, a Census worker will contact you to gather the information. No one will ever contact you by email regarding the Census, but they may call you or come to your home.

Florida’s population was undercounted by 200,670 people in the 2000 Census, which cost Florida an estimated $91.64 million dollars in lost revenues from just eight federal programs.

Please be sure to complete your form and return it in the postage paid envelope by April 1. If you have questions or need help completing the form, the Alzheimer Resource Center is an approved Census Help site, so give us a call. With your help, Floridians can finally get the funding we deserve!

May the new year be especially good to you and your loved ones, and don’t forget that the staff and I are always available to assist you.

WARMEST REGARDS,

Nancy Squillacioti
Executive Director

There Is Nothing Normal About Normal Pressure Hydrocephalus

Parkinson’s and Alzheimer’s are conditions commonly associated with the older population, yet there is a relatively unknown condition that can be just as debilitating called normal pressure hydrocephalus (NPH). Normal pressure hydrocephalus occurs when there is too much fluid around the brain, which causes increased pressure on the brain and can result in a loss of function or cause permanent damage.

Some causes of NPH include head injuries, brain surgery, meningitis, tumors, cysts, and infections. If the cause is identified during diagnosis, the condition may be correctable. In many cases, the cause is unknown. Symptoms of NPH include urinary incontinence, cognitive deficits, and problems walking. These symptoms continue to worsen if the cause is not properly identified. However, a diagnosis of NPH is complicated and may be overlooked, resulting in the non-treatment of a treatable condition.

The treatment of NPH includes the surgical placement of a shunt in the brain to drain the extra fluid into the abdomen so it can be absorbed normally. The patient’s outcome varies from person to person. Shunt placement has the potential for complication so careful consideration must be given to patients who are considering shunt placement.

The Florida Hospital Neuroscience Institute has developed a comprehensive, coordinated NPH Program under the leadership of Dr. Philip St. Louis, which incorporates the expertise of a multidisciplinary team to create individualized treatment plans for all patients. The multidisciplinary team includes geriatricians, neurologists (movement disorders specialists), neurosurgeons, radiologists, nurses, physical therapists, neuropsychologists, and administrative professionals, who together review each case to determine a patient’s likelihood of benefiting from a shunt placement. Patients are admitted to the neuroscience unit to undergo diagnostic tests, including a three-day lumbar drain. Patients are followed up with after one month, three months, six months, and twelve months to see how they are doing.

Too often, people accept conditions which they think are normal in the aging process. However, the NPH Program at Florida Hospital Neuroscience Institute is proving that a higher quality of life is possible for those diagnosed with normal pressure hydrocephalus. Early diagnosis and treatment improves the chance of better outcomes, so it is better to be active in taking charge of your health rather than letting your condition take charge of you. For additional information or to learn more, contact the NPH Care Coordinator at (407) 303-3282 or visit www.FloridaHospitalNeuro.com.
Join the Alzheimer Resource Center at Inn on the Lakes in Sebring for our 15th annual caregiver retreat. You’ll enjoy a weekend of dinner parties, fun activities, friendship and fellowship.

Come ready to relax and watch the sunset from a quiet lakefront setting. This weekend is for you to unwind, laugh and be carefree.

Due to limited space, priority will be given to active, family caregivers.

The weekend includes:

- Round-trip bus transportation to Sebring from Orlando.
- Two nights’ accommodations (double occupancy) at Inn on the Lakes hotel. Each room includes cable TV, wireless internet access, phone, coffeemaker, and refrigerator.
- Access to the lakeside outdoor pool, hot tub and beautiful bar.
- Meals include Friday and Saturday dinner, Saturday and Sunday deluxe continental breakfast and Saturday lunch.
- Hospitality Suite with snacks, refreshments, games and sing-a-longs.
- Door prizes and giveaways.
- You have a choice of Saturday afternoon activities: to be determined.

Retreat scholarships may be available on a case by case basis. Limited respite care available. For more information, please call Cindi at 407-843-1910, ext. 301, or visit our office at: Alzheimer Resource Center, 1506 Lake Highland Drive, Orlando, FL 32803. You can also go to www.AlzheimerResourceCenter.org.

We regret that this retreat is only open to family caregivers (not professionals) as it is our goal to provide support and wellness to families in need.

Corporate and individual sponsorships are available: Contact Lorraine at 407-843-1910, ext. 303.

Upcoming Events

Alzheimer Resource Center’s
15th Annual Caregiver Retreat
April 9-11, 2010
Cost per person $75

Spring Fling
Thursday, March 18th - 2:00 p.m. - 4:00 p.m.
Horizon Bay at Lake Orienta
217 Boston Avenue, Altamonte Springs, FL

Silent auction featuring beautiful spring bouquets, flower arrangements, unique baskets and more including refreshments and a delicious gourmet spread provided by Horizon Bay at Lake Orienta. Proceeds to benefit the Alzheimer Resource Center dedicated to helping those who provide care for loved ones suffering from Alzheimer’s or related dementias. RSVP preferred to Gretchin Pierce, Horizon Bay, by March 5th. Please call 407-260-2345. Basket donations or arrangements would be appreciated.
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stages of Alzheimer’s may be unable to distinguish between fresh and rotten food. Sense of taste and smell may also be altered due to medications.

