

**ALZHEIMER'S FOUNDATION OF  
STATEN ISLAND, INC.**

# **Informational Guide To Caregiving**



**789 Post Avenue  
Staten Island, NY 10310**

**Phone: (718) 667-7110**

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**Website: [www.sialzheimers.org](http://www.sialzheimers.org)**

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*The Alzheimer's Foundation of Staten Island is grateful to our sponsors for their support for the printing of the Informational Guide to Caregiving.*

Colonial Funeral Home  
 Delco Drugs and Specialty Pharmacy  
 Eger Health Care and Rehabilitation Center  
 Goldfarb, Abrandt, Salzman & Kutzin, LLP  
 Johnson & Langworthy, P.C.  
 Richmond County Savings Bank  
 Sak & Rampulla, LLP  
 University Hospice

**Additional funding provided by the Mid-Island Rotary**

# ***Informational Guide To Caregiving***

***Prepared By***

***Alzheimer's Foundation of Staten Island, Inc.***

***789 Post Avenue***

***Staten Island, NY 10310***

***Phone: (718) 667-7110***

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***E-Mail: [info@sialzheimers.org](mailto:info@sialzheimers.org)***

***Website: [www.sialzheimers.org](http://www.sialzheimers.org)***

***Gladys Schweiger, Executive Director***

***Revised May 2011***

The Alzheimer's Foundation of Staten Island is an affiliate of the Alzheimer's Foundation of America

# *Introduction*

Thank you for requesting the new *Informational Guide to Caregiving* from the Alzheimer's Foundation of Staten Island. We have once again updated this guide to make it even more helpful to both caregivers and professionals.

Listed in this book is an array of information, which should be helpful in the quest to gather more information on the disease and places to turn to get help.

If you have any additional questions, desire further assistance or feel that there is something that should appear in this book, give the Foundation a call today at (718) 667-7110, or stop in to our offices on the corner of Post Avenue and Driprock Street, 789 Post Avenue, Staten Island, New York 10310. A knowledgeable associate is standing by to give you the assistance you need.

Sincerely,

Gladys Schweiger,  
Executive Director

***The Alzheimer's Foundation will not endorse any one organization or professional cited within the pages of this brochure.***

***Be sure to check references and credentials before hiring anyone to care for or assist a patient or caregiver.***

# *Mission Statement*

The Alzheimer's Foundation of Staten Island, Inc. is a voluntary health agency dedicated to research for the prevention, cure and treatment of Alzheimer's disease. The Foundation provides support and assistance to the afflicted patients and their families. The Alzheimer's Foundation of Staten Island carries out this mission locally to the 20,400 patients ages 65 and Above and another 5,000 from ages 40-65.

The Alzheimer's Foundation of Staten Island's mission is carried out through:

- Patient and family services to assist all of those afflicted by the disease.
- Local information for a family support network of programs on Staten Island.
- Education of the public and information for health care professionals and local police.
- Formation of a family support network and implementation of programs at the local level.
- Advocacy for improved public policy and needed legislation.
- Research into the cause, prevention and treatment of Alzheimer's disease.

To learn more about the Alzheimer's Foundation of Staten Island, call (718) 667-7110.

# Adult Homes

- **Harbor Terrace**  
110 Henderson Avenue  
Staten Island, NY 10301  
(718) 727-8100
  - 427 beds
  - Accept Social Security, SSI, SSD as full payment
  - Over 25% of patients are mentally impaired
  - Many Asian residents
- **Lakeside Manor Home for Adults**  
797 Brighton Avenue  
Staten Island, NY 10301  
(718) 720-9600
  - 200 beds
  - Accept Social Security, SSI, SSD as full payment
  - Over 25% of patients are mentally impaired
  - Proprietary; owned for profit
- **New Broadview Home For Adults**  
70 Father Capodanno Boulevard  
Staten Island, NY 10305  
(718) 273-8900
  - 200 beds
  - Accept Social Security, SSI, SSD as full payment
  - Kosher meals are served
  - Proprietary; owned for profit
- **Palm Beach Adult Home**  
2900 Bragg Street  
Brooklyn, NY 11235  
(718) 891-8400
  - Kosher meals are served
  - Proprietary; owned for profit
- **Sts. Cosmas and Damian Human Services Center**  
2099 Forest Avenue  
Staten Island, NY 10303  
(718) 720-8800
  - 270 beds
  - Accept Social Security, SSI, SSD as full payment
  - Voluntary; Not for profit
  - Many Russian, Slovak, Greek residents

# Ambulance/Ambulette Services

- **Act Ambulette Inc**  
www.actambulette.com  
(718) 556-5566
- **Mercy Care Trans**  
(718) 266-3355
- **North Shore Rescue Squad No 1**  
(718) 720-4380
- **Perfect Choice Ambulette**  
(718) 984-6100
- **Primary Care Ambulance Corp**  
www.primarycareambulance.com  
(718) 975-0600
- **Priority One Ambulance Inc**  
www.priorityoneamb.com  
(718) 317-8911
- **Richmond County Ambulance Services**  
(718) 273-3555
- **Volunteer Heart Resuscitation Unit & Ambulance Corporation**  
www.vollyheart.com  
(718) 979-5850

# Assisted Living

- **Harbor Terrace**  
110 Henderson Avenue  
Staten Island, NY 10301  
(718) 727-8100 ex.3109
- **Eger Harbor House**  
110 Meisner Avenue  
Staten Island, NY 10306  
(718) 554-8700
- **New Broadview Manor**  
70 Father Capodanno Boulevard  
Staten Island, NY 10305  
(718) 273-8900
- **Sunrise Assisted Living of Staten Island**  
801 Narrows Road North  
Staten Island, NY 10304  
(718) 727-8498
- **Alcour Gardens** (732) 290-2273  
111 Bowne Rd., Ocean, NJ  
320 Herbertsville Rd., Brick, NJ  
1126 Route 9 South, Toms River, NJ  
447 Matawan Ave., Matawan, NJ
- **Brighton Gardens of Florham Park**  
21 Ridgedale Avenue  
Florham Park, NJ 07932  
(973) 966-8999
- **Brighton Gardens of Mountainside**  
1350 Route 22 West  
Mountainside, NJ 07092  
(908) 654-4460
- **Brighton Gardens of Saddle River**  
5 Boroline Road  
Saddle River, NJ 07458  
(201) 818-8680
- **Sunrise Assisted Living at Sheepshead Bay**  
2211 Emmons Avenue  
Brooklyn, NY 11235  
(718) 616-1850

## ***Assisted Living (continued)***

- ***Sunrise Assisted Living At Mill Basin***  
5905 Strickland Avenue  
Brooklyn, NY 11234  
(718) 444-2600
- ***Sunrise of East Brunswick***  
190 Summerhill Road  
(732) 613-1355  
East Brunswick, NJ 08816
- ***Sunrise Assisted Living Of Westfield***  
240 Springfield Avenue  
Westfield, NJ 07090  
(908) 317-3030
- ***Atria Cranford***  
10 Jackson Drive  
Cranford, NJ 07016  
(908) 709-4300

## ***Attorneys***

- ***Michael Camporeale***  
1688 Victory Boulevard  
Staten Island, NY 10314  
(718) 273-4574
- ***John M. Dalton***  
406 Forest Avenue  
Staten Island, NY 10310  
(718) 448-1303
- ***Michael A. DiMauro, Esq.***  
159 New Dorp Plaza  
Staten Island, NY 10306  
(718) 351-7747
- ***Michael Ettinger***  
900 South Ave.  
Staten Island, NY 10314  
(718) 447-2700
- ***Goldfarb, Abrandt, Salzman & Kutzin, LLP***  
350 Fifth Avenue, Suite 1100  
New York, NY 10118  
(212) 387-8400
- ***Johnson & Langworthy, P.C.***  
1688 Victory Blvd. Suite 301  
Staten Island, NY 10314  
(718) 442-7004  
[info@jlnylaw.com](mailto:info@jlnylaw.com)
- ***Michael Pellegrino***  
1259 Richmond Avenue  
Staten Island, NY 10314  
(718) 698-2200
- ***Susan Principato***  
1110 South Ave.  
Staten Island, NY 10314  
(347) 273-1360
- ***James Sak, Esq.***  
2675 Hylan Boulevard  
Staten Island, NY 10306  
(718) 668-6800
- ***Robert Scamardella Russo, Fusco, Scamardella & D'Amato, PC***  
1010 Forest Avenue  
Staten Island, NY 10310  
(718) 442-0900

# ***Autopsy Planning & Counseling***

- **Brain Bank For Developmental Disabilities And Aging**

Jerzy Wegiel, Ph.D. – Director

1050 Forest Hill Road  
Staten Island, NY 10314  
(718) 494-5231

# ***Beautician/Barber***

The beautician/barber will come to your home to style/cut your hair. All arrangements are made by you directly with the stylist.

- **Angel McCaffery**

(347) 857-6478  
(718) 715-3537

- **The Special Touch Hair Salon Program**

Grace Ferrante  
(718) 698-6333

# ***Bereavement Counseling***

## ***Grief Recovery Support Groups***

- **VNSNY Hospice Care**

1200 South Avenue, Suite 306  
Staten Island, NY 10314  
(718) 876-1022

- **University Hospice**

256 Mason Avenue  
Staten Island, NY 10305  
(718) 226-6450

# ***Care Management Advice***

Assistance in applying for Medicaid, Home Care and Nursing Home Admission.

- **Nancy Lettiere, R.N., G.C.M.**

Geriatric Home Care Management  
(718) 981-0262  
(917) 923-1563

- **Elder Care Advocacy**

**Rosemarie Ruggero, LCSW**

312 Bement Avenue  
Staten Island, NY 10310  
(718) 447-3824

- **Claudette Duff, ATR, LCSW**  
**Integrity Senior Services**

In Home Counseling  
46 Francesca Lane  
Staten Island, NY 10303  
(718) 494-2858  
Cel: (917) 699-1259  
Fax: (718) 494-5749

[Director@integrityseniors.com](mailto:Director@integrityseniors.com)

# Community Agencies

- **ACES Program**  
(718) 667-7110  
Advocacy, Counseling &  
Entitlement Services  
Advice on government benefits  
and services
- **Alzheimer's Foundation  
of Staten Island**  
789 Post Avenue  
Staten Island, NY 10310  
(718) 667-7110
- **Community Agency for Senior  
Citizens (CASC)**  
56 Bay Street  
Staten Island, NY 10301  
(718) 981-6226  
Information and referral, case  
assistance, entitlements and  
benefits application assistance,  
transportation, crime victims'  
assistance, elder abuse  
counseling and senior centers.
- **CCM, Comprehensive Care  
Management**  
1106 Bay St.  
Staten Island, NY 10305  
(917) 301-7624
- **Health Watch**  
400 Lake Avenue  
Staten Island, NY 10303  
Life Line 1-800-882-2280  
(718) 442-4357  
(718) 720-2245
- **Jewish Community Center  
of S.I.**  
1297 Arthur Kill Road  
Staten Island, NY 10312  
(718) 356-8113  
(718) 475-5200
- **Meals on Wheels**  
304 Port Richmond Avenue  
Staten Island, NY 10302  
(718) 727-4435  
Provides and delivers meals to  
the elderly
- **Medicaid Office of Staten Island**  
215 Bay Street  
Staten Island, NY 10301  
(718) 420-4660 or 420-4732  
(888) 692-6116
- **Medicare (Toll Free)**  
(800) 633-4227
- **Medicare Rights Center of NY**  
(212) 869-3850
- **Protective Services for Adults**  
215 Bay Street  
Staten Island, NY 10301  
(718) 420-4868
- **Project Share**  
Richmond Senior Services  
500 Jewett Ave.  
Staten Island, NY 10302  
(718) 816-1811

## Community Agencies (Continued)

- **RSVP Serve**  
276 Watchogue Road  
Staten Island, NY 10314  
(718) 494-3222  
Fax: (718) 370-1729  
Provides general assistance to seniors
- **Richmond Senior Services, Inc.**  
500 Jewett Avenue  
Staten Island, NY 10302  
(718) 816-1811  
Provides general assistance to seniors
- **Staten Island Center for Independent Living**  
470 Castleton Avenue  
Staten Island, NY 10301  
(718) 720-9016  
Hearing impaired: (718) 720-9870  
Fax: (718) 720-9664
- **Staten Island Inter Agency Council on Aging, Inc.**  
Administration Bldg. Rm. 123  
460 Brielle Avenue  
Staten Island, NY 10314  
(718) 667-3162  
Information and Referral
- **Volunteers of America**  
2015 Forest Avenue  
Staten Island, NY 10303  
(718) 720-2070  
Fax: (718) 720-9664
- **Visiting Nurse Association**  
400 Lake Avenue  
Staten Island, NY 10303  
(718) 720-2245
- **Visiting Nurse Services of New York**  
1150 South Avenue  
Staten Island, NY 10314  
(718) 477-4700
- **VNS Choice Community Care**  
1150 South Ave, Suite 302  
Staten Island, NY 10314  
(917) 273-6897

## Companions

- **Angel McCaffery**  
(347) 857-6478  
(718) 715-3537
- **Home Instead Senior Care**  
(718) 966-0626
- **SafeHarbor Healthcare**  
(718) 979-6900
- **RN Staffing Solutions, LLC**  
In-Hospital Companions  
Richmond University Medical Center  
(718) 748-0790

# Day Care Programs

- **Archcare at Carmel Richmond**  
Contact: Marie Kerrick  
88 Old Town Road  
Staten Island, NY 10304  
(718) 668-8525  
Fax: (718) 668-8586  
Monday-Friday; 9 a.m. - 3 p.m.
- **CCM, Comprehensive Care Management**  
1106 Bay St.  
Staten Island, NY 10305  
(917) 301-7624
- **CNR's Alzheimer's Adult Day Care Program**  
596 Prospect Place  
Brooklyn, NY 11238  
(718) 362-1444
- **CNR's Alzheimer's Adult Day Care Program**  
5506 Church Ave.  
Brooklyn, NY 11203  
(718) 346-2040
- **Eger Health Care & Rehabilitation Center**  
The Social Day Care Center  
120-140 Meisner Avenue  
Staten Island, NY 10306  
(718) 979-1800 x.2076  
Monday-Friday; 9 a.m. - 3 p.m.  
Overnight Services
- **Jacquelyn Hernandez Adult Day Care Center**  
822 Lexington Ave  
Brooklyn, NY 11221  
(718) 855-2050
- **Jewish Community Center**  
Social Adult Group Respite Program  
1297 Arthur Kill Road  
Staten Island, NY 10312  
(718) 475-5200  
Monday-Friday; 10 a.m. – 2 p.m.
- **Sea View Hospital, Rehabilitation Center and Home Adult Day Services**  
Theresa Rafferty - Director  
460 Brielle Avenue  
Staten Island, NY 10314  
(718) 317-3249  
Mon. – Sat.; 9:30 am - 3 pm
- **Northern Adult Day Health Care Program**  
1 Prospect Park West  
Brooklyn, NY 11215  
(718) 789-6898  
Sun.-Fri.; 9 am-2 pm, 2 pm-7 pm
- **Sunrise Adult Day Health Care Center**  
9517 Avenue J  
Brooklyn, NY 11236  
(718) 272-5913  
Seven days weekly; 8 am – 8 pm

# Dental Care Clinics

- **Marine Dental Service**  
255 Mason Avenue  
Staten Island, NY 10305  
(718) 987-6543
- **Sea View Hospital, Rehab Center and Home**  
Full Service Dental  
Facility Residents Only  
460 Brielle Avenue  
Staten Island, NY 10314  
(718) 317-3256 or  
(718) 317-3603
- **Staten Island University Hospital Dental Urgent Care – North Site**  
475 Seaview Avenue  
Staten Island, NY 10305  
(718) 226-9080

# Elder Abuse

- **Community Agency for Senior Citizens**  
Elder Abuse Program  
56 Bay Street  
Staten Island, NY 10301  
(718) 981-6226
- **Local Police Precincts**
  - **Domestic Violence Units**  
120 Precinct 718-876-8609  
122 Precinct 718-667-2299  
123 Precinct 718-948-5970
- **Safe Horizon**  
718-448-3118  
**24 Hour Domestic Violence Hotline**  
800-621-4673  
  
**24 Hour Victim Services Hotline**  
212-577-7777
- **District Attorney's Office**  
718-876-6300

# Financial Advisors

The following organizations advise their clients on trusts, long-term care, health proxies, benefit plans and more.

- **Alzheimer's Foundation ACES Program**  
Alfred Silber  
789 Post Avenue  
Staten Island, NY 10310  
(718) 667-7110  
*Available on Wednesdays 10-1*
- **Bernard Herold & Co., Inc.**  
Mario J. Giammarco, V.P.  
1190 Hylan Blvd.  
Staten Island, NY 10305  
(718) 815-3050  
(800) 451-5856

## ***Financial Advisors (Continued)***

- **Foundation Financial Advisors**

Ronald P. Cutrone  
1336 Forest Ave., Suite 201  
Staten Island, NY 10302  
(718) 727-5100 or 5101  
RPCutrone@brillsec.com

- **Pesile Financial Group**

1110 South Avenue  
Staten Island, NY 10314  
(347) 273-1348  
*House calls by appointment*

- **Met Life**

Anthony Calabrese, LUTCF  
Corporate Commons Two  
2 Teleport Drive, Suite 300  
Staten Island, NY 10311  
(718) 568-2581

- **Richard DePrima**

Financial Services  
4370 Richmond Avenue  
Staten Island, NY 10312  
(718) 966-8653

## ***Financial Planning-Certified***

- **Financial Planning Concepts of America, Inc.**

Joseph Marchese, CFP  
1110 South Avenue  
Staten Island, NY 10314  
(718) 667-5050

## ***Geriatric Psychiatry***

- **Mobile Crisis Outreach Center**

Bayley Seton Campus  
75 Vanderbilt Avenue  
Staten Island, NY 10304  
(718) 818-6900  
Fax: 818-6907  
Unmarked Cars  
Monday-Friday, 9am-8pm  
Saturday-Sunday, 12-8pm

- **Staten Island University Hospital  
(South Site)**

375 Sequine Ave.  
Staten Island, NY 10309  
(718) 226-2500

- **Geriatric Out Patient Psychiatry**

(718) 226-8910

# Gerontological Nurse Practice

- **Kathleen Douris, RN, M.S.**

Certified Gerontological Nurse  
Practitioner  
(718) 630-3730

- **Island Nurse Practitioner  
in Family Health, PLLC**

Melissa Lanza, RN, MS, FNP-BC  
(718) 980-6103

## Health Watch

- **Redisafe of Staten Island, Inc. VNA of Staten Island**

400 Lake Avenue  
Staten Island, NY 10303  
(718) 720-2245  
8:30 a.m.-4:30 p.m., Monday-Sunday  
(718) 442-8480  
after 4:30 p.m., Monday-Sunday

## Home Care Attendants

- **Gerthy Alexandre**  
347- 671-3410

- **Jane Alexander**  
347-898-8909

- **Chinelo Anosike**  
718-816-0185

- **Barbara Barbato**  
718-273-1593

- **Yvonne Brazzel**  
718-698-0689

- **Sabrina Bonsignore**  
917-482-2673

- **Aquilino Calderon**  
347-761-2896

- **Roselynn Calderon**  
347-761-2896

- **Nathalie Collado**  
347-546-1313

- **Maria Dantoni**  
718-720-3277

- **Anna Garcia**  
718-273-7794

- **Georgeann**  
718-761-5890

- **Alicia Gorin**  
718-816-6227

- **Atalie Green**  
718-556-1066

- **Elizabeth Hall**  
347-469-2597

- **Ellen Kwait**  
718-966-0965

- **Angel McCaffery**  
347-857-6478  
718-715-3537

- **Tharanga Munasinghe**  
585-957-5381

- **Antoinette Powell**  
718-987-9530  
646-919-5849

- **Nazek Rizkalla**  
718-983-5040

- **Wendy Russo, BSN, RN**  
347-465-1513

- **Maureen Sakaris**  
718-288-1560

- **Terry Sindel**  
718-816-7019

- **Carole Weisshaut**  
718-987-5741

- **Mayme Zay Zay**  
347-777-6137

**Be sure to check references and credentials before hiring anyone to care for or assist a patient or caregiver**

# Home Care Providers

- **Aides at Home**  
37 New Dorp Plaza  
Staten Island, NY 10306  
(718) 351-6543
- **Americare Certified**  
Special Services, Inc.  
171 Kings Highway  
Brooklyn, NY 11223  
(718) 256-6000
- **BestCare, Inc.**  
60 Bay Street  
Staten Island, NY 10301  
(718) 816-4242
- **Carematt Inc.**  
503 Mosely Ave.  
Staten Island, NY 10312  
(718)317-6815
- **Caring Living Companion Inc.**  
774 Manor Road, Suite 204  
Staten Island, NY 10314  
(718) 494-0033 or 494-6571
- **CCM, Comprehensive Care Management**  
1106 Bay St.  
Staten Island, NY 10305  
(917) 301-7624
- **Extended Home Care**  
900 South Avenue, Suite 301  
Staten Island, NY 10314  
(718) 982-1360
- **Fadmo Health and Home Care Agency**  
194 Targee St.  
Staten Island, NY 10304  
(718)390-0561
- **Harbor Healthcare Services**  
1477 Hylan Boulevard  
Staten Island, NY 10305  
(718) 979-6900
- **Home Instead Senior Care**  
12 Jefferson Boulevard  
Staten Island, NY 10312  
(718) 966-0626
- **Hope Home Care**  
26 Dumont Avenue  
Staten Island, NY 10305  
(718) 667-8510
- **Margret Ultra Home Care**  
34 Beach Street  
Staten Island, NY 10304  
(718) 815-8089
- **Metropolitan Jewish Health System**  
6323 7th Ave.  
Brooklyn, NY 11220  
(800) 370-8317  
(917) 716-9806
- **Person Centered Care Service Inc**  
1811 Victory Blvd.  
Staten Island, NY 10314  
(718) 816-4444

## ***Home Care Providers (continued)***

- **Premier Home Health Care Services**  
1369 N Railroad Ave.  
Staten Island, NY 10306  
(718) 980-2310
- **Prime Care**  
56 West 45th Street, Suite 1404  
New York, NY 10036  
(212) 944-0244
- **Richmond Home Need Services**  
3155 Amboy Road  
Staten Island, NY 10306  
(718) 987-8400  
FAX: (718) 987-7449
- **Richmond UniCare**  
3155 Amboy Road  
Staten Island, NY 10306  
(718) 987-9090  
FAX: (718) 987-7488
- **Stella Orton Home Care Agency**  
3155 Amboy Road  
Staten Island, NY 10306  
(718) 987-4300  
FAX: (718) 987-6541  
Medicaid Accepted
- **Tima Enterprises**  
(718) 667-3470  
\$400 one time fee, \$100/8 hours  
LIVE IN SERVICES AVAILABLE
- **Visiting Nurse Association**  
400 Lake Avenue  
Staten Island, NY 10303  
(718) 720-2245
- **Visiting Nurse Services of New York**  
1150 South Avenue  
Staten Island, NY 10314  
(718) 477-4700
- **VNS Choice Community Care**  
1150 South Ave, Suite 302  
Staten Island, NY 10314  
(917) 273-6897

**The following churches provide names of Home Care Attendants:**

**St. Christopher's RC Church**  
**(718) 351-2452**

**St. Mary of the Assumption RC Church**  
**(718) 442-3411**

# *Home Health Supplies*

The Alzheimer's Foundation is able to assist caregivers with diapers, bed pads and nutritional supplements free of charge as the need arises.

Also free loan of walkers, canes, wheelchairs, tub chairs, and commodes.

Please contact the Foundation at (718) 667-7110.

# *Home Services*

## *Home Cleaning*

- **St. Mary of the Assumption Church**  
(718) 442-3411
- **Jo Ann Tripoli**  
(718) 354-5976

## *Smoke Detectors*

Smoke detectors are distributed and installed free of charge to any Alzheimer's patient or caregiver, or any elderly resident of Staten Island. For details or to make an installation appointment, please call us at (718) 667-7110.

## *Snow Shoveling*

Where to Turn is an organization of volunteers ready to help senior with snow removal.

**Where to Turn** - (718) 966-6531

# Home Visits

## Nurse Practitioners

- **Nurse Practitioners of New York**  
Virginia Nelson, RN, MS, CNS, ANP-C  
(718) 980-1553
- **Island Nurse Practitioner in Family Health, PLLC**  
Melissa Lanza, RN, MS, FNP-BC  
(718) 980-6103

## Physicians

- **Allen Medical Group**  
(866) 667-0517 Ext. 675  
Fax: (866) 667-1206  
<http://www.allenmedicalgroup.com>
- **Moses Medical Services**  
Ask for Dr. Brown  
(877) 330-5818
- **Staten Island Medical Home Visit Services, PC**  
Dr. Donna Seminara  
(718) 226-6186
- **Dr. Veronica Romashova**  
(718) 667-7778

## Podiatrists

- **Arthur J. Merola, DPM**  
364 Edison St.  
Staten Island, NY 10306  
(718) 524-4112
- **Richard Rouder, DPM**  
S.I. Podiatry  
1975 Hylan Blvd., Suite 1  
Staten Island, NY 10306  
1500 Victory Blvd.  
Staten Island, NY 10301  
(718) 556-5550
- **Dr. Peter Scalici, DPM**  
4 Coughlan Avenue  
Staten Island, NY 10310  
(718) 273-1451
- **Dr. Michael Scott**  
376 Manor Road  
Staten Island, NY 10314  
(718) 816-8634
- **Jonathan Weber, DPM**  
2315 Victory Boulevard  
Staten Island, NY 10314  
(718) 477-1250

# Hospices

- **VNSNY Hospice Care**  
1500 South Avenue, Suite 306  
Staten Island, NY 10314  
(718) 876-1022
- **University Hospice**  
256 Mason Avenue  
Staten Island, NY 10305  
(718) 226-6450

# Hospitals

- **Richmond University Medical Center**  
355 Bard Avenue  
Staten Island, NY 10310  
(718) 818-1234
- **Staten Island University Hospital - South Site**  
375 Seguire Avenue  
Staten Island, NY 10309  
(718) 226-2000
- **Staten Island University Hospital - North Site**  
475 Seaview Avenue  
Staten Island, NY 10305  
(718) 226-9000
- **Brooklyn VA Medical Center**  
800 Poly Place  
Brooklyn, NY 11209  
(718) 630-2822

# Hospital Assessment Centers

- **Downstate Medical Center  
Memory Disorders/Geriatric  
Psychiatry Clinic**  
370 Lenox Road  
Brooklyn, NY 11226  
(718) 287-4806
- **New York University Medical  
Center Aging & Dementia  
Research Program**  
145 East 32<sup>nd</sup> Street, 2<sup>nd</sup> Floor  
New York, NY 10016  
(212) 263-8088
- **Staten Island University Hospital  
Geriatric Assessment Center**  
242 Mason Avenue  
Staten Island, NY 10305  
(718) 226-4374  
  
375 Seguire Ave.  
Staten Island, NY 10305  
(718) 226-4374

# In-Home Medical Needs

**In-home medical needs available for the latter stages of Alzheimer's.**

- **Vitech Complete Pharmaceutical**  
178 Industrial Loop  
Staten Island, NY 10309  
(718) 227-7016  
(800) 245-8290

# Informational Library

The Alzheimer's Foundation has a host of videos, pamphlets and books that will help caregivers and professionals learn more about Alzheimer's disease and its many aspects. Call today at (718) 667-7110 for more details.

