



Early stages of Alzheimer's disease

The afflicted person may or may not be aware that they are having difficulties. Lists and other reminders can help their changing ability to remember. A routine schedule and routine ways of doing tasks can also be helpful. Often the person and caregiver do not realize there is a health problem at this point. They may feel that fatigue; extra stress, fickleness, stubbornness or laziness is causing the problems.

- **Memory Loss:** The elder may be beginning to have problems recalling daily events, while long-term memory remains intact. She/he may repeat questions or recent comments, get lost in conversations and misplace things;
- **Disorientation:** there is often a decline in the sense of direction. The elder may get lost in a familiar neighborhood or be unable to follow direction to the store. There may be a decline in the sense of time, such as being unable to remember appointments or the actual date;
- **Apraxia:** The elder may forget how to use a tool or find it difficult to use tools or equipment, such as appliances, a toothbrush or eating utensils;
- **Anomia:** The person may forget the right word or name of a person. The words may feel at the tip of the tongue, but the speaker is not able to say them;
- **Personality Changes:** the person may seem different. She/he may be more withdrawn, frustrated, irritable, mellow, sensitive or inconsiderate of others.
- **Trouble with Routines:** There is less ability to keep up with the daily routine at work or at home. She/he may forget that bills have been paid, or be unable to handle office finances or telephone calls. At home, they may find it difficult to use a cheque book or prepare meals;
- **Decline in Grooming:** There is a decline in grooming or personal hygiene. A previously well-groomed person may be untidy, unbathed or have uncombed hair.

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Communication

Closely related words are substituted for forgotten words. When you can't make out what a person with Alzheimer's Disease needs, point to the objects in question while asking questions like: "Do you want your purse? Your comb?" The person will have trouble understanding and following directions. Keep your sentences short and your directions clear. "Mother, fold the scarf". "Put the scarf in the drawer." "Close the drawer."

Tips and Techniques

1. Discuss important business during the morning when everyone is fresh;
2. Focus on one topic at a time;
3. Use specific words, names of people and objects;
4. Do not use pronouns or general language;

Words or events may be forgotten. Don't take it personally if birthdays or other special events are forgotten.

Behavioural Problems

Behavioural problems often occur early in the disease, before a caregiver is even aware that the person is afflicted. For instance, the person may become easily angered when a mistake is made due to memory loss. One person may lash out verbally at the caregiver when it is pointed out that she forgot to pay a bill. Another may become very angry when he asks why a favourite relative hasn't visited lately and is told she was just there the day before.

"By the Middle Stage, it is obvious that "something is wrong" and that a medical evaluation is necessary. Sometimes the person with Alzheimer's Disease may be unaware of the decline. Even the person who is aware of changes becomes less aware as time passes. The unpredictability of the decline and changing ability of the person to function from day to day can increase caregiver stress."

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Symptoms become more severe in the Middle Stage and often include:

1. Poor Short-Term Memory: After completing a meal, the elder may ask, "When do we eat?"
2. Disorientation to Person, Place or Time: A person in this stage may not know the name or relationship to a close relative or think that the current times is 10 to 30 years ago:
3. Inability to Perform Skilled Movements: The person may be unable to use eating utensils, tie shoelaces or operate the washer or stove;
4. Language Difficulties: It may take more effort to express ideas or needs with major word-finding problems; sentences may not make sense; speech may be slow;
5. Social Withdrawal: the elder may feel uncomfortable or awkward in new places or with groups of people, be socially dependent on caregivers and feel depressed;
6. More Spontaneity, Fewer Inhibitions: There may be inappropriate comments to friends, questions to strangers or an attempt to undress in a public place;
7. Agitation: An elder may exhibit anger or anxiety if unable to express needs or when faced with confusing situations. Frustration may lead to verbal or physical outbursts, such as yelling or throwing furniture:
8. Restlessness, Fidgeting, Pacing or Aimless Wandering: The person may feel restless in a chair and unable to sit for any length of time. She/he may wander around the house or pace the hallway;
9. Sleepiness: The person may be slow moving and sleepy. She/he may sleep 10 hours at night and nap during the day. The person may even nap while sitting during a meal;
10. Severe Sleep Disturbances: Some people sleep 14 to 16 hours a day. Others sleep only two to four hours each night with or without daytime naps. Some mix up the day/night cycle;
11. Need for Assistance: Supervision and assistance with activities of daily living must be available, although it may not be needed constantly. For example, help may be needed with parts of dressing or just getting started at the task;
12. Sundowning: As the sun goes down, the confusion increases;
13. Hallucinations or Delusions: There may be evidence of hallucinations or delusions toward the end of the day, in the middle of the night or with some people at any time. The experience may be unpleasant or frightening;
14. Changes in Eating Habits: The person may experience erratic eating, weight loss or gain, for example.

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Communication

At this stage, recall and word recognition decrease and attention span is shortened. A person with Alzheimer's Disease may change the subject often. You may need to repeat the same question or sentence many times and in different ways before it's understood.