Gardening tools, gasoline and equipment normally stored in tool sheds and garages should be placed in a secured area to prevent accidents, and car keys and keys to larger pieces of home or yard maintenance equipment should be stored in a protected location.

Ensuring Safety Inside the Home

Family members see rugs and carpets as home decorations, but the caregiver often sees those very same rugs and carpets as potential fall hazards. Many times, older people are extremely reluctant to change things, but by using firm yet gentle explanations, caregivers may successfully eradicate potential hazardous situations from a home.

Top-heavy floor lamps and cords should be placed against walls or underneath carpets. Caregivers can discuss such issues with their loved ones and gain their cooperation and help of other family members to help remove clutter to make the home a safer living environment.

Those suffering from Alzheimer’s may experience vision complications. Depth perception, as well as the ability to distinguish colors is often compromised as stages of Alzheimer’s progress.

Whenever possible, using color contrast when it comes to rugs, floor covering, bedding, and window coverings will help a patient to perceive space and depth within the home. Many Alzheimer’s patients also experience difficulty seeing dark objects, as they are often perceived as large, black holes. It is recommended that caregivers avoid wearing black or very dark brown colors, as it may cause agitation and anxiety in the patient for that very reason.

Child-proof locks can be placed on cabinets within the house and doorknob covers used on doors that provide access to areas that cannot be locked for practical purposes. Deadbolts placed near the top or near the base of exterior doors will help to ensure the safety of your loved one.

Bathrooms

Bathrooms provide special challenges for caregivers. Whenever possible, bathtub and toilet areas should supply adequately anchored grab bars in both bathtub area and around the toilet. Products such as: raised toilet seats, sidebars, or grab bars, make it much easier for a patient to access toileting needs.

Such situations may prove embarrassing for a loved one, which is where the caregiver’s compassion and simplistic approach to such needs are especially important.
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The caregiver must determine the cognitive abilities of their loved one to ensure that the use of such equipment is safe under any circumstance.

In the homes of patients suffering from cognitive disabilities, cooking with flame can be a fire hazard. Food left on the stove too long may scorch and burn, and in some circumstances, catch fire. A can placed inside a microwave not only damages the microwave, but also may cause an explosion or injury. To ensure safety, the caregiver may cook foods in advance and then unplug or otherwise disable such appliances to prevent injury. Avoid keeping step stools or small ladders in the kitchen area in order to prevent falls and injuries.

For patients with vision difficulties, brightly colored plates, drinking cups, placemats and napkins will often help alleviate the embarrassment and difficulty in choosing the right utensils for eating.

“Caregivers need to understand that it’s the same person as before, but because of the complexity of the process of eating, the person may be confused and embarrassed, and thus refuse to participate,” says Occupational Therapist and founding editor of Alzheimer’s Care Quarterly, Carol Bowlby Sifton.

Living with Alzheimer’s

A safe living environment will ensure that the patient remain in their home as long as possible. Challenges to caregivers caring for those afflicted with Alzheimer’s can be incredibly stressful.

However, through careful planning, many of those potential stresses, worries, and dangers can be anticipated and a home environment made as safe as possible for both the caregiver and the person suffering from Alzheimer’s.

Information and prevention is the key to maintaining optimal safety and comfort, for both patient and caregiver.

The Irony of Caregiver Guilt

By Gary Barg, Editor-in-Chief
Today’s Caregiver

After eight years of being the sole caregiver of her parents, who were both living with Alzheimer’s disease, Mary had a stroke. The stroke affected her mobility and leg strength, but most importantly to Mary, it meant her caregiving days were over. Her doctor said if she went back to full-time, around-the-clock caregiving, she would likely predecease her 86- and 89-year-old parents.

Because Mary’s siblings lived out of state and offered no help, long-term care placement would have to be found for her parents before she was released from the hospital. Mary’s guilt about no longer being able to be the direct caregiver for her parents led to a clinical depression and affected her own rehabilitation.

In desperation, Mary contacted a therapist who helped her see that she had given her parents eight years of the best, most loving care she could, even at the expense of her own health. The therapist also pointed out that as much as Mary’s parents might not like living in a long-term care facility, they would like it even less if she was institutionalized somewhere with a massive stroke, or dead because of the caregiving she provided for them. That helped ease the caregiver guilt a bit for Mary, and though she struggles with it still, there’s more she can find to be grateful for than to feel guilty about. After all, she kept both parents at home for eight years, diligently handled their finances and kept them both healthy and safe.

Regardless of the illness or disease with which your loved one is struggling, it is all too easy to find yourself in the clutches of caregiver guilt, despite the fact that you have nothing to feel guilty about. Another thing Mary began to realize through her therapy sessions was that her guilt was slowly giving way to another feeling gratitude.