## Long Term Care Insurance

- **Bernard Herold & Co., Inc.**  
Mario J. Giammarco, V.P.  
1190 Hylan Blvd.  
Staten Island, NY 10305  
(718) 815-3050  
(800) 451-5856
- **John Hancock Mutual Life Insurance Company**  
1271 60th Street  
Brooklyn, NY 11219  
(718) 879-1700
- **Bridge Financial Group**  
**An office of MetLife**  
15 Bay Ridge Avenue  
Brooklyn, NY 11220  
(718) 567-3143
- **Met Life**  
Anthony Calabrese, LUTCF  
Corporate Commons Two  
2 Teleport Drive, Suite 300  
Staten Island, NY 10311  
(718) 568-2581
- **Francis Basil Consultation & Treatment Services, PLLC**  
Vivian Campbell, CSW, ACSW  
P.O. Box 140435  
Staten Island, NY 10314  
(718) 490-0525

## Mediation

- **New York Center For Interpersonal Development**  
130 Stuyvesant Place  
Staten Island, New York 10301  
(718) 815-4557

## Medicaid Assistance

- **Alzheimer's Foundation of Staten Island**  
789 Post Avenue  
Staten Island, NY 10310  
(718) 667-7110
- **Community Agency for Senior Citizens (CASC)**  
56 Bay Street  
Staten Island, NY 10301  
(718) 981-6226
- **CCM, Comprehensive Care Management**  
1106 Bay St.  
Staten Island, NY 10305  
(917) 301-7624

# Medical Equipment

- **Charles Pfeiffer, Inc.**  
Medical & Rehabilitation Equipment  
1753 Victory Boulevard  
Staten Island, NY 10314  
(718) 447-6629
- **Sansbury Medical**  
3976 Amboy Road  
Staten Island, NY 10308  
(718) 967-5413

# Medical Research

- **Advanced Memory at Richmond Behavioral Associates**  
Adam Smith, Ph.D  
4349 Hylan Blvd.  
Staten Island, NY 1032  
718-317-5522
- **Behavioral Medical Research**  
Dr. Daniela Pantea  
500 Seaview Ave., Suite 200A  
Staten Island, NY 10305  
(718) 351-8100

# Mental Health Counseling

- **Claudette Duff, ATR, LCSW**  
**Integrity Senior Services**  
In Home Counseling  
46 Francesca Lane  
Staten Island, NY 10303  
(718) 494-2858  
Fax: (718) 494-5749  
Cell: (917) 699-1259  
Director@integrityseniors.com
- **Dr. Jamie Rotnofsky**  
Care Connection Teleconference  
Held Every Thursday  
Toll Free: (877) AFA-2992  
*If prompted, enter code 271004#*  
*Check askdrjamie.net for times And featured guest speakers*
- **Inpatient Service**  
777 Seaview Avenue  
Staten Island, NY 10305  
(718) 226-8924
- **Richmond University Services**  
Richmond University Medical Center  
Bayley Seton Campus  
75 Vanderbilt Avenue  
Staten Island, NY 10304  
(718) 818-6132
- **Staten Island University Hospital**  
Psychiatry Department Outpatient  
Service  
450 Seaview Avenue  
Staten Island, NY 10305  
(718) 226-8910

# Mobile Crisis Unit

- **Mobile Crisis Outreach**  
Bayley Seton Campus  
75 Vanderbilt Avenue  
Staten Island, NY 10304  
(718) 818-6900

# Nurse Practitioner

- **Island Nurse Practitioner in Family Health, PLLC**  
Melissa Lanza  
(718) 980-6103  
[mlanzanp@islandnursepractioner.com](mailto:mlanzanp@islandnursepractioner.com)

# Nutritionists

- **Andrea D'Oria Comeron, MS, RD, CDN**  
Shoprite  
2424 Hylan Blvd  
Staten Island, NY 10306  
(718) 979-3303 ex 226
- **Debra L. May, M.D.**  
157 Clawson St.  
Staten Island, NY 10306  
(718) 987-5454  
Fax: (718) 987-0747
- **Karen Marino**  
134 Barlow Ave.  
Staten Island, NY 10308  
(718) 967-1833

# Optometrist

- **David Gerstenfeld, MD**  
4299 Hylan Boulevard  
Staten Island, NY 10312  
(718) 984-7616
- **Health Care Associates**  
Dr. Mitchell Horowitz, Dr. Frank Pirozzolo, Dr. Israel Greenwald  
50 Cooper Avenue  
Staten Island, NY 10305  
(718) 979-2020

# Outpatient Services

- **Clove Lakes Rehabilitation & Outpatient Services**  
25 Fanning Street  
Staten Island, NY 10314  
(718) 289-7878
- **VA Home Based Primary Care (HBPC)**  
800 Poly Place  
Brooklyn, NY 11209  
(718) 630-3730

# Overnight Respite

- **Clove Lakes Health Care & Rehabilitation Center**  
25 Fanning Street  
Staten Island, NY 10314  
(718) 289-7900, Ext. 7892
- **Silver Lake Specialized Care Center**  
275 Castleton Avenue  
Staten Island, NY 10301  
(718)447-7800
- **Staten Island Care Center**  
200 Lafayette Avenue  
Staten Island, NY 10301  
(718)448-9000
- **Eger Health Care & Rehabilitation Center**  
140 Meisner Avenue  
Staten Island, NY 10306  
(718) 979-1800

# Pharmacies

- **Delco Drug & Specialty Pharmacy**  
3833 Richmond Ave.,  
SI, NY 10312  
(718) 984-6600  
Fax: (718) 984-6601  
Rx pick up & delivery available
- **YC/Pharmacy**  
307 Sand Lane  
SI, NY 10305  
(718) 556-3330  
Fax: (718) 556-1291
- **Ocean Breeze Specialty Pharmacy**  
1817 Hylan Boulevard  
SI, NY 10305  
(718) 987-2525  
Fax: (718) 987-4316
- **Nate's Pharmacy & Surgical Supplies**  
812 Forest Avenue  
SI, NY 10310  
(718) 720-3700  
Fax: (718) 720-5286  
Free Rx pick up & delivery

## Pharmacies (Continued)

- **Nate's Pharmacy & Surgical Supplies**  
252B Port Richmond Ave.  
SI, NY 10302  
(718) 720-5600  
Fax: (718) 720-5612  
Free Rx pick up & delivery.
- **CVS** (Many Locations on Staten Island)  
1361 Hylan Boulevard  
Staten Island, NY 10305  
(718) 979-2828
- **Rite Aid** (Many Locations on SI)  
1360 Hylan Boulevard  
Staten Island, NY 10305-1922  
(718) 987-7300  
Home Delivery Service
- **Walgreens** (Many Locations on SI)  
955 Manor Road  
Staten Island, NY 10314  
(718) 983-7390

## Physicians

**Paul Albano, M.D.**

11 Ralph Place  
Staten Island, NY 10304  
(718) 447-4023 Code: I

**Seth Brum, M.D.**

2315 Victory Boulevard  
Staten Island, NY 10314  
(718) 477-6900 Code: I

**Joseph Buono, M.D.**

4269 Richmond Avenue  
Staten Island, NY 10312  
(718) 356-3541 Code:

**Vincent Calamia, M.D.**

4434 Amboy Road  
Staten Island, NY 10312  
(718) 984-9848 Code: G, I

**Dr. Chen**

2435 Victory Boulevard  
Staten Island, NY 10314  
(718) 370-9778 Code: I

**Frank Cardello, M.D.**

5430 Amboy Road  
Staten Island, NY 10312  
(718) 317-7556 Code: I

**Suo-Maw Chou, M.D.**

11 Ralph Place  
Staten Island, NY 10304  
(718) 447-4041 Code: I

**Janice Culley, M.D.**

1478 Victory Boulevard  
Staten Island, NY 10301  
(718) 448-4448 Code: G, I

**Joseph DeBlasi, M.D.**

65 Rose Avenue  
Staten Island, NY 10306  
(718) 979-9333 Code: I

**Gerald Dimaso, M.D.**

68 Seguin Avenue  
Staten Island, NY 10309  
(718) 356-6500 Code:

**Paul Gessman, M.D.**

2260 Victory Blvd.  
Staten Island, NY 10314  
(718) 761-4400 Code: I

**Louis Gianvito, M.D.**

584 Forest Avenue  
Staten Island, NY 10310  
(718) 447-6368 Code: I

**Joseph Hederman, M.D.**

347 Edison Street  
Staten Island, NY 10306  
(718) 351-1136 Code: I

**Eugene Holuka, M.D.**

584 Forest Ave., Suite 1  
Staten Island, NY 10310  
(718) 273-0553 Code: I

## Physicians (continued)

**Richard Hoffman, M.D.**

1460 Victory Boulevard  
Staten Island, NY 10301  
(718) 442-0300 Code: IM

**William Howe, M.D.**

1032 Victory Boulevard  
Staten Island, NY 10301  
(718) 273-7465 Code: I

**Robert Jutkowitz, M.D.**

78 Todt Hill Road  
Staten Island, NY 10314  
(718) 442-7133 Code: N

**Kerry Kelly, M.D.**

545 Clawson Street  
Staten Island, NY 10306  
(718) 667-1477 Code: Family Doctor

**Sina Khasani, M.D.**

212 Garretson Avenue  
Staten Island, NY 10305  
718-980-5000 Code: N

**Stephen Kulik, M.D.**

1099 Targee Street  
Staten Island, NY 10304  
(718) 448-3210 Code: N

**James Lamia, M.D.**

1550 Richmond Avenue  
Staten Island, NY 10314  
(718) 370-7700 Code: I

**Robert LaPenna, M.D.**

4982 Hylan Boulevard  
Staten Island, NY 10312  
(718) 966-9226 Code: I

**Martin Loy, M.D.**

11 Ralph Place, Suite 213  
Staten Island, NY 10314  
(718) 556-9400 Code: I

**Barbara Malach, M.D.**

2627B Hylan Boulevard  
Staten Island, NY 10306  
(718) 987-6000 Code: I, G

**Sanford Mallin, M.D.**

107 Nelson Avenue  
Staten Island, NY 10308  
(718) 356-3411 Code:

**Daniel Megna, M.D.**

360 Edison Street  
Staten Island, NY 10306  
(718) 351-6377 Code: G, I

**Brian Mignola, M.D.**

1147 Richmond Road  
Staten Island, NY 10304  
(718) 816-9056 Code: G, I

**Nkanga Nkanga, M.D.**

78 Cromwell Avenue  
Staten Island, NY 10304  
(718) 351-3388 Code: I

**Neil Nepola, M.D.**

217 Rose Avenue  
Staten Island, NY 10306  
(718) 667-6767 Code: I

**Luigi Parisi, M.D.**

2248 Richmond Road  
Staten Island, NY 10306  
(718) 982-8330 Code: I

**Victoriosa Pasignajen, M.D.**

491 Bard Avenue  
Staten Island, NY 10310  
(718) 442-1312 Code:

**Bartolo Perolo, M.D.**

65 Rose Avenue  
Staten Island, NY 10306  
(718) 979-9333 Code: I

**Allan Perel, M.D.**

29 New Dorp Lane  
Staten Island, NY 10306  
(718) 667-3800 Code: N

**David Pfaff, M.D.**

3311 Hylan Boulevard  
Staten Island, NY 10306  
(718) 667-6776 Code: I

**Rama K. Reddy, M.D.**

11 Ralph Place, Suite 310  
Staten Island, NY 10304  
(718) 442-1777 Code: I

**Lucinda Ripoll**

347 Edison Street  
Staten Island, NY 10306  
(718) 351-1136 Code: I

## **Physicians (continued)**

**Fawzy Saleem, M.D.**

800 Castleton Avenue  
Staten Island, NY 10310  
(718) 354-3344 Code: I

**Joseph Santiamo, M.D.**

4268 Richmond Avenue  
Staten Island, NY 10312  
(718) 967-3000 Code: G, I

**Carl Sceusa, M.D.**

1550 Richmond Avenue  
Staten Island, NY 10314  
(718) 370-7700 Code: I

**Donna Seminara, M.D.**

420 Lyndale Avenue  
Staten Island, NY 10312  
(718) 967-5630 Code: G, I

**Arthur Sigelman, M.D.**

2242 Victory Boulevard  
Staten Island, NY 10314  
(718) 761-2500 Code: I

**Theodore Strange, M.D.**

68 Seguine Avenue  
Staten Island, NY 10309  
(718) 356-6500 Code: G, I

**Samala Swamy, M.D.**

1366 Victory Boulevard  
Staten Island, NY 10301  
(718) 442-8351 Code: I

**Anna Warchol, M.D.**

2627B Hylan Boulevard  
Staten Island, NY 10306  
(718) 442-8351 Code: G, I

**Susan Wisniewski, M.D.**

1110 South Ave., Suite 306  
Staten Island, NY 10314  
(718) 370-7100 Code: I

**Dorothy Wludyka, M.D.**

7379 Amboy Road  
Staten Island, NY 10307  
(718) 984-2005 Code: I

**Shye Wortman, M.D.**

2315 Victory Boulevard  
Staten Island, NY 10314  
(718) 477-6900 Code: I

**Amir Yazdani, M.D.**

347 Edison Street  
Staten Island, NY 10306  
(718) 351-1136 Code: I

**Codes Explained:**

C: Cardiology  
G: Gerontology  
I: Internal Medicine  
N: Neurology

*For Doctor Information call the Richmond  
County Medical Society (718) 447-7267*

# **Prescription Protection For Seniors**

## **New York State EPIC**

If your prescription plan does not cover your prescriptions, you may be eligible for EPIC. Contact the Alzheimer's Foundation of Staten Island at (718) 667-7110 for an application, or call EPIC at 1-(800) 332-3742.

# PRI Screenings

PRI (Patient Review Instrument) Screenings are performed to evaluate a patient's status for nursing home admission. The following will perform this test at a fee:

- **Bianca Franco**  
3555 Hylan Boulevard  
Staten Island, NY 10308  
Private PRI Screenings  
(718) 987-5853
- **Carole Morgan, RN, BSN, MPA**  
Home: (718) 966-6568  
Cell: (917) 952-4494  
Beeper: (917) 758-0003
- **Kathleen Douris, RN, M.S., GNP**  
Does PRI Screening Privately  
(718) 630-3730
- **Visiting Nurse Association**  
400 Lake Avenue  
Staten Island, NY 10303  
(718) 720-2245

# Psychiatry

- **Mark DiBuono, M.D.**  
Advanced Memory at  
Richmond Behavioral Associates  
4349 Hylan Boulevard  
Staten Island, NY 10312  
(718) 317-5522
- **Daniela Pantea, M.D.**  
Behavioral Medical Research  
500 Seaview Avenue, Suite 200A  
Staten Island, NY 10305  
(718) 351-8100
- **Sudharam Idupuganti, M.D.**  
448 74<sup>th</sup> Street  
Brooklyn, NY 11209  
(718) 921-1001

# Psychology

- **Dr. Jamie Rotnofsky**  
Care Connection Teleconference  
Held Every Thursday  
Toll Free: (877) AFA-2992  
*If prompted, enter code  
271004# Check askdrjamie.net for  
times and featured guest speakers*
- **Adam Smith, Ph.D.**  
Advanced Memory at  
Richmond Behavioral Associates  
4349 Hylan Boulevard  
Staten Island, NY 10312  
(718) 317-5522

# Ramps/Lifts

- **Ramps/Lifts for Better Living**

George Fehling  
(718) 605-2626

## Rehabilitation and Nursing Care Centers

- **Archcare at Carmel Richmond**  
88 Old Town Road  
Staten Island, NY 10304  
(718) 668-8520
- **Clove Lakes Health Care & Rehabilitation Center**  
25 Fanning Street  
Staten Island, NY 10314  
(718) 289-7900
- **Cobble Hill Nursing Home**  
380 Henry Street  
Brooklyn, NY 11201  
(718) 855-6789
- **Eger Health Care & Rehabilitation Center**  
140 Meisner Avenue  
Staten Island, NY 10306  
(718) 979-1800
- **Golden Gate Health Care & Rehabilitation Center**  
191 Bradley Avenue  
Staten Island, NY 10314  
(718) 698-8800
- **Lily Pond Nursing Home**  
150 Lily Pond Avenue  
Staten Island, NY 10305  
(718) 981-5300
- **Menoratt Center for Rehabilitation and Nursing Care**  
1516 Oriental Blvd.  
Brooklyn, NY  
(718) 646-4441
- **New Vanderbilt Rehabilitation & Care Center**  
135 Vanderbilt Avenue  
Staten Island, NY 10304  
(718) 447-0701
- **Saint Elizabeth Ann's Health Care & Rehab Center**  
91 Tompkins Avenue  
Staten Island, NY 10304  
(718) 876-2255
- **Sea View Hospital Rehabilitation Center and Home**  
460 Brielle Avenue  
Staten Island, NY 10314  
(718) 317-3000
- **Silver Lake Specialized Care Center**  
275 Castleton Avenue  
Staten Island, NY 10301  
(718) 447-7800

## ***Rehabilitation and Nursing Care Centers (continued)***

- **Staten Island Care Center**  
200 Lafayette Avenue  
Staten Island, NY 10301  
(718) 448-9000
- **Verrazano Nursing Home**  
100 Castleton Avenue  
Staten Island, NY 10301  
(718) 273-1300

## ***Research***

- **Behavioral Medical Research of SI**  
500 Seaview Avenue,  
Suite 200A  
Staten Island, NY 10305  
(718) 351-8100
- **Institute For Basic Research**  
1050 Forest Avenue  
Staten Island, NY 10314  
(718) 494-0600
- **Advanced Memory at Richmond Behavioral Associates**  
4349 Hylan Blvd.  
Staten Island, NY 10312  
(718) 317-5522

## ***Respite***

- **JCC, Respite Social Program**  
718-475-5280

## ***Safe Return Program***

**MedicAlert Safe Return** is an identification system, which registers the patient in a database and gives the patient a bracelet (or necklace) to wear indicating that he or she is memory impaired. If the patient should wander and become lost, the bracelet and computer statistical information helps the police to help reunite the family member or caregiver with the person who wandered. For further information or an application call 1-800-272-3900.

## ***Seminars***

The Alzheimer's Foundation holds seminars several times throughout the year at For information, call the Foundation at (718) 667-7110.

# Senior Care

- **Home Instead Senior Care**

12 Jefferson Boulevard  
Staten Island, NY 10312  
(718) 966-0626

**Affordable non-medical companions who help with meal planning, preparation & housekeeping among other jobs.**

# Senior Housing

## **Supportive Housing for Elderly**

### **Carmel Apartments**

88 Old Town Rd.  
Staten Island, NY 10304  
(718) 343-1546

### **Joseph House**

101 Myrtle Ave.  
Staten Island, NY 10310  
(718) 343-1546

### **Sr. Elizabeth Boyle Manor**

35 Gordon St.  
Staten Island, NY 10304  
(718) 343-1546

### **St. Elizabeth's Manor**

150 Brielle Ave.  
Staten Island, NY 10314  
(718) 343-1546

### **Canturbury Houser**

1331 Bay St.  
Staten Island, NY 10305  
(718) 818-0070

## **Housing for Elderly**

### **Allied Manor Apartments**

800 Manor Rd.  
Staten Island, NY 10314  
(718) 761-8008

## **Senior Housing With Services**

### **Island Shores Senior Residence**

1111 Fr. Capodanno Blvd.  
Staten Island, NY 10306  
(718) 667-0666

## **SRO Housing**

### **Buckingham House**

11 Port Richmond Ave.  
Staten Island, NY 10302  
(718) 981-6226

## **Other Supportive Housing**

### **Bridgeview Apts.**

150-152 Nicholas Ave.  
Staten Island, NY 10302  
(718) 981-6226

### **Parkside Sr. Citizen Apts.**

160 Heberton Ave.  
Staten Island, NY 10302  
(718) 442-7351

# Support Groups

Support groups meet weekly at the following locations:

**Caregiver Support Group**

Tuesdays 1-2:30 p.m.  
Staten Island University Hospital  
Medical Arts Pavilion  
242 Mason Avenue  
1st Floor – Conference Room

**Caregiver Support Group**

Wednesdays at 7:30 p.m.  
Wholly Fellowship Ministry ORP, Inc.  
346 Broadway

**Caregiver Support Group**

2nd & 4th Saturdays at 10 a.m.  
Alzheimer's Foundation office  
789 Post Avenue  
**By Appointment Only**

**Early Diagnosis Patient Support Group**

Thursdays at 2:00 p.m.  
Alzheimer's Foundation office  
789 Post Avenue  
**PRE REGISTER ONLY**

**Early Diagnosis Spousal Support Group**

Thursdays at 2:00 p.m.  
Alzheimer's Foundation office  
789 Post Avenue  
**PRE REGISTER ONLY**

**Caregiver Support Group**

Mondays 1:00-2:00 p.m.  
Jewish Community Center  
Avis South Shore Center  
1297 Arthur Kill Road  
Staten Island, NY 10312  
**By Appointment Only**  
Call 718-475-5279  
(Sponsored by the Jewish Community Center)

The following seminar/support group is taped monthly and repeated several times weekly throughout the rest of month

**Alzheimer's Awareness**

Tuesdays at 8:00 p.m.

**Time Warner Cable & FIOS - Channel 34**

Visit the Web site [www.alzheimersawareness.cooldadproductions.com](http://www.alzheimersawareness.cooldadproductions.com) for more information

# Transportation

• **Access-A-Ride**

For an application call toll free (877)-337-2017 or  
Online: [www.mta.nyc.ny.us/nyct/paratran/guide.htm](http://www.mta.nyc.ny.us/nyct/paratran/guide.htm)

• **Community Agency for Senior Citizens**

60 years of age and over are eligible.  
For further specific qualifications, call intake  
at (718) 981-6226

# *Veterans Counseling*

- **New York State Veterans' Affairs**  
**Staten Island Benefits Counseling**

Division of Veterans' Affairs

Borough Hall, Room 313

Staten Island, NY 10301

(718) 447-8787

General Information - 1-888-VETS-NYS

***Caregiver  
Information  
& Foundation  
Services***

# ***ACES Assistance***

## **Do You Need Assistance In The Following Areas?**

- **Medicare eligibility**
- **Medicaid eligibility**
- **Medical coverage application**
- **Housing for homeless**
- **Child care/child support.**
- **Utilities/Heat**
- **Crime Victims Service**
- **Children's Nutrition**
- **Meals on Wheels eligibility**
- **Food stamps eligibility**
- **Disability Insurance**
- **Unemployment Insurance.**
- **Workman's Compensation**
- **Emergency Assistance**

**The Alzheimer's Foundation  
of Staten Island  
ACES Program can help!**

**Call Alfred Silber, ACES Volunteer  
Wednesdays from 10 a.m. - 1 p.m.  
(718) 667-7110**

# Activities of Daily Living

## Care... Through Daily Tasks

An individual's capacity to perform everyday tasks involved in personal care – commonly called activities of daily living (ADLs) – is a primary factor affecting quality of life. Caregivers must judge when it is necessary to provide assistance, while at the same time preserving the person's dignity.

*Keep in mind:* A person's abilities may change not only as a result of the progression of the disease, but due to other medical or behavioral issues. Consult a healthcare professional to detect possible causes.

## Techniques to Assure Eating

- Seek a swallowing assessment from a speech therapist.
- Have the individual eat with others to increase socialization.
- Ensure that the person has his dentures, glasses, hearing aids or other appliances.
- Provide preferred foods and snacks, and nutritional supplements if significant weight loss occurs.
- Present one item at a time to avoid confusion.
- Serve pre cut or finger food if using utensils becomes difficult.

## Tips to Ease Bathing

- Follow the same bathing pattern as pre-onset of the disease – time of day, frequency, etc.
- Give one-step instructions and non-verbal cues.
- Provide privacy and be reassuring.
- Prepare in advance – secure soap, towels and other bathing items, and lay out clothing.
- Ensure proper room temperature for disrobing and appropriate water temperature, especially to prevent scalding.
- Minimize safety risks by never leaving the person unattended in the bath area, and installing a no-skid surface and grab bars in tub/shower.

## Strategies for Dressing

- Promote self-dressing to whatever extent possible.
- Set a daily routine that includes getting dressed at the same time each day.
- Offer one-step directions and use gestures for cueing.
- Limit the choice of outfits to two, and clear closets of excess clothing to reduce confusion.
- Provide loose-fitting, comfortable clothes with elastic waistbands.
- Lay out the articles of clothing in the order they are to be put on.

## Methods for toileting

- Be understanding and reassuring when accidents occur.
- Establish a routine, such as taking the person to the bathroom every two hours during waking hours.
- Respond quickly to an individual's request for the bathroom, and watch for non-verbal cues like facial expressions or tugging on clothing.
- Post signs with illustrations to indicate the bathroom door.
- Use easy-to-remove clothing, such as articles with elastic waistbands.
- Avoid liquids, caffeine and other stimulants a few hours before bedtime.

# Activities

What to do all day? Finding activities that the person with AD can do and is interested in can be a challenge. Building on current skills generally works better than trying to teach something new.

- Don't expect too much. Simple activities often are best, especially when they use current abilities.
- Help the person get started on an activity. Break the activity down into small steps and praise the person for each step he or she completes.
- Watch for signs of agitation or frustration with an activity. Gently help or distract the person to something else.
- Incorporate activities the person seems to enjoy into your daily routine and try to do them at a similar time each day.
- Take advantage of adult day services, which provide various activities for the person with AD, as well as an opportunity for caregivers to gain temporary relief from tasks associated with caregiving. Transportation and meals often are provided.

*\*\* Courtesy of the US Dept. of Health & Human Services "Caregiver Guide" \*\**

# Adult Day Care

Adult day care centers provide a structured setting in which people with Alzheimer's disease and other disabilities may enjoy group activities such as exercise and craft-making, and benefit from personal counseling, therapy and other services.

## Reasons for using Adult Day Care

Most likely, one of the reasons you may be considering using a day care center is to give yourself an opportunity for relief time from caregiving. Give yourself permission to use day care. Day care benefits both the caregiver and the person with Alzheimer's. By using day care, you'll have time to rest, relax, and finish other tasks.

As a result, you'll return to the task of caregiving feeling refreshed and renewed. If you find yourself feeling guilty, ask yourself, "If I wear myself out to the point of total exhaustion, what good will I be to my family member? If I don't take a break from caregiving, will I be able to handle his needs as well?"

- Reflect on the benefits of day care for the person with dementia. Remember that day care offers the person with Alzheimer's opportunities to be with other people and participate in activities in a safe environment. Moreover, professionals at a day care center can help evaluate the person and provide you with ideas for enhancing caregiving.

## Selecting a center

Day care centers may vary widely, and it is important to examine the key components of the best setting for your family member. By asking the right questions, you can find a day care arrangement that's right for you and the person with Alzheimer's disease. You may want to begin with the following:

- Consult a variety of sources to find an appropriate day care center. Many caregivers rely on the recommendations of the Alzheimer's Foundation and of other caregivers who are members of support groups. Others consult with senior centers and local area agencies on aging.
- Give the center a chance. Consider using adult day care at least twice a week for a month before making a final decision. Occasional use won't give you an accurate picture of how the center operates. In addition, give your loved one time to adjust to the experience of going to the day care center. While some people may resist going to the center at first, they often look forward to the visit after several weeks of attending, meeting people, and joining in activities.
- Re-evaluate your need for day care. At some point the person with Alzheimer's may need more care than the center can provide. Center staff and support groups can help evaluate your needs for future care.