Tips and Techniques:

1. Give stimulation that can be sensed emotionally, like music and touch;
2. Present objects with the quality of moderate novelty. Things that are familiar enough so that they do not frighten or confuse, but unusual enough so that they are of interest.
3. Give touch in a systematic way. Stimulate the person's forehead, cheeks, ears, neck, shoulders, back, forearms, hands, feet and lower legs through small circular stroking movements.
4. Use skin lotion to protect the skin;
5. Stimulate smell with bread, wood, soft soap, fur, camphor, yarn, etc;
6. Comb the person's hair and give him or her the opportunity to look in the mirror;
7. Stimulate taste buds;
8. Elicit listening behaviour and maintain attention by touching;
9. If the person speaks only in single words, then you should speak in single words. However, note that the person may be able to understand better than he/she can talk.

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Behavioural Problems

As the disease progresses, behavioural problems may become more frequent and severe. Some people in the Middle Stage become very paranoid and suspicious, accusing their caregivers of stealing things or being unfaithful. Some people have sleep disturbances and begin to wander from home.

LATE STAGES OF ALZHEIMER'S DISEASE

Changes in the nervous system are seen through simple reflex actions. The person startles easily with sudden, loud noises; grasps onto objects or people and does not let go, especially during a handshake; and sucks on objects.

A person with Late Stage Alzheimer's Disease is totally dependent on the caregiver. The caregiver provides constant supervision and assistance with all activities of daily living; toileting, eating, dressing, bathing and mobility. It is absolutely essential that the caregiver have regular respite during this stage.

In this stage, a person will need constant supervision and assistance, symptoms include:

- Little or no memory: Short and long term memory are severely impaired:
- Great difficulty communicating with others: The person may be unable to speak or understand words;
- No recognition of family or friends: The person may not recognize him or herself in the mirror. They may think that their spouse is a stranger or the person in the mirror is a stranger.
- Need for assistance: The person needs assistance with activities or interactions;
- Difficulty remembering how to eat: The person may have difficulty co-ordinating the steps of biting, chewing, swallowing, etc. Despite good nutrition and meal supplements, typically there is weight loss;
- Loss of bowel and/or bladder control:
- Difficulty with Co-ordinated Movements: The person may walk unsteadily. Fumble when grasping objects or be unable to hold onto objects;
- Increased frailty. Muscles may weaken and people are susceptible to infections and other physical illnesses.
- Upset sleep cycle. The person may be able to sleep only with the help of sleep medications.

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Communication Tips:

Toward the end, a person with Alzheimer's Disease loses almost all ability to communicate or understand. Both long and short-term memory is severely impaired and he or she is totally dependent on the caregiver.

1. Continue speaking warmly, quietly and with eye contact;
2. Pat or stroke the person. Touch with love;
3. Smile after all else is lost, a smile can calm and bring joy.

Problem Behaviours

The person may scream or yell inappropriately and may resist a caregiver's attempts to help with bathing, dressing or other personal care. Some physicians will prescribe anti-psychotic or calming medications.

Guidelines for Dealing with Behaviour Problems

- Everything surrounding a person could contribute to the behaviour problems;
- A thorough assessment of the elder, the environment and the caregiver by a trained professional is necessary in order to plan for intervention;
- Think ahead and plan for situations that could result in problem behaviours;
- Trying to argue or reason with a person who has Alzheimer's Disease only results in frustration for both the caregiver and the elder. It is not possible to win an argument with a person who has Alzheimer's Disease:
- Distract and divert whenever possible:
- Keep the routine the same. Changes in routine are upsetting to people with Alzheimer's Disease and can cause behaviour problems:

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- Promote sense of security and comfort when problem behaviour occurs. Problem behaviour often happens because a person is frightened and unable to make sense out of the environment.
- Use positive reinforcement such as food, smiles, a gentle touch, personal attention and lots of praise. These tools are more effective than negative reactions:
- Allow a person with Alzheimer's Disease some sense of control. Being able to save face is important even in a person who is very confused:
- Maintain a calm manner when confronted with threatening behaviour. This can defuse a very tense situation and help a person become less fearful;
- Keep things simple. Complex situations only cause frustration and can escalate behaviour problems;
- If a caregiver becomes frustrated and angry, it is best to find someone else to handle the problem and have the caregiver leave the immediate area or take a break (respite). An angry caregiver will only intensify problem behaviour;
- Caregivers should practice ways to reduce stress when they become frustrated and angry. Deep breathing or talking to someone can be helpful. Remember that stress comes from many sources, including personal life;
- Behavioural problems result from the disease. Don't take things that the person says and does personally. It is the disease speaking;
- Be creative when seeking solutions to difficult behaviour;
- Use good common sense when attempting to solve problem behaviour.
- Keep a sense of humour even in the most difficult situations. Humour will help you to cope with the frustrations of caring for a loved one with Alzheimer's Disease.

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