

Living with Dementia:

Hope offers specialized support and guidance

To help meet the needs of our hospice patients with end-stage dementia and other individuals with dementia and their family members, Hope Hospice and Home Health has created a new program, *Living with Dementia*. The program is designed to offer specialized support and guidance to anyone who needs it. To provide assistance to facilities that provide care for our patients, we offer dementia-related in-service programs that we can tailor to your needs. We can provide programs on any of the following topics to your staff and families:

- Understanding Behavior as Communication
- Behavior as Communication (practical application)
- Caregiver Burnout and Family Dynamics
- Optimal Well-Being and Activities of Daily Living

If you would like to schedule one of these in-service programs, please contact

Jill Smith, Director of Volunteers at
jills@hopehospice.com
or (925) 829-8770.

We gratefully acknowledge support for the Living with Dementia program from the Arthur N. Rupe Foundation and from contributions to Hope Hospice and Home Health.

Alzheimer's: Resistance to Care



In Alzheimer's disease (AD), when a person for whom you care seems to be refusing to cooperate with the activities of daily living such as dressing or bathing, you may think he is resisting care. Sometimes, when a person with Alzheimer's says "no" he may be labeled uncooperative. People with AD may get upset when somebody touches them. You may be trying to do something to help him, but he doesn't understand what's going on. He may be feeling uncomfortable, powerless, frightened, tired, in pain, or confused. He cannot explain how he wants to be treated.

What to do? Try to put yourself in the shoes of the person with Alzheimer's disease and you may be able to avoid causing resistance. You may be able to change your approach to reduce

these responses and actually be able to help the person to cooperate with you.

Tip: *Think about what it would feel like to constantly be told to do something you may not feel like doing or cannot understand what is expected of you.*

In order to provide good care you need to know how to respond to all the different ways in which the illness affects the person with dementia. This means that in many cases the person shows you with actions what can no longer be communicated in words. So behaviors are more than behaviors. They are messages about ideas, feelings, and needs the person is telling you about in the best way he or she can.

Tip: *The best thing you as caregiver can do is always ask yourself, "What is he trying to say by doing this?"*

Gentle Reminders

In the early stage of Alzheimer's disease you may simply need to remind the person to attend to his personal care needs. Some people with AD lose their former high standard of personal hygiene. This can be upsetting to the people around them. Sometimes this is because of his memory problems. For example, he may go into the bathroom to take a shower, forget why he is there, come back out, and when asked, say that he has showered. Remember, he is not lying, but saying what he thinks he is supposed to say or believes to be true. He may have forgotten whether or not he has showered and even get annoyed that you are questioning him.

As always, don't argue. You can suggest later that he shower. As with all personal care activities, try to follow the person's usual routine. Follow the same routine day to day. By knowing what to expect the person with dementia will be less likely to need to be told what to do and will have an internal sense of what is going to happen, giving him a sense of control. Most people are used to grooming in the early morning and then again late at night. If the person is able to do these tasks on his own, simply observe and make sure that the tasks are being done and not forgotten. These activities help provide a predictable structure for the day.

How Much Care to Give

A person in the early stage, and even later, may enjoy going to the beauty parlor or barber shop as he or she always has. However, you may need to make the appointment for her, and then make sure she knows when it is time to go. Generally people

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in the early stage can manage most aspects of personal care on their own and you may only need to keep a friendly eye out for slipups.

In the middle stage your involvement in personal care will increase considerably even if the person does not have another medical condition that leaves him frail and in need of assistance. People in the middle stage are more confused, cannot plan their activities or make such simple choices as what to wear and the order in which clothing needs to be put on. Bathing, dressing, eating, toileting, and mouth care are some of the activities of daily living that will require your assistance.

When helping a person with any activity, you will want to first give verbal instruction, then use visual gestures and finally, touch. It may be effective to combine a verbal cue with a gesture so that the person can get the information in more than one way. For instance, if you want the person to stand up, you can ask her to stand up, raise your hands up in a matching gesture and then if necessary touch her arm or leg to get her started. Only give as much help as is needed so that the person can remain as independent as possible. Offer encouraging words to show your appreciation for their efforts.