## ***Adult Day Care (Continued)***

### **ACTION STEPS**

Consider the following issues in evaluating a day care center that's appropriate to your needs:

#### **Center clients**

Does the day care center provide services for people with different types of impairments, as well as those in good physical health?

Knowing about any service restrictions before using the center may help prevent problems.

#### **Assessment**

Will the center evaluate the person's needs? How will this evaluation be accomplished and how often will it be repeated? Will it cover medical needs, social and family history, cognitive functioning, and social skills? Some centers perform assessments in the person's home.

#### **Services**

Does the center offer the services that you and the person with dementia need? These are some of the specific services you may want to investigate: (Keep in mind that few adult day care programs offer all of the services described below, and not all of these services are necessary for a program to be of high quality.)

- **Counseling**

Will the center provide support for clients and families? For example, can they offer guidance on outside resources and arrange for supportive care in the home?

- **Health services**

Will the center provide blood pressure checks and physical, dental, foot, eye, and ear examinations? Will the center dispense medication and/or offer medication reminders?

- **Nutrition**

Does the center provide nutritious meals and snacks? To make sure, you may want to sample one of the meals. In addition, can the center accommodate special diets or provide culturally specific menu? And does the center provide some sort of nutritional education program?

- **Personal care**

Will the center's staff provide help with hairstyling, toileting, eating, showering, and appearance-related tasks?

- **Recreation**

Does the center offer a program of activities that the person with dementia can participate in and enjoy?

- **Behavior Management**

Is the center prepared to deal with wandering, incontinence, hallucinations, sexually inappropriate behavior, or speech difficulties?

## ***Adult Day Care (Continued)***

- **Therapy**

Will the center help arrange for needed physical, occupational or speech therapy? Are there therapists on site or on call?

- **Special needs**

Is the center equipped to deal with someone who is wheelchair restricted, hearing or visually impaired, or handicapped in another way?

### **Accessibility**

Most centers are open from early morning to early afternoon, usually from 8:00 a.m. to 4:00 p.m. from Monday through Friday. Some have extended or weekend hours. People may attend the center as little as one day per week or as many as five. Be sure to ask about the **minimum** attendance requirements and the notification policy for absences.

### **Cost**

Many centers offer services on sliding scales, where caregivers pay according to ability or income. In some states, Medicaid covers costs for people with very low income and few assets. Be sure to ask about basic fees, financial assistance, and additional charges for such services as crafts or field trips.

### **Location and Transportation**

Getting to and from some centers may consume a large part of your day and be stressful on the impaired person. However, some centers offer pick-up and drop-off transportation services, while others provide transportation for outings and medical appointments. Be sure to ask about the policy for late arrival or late pick-up.

### **Facility**

Evaluate the overall appearance and quality of the facility. Is it warm, inviting, and free of clutter? Is there adequate space for activities and for furniture? Is space available for outdoor activities? Are there secured areas for outside walking?

### **Staff**

Assess the qualifications of the staff. What is the number of staff for each client? Are the staff provided with dementia-specific training? Does the center have a physician, nurse, or health care professional on staff or on call? If the center uses volunteers, are they adequately trained and supervised? Are staff warm and friendly to family members and caregivers? How well do staff handle people with behavioral problems?

You may want to discuss the person's specific problems with the center's director or "intake coordinator" to determine their level of disease awareness. Evaluating day care settings for your loved one with Alzheimer's is time-consuming, but important. Choosing the best facility and program for your family member will help ease the burden of daily caregiving.

\*\* Information provided by the Alzheimer's Association \*\*

# *Advice For The Alzheimer's Caregiver*

## **Do...**

- Keep everything as simple as possible
- Expect them to ask the same questions repeatedly
- Give them only simple tasks to perform
- Give some relief for yourself from your caregiving duties
- Hug them, hold their hand
- Remember, they will follow you and want to know where you are at all times
- Be gentle
- Give instructions one step at a time
- Ignore things the patient does which annoy you
- Remain calm and pleasant
- Get ample rest
- Keep them occupied with simple chores
- Maintain your sense of humor
- Attend Support Group meetings
- Consult an Attorney early in the disease to get legal affairs in order, such as: power of attorney, living will, health care surrogate, wills or asset allocation

## **Don't...**

- Expect the answers to your questions to be accurate
- Get irritated when they ask the same questions over and over
- give them instructions or directions and expect them to be carried out perfectly
- Fuss at them
- Give them too much responsibility
- Expect them to identify certain words, names, things, etc.
- Take the patient's behavior personally
- Scold them or argue with them
- Try to do it all yourself
- Give them a choice-it is too confusing
- Get upset
- Raise your voice

Information provided by Alzheimer's Family Services, Inc.

# *Alzheimer's Disease Fact Sheet*

## **DEFINITION AND SCOPE:**

Alzheimer's Disease (pronounced Altz-hi-merz) is a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior. It affects an estimated 4 million American adults. It is the most common form of dementing illness. More than 100,000 die of Alzheimer's disease annually, which makes it the fourth leading cause of death in adults, after heart disease, cancer and stroke.

The disease, first described by Alois Alzheimer in 1907, knows no social or economic boundaries and affects men and women almost equally. Most victims are over 65; however, Alzheimer's disease can strike in the 40's and 50's. Most Alzheimer's disease victims are cared for at home, although many persons in nursing homes have dementia. Alzheimer's Disease is devastating for both victims and their families and has been called "the disease of the century".

## **SYMPTOMS:**

Symptoms of Alzheimer's disease include a gradual memory loss, decline in ability to perform routine tasks, impairment of judgment, disorientation, personality change, difficulty in learning, and loss of language skills. There is variation in the rate of change from person to person. The disease eventually renders its victims totally incapable of caring for themselves.

## **CAUSE(S) AND RESEARCH:**

The cause of Alzheimer's disease is not known and is currently receiving intensive scientific investigation. Suspected causes include a genetic predisposition, a slow virus or other infectious agents, environmental toxins, and immunologic changes. Other factors also are under investigation. Scientists are applying the newest knowledge and research techniques in molecular genetics, pathology, virology, immunology, toxicology, neurology, psychiatry, pharmacology, biochemistry and epidemiology to find the cause, treatment, and cure for Alzheimer's disease and related disorders.

## **DIAGNOSIS:**

There is no single clinical test to identify Alzheimer's disease. Before diagnosis of the disease is made, other conditions must be excluded. These include potentially reversible conditions such as depression, adverse drug reactions, metabolic changes, nutritional deficiencies, head injuries and stroke.

Each person with possible Alzheimer's disease symptoms should have a thorough evaluation. The evaluation should include a complete health history, thorough physical examination, neurological and mental status assessments, and diagnostic tests including blood studies, urinalysis, electrocardiogram and chest x-rays. Other studies often recommended include: computerized tomography (CT Scan), electroencephalography (EEG), removal from medication, formal psychiatric assessment, neuropsychological testing, and occasionally, examination of the cerebrospinal fluid by spinal tap. While this evaluation may provide a clinical diagnosis, confirmation of Alzheimer's disease requires examination of brain tissue, which is usually performed at autopsy.

# ***Alzheimer's Disease Fact Sheet (Continued)***

## **TREATMENT:**

Although no cure for Alzheimer's disease is available at present, good planning and medical and social management can ease the burdens on the patient and family. Appropriate medication can lessen agitation, anxiety and unpredictable behavior, improve sleeping patterns and treat depression. Physical exercise and social activity are important, as are proper nutrition and health maintenance. A calm and well-structured environment may help the afflicted person to maintain as much comfort and dignity as possible.

## **ECONOMIC IMPACT:**

The course of the disease usually runs from two to 10 years, but can take as long as 20 years. During the later stages of the disease, 24-hour care is required with regard to daily activities such as eating, grooming and toileting. The financing of care for Alzheimer's disease -- including costs of diagnosis, treatment, nursing home care, informal care, and lost wages -- is estimated to be more than \$80 billion each year. The Federal Government covers \$4.4 billion and the states, another \$4.1 billion. Much of the remaining costs are borne by patients and their families.

## **ALZHEIMER'S FOUNDATION**

The Alzheimer's Foundation of Staten Island is a privately funded voluntary health organization. The Foundation is dedicated to research for the prevention, cure and treatment of Alzheimer's disease and related disorders, and to provide support and assistance to afflicted patients and their families.

The Alzheimer's Foundation has six major goals:

1. Patient and family services to assist all of those afflicted by the disease.
2. Local information for a family support network of programs on Staten Island.
3. Education of the public and information for health care professionals and local police
4. Chapter formation for a nationwide family support network and implementation of programs at the local level.
5. Advocacy for improved public policy and needed legislation.
6. Research into the cause, prevention and treatment of Alzheimer's Disease.

# Bathing

While some people with AD don't mind bathing, for others it is a frightening, confusing experience. Advance planning can help make bath time better for both of you.

- Plan the bath or shower for the time of day when the person is most calm and agreeable. Be consistent. Try to develop a routine.
- Respect the fact that bathing is scary and uncomfortable for some people with AD. Be gentle and respectful. Be patient and calm.
- Tell the person what you are going to do, step by step, and allow him or her to do as much as possible.
- Prepare in advance. Make sure you have everything you need ready and in the bathroom before beginning. Draw the bath ahead of time.
- Be sensitive to the temperature. Warm up the room beforehand if necessary and keep extra towels and a robe nearby. Test the water temperature before beginning the bath or shower.
- Minimize safety risks by using a handheld showerhead, shower bench, grab bars, and nonskid bath mats. Never leave the person alone in the bath or shower.
- Try a sponge bath. Bathing may not be necessary every day. A sponge bath can be effective between showers or baths.

*\*\* Courtesy of the US Dept. of Health & Human Services "Caregiver Guide" \*\**

# *Brain Bank For Developmental Disabilities And Aging*

New York State Institute for Basic Research  
In Developmental Disabilities  
1050 Forest Hill Road  
Staten Island, NY 10314  
Tel. (718) 494-5231 ; Fax. (718) 494-4856

Brain banks are a major support service for neuroscientists whose research requires postmortem brain tissue from individuals affected with developmental, neurological or psychiatric disorders. By supplying well-documented specimens for research brain banks serve as a link between clinical and neuropathological studies. They also have greatly increased the availability of human specimens, and thereby contributed to the success of modern neuroscience. Unfortunately access to this valuable tissue is still very limited.

The Brain Bank for patients with developmental disabilities and age associated changes was established by the New York State Office of Mental Retardation and Developmental Disabilities at the New York State Institute for Basic Research on Staten Island. The mission of this bank is to accrue and distribute neurospecimens to qualified scientists in order to further research directed towards the diagnosis, treatment, and the prevention of developmental and age-associated changes.

Brain banks receive donations from patients and their families. In many cases, the decision to donate helps family members to deal with their grief and, in difficult times, to find a sense of purpose by giving hope to others affected by similar neurological disorders.

# Care Connection Teleconference Program



As you know, caring for a person with Alzheimer's is a difficult task! Because of the 24/7 care needed, it may be difficult for you to get out of your house. Even if your loved one is no longer home that does not mean that your caregiver role no longer exists. As a caregiver, you may not have the time to obtain new information, receive emotional support and have an opportunity to *CONNECT* with others who understand what you are going through.

Now you don't have to be isolated anymore! Call *CARE CONNECTIONS* is a FREE National Teleconference for Caregivers of individuals with Alzheimer's disease and related illnesses. Each month you have the opportunity to attend a Free Coaching Teleconference with Dr. Jamie Rotnofsky, who will provide you with support, inspiration and connection to other caregiver's and professionals. In addition, a special guest speaker will provide interesting topics each month. You will be able to join up to 150 people who are on the line to learn, listen and participate. Participation is voluntary and you can participate to your comfort level.

If you are a professional caregiver or an organization that supports caregivers, you can also benefit from the education and support.

Please join Dr. Jamie Rotnofsky every Thursday of the month

Join us on the 1st Thursday of every month for a special guest speaker and on the 4th Thursday of every month for a live Coaching session. Please check Ask Dr Jamie's website @ [www.askdrjamie.net](http://www.askdrjamie.net) or the toll free # @ 1(877)-AFA-2992 to learn about our new monthly topics. If prompted to do so enter the guest identification number 2 7 1 0 0 4 #.

The caregiver role is one of the most demanding roles one can have! Dr Rotnofsky will discuss the signs and symptoms of burn out and the remedies to renew the spirit. She will be highlighting positive self-care and self-nurturance. Take time for yourself today!

Your Host: Dr Jamie Rotnofsky, Professional Life Coach and Psychologist, Dementia Protocol Specialist has assisted thousands of individuals to reach their full life potential. She is a guest speaker nation-wide and has presented at numerous lectures and conferences presenting on issues related to Alzheimer's and Dementia and the Role of the Caregiver.

Caregiving is much more than just the care we give to our loved ones; it can be the time in our lives when we answer the inner call to become who we truly are at heart. This is a journey home to self-love, which is the healing that caring for our loved ones has called us to experience and to enjoy. Care giving is a call to return to life, to say yes to what is.

Please check out Ask Dr Jamie's website [www.askdrjamie.net](http://www.askdrjamie.net) for future recordings!

Care Connection is a strategic alliance between [Ask Dr Jamie](http://www.askdrjamie.net) and the [The Alzheimer's Foundation of America](http://www.alz.org) . Teleconference is hosted by Dr Jamie Rotnofsky, Psychologist and Professional Life Coach. Telconferences generously sponsored by [Fascomm](http://www.fascomm.com) and [Verizon](http://www.verizon.com) .



# Caregiving Tips

## **Tips for Caregivers**

Caring for a person with Alzheimer's disease (AD) at home is a difficult task and can become overwhelming at times. Each day brings new challenges as the caregiver copes with changing levels of ability and new patterns of behavior. Research has shown that caregivers themselves often are at increased risk for depression and illness, especially if they do not receive adequate support from family, friends, and the community.

One of the biggest struggles caregivers face is dealing with the difficult behaviors of the person they are caring for. Dressing, bathing, eating—basic activities of daily living—often become difficult to manage for both the person with AD and the caregiver. Having a plan for getting through the day can help caregivers cope. Many caregivers have found it helpful to use strategies for dealing with difficult behaviors and stressful situations. Following are some suggestions to consider when faced with difficult aspects of caring for a person with AD.

## **Dealing with the Diagnosis**

Finding out that a loved one has Alzheimer's disease can be stressful, frightening, and overwhelming. As you begin to take stock of the situation, here are some tips that may help:

- Ask the doctor any questions you have about AD. Find out what treatments might work best to alleviate symptoms or address behavior problems.
- Find a support group where you can share your feelings and concerns. Members of support groups often have helpful ideas or know of useful resources based on their own experiences. Online support groups make it possible for caregivers to receive support without having to leave home.
- Study your day to see if you can develop a routine that makes things go more smoothly. If there are times of day when the person with AD is less confused or more cooperative, plan your routine to make the most of those moments. Keep in mind that the way the person functions may change from day to day, so try to be flexible and adapt your routine as needed.
- Consider using adult day care or respite services to ease the day-to-day demands of caregiving. These services allow you to have a break while knowing that the person with AD is being well cared for.
- Begin to plan for the future. This may include getting financial and legal documents in order, investigating long-term care options, and determining what services are covered by health insurance and Medicare.

*\*\* Courtesy of the US Dept. of Health & Human Services "Caregiver Guide" \*\**

# *Children Dealing With Alzheimer's Disease*

*Q: Does a person with Alzheimer's ever get well?*

A: No. The patients lose the ability to do things for themselves. As the disease takes over the body, changes occur. These changes vary in degree and speed at which they occur. It is very possible that at some time, patients can no longer care for themselves and need special care and lots of love and kindness.

*Q: What does this disease do to the person?*

A: Persons with the disease experience several changes. Their behavior and personalities change. They forget names, telephone numbers, how to cook, how to get dressed, and other basic chores.

*Q: Does this mean I can't visit my relative anymore?*

A: No. You should still visit with your relative. They need your love and understanding. It is important for you to learn about the disease because then you know how you can help your relative.

*Q: Is there anyone who can help us to have a better understanding?*

A: Yes. The Alzheimer's Foundation of Staten Island can answer questions and provide information about the disease. Call (718) 667-7110 for more information.

# *Clove Lakes Overnight Respite*

Clove Lakes Health Care & Rehabilitation Center, Inc. recognizes the need for caregivers to have times for themselves, to relieve stress and prevent burnout. Our scheduled short-term respite care program provides relief to the caregiver and quality care to the patient.

Applicants are required to provide a full medical history together with a physician's order for the scheduled short-term stay.

We offer two comfortable suites that provide 24-hour care to applicants seeking a limited stay in our facility. Services and amenities include:

- 24-hour Skilled Nursing Care
- Medication/Treatment Administration
- Physician Services
- Social Services
- Full Nutritional Assessment
- Recreation
- Pastoral Care
- Rehabilitative Services (if needed)
- Personal Laundry Service
- Free Cable TV Hookup

Other services include:

- On-Site Hemodialysis for both Inpatients and Outpatients
- Comprehensive Outpatient Rehabilitation Facility
- Independent Provider of Rehab Services for the NYC Board of Education Students (Ages 5-21)
- Short Term/Post Hospital Care for 126 Residents
- Long Term Care for 450 Residents
- 27 Licensed Therapists/Full Time Physiatry
- Hospice Services
- JCAHO Accreditation for Long Term Care
- Extraordinary Levels of Customer Satisfaction



*Clove Lakes Health Care & Rehabilitation Center*

*25 Fanning Street*

*Staten Island, NY 10314-0703*

*Phone: (718) 289-7900*

*Fax: (718) 761-2628*

# Combativeness

When an Alzheimer, patient becomes combative, angry or agitated, it may be because of frustration. The individual may feel that he's being pushed to do something that simply can't be done.

Consider the following factors as possible sources of frustration:

## ***Dressing***

The person who can't get his arm through a sweater may grow increasingly upset and start to thrash around.

## ***Bathing***

The person who's frightened by running water in the bathtub may push away a caregiver who's trying to give him a bath.

## ***Eating***

The person who's doesn't like a certain type of food may refuse to eat it.

Keep in mind that combativeness takes many forms. Sometimes the person may simply try to push your hand away, while at other times the person may resist or strike you.

Deal with combativeness by trying to examine the underlying causes. Consider the following issues:

## ***Physical Causes***

Is the person tired because of inadequate rest or sleep. Are medications such as sedatives and tranquilizers creating side effects? Is the person unable to express the fact that he's in pain?

## ***Environmental Causes***

Is the person overstimulated by loud noises, people or physical clutter? Is the environment unfamiliar? Does the person feel lost or abandoned by the caregiver?

## ***Poor Communication***

Are you asking too many questions or making too many statements at once? Are your instructions simple and easy to understand? Is the person picking up on your own stress and irritability? Are you making the person more frustrated by being overly negative or critical?

## ***Action Steps***

### ***Be on the lookout for frustration.***

Look for early signs of frustration in such activities as bathing, dressing or eating, and respond in a calm and reassuring tone.

### ***Don't take aggression and combativeness personally.***

Keep in mind that the person isn't necessarily angry at you. Instead, he may misunderstand the situation or be frustrated with his own disabilities.

### ***Avoid teaching.***

Offer encouragement, but keep in mind the person's capabilities and don't expect more than he can do. Avoid elaborate explanations or arguments.

### ***Use distraction.***

Don't persist in making the person perform a particular task, especially if she has repeatedly been unsuccessful. If you see the person getting frustrated with buttoning a shirt, try to distract her with another activity such as putting on a pair of pants. After a time, you can return to the shirt. Or take the person to a quiet room, have a cup of tea, or go for a walk.

## ***Combativeness continued***

### ***Communicate directly with the person.***

Avoid expressing anger or impatience in your voice or physical actions. Instead use positive, accepting expressions such as "please," "thank you," and "Don't worry, everything's going to be fine." In addition, use touch to reassure and comfort the person. For example, you might want to put your arm around the person or give him a kiss. In addition, follow these tips:

- Speak slowly and clearly.
- Use short, simple sentences.
- Approach the patient slowly and from the front.
- Use repetition and frequent reminders.

### ***Decrease your level of danger.***

Assess the level of danger—both for yourself and for the person. In other words, if the person becomes combative, ask this question: "How much trouble am I in—and what can I realistically do about it?" Often you can avoid harm by simply taking five steps back and standing away from the person for a short period of time. On the other hand, if the person is headed out of the house and onto a busy street, you need to be more aggressive.

### ***Be conservative in using restraint or force.***

Unless the situation is serious, try to avoid physically holding or restraining the person. By fighting with the individual, you'll probably make him even more frustrated and anxious.

### ***Experiment with objects that have a soothing effect.***

Some caregivers believe that stuffed animals have a soothing effect on the person, while others find that pets—from cats and dogs, to birds or goldfish—have a calming effect.

### ***Learn from previous experiences.***

Try to avoid situations or experiences that make the person combative. For example, if the individual tires easily when she visits with family members, you might want to limit the length of these visits. Try to identify early signs of agitation. For example, outbursts are sometimes preceded by restlessness, frustration, fidgeting, or blushing.

### ***Restructure tasks and the person's environment.***

- Simplify tasks or plan more difficult tasks for the time of the day when the person is at his best.
- Give the person adequate time to respond to your directions or requests.
- Allow the person to make some choices, but limit the total number of choices. Having too many decisions to make about what to eat or wear might be confusing or overwhelming.
- Break down each task into small steps and allow the person to complete one step at a time.
- Keep the environment calm, quiet and clutter free.

\*\* Information provided by the Alzheimer's Association \*\*

# Communication

Trying to communicate with a person who has AD can be a challenge. Both understanding and being understood may be difficult.

- Choose simple words and short sentences and use a gentle, calm tone of voice.
- Avoid talking to the person with AD like a baby or talking about the person as if he or she weren't there.
- Minimize distractions and noise —such as the television or radio— to help the person focus on what you are saying.
- Call the person by name, making sure you have his or her attention before speaking.
- Allow enough time for a response. Be careful not to interrupt.
- If the person with AD is struggling to find a word or communicate a thought, gently try to provide the word he or she is looking for.
- Try to frame questions and instructions in a positive way.

*\*\* Courtesy of the US Dept. of Health & Human Services "Caregiver Guide" \*\**

# Dental Care

The person with Alzheimer's disease may have special problems maintaining good oral hygiene. For example, he may have difficulty brushing because he forgets what to do with the toothpaste or how to rinse. As the disease progresses, the person may forget that dental care is important and neglect caring for his teeth and gums.

You, the caregiver, may need to assume increasing responsibility for your family member's dental care. Your efforts early in the course of the disease may help the person to avoid extensive dental procedures later, when she may have trouble tolerating them. In addition, good oral hygiene can help to maintain the person's integrity, appearance and comfort despite the progression of Alzheimer's disease.

## **Action Steps**

### **Take preventive measures.**

- Recognize the relationship between diet and good dental health. You may want to eliminate or limit sugary foods such as candy, cookies, cakes, and soft drinks. If the impaired person has a "sweet tooth," you should hide sugary foods in a cupboard, refrigerator or freezer. Or you may want to consider foods with artificial sweeteners.
- Be aware of the dangers of some between-meal snacks. Try to encourage the person to eat fruits and raw vegetables rather than sugary snacks. But if you must give him sugary foods, make them a part of regular meals. After the meal, encourage the person to brush his teeth or at least rinse his mouth with water.
- To protect tooth surfaces from decay, encourage the patient to use a fluoride rinse or gel as well as fluoride toothpaste. Fluoride rinses can be purchased over the counter, but you need a prescription to purchase a stannous fluoride gel. If the person has difficulty spitting, you may have to wipe the gel from her mouth or allow her to swallow it. Consult your dentist about using stannous fluoride gel.
- Help the person brush her teeth at least twice a day for two minutes, if possible, with the last brushing after the evening meal and nighttime liquid medication. Allow plenty of time and find a comfortable position if you must do the brushing yourself. Gently place the toothbrush in the person's mouth at a 45 degree angle so you massage gum tissue as you clean the teeth. Also, you may want to use a spoon or another brush to pull the cheek sideways so you can see the area being brushed.

## ***Dental Care (continued)***

- Try to use dental floss. Most dentists recommend dental floss, although you and the person with Alzheimer's may find it frustrating to use. As an alternative, some caregivers use a "proxabrush" to clean between the teeth.

### **Find a dentist you can trust.**

Seek dental care for the person shortly after he/she is diagnosed with Alzheimer's disease. Try to work with the dentist in the following ways throughout the progression of the disease:

- Contact your local dental society to find the names of professionals who are qualified to work with elderly patients. Some general dentists are familiar with the illnesses and conditions of older people and have often spent extensive time working in nursing homes.
- Emphasize prevention. Instead of having the patient visit the dentist twice a year, you may want to schedule visits more frequently for regular cleanings. It's important to prevent tooth decay and gum problems to prevent pain and infection.
- Stress maintenance. By working with a dentist to treat the person's dental problems early in the disease, you can help to avoid having to do extensive dental work as the disease progresses.
- Be sure to provide the dentist with a complete listing of all health care providers who have served this family member, her complete medical history, and the names of all medications she has received. You may ask the dentist to arrange for the transfer of records from other offices to his/her office.
- Be aware of potential medication problems. Among the medications you should discuss with your dentist are Halidol, which may cause "dry mouth." Other medications you should discuss include blood thinners, anti-depressants, anti-anxiety agents, anti-histamines, diuretics, and hypertensives.
- Be aware of the special problems of dry mouth. Saliva tends to act as a buffer against tooth decay. Some medications reduce the production of saliva, leading to an increase in tooth decay and gum problems. If the person complains of dry mouth, offer him/her water periodically throughout the day, or buy artificial saliva (available at your pharmacy). Since alcohol can contribute to a dry mouth, some experts suggest using mouth rinses that are low in alcohol, or diluting mouth rinses containing alcohol.

### **Use patience and common sense**

- Explain dental care to your family member. Don't expect the person to remember how to brush and floss. Instead, encourage him to brush by saying, "Show me how you brush your teeth." You may need to guide the person through each step of the process by placing your hand over his, or demonstrate by brushing your teeth at the same time. If the person seems agitated or uncooperative, you may want to postpone brushing until later in the day, or brush fewer times a day.

## ***Dental Care (continued)***

- Experiment with different types of toothbrushes or dental devices. Many caregivers believe that a soft bristled children's toothbrush works better than a hard bristled adult's brush. Other caregivers prefer a long handled or angled brush. Be aware that electric appliances may confuse, disturb, or be a safety concern for the person with Alzheimer's.
- Make it easy to use dental devices. Many caregivers find that it's easier for the person to grasp a toothbrush if a ball or bicycle handlebar grip is attached to the end of the handle. Another idea: Wrap aluminum foil around the toothbrush handle or attach a velcro strap around the person's hand.
- Be aware that, as the disease progresses, the person with Alzheimer's may refuse to clean his teeth or may become uncooperative in the dental office. At this point, you may need to assume complete responsibility for the patient's dental hygiene.

### **Take Special Care of Dentures**

- If the person wears dentures, ask your dentist to verify that they fit properly. Poorly fitting dentures make it difficult for him/her to eat and digest food, and may contribute to a poor appetite or lack of interest in certain foods.
- Rinse partial and full dentures with plain water after meal times to remove food particles. Use a hard bristle brush, such as a manicure or fingernail brush to clean the dentures. Be sure you remove the dentures and soak in a cleanser or mouthwash overnight and then help the person reinsert the dentures in the morning.
- If the person is in a group or nursing home environment, you may want to ask your dentist to have the dentures labeled with his/her name.
- Keep in mind that in the later stages of this disease, the person may not be able to wear full or partial dentures. Speak regularly with the dentist about the patient's changing needs.