I am grateful that I was given the chance to do all of this for them, Mary says now. I’m sad it wasn’t until the end of their lives, but I am grateful it was for as long as it was. Gratitude keeps me from sinking to the depths of despair over the guilt...and it also helps me put everything into perspective.

I couldn’t have said it better myself.

The Fearless Caregiver’s Guide to Beating Caregiver Guilt

- Recognize your feelings of caregiver guilt.
- Understand the family dynamics with which you are dealing.
- Learn to appreciate all you do as a caregiver.
- Do not feel ashamed to share your feelings.
- Take the time to care for yourself.

You can contact Gary at gary@caregiver.com

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Feeling a little unraveled?

ARC has a way for you to “knit” yourself back together. We are looking at starting a “Knit Therapy” group for anyone interested in de-stressing through knitting, crocheting or any other form of needlework. This would be an opportunity to have fellowship and a chance to unwind with others who share your experience. If you are interested please contact our office manager, Cindi Spurgeon at 407-843-1910 x 301.

Don’t know how to do any of these crafts? No problem, Cindi can show you or just come for the fellowship. Date, time and location are to be determined depending on interest.

In Honor Of:
Mr. Bob Applewhite
In Memory Of:
Mildred Arnold
Marian Bassett
Claude Bergeron
Claudia Bishop
Evelyn "Louise" Breeze
Vito Brenna
Marcelia Brown
Shirley Buck
Judith Callaway
Ronald Campanelli
Jessie Lou Colby
William Joseph DeRoze
Charles Dimon
Constantine Dinos
Elda Dolci
Jo Emerson
Catherine Friedland
John Gerding
Stanley Halburd
Maureen Harris
Grace Raub
Hawthorne
Regina Heffron
Glen Hermening
Robert Johnson
Margaret Klay
Cecelia Kolb
Joseph LaBrun
William Lane
Robert Lusk
Ruth Mannheim
Gloria Matheny
Emma Merriman
John Mockler
Gladys Moser
Kenneth Nelson
Frank and Carole Oles
Alice Olson
Nancy Oppenheimer
Ross Parkhurst
Juanita Peede
Katherine Perkins
Elizabeth Powalisz
Rosa Nelle
Robertson
Anne Ruby
Grace Ryan
Stephen Sadowski
Arthur Schubert
Elizabeth Skolfield
Shirley Stevenson
Della Valequez
Alice Van Horn
Elizabeth Williams
Lois Winfrey
Marilyn Young

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Winter Park Health Foundation
Mr. Joseph Zitzka, Jr.

Cedge Software Consultants
Phone: 314 812 2730
website: www.cedgecorp.com
Meet Other Caregivers

The Center has several support group meetings available throughout the Central Florida community. If one of these does not fit your schedule, please give us a call so that we can put you in touch with other support groups that can assist you.

1st Tuesday @ 10:00 A.M.
Easter Seals Daybreak at the Miller Center
2010 Mizell Avenue
Winter Park, FL 32792
(Respite Care Available 407-629-4565)

1st Tuesday @ 6:30 P.M.
The Heritage of Lake Forest
5433 West State Road 46
Sanford, FL 32771

1st Thursday @ 10:00 A.M. &
3rd Thursday @ 10:00 A.M.
“Men’s Breakfast Club”
(An informal and unstructured gathering of male caregivers)
Mt. Vernon Inn
110 S. Orlando Ave
Winter Park, FL 32789

2nd Tuesday @ 10:00 A.M.
Reeves United Methodist Church
1100 N. Ferncreek Avenue
Orlando, FL 32803
(use the fellowship entrance in the back)

2nd Thursday @ 6:00 P.M.
Arden Courts
1057 Willa Springs Drive
Winter Springs, FL 32708

2nd Friday @ 12:00 Noon
Osceola Council on Aging
at the Senior Center
(Bring your own brown bag lunch)
700 Generation Pointe
Kissimmee, FL 34744

3rd Wednesday @ 2:00 P.M.
Winter Park Towers
1111 South Lakemont Avenue
Winter Park, FL 32792

3rd Thursday @ Noon
“Coping as Couples” - Caregiver & patient open and willing to share their challenges dealing with dementia.
Contact Martha at 407-843-1910 Ext. 308, for details. (RSVP for lunch at 407-843-1910 with Cindi)
Arden Courts
1057 Willa Springs Drive
Winter Springs, FL 32708

3rd Thursday @ 6:30 P.M.
Emeritus at Ocoee
(formerly Summerville of Ocoee)
80 N. Clarke Road
Ocoee, FL 34761

4th Monday @ 6:30 P.M.
Horizon Bay at Lake Orienta
217 Boston Avenue
Altamonte Springs, FL 32701

4th Tuesday @ 6:30 P.M.
Golden Pond Communities
400 Lakeview Road
Winter Garden, FL 34787