Taking Care of Yourself

Pet Therapy

Seniors often feel isolated whether living alone at home or in a facility. Human-Animal Interactions published a study of elderly dog owners revealing 75 percent of men and 67 percent of women considered their dog their only friend. Some studies have found that just a few minutes a day petting or visiting with an animal lowers the stress hormone of cortisol and increases the feel-good hormone of serotonin. The results can range from lowered heart rates and blood pressure to decreased depression. Pets can also benefit



the caregivers. Caregiving can make you feel like you are all alone. While adding a pet to the list of loved ones you have to care for may seem like overload, having that happy face and wagging tail ready to give you some unconditional love when you return home can benefit caregivers as well. Studies have found that caregivers are twice as likely as the general public to develop chronic illness due to the prolonged stress of caring for a loved one. If having a pet can increase your exercise, lower your blood pressure and bring a smile to your face maybe having a pet is just what the doctor ordered.

Source: *www.Alz.org Blog: How Caregivers Can Use Pet Therapy to Care for Their Loved Ones* by Sherri Snelling

Quick Quiz

Keeping the person with AD healthy will also help him maintain a positive emotional balance. Illness and pain can lead to a depressed and anxious mood. The person's doctor will know if a physical illness might account for a sudden change in mood or other emotional symptoms.

Read the issue and answer True or False to the questions below.

1. There is no need or benefit to following the person's usual routine and to follow the same routine from day to day.
☐ T ☐ F
2. People with Alzheimer's disease may get upset when somebody touches them.
☐ T ☐ F
3. A person's behaviors are messages about ideas, feelings, and needs the person is telling you about in the best way he or she can.
☐ T ☐ F
4. A safe, comfortable home can help a person with Alzheimer's feel more relaxed and less overwhelmed.
☐ T ☐ F
5. If people always had a high standard of personal hygiene, they will always have that high standard.
☐ T ☐ F
6. People in the middle stage are more confused, cannot plan their activities or make such previously simple choices as what to wear.
☐ T ☐ F
7. A few minutes a day petting or visiting with an animal lowers the stress hormone of cortisol and increases the feel-good hormone of serotonin.
☐ T ☐ F
8. When helping a person with an activity, it may be effective to combine a verbal cue with a gesture so that the person can get the information in more than one way.
☐ T ☐ F
9. When trying to understand the person's behavior, always ask yourself "What is he trying to say by doing this?"
☐ T ☐ F
10. Control water temperature in the sink, tub, and shower to prevent accidental burns.
☐ T ☐ F

KEY: 1:F 2:T 3:T 4:T 5:F 6:T 7:T 8:T 9:T 10:T

Name _____

Signature _____ Date _____

Patient Care Team Managers

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Community Liaison

Dara Burke, RN
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INSPIRATION

*Fear less, hope more. Eat less,
chew more. Talk less, say more.
Love more, and all good things
will be yours.*

Swedish proverb

New Medical Directors at Hope Hospice and Home Health



Jatinder Marwaha, MD, FACP, HMDC

We are happy to announce that Jatinder Pal Singh Marwaha, MD, FACP, HMDC is Hope's new hospice medical director. In this role, he will support our clinical team and lead our associate medical directors. Dr. Marwaha will work with our hospice staff members to help ensure patients receive the appropriate care that covers all aspects of their lives.

Dr. Marwaha is board certified in Internal Medicine, Hospice and Palliative Care and Sleep Medicine. Dr. Marwaha received his Hospice Medical Director Certification (HMDC) from the American Academy of Hospice and Palliative Medicine. Currently, he is vice chief of staff at San Ramon Regional Medical Center and is part of the John Muir Health Network.



Yusuf Ruhullah, MD

We are pleased to announce that Yusuf Ruhullah, MD, has been named medical director for home health. In this role, he will be working with members of the clinical team to ensure that our home health patients receive the highest quality of care and service. Dr. Ruhullah is also an associate director for hospice at Hope. He is board certified in Family Medicine. For the last two

years, he served as vice chief of Family Medicine at Stanford ValleyCare. He is a member of the John Muir Health Network.



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Hope Hospice is a community-led, non-profit organization, providing quality end-of-life care to patients and families in the Tri-Valley and surrounding areas.



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