\*\* Information Provided By the Alzheimer's Association \*\*

# Depression

**Nearly half of those caring for an Alzheimer's patient report suffering from depression. There are many sources of help – your doctor, family and friends, and support groups that focus on caregiving.**

Alzheimer's disease takes a large toll, and it's not only on the patient. The stress and strain of being an Alzheimer's caregiver can cause a number of physical and mental problems, depression being one of the most common.

Nearly half of all Alzheimer's caregivers report that they've suffered from depression at some point, according to the Alzheimer's Association. In fact, studies have found that folks providing care for a person with dementia are twice as likely to suffer from depression as a person caring for someone without dementia.

## **Alzheimer's and Caregiving: Signs of Depression**

It's not hard to see why someone caring for a person with Alzheimer's is at increased risk for depression. Four of every five Alzheimer's caregivers say they frequently experience high levels of stress and they often don't get enough sleep, either, says Barry J. Jacobs, PsyD, a psychologist and faculty member of the Crozer-Keystone Family Medicine Residency Program in Springfield, Pa. and author of *The Emotional Survival Guide for Caregivers*.

"There are high rates of insomnia among Alzheimer's caregivers especially when the person with Alzheimer's isn't sleeping through the night anymore," Dr. Jacobs says. "When people have long periods of fragmented sleep, that predisposes them to a number of health problems, including depression."

Alzheimer's caregivers also have to struggle with seeing someone they care for slip away day by day, says Peter Reed, PhD, senior director of programs for the Alzheimer's Association. "The person they've always known is different, and so there's a sense of loss that comes from the disease," he says. "The changes that come with Alzheimer's affect relatives and caregivers nearly as much as the patients themselves."

Caregivers should be on the lookout for symptoms of depression as a part of their self-care. If you have at least four of the following symptoms over a two-week period, you should see a doctor:

- Feelings of guilt or worthlessness
- Loss of coordination
- Irritation and agitation
- Inability to sleep well
- Fatigue
- Feeling blue, or a loss of interest in usually pleasurable activities
- A decrease or increase in appetite or weight
- Suicidal thoughts or actions

## ***Depression (continued)***

### ***Alzheimer's Caregiving and Depression: What You Should Do***

If you are concerned that you might be depressed, see your doctor as soon as possible — he or she can recommend a psychologist or mental health counselor who can diagnose your symptoms and help you find appropriate therapy. You also should schedule a physical exam with your family doctor. Sometimes another illness or a medication you're taking can also bring on symptoms that mimic depression.

Other family members can be a big help for the Alzheimer's caregiver who might be slipping into depression. They can provide some respite from the daily stress by helping out with chores and also can lend a friendly ear to the person's worries, problems, and feelings. "Many caregivers are resistant to accepting assistance," Jacobs says. "Family members need to show up anyway and provide help — even when the caregiver hasn't asked for it." Alzheimer's caregivers can also find solace in a support group for caregivers. Connecting with others who share the same challenges and learning new ways of dealing with problems can be a big help. Groups such as the Alzheimer's Association and the Alzheimer's Foundation of America sponsor support groups in most cities throughout the United States. There are also opportunities to join online Alzheimer's support groups. (The Alzheimer's Foundation of Staten Island also offers support groups. Please call 718-667-7110 for information on locations and dates and times.)

Depression is a real condition, but one that can be treated. Don't turn away from help that is available. Talk to your doctor, family members and friends, and other sources of support — they can help you to construct a plan of positive action that will help to keep *you* healthy too.

\*\* Information Provided By Everyday Health, Inc. \*\*

# Dressing

Physical appearance is important to everyone's sense of self-esteem. For the person with Alzheimer's disease, the simple act of putting on clothing can be frustrating. For this reason, you need to manage dressing difficulties one-by-one. There are many reasons why the person with Alzheimer's might have problems dressing, including the following:

## **Physical Problems**

Does the person have problems with balance or with motor skills that are needed to fasten buttons or close zippers?

## **Intellectual Problems**

Does the person remember how to dress?

- Does she recognize her clothes?
- Is she aware of the time of day or season of the year?

## **Environment**

Is the person troubled by lack of privacy, a cold room, poor lighting, or loud noises?

## **Other Concerns**

Are you pressuring the person to get dressed quickly?

- Are you giving the person clear step-by-step instructions on how to dress or does the task seem too complicated?
- Is the person embarrassed or humiliated by dressing in front of a non-family caregiver?

Once you've answered these questions, you'll be in a better position to help the person get dressed.

## **Action Steps**

### **Recognize the Importance of clothing and self-esteem**

Keep in mind that getting dressed and looking presentable are critical to a person's sense of well-being and self-esteem.

### **Make it easy for the patient to make clothing selections**

Lay out proper clothes for the person, including appropriate selections for warm and cool weather.

- If appropriate, give the person an opportunity to select favorite outfits or colors.
- If the person insists on wearing the same clothes every day, try to launder these clothes often or get duplicates of favorite outfits. You may need to temporarily distract the individual as you remove clothing for cleaning.
- You may want to remove excess clothing from the closet. Seeing many clothes can be overwhelming and upsetting to the person.

### **Choose clothing that's practical.**

Select fabrics that are lightweight and flexible and feel soft and comfortable on the person's skin.

- In general, choose clothing that's durable, washable and flame retardant.

## ***Dressing (Continued)***

### **Consider experimenting with various types of fasteners.**

Keep in mind that pressure tape or Velcro can be used as a substitute for buttons, snaps and hooks.

- Other devices include large-ring or loop-handled zippers or tape loops.
- Many caregivers turn to jogging suits that are washable, comfortable and have few fasteners.

### **Pay attention to the feet.**

To give the person's feet adequate support, encourage wearing regular shoes instead of slippers.

- Slip-on styles with elasticized inserts on the top are easy to put on and remove.
- Sneakers or shoes with crepe soles can help to prevent falls. Have an extra pair of shoes on hand in case the person's feet swell and keep the feet warm with loose-fitting, easy-to-wear socks.

### **Prepare for dressing**

Give easy to understand instructions and simple clothing selections so the person can dress herself for as long as possible

- Lay out clothes in the order the person will put them on and then assist her through each step of the dressing process.

### **Dress for ease and convenience**

Choose comfortable and loose-fitting clothing that is easy to put on and remove.

- Many caregivers find that cardigans or tops that fasten in front are more comfortable and easier to work with than pullovers.
- To avoid tripping and falling, make sure that clothing length is appropriate.

### **Adapt regular clothes to the needs of the patient.**

If the patient is confined to a wheelchair, you might adapt regular clothes to protect the patient's privacy and allow for greater comfort.

- Make sure that clothing is loose-fitting, especially at the waist and hips and choose fabrics that are soft, stretchable and slick.

### **Adjust to the problems of Incontinence.**

If incontinence is a problem for the person, make sure that clothing is easy to remove and care for.

- Although some caregivers purchase protective pads, you might also want to add an extra layer of protection to regular clothing by lining the backs of skirts or pants with terrycloth material.
- Helping the Alzheimer patient with her grooming and dressing will allow her to maintain a sense of dignity and positive self-esteem. It's important to remember to let the person perform daily dressing routines for as long as possible.

# Driving

*Written By Rob Avaltroni and Gladys Schweiger*

Driving is one activity that we take for granted because it becomes so commonplace in our lives. However, it is a complex activity that requires quick reaction, clear sensory abilities and split second decision-making. For an Alzheimer's patient, these abilities may be impaired, even in the early stages of the Disease, and the result can be dangerous or deadly. While he or she may not recognize this loss of cognitive and sensory skills that impair driving ability, the person's driving will reflect these losses and it is important that caregivers make every effort to prevent their loved one from getting behind the wheel of a car.

Several studies have been performed to assess the decline in driving skills following a diagnosis of Alzheimer's Disease. Results from these studies performed by Johns Hopkins Research Institute showed that more than 40% of patients evaluated had been in an accident following their diagnosis with Alzheimer's. In addition, results showed that 44% had gotten lost routinely and 75% were unable to gauge the speed at which they were traveling. The dangers posed by Alzheimer's patients on the road are far reaching, and can jeopardize the safety of the patient, any of his or her passengers, other drivers and pedestrians. It is extremely important that action be taken right away to assess the person's driving ability and to take swift, and often, drastic measures to guarantee that he or she will not get behind the wheel of a motor vehicle if a caregiver deems his or her driving as dangerous.

There are several ways to assess the driving abilities of a person with Alzheimer's, and it is important to check for certain risky signs and behaviors. The best way to assess the situation is to take a drive with the person and look for some risky behaviors to signal that the person is at risk of having a traffic accident, becoming lost or disoriented or putting others on the road at risk. Some of these signs include:

- Difficulty locating familiar places
- Failure to observe traffic signs
- Slow or poor decisions in traffic
- Driving at an inappropriate speed (too fast or too slow)
- Driving on the wrong side of the road
- Anger or confusion while driving

If a person with Alzheimer's exhibits any of these signs, or if any indication is given during everyday activities that driving would be the slightest bit dangerous, it is imperative that the patient no longer be allowed to operate a motor vehicle. A "wait and see" approach or liberal decision making on this topic can result in tragedy for both the family and loved one of the patient and the families of others who may fall victim to a tragic and avoidable accident.

Taking away the car keys from a person with Alzheimer's may be one of the most difficult choices a caregiver must make. In addition, it is often met with much resistance by the patient, since losing driving privileges is equivalent to taking away freedom from the person. There is a tremendous loss of freedom and self-reliance felt by the person, and in many cases, the person will go to such drastic measures as taking the keys from the car and going for a drive unannounced. There are several different ways to approach the difficult task of taking away the keys, but it is important to be firm and do whatever is necessary to assure the safety of both the patient and others on the road.

## ***Driving (continued)***

Some methods that work to enforce your decision may include:

- Telling the person that driving arrangements have or will be made to save him or her the “trouble” of having to get places on their own.
- Soliciting the support of others, such as a physician or attorney. Having a respected figure present at the time of your conference on this decision will help enforce the seriousness of your decision.
- Ask the Department of Motor Vehicles or your insurance company to provide documentation that the person will no longer be licensed or insured to drive. To obtain these papers, simply provide the D.M.V. or your insurance agent with a letter from the doctor saying the person is unfit to drive.
- Control access to or hide the car keys, giving one person exclusive access to them. If necessary, hide them and pretend that they have been lost.
- If the person with Alzheimer’s is still insistent on driving and is the only one who uses the car, disable it. Ask a mechanic to remove a starter wire, battery terminal or distributor cap. Removing these items will not cause damage to the car, but will make it impossible for the person to drive without your knowledge.
- Move the car to another person’s driveway, another block, a private garage or another lot. In addition, you can consider selling the car. The money you save on gas, insurance and the value of the car, you may be able to arrange for cab fare or public transportation to get from place to place.
- Be firm and positive about driving. Avoid arguments or long explanations, and instead spend time preserving the person’s dignity by focusing on all of the activities he or she can still do.

It is often a very difficult task to stop a person from driving, and many of these methods may seem rather drastic. However, it is important to remember that the consequences of a person with Alzheimer’s on the road can bring can be even more drastic and tragic for a countless many. Driving is a highly complicated task that requires a person’s full attention and skills. Most people with Alzheimer’s disease do not operate as they once did, and driving becomes extremely hazardous.

If you are concerned about a person with Alzheimer’s disease getting from place to place, or if that person was the only one in the family with a license, there are other alternate means of transportation. Contact your local cab company to check into discounted rates for seniors, or rates that arranging a monthly account for scheduled pickups. Rely on the generosity of friends and neighbors to offer their support and an occasional ride from place to place. In addition, inquire about the New York City Access-A-Ride (718-393-4999) program and see if the person can gain eligibility through this door-to-door transportation program.

*\*\* Article published in the Staten Island Advance, Monday, November 3, 2003 \*\**

# *Drug Information - Aricept*

## **Treating Alzheimer's With Aricept**

While there's still no cure, today there's hope, including a prescription medicine called ARICEPT® (donepezil HCl). Alzheimer's disease (AD) destroys nerve cells in the brain. This damage seems to cause levels of an important chemical called acetylcholine to decrease in the brain. The loss of this chemical causes problems with memory and thinking in AD patients, and eventually leads to problems with normal, everyday activities.

ARICEPT® (donepezil HCl) is the number one prescribed medicine for AD. ARICEPT® (donepezil HCl) is a prescription drug that can help relieve some of the symptoms during the mild and moderate stages of AD. Please see important product information and talk to your doctor about ARICEPT® (donepezil HCl).

## **What To Expect When Taking Aricept**

Once-daily ARICEPT® (donepezil HCl) has been clinically proven to treat the symptoms of mild to moderate AD. In people who respond, symptoms may get better, stay the same, or progress at a slower rate. Everyone responds differently to medicine, so there is no way to tell if ARICEPT® (donepezil HCl) will work for you. It is important to remember that symptoms of AD get worse over time. Thus, a treatment that slows the progression of symptoms is a successful treatment.

ARICEPT® (donepezil HCl) is well tolerated but may not be for everyone. Some people may experience nausea, diarrhea, insomnia, vomiting, muscle cramps, fatigue or loss of appetite. In studies, these side effects were usually mild and temporary. Some people taking ARICEPT® (donepezil HCl) may experience fainting. People at risk for ulcers should tell their doctors because their condition may get worse.

## **Patient Diary**

Once the doctor has diagnosed AD and prescribed ARICEPT® (donepezil HCl) for your loved one, you may find it helpful to carefully observe and record the person's daily activities.

- ◆ Information provided by Pfizer Pharmaceuticals. For more information, consult with your physician or go to [www.aricept.com](http://www.aricept.com)

# Drug Information - Aricept 23

## Treating Alzheimer's With Aricept

If your loved one is taking ARICEPT® (donepezil HCl) 10 mg, ask the doctor if ARICEPT 23 mg may help.

ARICEPT 23 mg was compared to ARICEPT 10 mg in a large clinical study of patients with moderate to severe Alzheimer's disease. ARICEPT 23 mg showed improvement over ARICEPT 10 mg on cognitive symptoms, though it did not show improvement on overall patient functioning. In a study, more people who took ARICEPT 23 mg experienced increased side effects.

ARICEPT is thought to work by increasing the amount of acetylcholine, allowing more of this important chemical to remain in the brain.

It's important to remember that while ARICEPT may treat the symptoms of Alzheimer's disease, it is not a cure. All patients with Alzheimer's disease will get worse over time, even if they take ARICEPT 23 mg.

## Dosing Information

Before starting on ARICEPT 23 mg/day, patients should be on ARICEPT 10 mg/day for at least 3 months. The starting dose of ARICEPT is 5 mg/day and can be increased to 10 mg/day after 4–6 weeks. Take ARICEPT as prescribed by the doctor.

## Important Safety Information

ARICEPT is not for everyone, including people who are allergic to any ingredients in ARICEPT or to medicines that contain piperidines.

Tell the doctor if your loved one takes nonprescription or prescription medicines, including those used to treat Alzheimer's or Parkinson's disease; anticholinergic medicines, such as allergy or cold medicine; medicines to treat bladder or bowel spasms; or certain asthma medicines.

ARICEPT may cause slow heartbeat and fainting. This happens more often in people with heart problems. Call the doctor right away if the patient faints while taking ARICEPT. People may also have seizures while taking ARICEPT. They may also have difficulty passing urine. Lung problems, including asthma, may worsen with the use of ARICEPT. Tell the doctor that the patient takes ARICEPT before they have any procedure that may require anesthesia, including dental and medical procedures or surgery.

People at risk for stomach ulcers or who take certain other medicines, such as aspirin or nonsteroidal anti-inflammatory drugs (NSAIDs), should tell their doctor because serious stomach problems, such as bleeding, may get worse.

In a study, more side effects were seen with ARICEPT 23 mg than with ARICEPT 10 mg. Many more people taking ARICEPT 23 mg experienced nausea and vomiting than those taking ARICEPT 10 mg. These side effects may get better after the patient takes ARICEPT for a while. Other side effects that were seen more often with ARICEPT 23 mg were stomach ulcers, gastrointestinal bleeding, and weight loss. People of lower weight (less than 121 lbs) may have increased nausea, vomiting, and weight loss when taking ARICEPT 23 mg.

Other side effects of ARICEPT may include diarrhea, difficulty sleeping, vomiting, or muscle cramps. Some people may feel tired or may have loss of appetite.

♦ Information provided by Pfizer Pharmaceuticals. For more information, consult with your physician or go to [www.aricept.com](http://www.aricept.com)

# *Drug Information - Exelon*

There is currently no cure for Alzheimer's disease – no treatment will take the disease away – but there is a lot that can be done to help you cope with the symptoms. New medications are available that are designed to delay the worsening symptoms over a period of time.

The doctor has chosen EXELON (rivastigmine tartrate) for your symptoms. The goal of EXELON therapy is to help you function better for as long as possible. Unfortunately, Alzheimer's disease is a progressive disease. EXELON therapy can help treat the symptoms of the disease.

Your doctor may increase your EXELON dose over time because higher doses have proven to be more effective in the treatment of symptoms.

## **IMPORTANT:**

EXELON use is associated with stomach-related side effects, including nausea, vomiting, loss of appetite, and weight loss. In clinical studies, these side effects occurred more frequently as doses were increased. The weight loss associated with EXELON occurred more commonly among women receiving high doses in clinical studies. Because these side effects can be serious, caregivers should be encouraged to monitor for these adverse events and inform the physician when they occur. People at risk of certain heart conditions or stomach ulcers should notify their doctor before starting EXELON therapy. In clinical studies, some patients also experienced fainting, weakness and upset stomach.

It is recommended that you take EXELON with food, and it is important to work with your doctor to help minimize side effects. In general, side effects occurred less frequently later in the course of treatment.

## **COPING WITH SYMPTOMS**

It is important to know that the changes you are feeling may be due to the disease. Some days may be better than others. The symptoms of Alzheimer's disease vary from one person to another. Not all of the symptoms that others experience will apply to you.

- ◆ Information provided by Novartis Pharmaceuticals. For more information, consult your physician or go to [www.exelon.com](http://www.exelon.com)

# Drug Information - Namenda

## **Namenda: For the Lives Touched by Alzheimer's Disease**

Namenda® (memantine HCl) is indicated for the treatment of moderate to severe Alzheimer's disease. Introduced in 2004, Namenda was the first medication approved for the treatment of moderate to severe Alzheimer's disease.

**Taking Namenda** may benefit the following activities:

- Cognitive Skills, such as memory and conversing
- Controlling behavioral symptoms, such as agitation
- Dressing, watching television and being left alone
- Disposing of litter, clearing the dinner table, bathing and toileting
- Grooming and finding belongings

**Namenda works differently** from other prescription medications for Alzheimer's disease.

Nerve cells rely on a variety of chemical messengers to transmit messages from one cell to the next. One of those chemical messengers is called glutamate. In Alzheimer's disease, the processes involving this chemical messenger are affected. Glutamate is a chemical in the brain that has been associated with learning and memory. Abnormal glutamatergic activity in the brain may lead to Alzheimer's disease symptoms. Namenda may help improve normal glutamatergic activity.

Namenda has been proven to slow the progression of Alzheimer's disease symptoms and may help maintain function and independence in people with Alzheimer's disease for a period of time. Namenda may help patients improve their ability to think clearly and perform everyday activities.

Over time, as Alzheimer's disease affects more of the brain, symptoms get worse. Scientists are still looking for a cure for Alzheimer's disease, but treatments like Namenda have been proven to slow down symptoms. Keep in mind that no change in symptoms – or symptoms worsening more slowly – are good results compared with the rapid decline often seen without treatment.

**Namenda works alone or in combination** with another Alzheimer's disease treatment. When you consider treatment options, keep in mind that a combination of therapies may be a more effective way to treat the person in your care. If your loved one is currently receiving an Alzheimer's disease treatment such as Aricept, adding Namenda may provide additional benefits. A study published in the *Journal of the American Medical Association* showed that adding Namenda to Aricept was more effective at delaying symptom progression than taking Aricept alone. Taking Namenda in combination with Aricept provided cognitive, functional and behavioral benefits, according to this study.

Based on clinical studies, Namenda is safe and well tolerated by most adults. More than 2 million people worldwide have experienced the benefits of Namenda. As with some medications, patients may experience side effects while taking Namenda. These side effects can include dizziness, constipation, headache and confusion. In clinical trials, some people with Alzheimer's disease experienced a temporary period of confusion when starting Namenda. If confusion is experienced, you can talk with the doctor about possibly adjusting the dosage. However, it's important not to stop taking Namenda without talking to a doctor.

Before starting Namenda, talk with your doctor about all prescription and over-the-counter medications being taken. Namenda has a low potential for interactions with other drugs.

- Information provided by Forest Pharmaceuticals, Inc. For more information, consult your physician or go to [www.namenda.com](http://www.namenda.com)

# Drug Information - Razadyne

## ***New Name, Same Efficacy for Patients with Mild to Moderate Alzheimer's Disease***

**RAZADYNE™ (galantamine HBr)** – {formerly Reminyl®} is available in 4-mg, 8-mg and 12-mg tablets and oral solution (4 mg/mL). RAZADYNE should be taken twice a day, preferably with the morning and evening meal. Patients and caregivers should be advised to ensure adequate fluid intake during treatment. It is recommended that treatment start with 4 mg (white tablets) twice a day for at least 4 weeks and then continue with 8 mg (pink tablets) twice a day for at least 4 weeks.

After 4 weeks of treatment with 8 mg twice a day, your doctor should evaluate the effects of RAZADYNE and decide if treatment should continue with 8 mg twice a day or be increased to 12 mg (orange-brown tablets) twice a day.

### **Who RAZADYNE Is For**

RAZADYNE is a treatment for patients with mild to moderate Alzheimer's disease (AD) and may be prescribed as soon as the diagnosis is made. In fact, the earlier treatment is started, the better the effect may be. Medical studies have indicated that early treatment can result in ongoing effects on cognition (memory, thinking) and other aspects of daily life.

Your healthcare professional will be able to tell you whether it is safe to take RAZADYNE with other medications. Be sure to tell your physician about all medications you or your loved one are currently taking.

For persons with severe liver or severe kidney disease, the use of RAZADYNE is not recommended.

### **Results of Medical Studies**

RAZADYNE has been studied extensively in the United States and internationally with several thousand mild to moderate Alzheimer's disease patients. Studies lasted up to 26 weeks. In these studies, patients treated with RAZADYNE generally improved or stayed the same in the following areas:

- general function
- cognition (memory, thinking)
- activities of daily living
- behavior

In contrast, the condition of patients treated with placebo (sugar pill) generally declined.

- ♦ Information provided by Ortho-McNeil Neurologics, Inc. For further information, consult a physician or go to [www.razadyne.com](http://www.razadyne.com)

# *Drug Research*

To learn more about Alzheimer's disease and to find effective treatments, researchers need caregivers and patients who are willing to participate in research studies and projects. The message is simple: Research is critical in finding ways to prevent, treat, and cure Alzheimer's disease.

There are many different types of research studies. Some projects focus on psychological aspects, caregiver research, or autopsy findings. The information in this paper focuses on drug research. Additional Fact Sheets will present highlights about other kinds of research.

Many caregivers believe that participation in research projects and studies offers an opportunity to contribute to the future well-being and health of other patients and caregivers and to fight back against Alzheimer's disease. You can make the most of your participation in a research study or project by following these guidelines:

## **Understand your motivations.**

Review your reasons for participating in the research project. Do you sincerely want to help researchers find a treatment or cure for the disease? Or are you hoping that the patient will improve dramatically by participating in the study? Try not to have unrealistic expectations that the patient will improve greatly or that a cure to the disease will be found while you're participating in the study.

## **Examine the possibilities.**

Many clinical drug trials use two groups for testing. One group receives the drug, and the other receives a placebo, or non-medicated "sugar pill." The participants are not told whether the pill is the active drug or the placebo. It is important to understand this procedure.

## **Balance risks and benefits.**

In a research study, one cannot be sure before doing the study whether or not the drug will be beneficial. Studies in animals are performed before clinical trials to minimize the risk for human subjects. Some patients may show some improvements while others will see little or no improvement. In fact, it's possible that some drugs may cause the person's condition to worsen. Careful monitoring is conducted during a drug study to minimize patient harm.

## ***ACTION STEPS***

### **Ask questions.**

Before making a decision to get involved in a research study, make sure you get satisfactory answers to the following questions:

## ***Drug Research (continued)***

### **Purpose of Research**

- What is the purpose of this study? Why is it being done? What do the researchers hope to find?
- How will the study be conducted? Who will participate? Where will it be conducted? Over what span of time will the study be conducted? Keep in mind that some studies continue for as long as five years.

### **Drugs, Dosage and Effects**

- What kind of drug might the patient be given? How large is the dosage and what are the risks involved in taking this dosage?
- How will the drug be given? How will you be involved as a caregiver? What are the other responsibilities that the family might be asked to assume? For example, will you be asked to keep a daily diary? And how often will you be expected to bring the patient to the research site? Who will be your contact person?
- What are the potential side effects of the drug? How might the patient's behavior change as a result of taking the drug? To what extent could the patient's condition become worse?

### **Requirements**

What kind of consent form will the patient be asked to sign? Keep in mind that a family member may be asked to sign for the patient. If you have questions or do not understand the form, you might want to talk with the researcher. Don't hesitate to discuss your questions with the patient's personal physician.

### **Costs**

What is the cost of participating in the study both in time and money? To what extent will travel, lodging, and meal expenses be covered by the research project? How will expenses be reimbursed?

### **Researchers**

- What are the credentials of the researchers? Have they conducted similar studies?
- Do you feel that the researchers are people you can work with easily? Do they answer your questions and give you the information you request?

### **Information and Follow-up**

What kind of reports or information will you receive about the completed research? Will there be follow-up procedures required?

### **Directions in Research for Alzheimer Treatments**

Throughout the United States and worldwide, dozens of medications for those suffering with Alzheimer's disease are being tested in clinical trials.

## ***Drug Research (continued)***

Current drug treatments focus on producing temporary improvements in cognitive impairment. Long term strategies being developed now will attempt to slow the progression of the disease.

The Food and Drug Administration (FDA) has appropriately high standards for Judging whether the benefits of a medicine likely outweigh its possible risks.

The process involved in drug development, from first identifying the medication in the laboratory to the end stage of introduction into the marketplace, is a slow and expensive procedure. Costs have been estimated between \$115 to \$150 million to move a drug from pre-clinical phase to availability to the public.

### **Human Testing (Clinical Trials)**

There are three phases of human testing, each involving larger numbers of people than the one before.

#### **Phase I**

These tests involve about 30 normal, usually healthy volunteers to determine the drug's safety profile in the body. Aspects of the drug's action are also studied (How is the drug absorbed? How does it pass through the body? What is the effect of the drug, and how long does it last? What is a safe dosage range?). This process takes about one year.

#### **Phase II**

This phase consists of controlled studies in approximately 100 to 300 volunteer patients (people with the disease) to assess the drug's effectiveness. Simultaneous animal and human studies continue to determine if the medicine is safe. This period of clinical testing takes about two years.

#### **Phase III**

Here the testing moves to larger numbers of volunteer patients, usually 1,000 to 3,000 in clinics and hospitals. The medicine is given by physicians and patients are monitored to determine the effect of medication on the disease and to identify adverse reactions. Phase III clinical studies last about three years.

### **New Drug Application (NDA)**

Following the successful completion of all three phases of clinical trials, the company sponsor must file an application. The report must contain all the scientific information that the sponsor has gathered. The average review of the application by the FDA takes two to three years.

### **Approval**

Once the IDA is approved, the medicine becomes available for your doctor to prescribe. The company must continue to submit periodic reports to the FDA, including any cases of adverse reactions, and appropriate quality control records. For some medicines, the FDA requires additional studies to evaluate long-term effects.

\*\* Information provided by the Alzheimer's Association \*\*

# ***Early Stage Alzheimer's Disease – A Guide To Understanding***

As diagnostic procedures become more sophisticated and the public's awareness grows, more individuals are being diagnosed earlier in the course of Alzheimer's disease. In the beginning stage of Alzheimer's, called early-stage, individuals have special needs that may be overlooked.

This fact sheet identifies some of those needs and provides suggestions to assist early-stage individuals and their caregivers. The Alzheimer's Foundation can provide information, support and referrals to families facing the following issues.

## ***Common Symptoms In Early Stage Alzheimer's Disease***

Symptoms are usually mild in the early stage of the disease, allowing most individuals to continue to do simple daily routines. Many are aware of the changes that are taking place, including difficulty with:

- Recalling recent events
- Making decisions and judgments
- Managing routine chores
- Expressing thoughts and feelings
- Processing what was said by others
- Handling complex tasks such as balancing a checkbook

A person recently diagnosed is not necessarily in the early stage of Alzheimer's as individuals may be more advanced at the time of the actual diagnosis.

## ***Reactions to a Diagnosis***

Noticeable changes in mental functioning affect both the diagnosed individual and the caregiver. Reactions may include:

- Depression
- Denial
- Anxiety and fear
- Isolation and loneliness
- Embarrassment and shame
- Feelings of loss

## ***Early Stage Alzheimer's Disease (continued)***

### ***Tips for Addressing Reactions to the Diagnosis:***

- Acknowledge feelings and provide an opportunity to talk and ask questions. Refer the individual and their family to an Alzheimer's Foundation support group
- Assess for depression and/or suicidal thoughts. Short term counseling and medications may be helpful in some cases
- Refer families to a physician knowledgeable in dementia for evaluation and treatment
- Encourage the diagnosed individual and the caregiver to take care of his or her physical and mental health

### ***Changes in Relationships***

Alzheimer's disease can cause stress in relationships between diagnosed individuals, caregivers, family, friends and colleagues.

Early-stage individuals may experience:

- Feelings of people trying to help too much or too little
- Role changes in relationships with family and friends
- Anxiety over whom to tell about the diagnosis
- Increased or decreased sexual desire
- Feelings of not being understood by others
- Problems trusting their own decisions
- Family and friends withdrawing or avoiding them
- Difficulty interacting in social settings
- Increased anxiety over legal and financial issues

Caregivers may experience:

- Role changes within the relationship
- Anxiety over whom to tell about the diagnosis
- Changes in the sexual relationship
- Feeling misunderstood by friends and family, which may lead to isolation

### ***Tips for Addressing Relationship Issues:***

- Help families talk about the changes they are experiencing and how they feel
- Refer the individual and their family to support groups to share feelings and develop new supportive relationships
- Include the individual with Alzheimer's in the decision-making process as much as possible
- Encourage openness with friends and family about the changes that are taking place

## ***Early Stage Alzheimer's Disease (continued)***

### ***Changes in Lifestyle***

The daily routine for Alzheimer families will likely be modified in response to the progression of the disease.

Individuals with Alzheimer's may experience:

- Increased or decreased concern about safety
- Difficulty performing daily routines without assistance
- Frustration due to need for assistance with meals, medications, finances, and self care
- Anger and grief due to loss of independence, such as driving

Caregivers may experience:

- Difficulty assessing the individual's capacity to manage personal care and other activities
- Loss of independence due to added caregiving responsibilities
- A need for seeking socialization with others

Tips for Addressing Lifestyle Challenges:

- Focus on the remaining abilities of the individual and develop strategies to compensate for declining abilities
- Have a home safety evaluation conducted and make modifications to address safety issues
- Suggest families enroll in the Safe Return Program (See Tear-Offs Section of the *Informational Guide to Caregiving* for an application)
- Encourage caregivers to keep a journal as a way of acknowledging feelings
- Help caregivers determine when the diagnosed individual should stop driving and assist with finding alternate means of transportation
- Establish a daily routine for families that provides structure, consistency and mental stimulation
- Incorporate physical exercise into daily routines
- Refer families to home care, adult day services, social clubs, and support groups
- Help families determine when it is no longer appropriate for the individual to live alone or remain at home alone for any period of time
- Create a list of practical things others can do to assist caregivers and tips on how caregivers can ask for help

## ***Early Stage Alzheimer's Disease (continued)***

### ***Plan for the Future***

Early-stage individuals can play an active role in making decisions about treatment options, housing preferences, financial and legal issues. Planning for the future facilitates decision making for the caregiver and assures the individual's wishes are known.

Alzheimer families may not initiate planning due to denial and depression. It may be difficult for some families to discuss these issues based on their history of communication, status of relationship and fears about the future.

### ***Tips for Helping Families Plan for the Future:***

- Refer families to an elder law attorney for counsel on issues they may face as the disease progresses and options for addressing them
- Encourage completion of a durable power of attorney and advance directives for health care and financial planning as soon as possible
- Refer families to a care manager to learn about programs and services available in the community
- Discuss and explore alternative housing options such as assisted living and nursing homes before they are needed
- Offer information about participating in a research study and the option of having a brain autopsy performed to confirm the diagnosis

### ***Challenges for Those Who Live Alone***

Not all individuals with early-stage Alzheimer's have a caregiver living with them. These individuals will need more frequent safety assessments and medical monitoring. Watch for changes that would indicate the need for additional supervision. Talk with colleagues about confidentiality issues and mandated reporting laws in order to be prepared to respond to different situations that may arise.

\*\* Information provided by the Alzheimer's Association \*\*

# *Eating*

Many Alzheimer patients have problems with eating. For example, a person might lose his appetite or the ability to evaluate if food is too hot or too cold. In addition, a person might forget that he's eaten and ask you for another meal. Begin by assessing the problem. Ask yourself: "Why is the person having difficulty eating?" The following questions will be helpful?

## **Physical Difficulties.**

Is the problem physical? Sores in the mouth, poor-fitting dentures , gum disease, or dry mouth may make eating difficult. A visit to your physician may be helpful.

## **Disease.**

Does the person have an additional chronic disease? Intestinal or cardiac problems or diabetes might lead to loss of appetite. Constipation or depression can also decrease appetite.

## **Agitation/Distraction.**

Is the person agitated or distracted? If agitated, the person probably won't sit still long enough to eat an entire meal. If the person is distracted, you might want to think about how you can reduce distractions in the room.

## **Eating Style.**

Have you recently changed eating styles? Does the person have a preferred eating style? Some Alzheimer patients who aren't accustomed to sitting down at the table for three full meals may prefer to have several smaller meals or snacks.

## **Visual Problems.**

Can the person see adequately? An Alzheimer patient who had been losing weight began to eat when she started wearing her glasses at mealtimes.

## **Environment.**

Are there odors or harsh noises in the room that might interfere with the person's digestion?

## **Food Quality.**

Is the food appealing in appearance, smell and taste? Once you've evaluated the sources of eating problems, you can take action.

## ***ACTION STEPS:***

### **Adapt to the Person's Food Preferences.**

Remember that you're dealing with a person who has long-standing preferences and tastes. Try to keep those likes and dislikes in mind when you're preparing food. On the other hand, the person may no longer remember her favorite foods.

### **Try to Reduce Mealtime Confusion.**

- Provide a calm environment at mealtimes. Minimize distractions, loud noises and abrupt movements.
- Offer meals at regular times.
- Make mealtime a pleasant but simple event. For example, put only one item of food on the plate at a time.
- Give the person only one utensil at a time. You may want to omit the knife from the place setting. Avoid using plastic utensils because they may break.
- Avoid patterned plates, tablecloths and placemats that might confuse and distract the patient. In most cases, use plain white plates or bowls and a contrasting placemat.
- Deliver simple, easy-to-understand instructions. For example, "Pick up your fork. Put some food on it. Raise it to your mouth."
- Be patient. Don't criticize the person's eating habits or urge him to eat faster.
- Speak slowly and clearly. Be consistent and repeat instructions in the same words each time.
- Be realistic about going out to eat. Avoid noisy or large restaurants and choose those that are small, comfortable and familiar. Only you can decide if the person can order directly from the menu. As an alternative, you might want to order for the person.
- Make positive use of distractions. If the person resists eating, take a break, involve her in another activity, and return to eating later.
- Use memory aids to remind the person about meal times. You might try a clock with large numbers, or a chalk or bulletin board for recording the daily schedule.

### **Minimize Problems in Chewing and Swallowing.**

Avoid foods such as nuts, popcorn and raw carrots which may get lodged in the throat. Instead, grind foods or cut them into bite-sized pieces. Pureed and frozen foods can be stored in plastic bags for later use.

- Gently explain that the person should chew the food, eat slowly and swallow.
- Encourage the person to sit up straight with her head slightly forward. If the person's head tilts backward, move it to a forward position.
- Serve soft foods such as applesauce, cottage cheese and scrambled eggs.
- Serve thicker liquids such as shakes, nectars and thick juices or serve a liquid along with the food.

## ***Eating (continued)***

- Learn the Heimlich maneuver in order to help the person if choking occurs.

### **Experiment With Solutions to Decreased Appetite.**

- Serve a glass of juice before the meal to stimulate the appetite.
- Prepare some of the person's favorite foods.
- Increase the person's physical activity.
- Plan for several small meals rather than three large meals.
- Give the person plenty to drink, especially in warm weather.
- Consider the use of food supplements such as Ensure, Boost, instant breakfast, eggnog mixes, yogurt and milk shakes.

### **Assist the Person to Function Independently.**

- Serve finger foods or serve the meal in the form of a sandwich.
- Serve food in large bowls instead of plates or use plates with rims or protective edges.
- Use spoons with large handles instead of forks.
- Set bowls and plates on a non-skid surface such as a cloth or towel.
- Use cups and mugs with lids to prevent spilling and fill glass half full; use straws that bend.
- Use plastic tablecloth, napkins, or aprons to make clean-ups easier.
- Gently place the person's hand on or near an eating utensil.
- Show the person how to eat by demonstrating eating behavior or by doing hand-in-hand feeding. After you get the first bite of food to the mouth, the person often will begin to eat.
- Give the person plenty of time to eat. Keep in mind that it can take an hour or more to feed a patient.
- Give the person an opportunity to eat with other family members for as long as possible.

### **Work to Prevent Eating and Nutrition Problems.**

- Use vitamin supplements only on the recommendation of a physician. Monitor their use.
- Don't serve steaming or extremely hot foods or liquids. Remember, the person might not be able to tell if the food or beverage is too hot to eat or drink.

## ***Eating (continued)***

- Limit or eliminate highly salted foods or sweets if the patient has a chronic health problem such as diabetes or hypertension.
- Control potential weight gains. If the person always seems hungry, serve smaller portions of food at more frequent intervals. Fill the gaps between regular meals with healthy snacks.
- After the meal is over, check to see if the person swallowed the food and nothing remains in the mouth.
- Restrict portions when appropriate. A person with Alzheimer's may have no concept of how much she's eaten.
- Keep in mind that the person might not remember when or if she ate. If the individual continues to ask about eating breakfast, you might want to consider serving several breakfasts: juice, followed by toast, followed by cereal.
- Help the person maintain good oral hygiene. If it's difficult to use a toothbrush, try oral swabs. Keep in mind that regular visits to the dentist are important.

*\*\* Information provided by the Alzheimer's Association \*\**

## ***Eating Tips***

Eating can be a challenge. Some people with AD want to eat all the time, while others have to be encouraged to maintain a good diet.

- Ensure a quiet, calm atmosphere for eating. Limiting noise and other distractions may help the person focus on the meal.
- Provide a limited number of choices of food and serve small portions. You may want to offer several small meals throughout the day in place of three larger ones.
- Use straws or cups with lids to make drinking easier.
- Substitute finger foods if the person struggles with utensils. Using a bowl instead of a plate also may help.
- Have healthy snacks on hand. To encourage eating, keep the snacks where they can be seen.
- Visit the dentist regularly to keep mouth and teeth healthy.

*\*\* Courtesy of the US Dept. of Health & Human Services "Caregiver Guide" \*\**

# ***Eger Overnight Respite & Social Adult Daycare***

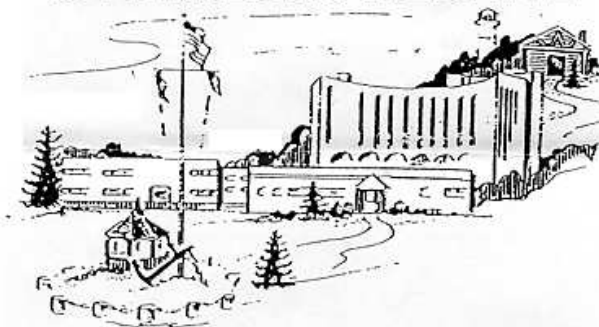
***Caregiving can be a difficult job!***

*Eger Health Care & Rehabilitation Center*

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## ***OVERNIGHT RESPITE***



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*A temporary stay for persons who require 24 hour  
Care. Respite stays can be up to two weeks!*

## ***Social Adult Day Care***



*In the comfort of our cabin .....*

*Day program for persons with Alzheimer's Disease or related disorders.*

*Mondays thru Fridays, full day or  
Half days with optional extended hours til 5 p.m.*

*For further information call*

*Kathryn Randazzo, Director of Social Work Services*

*(718) 989-3066*

***You don't have to do it alone!***

# Elder Abuse

## **What is Elder Abuse?**

Elder abuse is the interactions which are harmful to the well being and health of a person 60 years of age and older. Often unreported, it is estimated that 1 in 20 older Americans is abused every year. These elders, unaware of alternatives, often remain in unsafe situations because of family or cultural pressures, fear, and economic or emotional dependency.

## **Types of Elder Abuse:**

### **PHYSICAL:**

Acts that injure or cause physical pain such as hitting, burning, cutting, pushing, forcible restraint and sexual coercion.

### **PSYCHOLOGICAL/EMOTIONAL:**

The willful infliction of mental or emotional anguish by threat, humiliation, intimidation, or other abusive conduct.

### **FINANCIAL:**

The illegal or unethical exploitation of funds, including coerced transfers of property or assets, forgery, and fraudulent scams.

### **NEGLECT:**

The refusal or failure to perform caregiving responsibilities causing harm to the dependent elder through withholding food, shelter, clothing, medicine, or assistive devices.

## **Signs/Symptoms of Elder Abuse:**

- Contradictory or inadequate explanation of bruises, fractures, or burns
- Dehydrated or malnourished appearance
- Heavy sedation
- Isolation
- Anxiety, depression, withdrawal, resignation
- Reluctance to speak in front of caregiver
- Shame, fear, anger, defensiveness
- Unusual financial activity – withdrawals, closing of bank accounts

### **RISK FACTORS:**

- Substance abuse
- Dependency
- Mental or physical illness
- Unemployment
- Family history of abusiveness
- Crowded living conditions
- Caregiver stress

### **RESOURCE NUMBERS:**

**Community Agency for Senior Citizens (CASC)** – 718-981-6226

**Local Police Precincts – Domestic Violence Units** –

120 Pct. 718-876-8609, 122 Pct. 718-667-2299, 123 Pct. 718-948-5970

**District Attorney's Office** – 718-876-6300

**Safe Horizon** – 718-448-3118

**24 Hour Domestic Violence Hotline** – 800-621-4673

**24 Hour Victim Services Hotline** – 212-577-7777

# *Environment*

Alzheimer patients often can't remember where they are and sometimes see their surroundings as threatening because they are unfamiliar. The reason may not be in the environment, but in the feelings of disorientation that are part of Alzheimer's disease. While most people can easily distinguish among many different noises, colors, or patterns in a room, the person with Alzheimer's is more likely to feel confused or overwhelmed. This kind of over-stimulation can make the person feel hostile or worried. For these reasons, you need to create a calm, quiet, familiar, enjoyable, comfortable, and organized home environment.

If the person feels safe and secure, you might be able to better manage problems of wandering, anger or agitated behavior. Keep in mind that something as simple as rearranging the living room furniture or stepping into a neighbor's kitchen might be unsettling to the person with Alzheimer's. A familiar, well-organized living area helps both you and the patient. In looking at your living environment, you should consider some of the following tips:

## **Action Steps**

### **Focus on consistency.**

- Strive for consistency. Keep furniture in the same place.
- Help the person maintain a connection to the past with such familiar objects as old framed photographs, a favorite chair, cabinet or lamp, a piece of clothing such as a hat, or a wall hanging.

### **Use color and contrasts.**

- Work to achieve a calming effect through color. Instead of relying on bright primary colors such as stark white, yellow, orange, or red, use more soothing pastel shades such as peach, pink, beige, ivory, and light blues, greens and lavenders. In addition, use flat paint rather than semi-gloss or high gloss to prevent glare.
- Use contrast. A person with Alzheimer's disease might not be able to distinguish between an off-white wall and a beige door or handrail. For this reason, you may want to have light walls and dark doors and handrails.

### **Pay attention to flooring.**

- Keep door surfaces uncomplicated. The person might perceive checkerboard linoleum squares as holes and certain patterns as cracks to be avoided.
- Use flooring that cuts down on glare. A shiny floor might prevent the person from seeing obstacles in his path. Some of the newer textured vinyls cut down on glare and are also less slippery.
- Consider using carpeting to help absorb noise, or to prevent slipping. Because of problems with incontinence, some caregivers eliminate carpeting on the floor and run it part way up the wall.

## ***Environment (continued)***

### **Limit distractions.**

- Limit distractions and control noise. Provide soft, enjoyable background music and include some of the individual's favorite songs. In addition, control excessive switching of television channels and ringing of telephones.
- Avoid lighting that casts shadows and might disturb the patient. Whenever possible, use natural light and focus it directly on the area where it's needed.

### **Consider special furniture.**

- Find non-absorbent material to cover furniture or buy a comfortable recliner. If you purchase a special chair, make sure it has stable arms that extend past the seat so the patient can get up easily.

### **Orient the person.**

- Experiment with labels, pictures, and numbers that help orient the person and understand where he is.
- Take responsibility for safety. Keep pathways clear and be especially aware of the dangers of cluttered furniture and throw rugs. In addition, use locks on doors and cupboards, and hidden switches or controls for the stove, thermostat and hot water heater.

### **Wall coverings make a difference.**

- Use wall hangings made of various textured materials. Many people with Alzheimer's enjoy feeling textured materials such as yarn or wool and find these decorations less disorienting than those made of mirrors or glass.
- Avoid small, distracting wallpaper prints. In one nursing home, residents mistook the vines in a wallpaper pattern for snakes and began to beat on the wall. The individual might also try to pick flowers of the wallpaper.

### **Be aware of plants.**

- Use house plants for decoration, especially if they've been an important part of the person's life. But first make sure that the plants are non-toxic.
- Consider the back yard or patio as part of the environment. Give the person an opportunity to garden, walk, or work outdoors in a safe, supervised area.

### **Pets in the house.**

- Use pets as part of the environment. Many people with Alzheimer's disease find great pleasure in watching fish or a bird. Just make sure that you supervise the activity and keep the aquarium or cage locked. Also keep in mind that the person might not be able to assist in caring for the pets.

\*\* Information provided by the Alzheimer's Association \*\*

# ***EPIC Prescription Plan***

## **EPIC**

### **New York State's Senior Prescription Plan**

#### **Put a Cap on your Prescription Costs Will Cover Alzheimer Medication**

This program is open to seniors of 65 years of age or older, who live in New York State and have an annual income of \$35,000 or less if single, or \$50,000 or less if married. Assets are not included in the income eligibility guidelines. EPIC members are required to enroll in a Medicare Part D plan.

**For more information, please call EPIC at 1-800-332-3742.**

### ***NEW PROGRAM***

#### **New York Prescription Saver**

The New York Prescription Saver Card is a free pharmacy drug discount card that lowers your prescription costs through a generous discount. This is sponsored by New York State. The program is available for NYS residents who are not receiving Medicaid and are either age 50 to 64 or a person with a disability of any age; and has an annual income under \$35,000 (single) or \$50,000 (married).

Apply online at <http://nyprescriptionsaver.fhsc.com> or call 1-800-788-6917.

# Exercise

Incorporating exercise into the daily routine has benefits for both the person with AD and the caregiver. Not only can it improve health, but it also can provide a meaningful activity for both of you to share.

- Think about what kind of physical activities you both enjoy, perhaps walking, swimming, tennis, dancing, or gardening. Determine the time of day and place where this type of activity would work best.
- Be realistic in your expectations. Build slowly, perhaps just starting with a short walk around the yard, for example, before progressing to a walk around the block.
- Be aware of any discomfort or signs of overexertion. Talk to the person's doctor if this happens.
- Allow as much independence as possible, even if it means a less-than-perfect garden or a scoreless tennis match.
- See what kinds of exercise programs are available in your area. Senior centers may have group programs for people who enjoy exercising with others. Local malls often have walking clubs and provide a place to exercise when the weather is bad.
- Encourage physical activities. Spend time outside when the weather permits. Exercise often helps everyone sleep better.

*\*\* Courtesy of the US Dept. of Health & Human Services "Caregiver Guide" \*\**

# Feelings

Alzheimer's disease affects a person's ability to think, communicate, and perform the basic activities of daily living. But like people of all ages, the Alzheimer patient experiences feelings of joy, sadness, fear, anger, and jealousy. As a caregiver, you need to recognize and respond to these feelings. A person with this disease needs to feel valued, worthwhile, and positive about life.

Like many people in their later years, the person with Alzheimer's disease must cope with and adjust to many changes—from body image and retirement, to shifts in lifestyle and preparation for disability and death. Many people also look back over their lives and try to make sense of what they've accomplished. Often, for example, they review past relationships and try to make amends.

The caregiver can learn to help the person with Alzheimer's disease deal with these issues by understanding the person's reactions to the effects of the disease. You can assist the family member in dealing with feelings by exercising patience, sensitivity, a sense of humor, and by using the following steps:

## **Action Steps**

### **Treat the "patient" as a person.**

- Appreciate and acknowledge the Alzheimer patient as a person. Through words and touch, try to do everything you can to relate to this individual as a valued human being with emotional and spiritual needs.
- Avoid talking about the person. People with Alzheimer's disease are often hurt when caregivers talk about them as if they're in another room. Typical are such comments as these:
  - "She's giving us a lot of trouble."
  - "Yesterday was a bad time for her."
  - "She kept me up all night again."
- Instead of talking about the person, assume that she understands everything you're saying.
- Call the person with Alzheimer's disease by his or her name. Avoid cruel and dehumanizing descriptions such as "the bedwetter," "gramps," or "granny." Also avoid isolating the individual from visitors.

### **Communicate slowly and calmly.**

- Speak slowly and in simple sentences. Slow down your rate of speech and lower the pitch of your voice.
- Give the person with Alzheimer's time to hear your words and prepare a response. Keep in mind that it can take up to a minute for the person with this disease to respond.

## ***Feelings (Continued)***

- Keep communication on an adult-to-adult level. Avoid baby talk or demeaning expressions. Smiles and handshakes go a long way to set the tone for adult interactions.
- Communicate one message at a time. The person with Alzheimer's disease can become confused by a long string of messages such as: "Good morning. Let's get dressed and come down and eat our breakfast." Instead, divide the message into sections such as:
  - "Good morning. -You need to get up now."
  - "OK, you're up. Now let's get dressed."
  - "OK, why don't we go downstairs now?"
  - "It's time for breakfast."
  - Keep in mind that the person with Alzheimer's disease probably can't tell time. Instead of saying, "John will be here at 2 o'clock." say, "John will be here after your bath."

### **Be positive and reassuring.**

- Be positive, optimistic and reassuring to the person. Use such expressions as "Everything will be OK. Don't worry. We're doing great. We're going to get through this. I'm here to help you." Expressing your Feelings will help you release tension and help comfort the person.
- Use comforting and non-controlling statements. Try to identify feelings rather than argue about facts. For example, instead of arguing with the person about going outside, you can agree by saying, "Yes, it would be fun to go outside." Or put limits on the request by saying, "I want to go outside, too. Let's do it after we eat. I'm hungry!" As an alternative, you can distract the person by saying, "Yes, it's nice to go outside. That's a nice sweater you're wearing."
- Give praise for the simplest achievements and successes by making such comments as, "That's great," "You're doing really well," or "Oh, you did such a good job with that."

### **Tell the person what to expect.**

- Prepare the person for what's about to happen. Instead of pulling the patient out of a chair or pushing the patient across the room, make such comments as, "We need to get up now." Then, gently assist the person to get out of the chair or move across the room.
- Provide suggestions and structure. For example, don't ask, "Do you want to take a bath?" Instead, say, "It's time to take your bath now."

\*\* Information provided by the Alzheimer's Association \*\*

# ***Friendly Visits & Phone Calls***

If you are interested in having a Foundation representative call or visit you at no cost, call the Foundation today.

We'll set up an appointment for a Friendly Visit or Phone Call at your convenience.

Call the Alzheimer's Foundation today at

**(718) 667-7110**

to take advantage of this offer

**HELP IS JUST A PHONE CALL AWAY!**

# ***Fundraising & Event Calendar***

## **2011**

Thursday, May 12	Alzheimer's Awareness Conference – LiGreci's Staaten
Sunday, May 15	Youth Board Bowling, Rab's Country Lanes – 2:30-4 p.m.
Thursday, May 25	Membership Drive Spring Cocktail Mixer, Memory Lane – 6:30-9 p.m.
Monday, May 30	Memorial Day Parade – 11 a.m.
Sunday, June 5	Antique & Classic Car Show – Pouch Camp
Friday, June 10	Flag Retirement Ceremony – Pouch Camp – 7:30 p.m.
Thursday, June 16	Business & Professional Luncheon – LiGreci's Staaten – 11:45 a.m.
Thursday, July 14	Youth Board Breakfast – Memory Garden Patio – 8:30 a.m.
Saturday, July 23	50/50 Staten Island Yankee Game – Richmond County Ball Park – 7 p.m.
Friday, July 29	Youth Bd. Chinese Auction – 7 p.m., Memory Lane
Wednesday, Aug. 10	Stanley Stilwell Memorial Golf Outing – Silver Lake Golf Course
Sunday, Sept. 18	Fall Antique & Classic Car Show – Pouch Camp
Sunday, Sept. 25	Victorian Tea - Memory Garden Patio - 2-5 p.m.
Sunday, Oct. 8	Alzheimer's Annual Walk – Midland Beach Turtle Circle
Friday, Oct. 14	Youth Board Chinese Auction – Memory Lane – 7 p.m.
Saturday, Oct. 29	Halloween Event – Memory Lane – (Tentative)
Saturday, Nov. 12	Forget-Me-Not Gala – Renaissance, 7 p.m
Saturday, Nov. 12	Forget-Me-Not Journal
Wednesday, Nov. 16	Candle Lighting Ceremony – Memory Garden Patio
Monday, Nov. 28	Volunteer Recognition & Tree Lighting – Memory Lane

**FOR MORE INFORMATION, CALL (718) 667-7110**

All dates and times are tentative and subject to change

# *Grief, Mourning & Grieving*

It is common for both the impaired person and the caregiver to experience feelings of loss. Persons with Alzheimer's disease experience feelings of loss when realizing the gradual changes in their own abilities. As a caregiver, you will experience both your own loss and loss for your family member. Your feelings of loss will likely involve the natural phases of grieving: denial, anger, guilt, physical symptoms, and eventually acceptance.

As the disease progresses, and the person's abilities vary, you will notice fluctuations in your feelings. As the person loses more functioning, the realization of seeing the person depart—not through death, but through the gradual loss of memory, thinking abilities, and changes in personality, may become painful.

Moving through a grieving process may help you cope with your losses. No two people grieve in exactly the same way. Therefore, an understanding of these processes may be helpful to you.

## **Some common experiences involve:**

### **Denial**

- Thinking that the person is not ill.

### **Physical Symptoms**

- Feeling helpless, weeping or sighing; noticing changes in your appetite or sleep patterns.
- Feeling exhausted and empty.

### **Anger**

- Feeling frustrated with your family member or the tasks of caregiving.

### **Guilt**

- Feeling despair or depression; withdrawing from social activities.
- Withdrawing from the person; investing less intense emotional involvement.

### **Acceptance**

- Acknowledging the meaning that caring for a terminally ill family member has in your life.
- Observing that the grieving process may impact all aspects of your life.
- Appreciating the personal growth involved in surviving life's losses.

### **GUILT**

In the process of grieving and mourning, many caregivers find they are overwhelmed by one particular feeling: guilt. Common reasons for feeling guilty are:

- Feeling that something that happened in the past may have caused the person's condition.
- Feeling you should have done something differently after the person was diagnosed with the condition.
- Feeling badly that you're still able to enjoy life while the person is unable to do so.
- Feeling as if you have failed, especially if the person with Alzheimer's must be placed in a nursing home.
- Having negative thoughts about the impaired person; wishing that he or she would disappear or die.

- Feeling angry with other family members because they live far away, criticize, or prefer to remain uninvolved in caregiving.

- Feeling you had a poor relationship with the person before the diagnosis was made.

## ***Grief, Mourning & Grieving Continued***

In many cases, feelings of guilt are linked with unrealistic expectations or thoughts like these:

"I must be perfect."

"I should have done... "

"I must always feel love for the person."

"I must do everything for the person."

"I must visit the person everyday."

To help you work through these feelings, you may want to use the following suggestions:

### **Action Steps**

#### **Confront your feelings.**

- Accept guilt as a normal part of loss and grief.
- Ask yourself these questions:
  - "Are my expectations realistic?"
  - "Did I make the best decision possible with the information I had at the time?"
  - "Does it help the situation to feel guilty or does it waste my energy?"

Find ways to forgive yourself.

- Share your feelings with a sympathetic friend.
- Accept things that are beyond your control, and make responsible decisions for things you can control. Many people turn to their spiritual beliefs for consolation.
- Complete unfinished business with others. For example, you may want to write a letter to someone asking for his or her forgiveness. (You don't need to mail the letter.) In addition, reflect on your positive and negative memories of the person with Alzheimer's.

- Learn to feel comfortable with deserving good things happening in your life. Begin to change unrealistic expectations or demands. As time permits, get involved in new or meaningful activities you enjoyed in the years before caregiving began.

For many caregivers, switching from concentrating all their efforts on caring for another person, to caring for themselves is difficult. However, caring for yourself can be beneficial to the impaired person, as you can gain renewed energy and a feeling of support by taking care of your needs.

#### **Accepting your feelings.**

Remember that your feelings are normal for anyone in your situation. By learning to recognize and accept your feelings, you can begin the process of healing.

#### **Turn to others.**

- Share your grief with another person. Look to a sincere, non-judgmental friend who will let you express yourself freely.
- If you prefer to talk to a therapist who has professional training in grief and mourning, you may want to interview several therapists and choose someone with whom you feel a special rapport.
- Talk to other caregivers and family members. This will give you an opportunity to express your feelings, share your experiences, receive much-needed emotional support, and develop new caregiving skills.

Joining a support group offered by the Foundation, for example, may also help you combat some of the feelings of isolation and loneliness which may accompany caregiving.

### **Take care of yourself.**

Remember that caring for yourself is as important as caring for the person with

Alzheimer's disease. Here are some ways to avoid becoming a "second victim" of Alzheimer's disease:

## ***Grief, Mourning & Grieving Continued***

- Return to some aspects of your daily routine; you'll feel less isolated and out of step with other people.
- Bring balance into your life by doing things that bring you joy and comfort. You may want to think of your life as moving along two parallel tracks: one is devoted to caregiving and the other is devoted to caring for yourself. Be sure to schedule time to move from caregiving to the self-care track.
- Give yourself time to rest so that you'll be less vulnerable to physical illnesses that may result from stress. Consider listening to relaxation tapes, soothing music, or trying deep breathing exercises to help relieve stress.
- Allow time for physical exercise, play, or spending time in new surroundings. For example, you may want to get in the habit of taking a vigorous half-hour walk.
- Let yourself laugh. Try to find humor even in difficult situations. By recognizing

the humor in everyday life and giving yourself the release that comes with laughter, you can reawaken the joy of living beyond the daily chores of caregiving.

- Take time to dream. Dreaming is a healthy sign of belief in your future. Allowing yourself to visualize what is to come will help you to remember that your life is more than this caregiving experience. In the process of grieving, old dreams will be released when new ones are firmly in place.

Grieving and mourning are natural processes that caregivers experience. The length of time and when it occurs will vary with the severity and length of the disease. Understanding these processes and how to cope with them should help you provide quality care.

\*\* Information provided by the Alzheimer's Association \*\*

# *Hallucinations & Delusions*

As the disease progresses, a person with AD may experience hallucinations and/or delusions. Hallucinations are when the person sees, hears, smells, tastes, or feels something that is not there. Delusions are false beliefs from which the person cannot be dissuaded.

- Sometimes hallucinations and delusions are a sign of a physical illness. Keep track of what the person is experiencing and discuss it with the doctor.
- Avoid arguing with the person about what he or she sees or hears. Try to respond to the feelings he or she is expressing, and provide reassurance and comfort.
- Try to distract the person to another topic or activity. Sometimes moving to another room or going outside for a walk may help.
- Turn off the television set when violent or disturbing programs are on. The person with AD may not be able to distinguish television programming from reality.
- Make sure the person is safe and does not have access to anything he or she could use to harm anyone.

*\*\* Courtesy of the US Dept. of Health & Human Services "Caregiver Guide" \*\**

# Holidays

For most families, holidays are filled with opportunities for togetherness, sharing laughter and memories. But holidays can also be filled with stress, disappointment and sadness.

Because of the changes he or she has experienced, the person with Alzheimer's may feel a special sense of loss and time passing during holiday season. At the same time, caregivers may feel overwhelmed in their effort to maintain holiday traditions on top of caring for the person with this disease. In addition, caregivers may feel hesitant to invite other family and friends over to share the holiday, for fear they will react negatively to the changed behavior of the family member.

If you are feeling guilty, angry, frustrated, or trapped before, during or after holiday celebrations, it may help to know that these feelings are normal and that you are not alone. Here are some suggestions that may help to ease the burden of caregiving and make holiday's happy, memorable occasions.

## ***ACTION STEPS***

### ***Adjust expectations.***

- Discuss holiday celebrations with relatives and close friends. Call a face-to-face meeting or arrange for a long distance telephone call to discuss major holiday celebrations. Make sure that family members understand the situation and have realistic expectations. By discussing past celebrations, you may be able to agree on how you'll handle upcoming holidays.
- Give yourself permission to do only what you can reasonably manage. No one can expect you to maintain every holiday tradition or event. If you have always invited 15-20 people to your home, consider inviting five for a simple meal. Also consider asking others to bring dishes for a "potluck" meal or to host the meal at their home.
- You may wish to familiarize others with the situation by composing a letter that makes these points:

"I'm writing this letter to let you know how things are going at our house. While we are looking forward to your visit, we thought it might be helpful if you understood our current situation before you arrive.

You may notice that \_\_\_\_\_ has changed since you last saw him/her. Among the changes you may notice are \_\_\_\_\_. I've enclosed a picture so you know how \_\_\_\_\_ looks now.

## ***Holidays (continued)***

Because \_\_\_\_\_ sometimes has problems remembering and thinking clearly, his/her behavior is a little unpredictable. Please understand that \_\_\_\_\_ may not remember who you are and may confuse you with someone else. Please don't feel offended by this. He/she appreciates you being with us and so do I. Please treat as you would any person. A warm smile and a gentle touch on \_\_\_\_\_'s shoulder or hand will be appreciated more than you can know. I would ask that you call before you come to visit or when you are nearby so we can prepare for your arrival. Caregiving is a tough job and I'm doing the very best I can. With your help and support, we can create a holiday memory that we'll treasure."

### ***Involve the person with Alzheimer's disease.***

- Throughout all stages of preparation, involve the Alzheimer's patient in safe, manageable activities. This can help to prepare the person for the holiday and give you an opportunity to spend quality time together. You may want to begin slowly by asking the person to help you prepare food, wrap packages, hang decorations, or set the table. (Avoid using candies, artificial fruits/vegetables, or other edibles as decorations. Blinking lights may confuse the person.)
- Maintain the person's normal routine so that holiday preparations don't become disruptive or confusing. Remember: Taking on too many tasks at one time can wear on you and the impaired person. Try to blend seasonal rituals into the daily activities that you both depend upon, such as taking a relaxing walk.
- Build on the past traditions and memories. Your family member may find comfort in singing old holiday songs, for example. But also experiment with new holiday traditions, such as renting seasonal videos that the less active person may enjoy.

### ***Adapt gift giving.***

- Encourage useful gifts. Among the practical, useful gifts for people with this illness are identification bracelets, comfortable, easy-to-remove clothing, audiotapes of favorite music, videos of family members, photo albums, subscriptions to magazines or cable television or gift certificates for long distance telephone service.
- Warn people about difficult or unsafe gifts. Advise people not to bring dangerous tools or instruments, utensils, challenging board games, complicated electronic equipment, or pets.

- Allow the person to enjoy in gift giving. For example, someone who once enjoyed cooking may enjoy baking cookies and packing them in tins or boxes. Or, you may want to buy the gift and allow the person to wrap it.

## ***Holidays (continued)***

- Don't neglect your own needs. If friends or family members ask what you want for a gift, suggest a gift certificate to a carryout restaurant, laundry or dry cleaner, or cleaning service. If you don't receive these gifts, celebrate the holiday by giving such a gift to yourself.
- Ask for help and support. Develop a bulletin board for listing tasks and responsibilities. If someone ever asks, "What can I do to help?" you can respond with a specific idea.

### ***Try to be flexible.***

- Consider celebrating over a lunch or brunch, rather than an evening meal, to work around the evening confusion or sundowning that sometimes affects some people with Alzheimer's. Also consider serving nonalcoholic drinks and keeping the room bright.
- Prepare to deal with your post-holiday letdown. You may want to arrange for in-home care so you can enjoy a movie or lunch with a friend and reduce post-holiday stress.
- Remember that holidays are opportunities to share time with the people you love. Try to make these celebrations easy on yourself and the person with Alzheimer's disease so that you may concentrate on enjoying your time together.

\*\* Information provided by the Alzheimer's Association \*\*

# *Home Instead Senior Care*

Home Instead Senior Care enables the elderly to live independently. It's at home where their quality of life is enhanced without the stress of interrupted routines and changes in daily habits, and companionship is as important as health care when it enables seniors to remain independent and in their homes.

Services are performed by over 13,000 employees nationwide called **CAREGivers<sub>sm</sub>**. Each one of these individuals is bonded, insured, covered by worker's compensation and has successfully passed a complete criminal background check. Their training includes a specialized non-medical eldercare curriculum exclusive to Home Instead Senior Care.

Services can be arranged for a few hours a week or as many as 24 hours a day. Short-term respite relief or longer-term care is available seven days-a-week, including holidays.

While Home Instead Senior Care cannot replace the love and support of an elderly person's family, our **CAREGivers** provide helpful and necessary non-medical services that reduce the difficult, time-consuming and often stressful aspects of family caregiving.

Home Instead Senior Care  
12 Jefferson Boulevard  
(718) 966-0626  
Fax:(718) 966-0627  
Seniorcare4si@aol.com  
www.HomeInstead.com

# *Hospitalization*

Spending time in a hospital can be a confusing, uncomfortable, anxiety-filled experience for anyone. But for the person with Alzheimer's disease, who may easily become confused or disoriented, the experience of going to the hospital and having to stay overnight can be traumatic.

Moving a person with Alzheimer's from the quiet familiar setting of home to the somewhat cold, unfamiliar world of a hospital or clinic may emphasize memory loss and difficult behavior. Add to that the stress of the illness, the prospect of surgery, the effect of anesthesia, and possible drug- interactions, and it's easy to understand why it's important to prepare the person for the hospital experience.

## ***ACTION STEPS***

### **Keep the person's best interest in mind.**

- Consider how to avoid overnight hospitalizations. You may want to ask your physician whether the procedure can be done in the physician's office, a clinic or ambulatory care center, or a same-day or freestanding surgery center.
- Don't speak about the person's hospitalization in her presence as if she were not there. Instead, involve her in discussions and decision-making as much as possible.
- Plan for hospitalization. You may be able to schedule an elective surgery. If so, you may want to arrange a face-to-face family meeting or conference call to discuss responsibilities. For example, one family member could take the person to the hospital for pre-admission testing, while another could remain at the hospital during surgery. Alternating visiting hours helps to share the burden of caregiving.
- If possible, try to get a private room. Although a private room is more expensive than a semi-private room, the added privacy often helps to calm the person with Alzheimer's.
- Prepare for the hospital visit. Shortly before you leave for the hospital, use your best judgment to explain to the person that the two of you are going to spend a short time in the hospital. You may want to bring a box of familiar objects such as photographs, knickknacks, and an afghan or bedspread to help make the patient feel comfortable away from home.

- Stay with the person as much as possible. If the person must stay overnight, try to be in the room when he/she awakes in the morning, when medications are given, when IVs or catheters are inserted, or when the physician makes rounds.
- Communicate with the person. For-example, if the person can read, you may want to hang a note close to the hospital bed that says: "Mom, you've fallen down and broken a bone. Please rest quietly." Seeing this type of message may help calm the person when she wakes up in strange surroundings.

## ***Hospitalization (continued)***

### **Work with hospital personnel.**

- Make sure that all hospital personnel working with your family member are aware that he/she has dementia. Although staff should be trained in meeting the needs of Alzheimer patients, you may want to provide them with additional input on your family member's personal habits and information on diet or eating habits. For example:

"This person can feed himself but should be given one food at a time."

"This person will be incontinent if not taken to the bathroom every 2-3 hours."

"This person can't tolerate any chocolate in her diet."

To make sure that you've covered all important points, you may want to type a list of tips for hospital staff before you leave for the hospital.

- If your family member with Alzheimer's tends to wander, alert hospital staff and see that they take measures to ensure the person's security.
- Ask questions about anesthesia. General anesthesia can sometimes depress the person's central nervous system. For this reason, some physicians prefer to use local anesthesia or spinal anesthesia. Talk to your physician and surgeon about these options.
- Try to obtain an early discharge. Work with your physician, nursing staff, and the hospital's discharge planner or social worker to make the transition from the hospital to home care or a less threatening health care setting.

In addition to the special tips that relate to persons with AD, keep in mind general suggestions that relate to any hospital visit:

### **Before Admission**

- Find out if the diagnosis requires admission. Find out if procedures, tests, or treatments demand admission to the hospital. In addition, determine if tests can be completed before admission (pre-admission testing) to shorten the hospital stay. Ask the physician about the anticipated "length of stay" or how long the person will be in the hospital.

- Don't be afraid to comparison shop. Check average daily costs of several hospitals where your physician works.
- Ask about consulting physicians. Find out if your physician plans to consult with other physicians and if these consultants could be seen before the person is admitted.
- Consider having the person record her wishes concerning medical care, such as life-prolonging treatment, in the event of a life-threatening situation.

## ***Hospitalization (continued)***

### **During the Hospitalization**

Keep complete records. Monitor tests and medications that are ordered daily, and if and when they can be stopped. Also ask about hospital equipment and if and when procedures or equipment can be discontinued.

### **In the Event of Surgery**

- Ask questions. Be sure you understand the name of the operation, what the operation involves, and the person's diagnosis.
- Find out how often the surgeon performs the surgery and if the surgeon is an intern, resident, or board certified surgeon. Also determine who will assist the surgeon and if an assistant is necessary.
- Pinpoint the expected length of hospitalization and the expected length of recovery. For example, will the individual tire more easily? When will the person be able to resume normal activities? How long must the person wait before doing any exercise such as walking? How long will the person be in pain?

By understanding the kinds of effects a hospital stay can have on the person with Alzheimer's, by preparing the health care staff and the person for the hospital stay, you and other family members can help minimize the traumatic effects of these changes for your family member.

\*\* Information provided by the Alzheimer's Association \*\*

# *Important Documents*

Most people cannot tell the future or predict when tragedy will occur. Most people work hard during their lives to ensure their loved ones are taken care of. But how can a person know whether loved ones will be taken care of? How can a person know their life savings will go to their intended beneficiaries rather than to the government or to a nursing home?

The only way is to plan ahead and obtain the tools you need today to safeguard your tomorrow. Regardless of age, marital status, income or health, elder law attorneys recommend that each person have what they call the "basic documents." The basic documents are simply a last will and testament; a living will and health care proxy; a power of attorney, and a revocable trust.

## ***Last Will & Testament***

A will is a written instrument that directs how property (also referred to as "your estate") is to be distributed upon death. It is an important legal document that ensures property passes to the individuals and organizations that you hold dear. A will may be a basic document or a complicated estate planning tool.

The drawback of relying upon a will to implement your final wishes is that they are subject to the authority of the court system and require probate. Probate is a legal process that allows for the authentication of a will and the opportunity for potential heirs to voice their concerns, should they choose to do so. There are techniques available to avoid probate. Not having a will may avoid the probate process but ensures the parallel court proceeding called estate administration. The probate process and the estate administration take time and there is court expenses associated with both.

## ***Living Will***

A living will is written instructions that outline personal preferences regarding health care decision-making. Such preferences are important should an individual be unable to communicate with healthcare providers. This document allows individuals to set forth health care instructions to assist loved ones in carrying out their wishes during what may be an emotional time.

## ***Power of Attorney***

A power of attorney is a legal document designed to appoint a person of your choosing who is often referred to as "your agent or your attorney-in-fact" to manage financial affairs now or upon your inability to do so. The person designated should be a person who you trust and who is qualified to deal with financial matters. Honesty and fair dealing however, are the most important qualities for your attorney-in-fact.

Your power of attorney is an extremely important and powerful document and if drafted properly can allow your agent to perform all the financial tasks on your behalf that you would otherwise perform. This document survives incapacity but terminates upon demise.

A power of attorney is a guardianship substitute and can also facilitate the implementation of future Medicaid, estate and taxation planning strategies.

### ***Revocable Trusts***

A type of trust that can be used as a will substitute and thereby avoid the probate process. The trust remains under the complete control of the grantor (the person who creates the trust). The grantor retains the power of enjoyment during his or her lifetime. The grantor also retains the power to amend or revoke the trust, and change who the ultimate beneficiaries are to be. There are no income tax or estate tax benefits created by the utilization of a revocable trust.

For further information consult an elder care attorney.

# *Incontinence*

As the disease progresses, many people with AD begin to experience incontinence, or the inability to control their bladder and/or bowels. Incontinence can be upsetting to the person and difficult for the caregiver. Sometimes incontinence is due to physical illness, so be sure to discuss it with the person's doctor.

- Have a routine for taking the person to the bathroom and stick to it as closely as possible. For example, take the person to the bathroom every 3 hours or so during the day. Don't wait for the person to ask.
- Watch for signs that the person may have to go to the bathroom, such as restlessness or pulling at clothes. Respond quickly.
- Be understanding when accidents occur. Stay calm and reassure the person if he or she is upset. Try to keep track of when accidents happen to help plan ways to avoid them.
- To help prevent nighttime accidents, limit certain types of fluids—such as those with caffeine—in the evening.
- If you are going to be out with the person, plan ahead. Know where restrooms are located, and have the person wear simple, easy-to-remove clothing. Take an extra set of clothing along in case of an accident.

## ***Is it Safe to Leave the Person With Alzheimer's Alone?***

This issue needs careful evaluation and is certainly a safety concern. The following points may help you decide. Does the person with Alzheimer's Disease:

- \* become confused or unpredictable under stress?
- \* recognize a dangerous situation; for example, fire?
- \* know how to use the telephone in an emergency?
- \* know how to get help?
- \* stay content within the home?
- \* wander and become disoriented?
- \* show signs of agitation, depression, or withdrawal when left alone for any period of time?
- \* attempt to pursue former interests or hobbies that might now warrant supervision such as cooking, appliance repair, or woodworking?

You may want to seek input and advice from a health care professional to assist you in these considerations. As Alzheimer's disease progresses, these questions will need

ongoing evaluation.

*\*\* Courtesy of the US Dept. of Health & Human Services "Home Safety Manual" \*\**

## ***JCC Social Adult Group Respite Program***

The JCC's Social Adult Group Respite Program is offered in recognition of the community's need for adult day care for caregivers and their loved ones with memory loss.

We offer a trained caring staff in a friendly setting.

- Door to Door transportation to and from the program.
- A nutritious hot kosher lunch, daily morning coffee or tea with a snack.
- Stimulating activities such as: *Exercise Classes, Arts & Crafts, Pet Therapy, Art Therapy, Piano Sing A Long, Reminiscing Programs, Art Therapy*

**Hours are Monday through Friday, 10 a.m. until 2 p.m.**

Eligibility for the program is: Adults over 60 with moderate Alzheimer's disease, dementia or other cognitive impairment who are independent or require some assistance with mobility, bathroom use and eating.

The contribution for SADC clients is \$40 a day. A sliding scale, based on income minus expenses, will determine the client's contribution for the program.

*If you have any questions about our program  
or would like to arrange for a visit, please call  
Shelly Lader, Adult Day Care Director, 718-475-5280*

# ***Medical Information About Alzheimer's Disease***

Alzheimer's Disease, the most common form of dementia, is a progressive, irreversible brain disease that affects the central nervous system. It is caused by factors that are largely unknown and results in a slow, gradual decline of intellectual functioning, memory, and judgment. It can occur at any age after about forty years of age, and affects men and women of all races and socioeconomic backgrounds. Alzheimer's Disease is not contagious, it is not insanity or "craziness", and it is **not** an inevitable result of aging.

## **Physical Changes in the Brain**

Physically, Alzheimer's Disease causes several major changes in the brain:

- \*the nerve cells important in memory and cognition begin dying
- \*microscopic plaques and tangles in the brain develop
- \*certain brain chemicals decrease, in particular acetylcholine, a chemical needed for communication between nerve cells.

## **Possible Causes of Alzheimer's Disease**

The cause of Alzheimer's is currently unknown. Possible causes may include:

- \*genetic factors, particularly in families where Alzheimer's occurs in several generations or where there is an early onset of the disease (before age 65). For the majority of families with a history of Alzheimer's Disease, however, the genetic causes have yet to be determined.
- \*possible not-genetic factors include environmental toxins (such as exposure to aluminum), infectious or transmittable agents, and traumas such as severe head injuries.
- \*however, most cases of Alzheimer's Disease are thought to result from a **combination** of the effects of genes, the environment, and the aging process.

## **The Course of the Disease**

The course of Alzheimer's varies tremendously. The life expectancy for people with the disease can range anywhere from 3 to 25 years. Alzheimer's is a terminal illness, and there are no periods of "remission" or improvement such as may occur with other diseases.

# Medical Information (Continued)

## Other Kinds of Dementia

Although Alzheimer's Disease is the most common form of dementia, other progressive dementing illnesses do exist.

\***Vascular or multi-infarct dementia** is the second most common form of dementia, in which individuals experience sudden deterioration sometimes affecting only very specific areas of functioning such as speech.

\*Individuals with **Parkinson's Disease** develop severe problems of movement and balance as well as dementia.

\***Huntington's Disease** is a hereditary disease usually appearing around the age of 40, with symptoms including jerky body movements and eventually dementia.

\*Dementias can also be associated with physical disorders such as Diabetes, thyroid disease, brain tumors, or AIDS.

\*Dementias of alcohol or substance abuse can occur, possibly due to the combination of chemical damage to the brain and nutritional or vitamin deficiencies.

\*Some causes of dementia (metabolic disorders, physical illness) may be treatable. A comprehensive assessment is always recommended.

## Diagnosing Alzheimer's Disease

A definitive diagnosis of Alzheimer's can be made only by examining the brain tissue after death. Nonetheless, with a thorough assessment the diagnosis of Alzheimer's can be almost 90 percent accurate. Assessment may include:

1. a comprehensive physical exam to screen any treatable medical conditions, to check hearing and vision, and to assess liver, kidney and thyroid functioning.
2. a family interview to obtain information about past and current problems with drug/alcohol and medication use, a history and progression of cognitive and behavioral problems, and a medical and family history;
3. cognitive tests to determine if the patient is indeed having memory problems and the severity of these problems, and a psychological exam to rule out depression or other emotional illnesses;
4. an environmental assessment may also be conducted to evaluate how well the patient can perform "activities of daily living" such as bathing or dressing, and to ensure that the patient's home is safe and secure given their current level of functioning.

## Treatment for Alzheimer's Symptoms

While some dementias do have cures, Alzheimer's dementia does not. However, there is both medical and non-medical treatment available to help manage symptoms. New medications appear with some regularity and time can change which medications are and are not used. No medication is **always** effective with Alzheimer's patients and no medication **always** creates the side effects listed below. When considering or continuing a medication, a close relationship with a physician is critical in order to adequately monitor the patient.

# Medical Information (Continued)

## Drugs to Treat Behavior Problems

\***Antipsychotic drugs** include the brand names: Haldol, Navane, Prolixin, Stelazine, Trilafon, Loxitane, Moban, Thorazine, Mellaril. These medications are often prescribed to manage symptoms of agitation, anxiety, delusions, hallucinations, hostile behavior, uncooperativeness and psychosis. These drugs often have a sedating effect on behavior. They are not always effective with Alzheimer's patients and need to be closely monitored to prevent oversedation.

**Potential side effects** include shakiness, muscle rigidity (can lead to falls), drowsiness, constipation, increased confusion, stiffness, dry mouth, blurred vision, muscle spasms, dizziness, difficulty urinating, restlessness, fast heartbeat, and a shuffling walk.

\***Antianxiety drugs** include the brand names: Valium, Tranxene, Halcion, Ativan, Librium, Xanax, Restoril, Centrax, Buspar. These medications are often used to treat anxiety and agitation and insomnia when psychotic features are not present. These drugs can build up in the body over time.

**Potential side effects** can include oversedations, drowsiness, nervousness, dizziness, headache, unsteady gait (can lead to falls), depression, blurred vision and breathing problems. Sometimes these drugs can produce a paradoxical reaction of increased restlessness or aggression. Withdrawal from these medications need to be monitored, especially if the patient has been on them for a long time.

\***Antidepressants** include the brand names: Prozac, Elavil, Sinequan, Adapin, Tofranil, Norpramin, Vivactil, Ludiomil, Asendin, Desyrel, Aventyl/Pamelor, Wellbutrin, Zoloft, Paxil. These medications are often used to decrease depressed mood, improved appetite and sleep, and increase energy and functioning. They may take several weeks to a month to become effective.

**Potential side effects** can include drowsiness, dry mouth, urinary retention, congestion, delirium, blurred vision, constipation, tremors, weight gain, nausea and dizziness. Patients on these drugs should have their blood pressure checked routinely in both the lying and standing positions. High doses can lead to cardiac irregularities.

## Drugs to Improve Memory and Thinking

Although many experimental drugs with the potential to improve memory and other basic thinking deficits in Alzheimer's Disease are currently being investigated only one drug has been approved for this purpose. This drug is Cognex (THA, tacrine), which increases the amount of the chemical acetylcholine in the brain. The response to Cognex is usually modest, and a positive response is seen only in a minority of patients treated with the drug.

# Medication

As a caregiver you need to understand the use of medications, and be alert to possible overmedication and to adverse reactions to drug combinations. No medications prevent or cure Alzheimer's disease, but physicians rely on several drugs to manage delusions and hallucinations, depression, agitation, or sleeplessness.

Although these medications may affect specific disease symptoms and assist in managing them, they can also produce side effects such as agitation, dry mouth, drowsiness, problems in walking, tremors, falling, or constipation. Even though a physician might prescribe a drug for a limited period of time, it can sometimes take up to four weeks for a drug to leave the patient's system after use is discontinued.

Some medications can contribute to the Alzheimer patient's problems and make some symptoms even worse. For example, a person who begins taking drugs for high blood pressure or a heart problem might appear to be more confused than before he began taking the drugs. So called anti-cholinergic drugs can also block the production of a chemical within the brain called acetylcholine and further alter the patient's memory.

To understand the effects of medications and how to manage their use, consider the following tips:

## ***ACTION STEPS***

### **Get medical advice.**

Be cautious about giving any medication - whether it's an over-the-counter or prescription variety.

- Begin by asking your physician to review all medications, in order to check for any possible interactions between drugs.
- Make sure that every physician involved in the person's care knows about all prescribed medications.
- Find out as much as possible about every medication, including its name, purpose, dosage, frequency, and possible side effects. If serious side effects occur, report them immediately to your physician.

### **Be prudent.**

Under no circumstances should you change dosages without first consulting your physician. In addition, avoid the temptation to exaggerate or overreport symptoms in order to persuade your physician to prescribe a new drug or to increase the patient's dosage. Do not share medications with other caregivers or keep medication bottles from old prescriptions.

## ***Medication (continued)***

### **Rely on your pharmacist for information.**

Pharmacists can be another information source. Your local pharmacist can also check for interactions between drugs. Keep in mind that pharmacists can neither prescribe drugs nor alter drug dosages.

### **Maintain accurate and ongoing records.**

Keep a written record of all current medications, including the name of the medication, dosage, and starting date, and carry a copy of this list with you in your wallet or purse at all times. This record will be invaluable in the event of a serious drug interaction or overdose.

### **Be candid and direct.**

In clear, simple language help the individual understand the kinds of medications he's taking and why. In addition, offer clear instructions such as these: "Here's the pill for your high blood pressure. Put it in your mouth and drink some water."

### **Develop a routine for giving the medication.**

Giving medications in a specific way at specific times of the day or evening will help to reduce conflicts. However, if the person refuses to take the medication, stop and try again at a later time.

- Never assume the individual will take medications on their own. It may be necessary to check to see whether the medicine has been swallowed. At some point in the progression of the disease, you will need to assume responsibility for giving medications.

### **Stay organized.**

Separating pills into a plastic container with small compartments labeled "day" and "evening" or "Monday," "Tuesday," "Wednesday," etc. will help in tracking medications.

- Other caregivers find it useful to give medications in individual cups or envelopes or to keep a calendar and check off each dose as it's taken.

### **Adapt to the person.**

If the person has problems swallowing pills or spits out the pills, you might try crushing pills and mixing them with applesauce or cottage cheese. Some medications might also be available in liquid form.

## ***Medication (continued)***

### **Take safety precautions.**

Put a lock on the medicine cabinet or place the medications in a locked drawer. If the person spits out pills, make sure these pills aren't picked up and eaten by children or pets.

- Avoid leaving the person alone with medication bottles in the room. Be sure to throw out all old medicines.

### **Be prepared for emergencies.**

Research the names and telephone numbers of pharmacies or taxi services that deliver medications. Also find out the names of pharmacies that are open on Sundays and weekends.

- Keep the number of your local poison control center or emergency room handy.
- If you suspect a medication overdose, call the number before inducing vomiting or taking any other action.

\*\* Information provided by the Alzheimer's Association \*\*

# Myths

At the present time, Alzheimer's remains incurable. This lack of information about the disease provides room for misconceptions and false beliefs about the disease. The following are six of the most common myths followed by facts.

**Myth One:** Alzheimer's symptoms are natural signs of old age.

**Fact:** This is not true. Normal signs of aging may include forgetfulness or mild memory loss. Alzheimer's, however, progresses more quickly and severely, and eventually fully deteriorates the brain.

**Myth Two:** Problems arise during old age due to senility.

**Fact:** A proper diagnosis will render this myth untrue. Senility represents a general term used to cover a variety of symptoms. Senility is not synonymous with Alzheimer's. Many other problems may have similar symptoms but are treatable, even curable. An older person should be encouraged to seek a professional medical exam rather than assuming that senility is inevitable.

**Myth Three:** There is no hope for an Alzheimer's person.

**Fact:** Even though there is no present cure, there are many items that will help an Alzheimer's person remain comfortable and happy. Specific activities to keep the person active and prosperous, proper medical attention to relieve unnecessary symptoms, proper behavioral guidance to ward against depression, etc. are a few examples of what can be done.

**Myth Four:** Alzheimer's is a mental illness.

**Fact:** This is true to an extent. Because Alzheimer's affects the brain, it is a "mental" illness. However, it is by no means strictly a psychiatric disorder. Alzheimer's is a degenerative disease that affects the brain, and consequently the whole unified body remains affected. A change in personality is part of it, but in addition, physical tasks such as walking, eating, toiletry, etc. are also hampered.

**Myth Five:** Caregiving should be the sole responsibility of the family.

**Fact:** Initially, the person would benefit from the interaction with loved ones by remaining at home. However, as the disease progresses, it becomes more difficult for the caregiver to keep the person homebound. Outside help, such as Adult Day Care or Respite Care should be sought to relieve some of the overwhelming burden a person might unintentionally cause. Not only will the Alzheimer's person find these areas stimulating, the caregiver will be rejuvenated as quiet time away is utilized.

**Myth Six:** Each relative of the Alzheimer's person will develop the disease in later years.

**Fact:** Generalizations are extremely difficult to make towards Alzheimer's Disease. It does not follow a strict pattern, nor does Alzheimer's affect people in the same manner each time it strikes. Current research indicates that relatives of a person are no more likely to acquire the disease than the general public. More research into genetics is necessary for this assumption to be proven.

Information provided by Alzheimer's Family Services, Inc.

# Nutrition

Providing the Alzheimer patient with nutritious meals and snacks is a problem for many caregivers. Often the patient can't sense or identify hunger or fullness or the need for fluids or foods with certain vitamins and minerals.

## **Predictability.**

The person's response to food is also difficult to predict. An individual might like specific foods such as turkey or chicken and then—without warning—turn away from these foods.

## **Poor Nutrition.**

The result of poor nutrition among Alzheimer patients is usually weight loss or gain and a variety of other symptoms, including poor-fitting dentures, listlessness, and fatigue.

- A person who snacks regularly on such foods as candy and pastries often experiences a "sugar high" followed by complaints of being tired, depressed or hungry.
- "Junk foods" tend to make the person more restless and disoriented and reduce the craving for regular meals and more nutritious foods.
- The person may also experience bowel or bladder problems because of not drinking enough fluids or eating adequate fiber.

## **Disease Progression.**

As the disease progresses, providing the person with proper nutrition may become even more difficult.

- The individual might not understand the timing of meals or the difference between breakfast, lunch, dinner and snacks.
- In addition, you may have to offer more coaching at mealtime to help the person use utensils, for chewing, swallowing, or identifying various foods. For example, you may hand the person a spoon only to discover that he can't remember how to use it.
- In another situation, a person who feels no need for food may clench his jaw tightly and refuse to let you put a utensil near his mouth. This person may not understand or remember what to do with food.

## ***ACTION STEPS:***

### **Watch Out for Danger Signs and Take Action.**

Look at early behavior changes such as increased snacking, drastic changes in food likes and dislikes, dramatic weight losses or gains, or bowel problems. Experiment with changes in the person's diet to address these problems. You may need to allow for more time and offer more assistance at mealtime.

### **Monitor Changes.**

Check the person's weight weekly and, on the advice of your doctor, have regular blood work completed, as needed. Laboratory reports will help to identify problems with cholesterol, anemia, dehydration, or constipation.

### **Prepare Food for Easier Eating.**

If the person has problems with chewing, swallowing, or choking, try chopping or cutting the food into bite-size pieces.

### **Use Food to Trigger the Patient's Attention.**

Use rough-textured foods such as toast or sandwiches made on toasted bread to stimulate the person's tongue and encourage chewing and swallowing.

- The person with Alzheimer's sometimes has little sensation of food in the mouth. By gently moving the person's chin, you can get him to chew.
- Stimulate chewing by touching the person's tongue with a fork or spoon. By lightly stroking his throat, you can remind him to swallow.

### **Use Soft Foods to Assist the Person.**

A person who has problems chewing or who has poor-fitting dentures will benefit from foods of soft textures such as a peanut butter sandwich rather than a sandwich made of sliced meat, or a mashed potato rather than a fried potato.

- You may want to serve mashed or steamed vegetables, bite-size pieces of cooked meat, or turkey or chicken salads instead of sliced meat.
- If swallowing becomes a problem, put food into a food processor or blender before serving it. Also, remember that soups with two consistencies may confuse the individual.

### **Make Knife-and-Fork Foods into Finger Foods.**

If the person's regular breakfast consists of scrambled eggs and bacon, cut the food into small squares. Or combine cheese, meat and eggs into an omelet so the person can pick up the food with his fingers.

### **Proceed with Caution in Using Liquid Supplements.**

Liquid food supplements are often costly, high in sodium, and can sometimes be prepared more economically at home. If the person is eating regular meals, use supplements as an occasional between-meal or late-night snack or when the person refuses to eat a regularly scheduled meal. When considering supplements, consult with your physician.

## *Nutrition (continued)*

### **Work to Make Mealtime Calm and Comfortable.**

Keep the environment quiet and free from such distractions as the television or radio.

- Try to maintain regular meals with the family for as long as possible. Social interaction and conversation are important.
- Feed the person at regular intervals. Many caregivers find it helpful to serve several small meals rather than three large meals.
- Be consistent. Feed the person in the same area at every meal and at the same approximate times each day.
- Keep the table setting simple. Avoid placing objects on the table that might distract or confuse the individual.
- Put condiments on food before serving it to the person.
- Set the table only with the utensils needed to eat the meal.
- Avoid using plates or placemats with patterns that might confuse the individual.
- Use a plate that's a different color from the placemat.
- Offer one food item at a time. A full plate with a meat, potato, and vegetable might overwhelm and confuse the person.
- Rely on nutritious finger foods as between meal supplements.
- encourage independence for as long as possible by allowing the person to use utensils and eat finger foods. Holding a cup and drinking fluids through a straw will also give the person a sense of accomplishment.
- Serve thick liquids to prevent choking. If choking occurs, be prepared to use the abdominal thrust to dislodge the food.
- Prepare the meal ahead of time so you can stay with the person during the meal. He may mimic your eating behavior.
- Reduce between-meal snacks to ensure that the person eats at regular meals or provide the person with fruit or nutritious snacks.

\*\* Information provided by the Alzheimer's Association \*\*

# *Overview of Dementias and Alzheimer's Related Disorders*

## *WHAT IS DEMENTIA?*

Dementia is the loss of intellectual functions (such as thinking, remembering and reasoning) of sufficient severity to interfere with a person's daily functioning. It is not a disease in itself, but rather a group of symptoms, which may accompany certain diseases or physical conditions. The cause and rate of progression of dementias vary. Some of the better-known diseases that produce dementia include Alzheimer's disease, multi-infarct dementia, Huntington's disease, Pick's Disease, Creutzfeldt-Jakob disease, and Parkinson's disease. Other conditions which may cause or mimic dementia include depression, brain tumors, nutritional deficiencies, head injuries, hydrocephalus, infections (AIDS, meningitis, syphilis), drug reactions and thyroid problems. It is imperative that all persons experiencing memory deficits or confusion undergo a thorough diagnostic workup. This requires examination by a physician experienced in the diagnosis of dementing disorders and detailed laboratory testing. The examination should include a re-evaluation of all medications. This process will help the patient obtain treatment for reversible conditions, aid the patient and family in planning future care, and provide important medical information for future generations.

## *ALZHEIMER'S DISEASE*

Alzheimer's Disease is the most common of the dementing disorders, affecting as many as 4 million Americans. Alzheimer's Disease is a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior. Symptoms of Alzheimer's Disease include a gradual memory loss, decline in ability to perform routine tasks, disorientation in time and space, impairment of judgment, personality change, difficulty in learning, and loss of language and communications skills. As with all dementias, the rate of progression in Alzheimer's patients varies from case to case. From the onset of symptoms, the life span of an Alzheimer victim can range anywhere from 3 to 20 or more years. The disease eventually leaves its victims unable to care for themselves. While a definitive diagnosis of Alzheimer's disease is possible only through the examination of brain tissue, which is usually done at autopsy, it is important for a person suffering from any symptoms of dementia to undergo a thorough clinical examination. In fact, after such an evaluation, approximately 20% of suspected Alzheimer's cases prove to be a medical condition other than Alzheimer's, sometimes treatable.

## *MULTI-INFARCT DEMENTIA*

Multi-infarct dementia (MID), or vascular dementia, is a deterioration of mental capabilities caused by multiple strokes (infarcts) in the brain. The onset of MID may be relatively sudden as many strokes can occur before symptoms appear. These strokes may damage areas of the brain responsible for a specific function as well as produce generalized symptoms of dementia. As result, MID may appear similar to Alzheimer's disease. Multi-infarct dementia is not reversible or curable, but recognition of an underlying condition (high blood pressure) often leads to a specific treatment that may modify the progression of that disorder. Multi-infarct dementia is usually diagnosed through neurological examination and brain scanning techniques, such as computerized tomography (CT scan) or magnetic resonance imaging (MRI), in order to identify strokes in the brain.

# Overview of Dementias... (Continued)

## ***PARKINSON'S DISEASE***

Parkinson's Disease (PD) is a progressive disorder of the central nervous system, which affects more than one million Americans. Individuals with PD lack the substance dopamine, which is important for the central nervous system's control of muscle activity. Parkinson's Disease is often characterized by tremors, stiffness in limbs and joints, speech impediments and difficulty in initiation physical movement. Late in the course of the disease, some patients develop dementia and eventually Alzheimer's disease. Conversely, some Alzheimer patients develop symptoms of Parkinson's disease. Medications such as levodopa, which converts itself into dopamine once inside the brain and deprenyl, which prevents degeneration of dopamine-containing neurons, are used to improve diminished or reduced motor symptoms in PD patients but do not correct the mental changes that occur.

## ***HUNTINGTON'S DISEASE***

Huntington's Disease is an inherited, degenerative brain disease, which affects the mind and body. The disease usually begins during mid-life, and is characterized by intellectual decline, and irregular and involuntary movements of the limbs or facial muscles. Other symptoms of Huntington's disease include personality change, memory disturbance, slurred speech, impaired judgment and psychiatric problems. Huntington's Disease currently affects more than 25,000 Americans. The diagnostic process for Huntington's disease includes an evaluation of family medical history, recognition of typical movement disorders and CAT brain scanning. A genetic marker linked to Huntington's disease has been identified on chromosome 4 and researchers are working on locating the gene itself. Although there is no treatment available to stop the progression of the disease, the movement disorders and psychiatric symptoms can be controlled by drugs.

## ***CREUTZFELDT-JAKOB DISEASE***

Creutzfeldt-Jakob Disease (CJD) is a rare, fatal brain disorder caused by a transmissible infectious organism, probably a virus. Early symptoms of CJD include failing memory, changes in behavior, and a lack of coordination. As the disease progresses, usually very rapidly, mental deterioration becomes pronounced, involuntary movements (especially muscle jerks) appear, and the patient may become blind, develop weakness in the arms or legs, and ultimately lapse into a coma. The death of CJD patients is usually caused by infections in the bedridden, unconscious patient. Like Alzheimer's disease, a definitive diagnosis of CJD can be obtained only through an examination of brain tissue, usually at autopsy.

## ***PICK'S DISEASE***

Pick's disease is a rare and permanent form of [dementia](#) that is similar to [Alzheimer's disease](#), except that it tends to affect only certain areas of the brain.

### **Causes, incidence, and risk factors**

People with Pick's disease have abnormal substances (called Pick bodies and Pick cells) inside nerve cells in the damaged areas of the brain.

Pick bodies and Pick cells contain an abnormal form of a protein called tau. This protein is found in all nerve cells. But some people with Pick's disease have an abnormal amount or type of this protein.

The exact cause of the abnormal form of the protein is unknown. Many different abnormal genes have been found that can cause Pick's disease. Many cases of Pick's disease are passed down through families.

Pick's disease is rare. It can occur in people as young as 20, but usually begins between ages 40 and 60. The average age at which it begins is 54.

### **Symptoms**

The disease gets worse slowly. Tissues in the temporal and frontal lobes of the brain start to shrink over time. Symptoms such as behavior changes, speech difficulty, and impaired thinking occur slowly, but continue to get worse.

The early personality changes can help doctors tell Pick's disease apart from Alzheimer's. (Memory loss is often the main, and earliest, symptom of Alzheimer's.)

People with Pick's disease tend to behave the wrong way in different social settings. The changes in behavior continue to get worse and are often one of the most disturbing symptoms of the disease. Some patients will have more prominent difficulty with decision making, complex tasks, or language (trouble finding or understanding words or writing).

### ***NORMAL PRESSURE HYDROCEPHALUS***

Normal Pressure Hydrocephalus is an uncommon disorder, which involves an obstruction in the normal flow of cerebrospinal fluid. This blockage causes a buildup of cerebrospinal fluid on the brain. Symptoms of Normal Pressure Hydrocephalus include dementia, urinary incontinence and difficulty in walking. Presently, the most useful diagnostic tools are the neuroimaging techniques (i.e., MRI). Normal Pressure Hydrocephalus may be caused by any of several factors including meningitis, encephalitis and head injuries. In addition to treatment of the underlying cause, the condition may be corrected by a neurosurgical procedure (insertion of a shunt) to divert the fluid away from the brain.

### ***DEPRESSION***

Depression is a psychiatric disorder marked by sadness, inactivity, difficulty in thinking and concentration, feelings of hopelessness, and sometimes-suicidal tendencies. Many severely depressed patients will have some mental deficits including poor concentration and attention. When dementia and depression are present together, intellectual deterioration may be exaggerated. Depression, whether present alone or in combination with dementia, can be reversed with proper treatment.

# Alzheimer's Disease

We are currently conducting a clinical research trial for individuals 50 years of age and older with **Alzheimer's Disease** to test the effectiveness and safety of an investigational new medication. Patients must have caregiver accompany them to all clinical visits. Study participants will receive at no cost study related medication and physical exams along with compensation for travel expenses. **No health insurance necessary.** To determine if your loved one is eligible for the study please call us today.

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# *Safety Tips For Seniors*

- 1 - Never let anyone enter your home without PHOTO identification.
- 2 - Never give personal information to a stranger.
- 3 - Never buy anything from a stranger on the telephone. If the offer is too good to be true, then it is probably not true.
- 4 - Never open your door to a stranger.
- 5 - Always ask for photo identification.
- 6 - Always hire New York City licensed contractors & always request their license number.
- 7 - Always check with Consumer Affairs, Better Business Bureau or the Office of the Borough President before hiring a contractor.
- 8 - Never pay a contractor in full in advance; always pay by check; & always ask for a receipt.
- 9 - Always get a completed contract before giving a deposit.
- 10 - Always lock your house & car doors.
- 11 - Always have emergency telephone numbers within reach.
- 12 - Never tell anyone that you will not be home or that you live alone.
- 13 - Never follow the same routine. Go to the bank on different days or request Direct Deposit.
- 14 - Never place your wallet or purse in a shopping cart or on the car seat.
- 15 - Always advise family or friends of your whereabouts.
- 16 - Always shred or tear up mail with personal information.
- 17 - Always park your car in a well lit area.
- 18 - Always travel with a friend, or relative.
- 19 - Always have on hand fresh batteries, a flashlight & a portable radio.

*For Free Crime Prevention Programs Or To Learn How To  
Safeguard Your Home & Property, Contact Crime Prevention*

120 Precinct 876-8510

122 Precinct 667-2266

123 Precinct 948-8876

Contact CASC For Assistance Regarding Elder Abuse  
Or To Seek Crime Victim Counseling 981 -6226

\*\* Information provided by Dime Savings Bank \*\*

# Safety Tips – Driving

Driving is a complex activity that demands quick reactions, alert senses, and split-second decision-making. For a person with Alzheimer's disease, driving becomes increasingly more difficult. Memory loss, impaired judgment, disorientation, impaired visual and spatial perception, slow reaction time, diminished attention span, inability to recognize cues such as stop signs and traffic lights can make driving particularly hazardous.

People with Alzheimer's who continue to drive can be a danger to themselves, their passengers, and the community at large. As the disease progresses, they lose driving skills and must stop driving. Unfortunately, people with Alzheimer's often cannot recognize when they should no longer drive. This is a tremendous safety concern. It is extremely important to have the impaired person's driving abilities carefully evaluated.

## **Warning Signs of Unsafe Driving**

Often, it is the caregiver, a family member, neighbor, or friend who becomes aware of the safety hazards. If a person with Alzheimer's experiences one or more of the following problems, it may be time to limit or stop driving.

Does the person with Alzheimer's:

- get lost while driving in a familiar location?
- fail to observe traffic signals?
- drive at an inappropriate speed?
- become angry, frustrated, or confused while driving?
- make slow or poor decisions?

***Please do not wait for an accident to happen. Take action immediately!***

Explaining to the person with Alzheimer's that he or she can no longer drive can be extremely difficult. Loss of driving privileges may represent a tremendous loss of independence, freedom, and identity. It is a significant concern for the person with Alzheimer's and the caregiver. The issue of not driving may produce anger, denial, and grief in the person with Alzheimer's, as well as guilt and anxiety in the caregiver. Family and concerned professionals need to be both sensitive and firm. Above all, they should be persistent and consistent.

The doctor of a person with Alzheimer's can assist the family with the task of restricting driving. Talk with the doctor about your concerns. Most people will listen to their doctor. Ask the doctor to advise the person with Alzheimer's to reduce his or her driving, go for a driving evaluation or test, or stop driving altogether.

## ***Safety Tips – Driving (Continued)***

An increasing number of States have laws requiring physicians to report Alzheimer's and related disorders to the Department of Motor Vehicles. The Department of Motor Vehicles then is responsible for retesting the at-risk driver. Testing should occur regularly, at least yearly.

When dementia impairs driving and the person with Alzheimer's continues to insist on driving, a number of different approaches may be necessary.

Work as a team with family, friends, and professionals and use a single, simple explanation for the loss of driving ability such as: "You have a memory problem, and it is no longer safe to drive." "You cannot drive because you are on medication." or "The doctor has prescribed that you no longer drive."

- Have the doctor write on a prescription pad DO NOT DRIVE. Ask the doctor to write to the Department of Motor Vehicles or Department of Public Safety saying this person should no longer drive. Show the letter to the person with Alzheimer's as evidence.
- Offer to drive.
- Walk when possible, and make these outings special events.
- Use public transportation or any special transportation provided by community organizations. Ask about senior discounts or transportation coupons. The person with Alzheimer's should not take public transportation unsupervised.
- Park the car at a friend's home.
- Hide the car keys.
- Exchange car keys with a set of unusable keys. Some people with Alzheimer's are in the habit of carrying keys.
- Place a large note under the car hood requesting that any mechanic call you before doing work requested by the person with Alzheimer's.
- Have a mechanic install a "kill switch" or alarm system that disengages the fuel line to prevent the car from starting.
- Consider selling the car and putting aside the money saved from insurance, repairs, and gasoline for taxi funds.
- Do not leave a person with Alzheimer's alone in a parked car.

*\*\* Courtesy of the US Dept. of Health & Human Services "Home Safety Manual" \*\**

# *Safety Tips – General Concerns*

People with Alzheimer's Disease become increasingly unable to take care of themselves. However, individuals will move through the disease in their own unique manner. As a caregiver, you face the ongoing challenge of adapting to each change in the person's behavior and functioning. The following general principles may be helpful.

1. Think prevention. It is very difficult to predict what a person with Alzheimer's might do. Just because something has not yet occurred, does not mean it should not be cause for concern. Even with the best-laid plans, accidents can happen. Therefore, checking the safety of your home will help you take control of some of the potential problems that may create hazardous situations.

2. Adapt the environment. It is more effective to change the environment than to change most behaviors. While some Alzheimer's behaviors can be managed with special medications prescribed by a doctor, many cannot. You can make changes in an environment to decrease the hazards and stressors that accompany these behavioral and functional changes.

3. Minimize danger. By minimizing danger, you can maximize independence. A safe environment can be a less restrictive environment where the person with Alzheimer's can experience increased security and more mobility.

*\*\* Courtesy of the US Dept. of Health & Human Services "Home Safety Manual" \*\**

# *Safety Tips - Hiding Items From the Rummaging Patient*

- Lock up all dangerous or toxic products, or place them out of the person's reach.
- Remove all old or spoiled food from the refrigerator and cupboards. A person with Alzheimer's may rummage for snacks but may lack the judgment or taste to rule out spoiled foods.
- Simplify the environment by removing clutter or valuable items that could be misplaced, lost, or hidden by the person with Alzheimer's. These include important papers, checkbooks, charge cards, and jewelry.
- If your yard has a fence with a locked gate, place the mailbox outside the gate. People with Alzheimer's often hide, lose, or throw away mail. If this is a serious problem, consider obtaining a post office box.
- Create a special place for the person with Alzheimer's to rummage freely or sort (for example, a chest of drawers, a bag of selected objects, or a basket of clothing to fold or unfold). Often, safety problems occur when the person with Alzheimer's becomes bored or does not know what to do.
- Provide the person with Alzheimer's a safe box, treasure chest, or cupboard to store special objects.
- Close access to unused rooms, thereby limiting the opportunity for rummaging and hiding things.
- Search the house periodically to discover hiding places. Once found, these hiding places can be discreetly and frequently checked.
- Keep all trashcans covered or out of sight. The person with Alzheimer's may not remember the purpose of the container or may rummage through it.
- Check trash containers them before emptying them in case something has been hidden there or accidentally thrown away.

*\*\* Courtesy of the US Dept. of Health & Human Services "Home Safety Manual" \*\**

# *Safety Tips – Preparing For The Unexpected*

Natural disasters come in many forms and degrees of severity. They seldom give warning, and they call upon good judgment and ability to follow through with crisis plans. People with Alzheimer's disease are at a serious disadvantage. Their impairments in memory and reasoning severely limit their ability to act appropriately in crises.

It is always important to have a plan of action in case of fire, earthquake, flood, tornado, or other disasters. Specific home safety precautions may apply and environmental changes may be needed. The American Red Cross is an excellent resource for general safety information and preparedness guides for comprehensive planning. If there is a person with Alzheimer's in the home, the following precautions apply:

- Get to know your neighbors, and identify specific individuals who would be willing to help in a crisis. Formulate a plan of action with them should the person with Alzheimer's be unattended during a crisis.
- Give neighbors a list of emergency numbers of caregivers, family members, and primary medical resources.
- Educate neighbors beforehand about the person's specific disabilities, including inability to follow complex instructions, memory loss, impaired judgment, and probable disorientation and confusion. Give examples of some of the simple one-step instructions that the person may be able to follow.
- Have regular emergency drills so that each member of the household has a specific task. Realize that the person with Alzheimer's cannot be expected to hold any responsibility in the crisis plan and that someone will need to take primary responsibility for supervising the individual.
- Always have at least an extra week's supply of any medical or personal hygiene items critical to the person's welfare, such as:
  - food and water
  - medications
  - incontinence undergarments
  - hearing aid batteries
  - glasses

## ***Safety Tips – Preparing For The Unexpected (Continued)***

- Be sure that the person with Alzheimer's wears an identification bracelet stating "memory loss" should he or she become lost or disoriented during the crisis. Contact the Foundation regarding the Safe Return program.
- Under no circumstances should a person with Alzheimer's be left alone following a natural disaster. Do not count on the individual to stay in one place while you go to get help. Provide plenty of reassurance.

### ***Who Would Take Care of the Person with AD if Something Happened to You?***

It is important to have a plan in case of your own illness, disability, or death.

- Consult a lawyer regarding a living trust, durable power of attorney for health care and finances, and other estate planning tools.
- Consult with family and close friends to decide who will take responsibility for the person with Alzheimer's. You also may want to seek information about your local public guardian's office, mental health conservator's office, adult protective services, or other case management services. These organizations may have programs to assist the person with Alzheimer's in your absence.
- Maintain a notebook for the responsible person who will be assuming caregiving. Such a notebook should contain the following information:
  - emergency numbers
  - current problem behaviors and possible solutions
  - ways to calm the person with Alzheimer's
  - assistance needed with toileting, feeding, or grooming
  - favorite activities or food
- Preview board and care or long-term care facilities in your community and select a few as possibilities. If the person with Alzheimer's is no longer able to live at home, the responsible person will be better able to carry out your wishes for long-term care.

*\*\* Courtesy of the US Dept. of Health & Human Services "Home Safety Manual" \*\**

# *Safety Tips For The Bathroom*

- Do not leave a severely impaired person with Alzheimer's alone in the bathroom.
- Remove the lock from the bathroom door to prevent the person with Alzheimer's from getting locked inside.
- Place nonskid adhesive strips, decals, or mats in the tub and shower. If the bathroom is uncarpeted, consider placing these strips next to the tub, toilet, and sink.
- Use washable wall-to-wall bathroom carpeting to prevent slipping on wet tile floors.
- Use an extended toilet seat with handrails, or install grab bars beside the toilet.
- Install grab bars in the tub/shower. A grab bar in contrasting color to the wall is easier to see.
- Use a foam rubber faucet cover (often used for small children) in the tub to prevent serious injury should the person with Alzheimer's fall.
- Use plastic shower stools and a hand-held showerhead to make bathing easier.
- In the shower, tub, and sink, use a single faucet that mixes hot and cold water to avoid burns.
- Adjust the water heater to 120 degrees to avoid scalding tap water.
- Insert drain traps in sinks to catch small items that may be lost or flushed down the drain.
- Store medications (prescription and nonprescription) in a locked cabinet. Check medication dates and throw away outdated medications.
- Remove cleaning products from under the sink, or lock them away.
- Use a night-light.
- Remove small electrical appliances from the bathroom. Cover electrical outlets. If men use electric razors, have them use a mirror outside the bathroom to avoid water contact.

# ***Safety Tips For The Bedroom***

- Use a night-light.
- Use an intercom device (often used for infants) to alert you to any noises indicating falls or a need for help. This also is an effective device for bathrooms.
- Remove scatter rugs.
- Remove portable space heaters. If you use portable fans, be sure that objects cannot be placed in the blades.
- Be cautious when using electric mattress pads, electric blankets, electric sheets, and heating pads, all of which may cause burns. Keep controls out of reach.
- Move the bed against the wall for increased security, or place the mattress on the floor.

*\*\* Courtesy of the US Dept. of Health & Human Services "Home Safety Manual" \*\**

# *Safety Tips For The Kitchen*

- Install childproof door latches on storage cabinets and drawers designated for breakable or dangerous items. Lock away all household cleaning products, matches, knives, scissors, blades, small appliances, and valued china.
- If prescription or nonprescription drugs are kept in the kitchen, store them in a locked cabinet.
- Remove scatter rugs and foam pads from the floor.
- Remove knobs from the stove, or install an automatic shut-off switch.
- Do not use or store flammable liquids in the kitchen. Lock them in the garage or in an outside storage unit.
- Keep a night-light in the kitchen.
- Remove or secure the family "junk drawer." A person with Alzheimer's may eat small items such as matches, hardware, erasers, plastics, etc.
- Remove artificial fruits and vegetables or food-shaped kitchen magnets, which might appear to be edible.
- Insert a drain trap in the kitchen sink to catch anything that may otherwise become lost or clog the plumbing.
- Consider dismantling the garbage disposal. People with Alzheimer's may place objects or their own hands in the disposal.

*\*\* Courtesy of the US Dept. of Health & Human Services "Home Safety Manual" \*\**

# ***Safety Tips For The Laundry Room***

- Keep the door to the laundry room locked if possible.
- Lock all laundry products in a cabinet.
- Remove large knobs from the washer and dryer if the person with AD tampers with machinery.
- Close and latch the doors and lids to the washer and dryer to prevent objects from being placed in the machines.

*\*\* Courtesy of the US Dept. of Health & Human Services "Home Safety Manual" \*\**

# ***Safety Tips For The Living Room***

- Clear all walk areas of electrical cords.
- Remove scatter rugs or throw rugs. Repair or replace torn carpet.
- Place decals at eye level on sliding glass doors, picture windows, or furniture with large glass panels to identify the glass pane.
- Do not leave the person with Alzheimer's alone with an open fire in the fireplace, or consider alternative heating sources. Remove matches and cigarette lighters.
- Keep the controls for cable or satellite TV, VCR, and stereo system out of sight.

*\*\* Courtesy of the US Dept. of Health & Human Services "Home Safety Manual" \*\**

# *Safety Tips For Outside The Home*

- Keep steps sturdy and textured to prevent falls in wet or icy weather.
- Mark the edges of steps with bright or reflective tape.
- Consider a ramp with handrails into the home rather than steps.
- Eliminate uneven surfaces or walkways, hoses, or other objects that may cause a person to trip.
- Restrict access to a swimming pool by fencing it off with a locked gate, covering it, and keeping it closely supervised when in use.
- In the patio area, remove the fuel source and fire starters from any grills when not in use, and supervise use when the person with Alzheimer's is present.
- Place a small bench or table by the entry door to hold parcels while unlocking the door.
- Make sure outside lighting is adequate. Light sensors that turn on lights automatically as you approach the house are available and may be useful. They also may be used in other parts of the home.
- Prune bushes and foliage well away from walkways and doorways.
- Consider a NO SOLICITING sign for the front gate or door.

*\*\* Courtesy of the US Dept. of Health & Human Services "Home Safety Manual" \*\**

# *Safety Tips For The Wandering Patient*

- Remove clutter and clear the pathways from room to room to allow the person with Alzheimer's to move about more freely.
- Make sure floors provide good traction for walking or pacing. Use nonskid floor wax or leave floors unpolished. Secure all rug edges, eliminate throw rugs, or install nonskid strips. The person with Alzheimer's should wear nonskid shoes or sneakers.
- Place locks on exit doors high or low on the door out of direct sight. Consider double locks that require a key. Keep a key for yourself and hide one near the door for emergency exit purposes.
- Use loosely fitting doorknob covers so that the cover turns instead of the actual knob. *(Due to the potential hazard they could cause if an emergency exit is needed, locked doors and doorknob covers should be used only when a caregiver is present.)*
- Install safety devices found in hardware stores to limit the distance that windows can be opened.
- If possible, secure the yard with fencing and a locked gate. Use door alarms such as loose bells above the door or devices that ring when the doorknob is touched or the door is opened.
- Divert the attention of the person with Alzheimer's away from using the door by placing small scenic posters on the door; placing removable gates, curtains, or brightly colored streamers across the door; or wallpapering the door to match any adjoining walls.
- Place STOP, DO NOT ENTER, or CLOSED signs in strategic areas on doors.
- Reduce clues that symbolize departure such as shoes, keys, suitcases, coats, or hats.
- Obtain a medical identification bracelet for the person with Alzheimer's with the words "memory loss" inscribed along with an emergency telephone number.

## ***Safety Tips For the Wandering Patient (Continued)***

- Place the bracelet on the person's dominant hand to limit the possibility of removal, or solder the bracelet closed.
- Place labels in garments to aid in identification. Check with the Alzheimer's Foundation about the Safe Return program.
- Keep an article of the person's worn, unwashed clothing in a plastic bag to aid in finding someone with the use of dogs.
- Notify neighbors of the person's potential to wander or become lost. Alert them to contact you or the police immediately if the individual is seen alone and on the move.
- Give local police, neighbors, and relatives a recent picture, along with the name and pertinent information about the person with Alzheimer's, as a precaution should he or she become lost. Keep extra pictures on hand.
- Consider making an up-to-date home video of the person with Alzheimer's.
- Do not leave a person with Alzheimer's disease who has a history of wandering unattended.

*\*\* Courtesy of the US Dept. of Health & Human Services "Home Safety Manual" \*\**

# *Safety Tips Throughout The Home*

- Display emergency numbers and your home address near all telephones.
- Use a telephone answering machine when you cannot answer calls. The person with Alzheimer's often is unable to take messages or may be a target for telephone exploitation by solicitors. When the answering machine is on, turn down the phone bell to avoid disruptive ringing.
- Install smoke alarms near all bedrooms; check their functioning and batteries frequently.
- Avoid the use of flammable and volatile compounds near gas water heaters. Do not store these materials in an area where a gas pilot light is used.
- Install secure locks on all outside doors and windows.
- Hide a spare house key outside in case the person with Alzheimer's locks you out of the house.
- Avoid the use of extension cords if possible by placing lamps and appliances close to electrical outlets. Tack extension cords to the baseboards of a room to avoid tripping.
- Cover unused outlets with childproof plugs.
- Place red tape around floor vents, radiators, and other heating devices to deter the person with Alzheimer's from standing on or touching a hot grid.
- Check all rooms for adequate lighting.
- Place light switches at the top and the bottom of stairs.
- Stairways should have at least one handrail that extends beyond the first and last steps. If possible, stairways should be carpeted or have safety grip strips.
- Keep all medications (prescription and over-the-counter) locked. Each bottle of prescription medicine should be clearly labeled with the patient's name, name of the drug, drug strength, dosage frequency, and expiration date. Child-resistant caps are available if needed.

## ***Safety Tips Throughout The Home (Continued)***

- Keep all alcohol in a locked cabinet or out of reach of the person with Alzheimer's. Drinking alcohol can increase confusion.
- If smoking is permitted at all, monitor while the person with Alzheimer's is smoking. Remove matches, cigarettes, and ashtrays. With these reminders out of sight, the person may forget the desire to smoke.
- Avoid clutter, which can create confusion and danger. Throw out/recycle newspapers and magazines regularly. Keep all walk areas free of furniture.
- Keep plastic bags out of reach. A person with Alzheimer's may choke or suffocate.
- Remove all guns or other weapons from the home, or safety proof them by installing safety locks or by removing ammunition and firing pins.
- Lock all power tools and machinery in the garage, workroom, or basement.
- Remove all poisonous plants from the home. Check with local nurseries or poison control centers for a list of poisonous plants.
- Keep fish tanks out of reach. The combination of glass, water, electric pumps, and potentially poisonous aquatic life could be harmful to a curious person with Alzheimer's.

*\*\* Courtesy of the US Dept. of Health & Human Services "Home Safety Manual" \*\**

# Services Provided

The following services are available to you at no cost through the Alzheimer's Foundation of Staten Island, Inc. If you are in need of these services or assistance in any area pertaining to Alzheimer's disease, please call the Foundation today at (718) 667-7110.

- **ACES Outreach**  
Advocacy, Counseling and Entitlement Services – Assistance with Medicaid, Disability and other entitlements.
- **Equipment Loans**  
Free loan of commodes, tub chairs, wheelchairs, and distribution of diapers, bed pads, nutritional supplements, etc. to any senior in need on Staten Island.
- **Friendly Calls and Visits**  
Foundation representatives call or visit Alzheimer's caregivers to offer assistance and support
- **Lending Library**  
Videos, Catalogs and Books are available to assist those who want to learn more about the disease.
- **Referral**  
Includes information on Island agencies, options for Islanders and our 170+ page book containing avenues of assistance available on Staten Island.
- **Seminars**  
Monthly seminars held in two locations to educate caregivers on the disease and on caregiving.
- **Alzheimer's Awareness Television Seminar**  
Shown every Tuesday night at 8 p.m. on channel 34 (CTV) and FIOS. Topics of shows pertain to caregiver assistance of Alzheimer's patients. Visit the Web site [www.alzheimersawareness.cooldadproductions.com](http://www.alzheimersawareness.cooldadproductions.com) for more information.
- **Smoke Detector Installation**  
Distributed and installed free of charge to any senior on Staten Island.
- **Support Groups**  
Caregiver support groups held at different times and locations on the Island. In addition, we have one weekly Early Diagnosis Patient and Spousal group, and one monthly television support group.
- **Time Out Respite Program**  
Time provided free of charge to the caregiver in which a licensed home care worker will furnish temporary relief from the arduous daily tasks of Caregiving. Contact the Foundation for updated program guidelines. (Program Temporarily Suspended.)

# Sexuality

All human beings need to be touched, caressed and held. For Alzheimer's patients and caregivers, this need is especially important. Alzheimer's disease affects people in varying ways. One person may have an increased interest in sex while another may have no interest. Changes in the sexuality of people with Alzheimer's disease include the following:

## **Bold Behavior**

The person may forget his or her marital status and begin to flirt or make inappropriate advances towards members of the opposite sex.

## **Exposure**

The person may forget how to dress or take her clothes off at inappropriate times and in unusual settings. For example, a woman or man might remove a blouse or shirt simply because it is too tight, and she/he feels uncomfortable. The person doesn't realize or understand that clothes should not be removed in public places.

## **Fondling**

The person may forget social rules or etiquette and fondle himself in public. Although it looks like the person is trying to harass or embarrass others, he really doesn't understand that his behavior is inappropriate.

## **Paranoia**

The person may become unreasonably jealous and suspicious. For example, the person may think that his wife has a boyfriend and accuse her of going to see him.

## **Misinterpretations**

The person may make sexual advances to a stranger who resembles a former spouse, lover or companion. In addition, the patient may forget that he or she is married and approach a person in a sexual manner.

## **Physical Illness**

Physical illness may cause the person to lose interest in sex or make sexual intercourse difficult or painful. Reactions to medications may also reduce sexual desire.

## **Depression**

Depression can reduce interest in sex, both by the patient and their spouse or loved one. Some caregivers report that they experience changes in sexual feelings toward their loved one after providing daily caretaking actions. By understanding these factors, and recognizing that they may affect you and the person with Alzheimer's, you will be able to respond better to the sexual needs of the person with Alzheimer's disease.

## ***Sexuality (Continued)***

### **Action Steps**

#### **Look at the reason behind the behavior.**

Keep in mind that if the person exposes himself, he may simply need to go to the bathroom. If the person begins to take off his clothes, he may want to go to bed.

#### **React to the person with patience and gentleness.**

If the person is engaging in unusual sexual behavior, carefully remind her that the behavior is inappropriate. Then, lead the person to a private place and try to distract them with another activity. But take care not to get angry with the person or laugh and giggle at the behavior. In most cases, anger and ridicule may cause negative reactions.

#### **Respond carefully to threats and accusations.**

If the person levels accusations or becomes extremely suspicious, don't waste time arguing. Instead, try to distract the person with another activity or reassure them with a hug or a touch.

#### **Adjust the person's clothing.**

Consider putting the person's trousers or dress on backward. Or provide the person with pull-on pants with no zipper.

#### **Increase the level of appropriate physical contact.**

Give the person plenty of physical contact in the form of stroking, patting, hugging or rubbing. In many cases, the person is anxious and needs reassurance through touch and gentle, loving communication.

#### **Adjust to changes in sexual desire.**

As the disease progresses, a spouse may choose to sleep apart from the patient – especially if the person becomes overly demanding, jealous or irrational.

#### **Seek outside help to deal with sexual issues.**

If you consult an outside expert about sexual problems, make sure the professional understands the nature of the disease and will discuss issues openly.

\*\* Information provided by the Alzheimer's Association \*\*

# *Sleep Problems*

For the exhausted caregiver, sleep can't come too soon. For many people with AD, however, nighttime may be a difficult time. Getting the person to go to bed and stay there may require some advance planning.

- Set a quiet, peaceful tone in the evening to encourage sleep. Keep the lights dim, eliminate loud noises, and even play soothing music if the person seems to enjoy it.
- Try to keep bedtime at a similar time each evening. Developing a bedtime routine may help.
- Encourage exercise during the day and limit daytime napping.
- Restrict access to caffeine late in the day.
- Use night lights in the bedroom, hall, and bathroom if the darkness is frightening or disorienting.

*\*\* Courtesy of the US Dept. of Health & Human Services "Caregiver Guide" \*\**

# *Stages of Decline of Alzheimer's Disease*

## **1... Normal Adult**

No cognitive decline. No functional decline. No subjective complaints of memory deficit. No memory deficit evident on clinical interviews.

## **2... Normal Older Adult**

Very mild cognitive decline. Example: Personal awareness of some functional decline.

- ❖ Subjective complaints of memory deficit, most frequently in the following area:
  - forgetting where one has placed familiar objects;
  - forgetting names one formerly knew well.
  - No objective evidence of memory deficit on clinical interview. No objective deficits in employment or social situations. Appropriate concern regarding symptoms.

## **3... Early Alzheimer's Disease**

Mild cognitive decline. Example: Noticeable deficits in demanding job situations. Earliest clear-cut deficits.

- ❖ Manifestations in more than one of the following areas:
  - patient may have gotten lost when traveling to an unfamiliar location;
  - co-workers become aware of patient's relatively low performance;
  - word and name finding deficit becomes evident to intimates;
  - patient may read a passage of a book and retain relatively little material;
  - patient may demonstrate decreased facility in remembering names upon introduction to new people;
  - patient may have lost or misplaced an object of value;
  - Concentration deficit may be evident on clinical testing.
  - Objective evidence of memory deficit obtained only with an intensive interview. Denial begins to become manifest in patient. Mild to moderate anxiety accompanies symptoms.

# ***Stages of Decline of Alzheimer's (continued)***

## **4... Mild Alzheimer's**

Moderate cognitive decline. Example: Requires assistance in complicated tasks such as handling finances, planning parties, etc. Clear-cut deficit on careful clinical interview.

❖ Deficit manifest in following areas:

- decreased knowledge of current and recent events;
- may exhibit some deficit in memory of one's personal history;
- concentration deficit elicited on serial subtractions;
- decreased ability to travel, handle finances, etc.
- Frequently no deficit in the following areas:
  - orientation to time and person;
  - recognition of familiar persons and faces;
  - ability to travel to familiar locations.
- Inability to perform complex tasks. Denial is dominant defense mechanism. Flattening of affect and withdrawal from challenging situations occur.

## **5... Moderate Alzheimer's**

Moderately severe cognitive decline. Example: Requires assistance in choosing proper attire.

Patient can no longer survive without some assistance. Patient is unable during interview to recall a major relevant aspect of their current lives, e.g., an address or telephone number of many years, the names of close family members (such as grandchildren), the name of the high school or college from which they graduated. Frequently some disorientation to time (date, day of week, season, etc.) or to place. An educated person may have difficulty counting back from 40 by 4s or from 20 by 2s. Persons at this stage retain knowledge of many major facts regarding themselves and others. They invariably know their own names and generally know their spouse's and children's names. They require no assistance with toileting and eating, but may have some difficulty choosing the proper clothing to wear.

## ***Stages of Decline of Alzheimer's (continued)***

### **6... Moderately Severe Alzheimer's**

Severe cognitive decline. Example: Requires assistance dressing, bathing, and toileting. Experiences urinary and fecal incontinence.

May occasionally forget the name of the spouse upon whom they are entirely dependent for survival. Will be largely unaware of all recent events and experiences in their lives. Retain some knowledge of their past lives but this is very sketchy. Generally unaware of their surroundings, the year, the season, etc. May have difficulty counting from 10, both backward and sometimes forward. Will require some assistance with activities of daily living, e.g., may become incontinent, will require travel assistance but occasionally will display ability to familiar locations. Diurnal rhythm frequently disturbed. Almost always recall their own name. Frequently continue to be able to distinguish familiar from unfamiliar persons in their environment.

- ❖ Personality and emotional changes occur. These are quite variable and include:
  - delusional behavior, e.g., patients may accuse their spouse of being an impostor, may talk to imaginary figures in the environment, or to their own reflection in the mirror;
  - obsessive symptoms, e.g., person may continually repeat simple cleaning activities;
  - anxiety agitation, and even previously nonexistent violent behavior may occur;
  - cognitive abulia, i.e., loss of willpower because an individual cannot carry a thought long enough to determine a purposeful course of action.

### **7... Severe Alzheimer's**

Very severe cognitive decline. Example: Speech ability declines to about a half-dozen intelligible words. Progressive loss of abilities to walk, sit up, smile, and hold head up.

Frequently there is no speech at all - only grunting. Incontinent of urine, requires assistance toileting and feeding. Lose basic psychomotor skills, e.g., ability to walk, sitting and head control. The brain appears to no longer be able to tell the body what to do. Generalized and cortical neurologic signs and symptoms are frequently present.

# Steps To Getting A Diagnosis

*Memory Loss and Changes In Mood and Behavior are some signs that you or a family member may have Alzheimer's disease. If you have noticed these signs, it is important to receive a diagnosis for the following reasons:*

- Many things can cause dementia, a decline in intellectual ability severe enough to interfere with a person's daily routine. Dementias related to depression, drug interaction and thyroid problems may be reversible if detected early.
- Other causes of dementia include strokes, Huntington's disease, Parkinson's disease and Pick's disease. Alzheimer's disease is the most common cause of dementia. It is important to identify the actual cause in order for the individual to receive the proper care.
- The individual who may have Alzheimer's disease may be able to maximize the quality of their life by receiving an early diagnosis. It may resolve the anxiety of wondering, "What is wrong with me?"
- An early diagnosis allows more time to plan for the future. Decisions regarding care, living arrangements, financial and legal issues, and other important issues can be addressed.
- Alzheimer's disease is known to strike persons in their 40's and 50's. This "early onset" form of Alzheimer's disease presents unique planning issues for the individual and family.
- A Diagnosis enables you to establish a family medical history with Alzheimer's disease.

***This pamphlet will guide you through the steps normally taken to diagnose Alzheimer's disease and the family's role in the diagnostic process.***

## The Diagnostic Process

There is no diagnostic test that can detect if a person has Alzheimer's disease. The diagnosis is made by reviewing a detailed history on the person and the results of several tests, including a complete physical and neurological examination, a psychiatric assessment and laboratory tests. Once these tests are completed, a diagnosis of "probable" Alzheimer's disease can be made by process of elimination. However, physicians can be 80 to 90 percent certain their diagnosis is accurate. The process may be handled by a family physician or may involve a diagnostic team of medical professionals, including the primary physician, neurologist (a physician specializing in the nervous system), psychiatrist, psychologist and nurses.

The diagnostic process generally takes more than one day and is usually performed on an outpatient basis. It may involve going to several different locations or even to a specialized Alzheimer's diagnostic center. The local chapter of the Alzheimer's Foundation can refer you to physicians and/or diagnostic centers in your area.

## **The Diagnostic Process Involves The Following:**

- 1) The person being tested and family members will be interviewed both individually and together to gather background information on the persons daily functioning, current mental and physical conditions, and family medical history.
- 2) During the mental status evaluation, the person's sense of time and place, and ability to remember, understand, talk and do simple calculations will be assessed. The person may be asked questions such as: "What year is it?" "What day of the week is it" "Who is the current president?" The person will also be asked to complete mental exercises, such as spelling a word backwards, writing a sentence, or copying a design.
- 3) During the physical exam, the physical will evaluate the person's nutritional status and check blood pressure and pulse. The physician will also search for the presence of cardiac, respiratory, liver, kidney and thyroid diseases, and atherosclerosis (hardening of the arteries). Some of these conditions can cause dementia-like symptoms.
- 4) A physician, usually a neurologist, will closely evaluate the person's nervous system for problems that may signal brain disorders other than Alzheimer's disease. The physician will search for evidence of previous strokes, Parkinson's disease, hydrocephalus (fluid accumulation in the brain), a brain tumor, and other illnesses that impair memory and/or thinking. The physician will learn about the health of the brain by testing coordination, muscle tone and strength, eye movement, speech and sensation. For example, the physician will test reflexes by tapping the knee, check the person's ability to sense feeling on their hands and feet, and listen for slurred speech.

## ***Steps To Getting A Diagnosis (Continued)***

- 5) A variety of laboratory tests will be ordered by the physician to help diagnose Alzheimer's disease by ruling out other disorders. A complete blood count and blood chemistry will be ordered to detect anemia, infection, diabetes, and kidney and liver disorders. Levels of vitamin B-12 and folic acid (bodily produced vitamins) are measured, as low levels can be associated with dementia. Since very high or low amounts of the thyroid hormone can cause confusion or dementia, levels of the thyroid hormone are measured through a blood test.

The physician may also order an EEG (electro-encephalogram) to detect abnormal brain wave activity. This test can detect conditions such as epilepsy, which can cause prolonged mild seizures that leave a person in a confused state.

A CT (computerized tomography) scan, which takes X-ray images of the brain, is also frequently used. The brain is scanned for evidence of tumors, strokes, blood clots and hydrocephalus. MRI (magnetic resonance imaging) is another brain-imaging technique sometimes used. More experimental tests may also be recommended but are not necessary for diagnosis. These include PET (positron emission tomography), which shows how different areas of the brain respond when the person is asked to perform different activities, such as reading, listening to music, or talking; and SPECT (single photon emission computed tomography), which shows how blood is circulating to the brain.

- 6) A psychiatric evaluation can rule out the presence of other illnesses, such as depression, which can result in memory loss similar to dementia of the Alzheimer's type. Neuropsychological testing may also be done to test memory, reasoning, writing, vision-motor coordination and ability to express ideas. These tests provide more in-depth information than the mental status evaluation.

Nurses, and occupational, rehabilitation or physical therapists may be called upon to look for problems with memory, reasoning, language and judgment affecting the person's daily function.

### **Understanding The Diagnosis**

Once testing is completed, the diagnosing physician or other members of the diagnostic team will review the results of the examination, laboratory tests and other consultations to arrive at a diagnosis. If all test results appear to be consistent with Alzheimer's disease, clinical diagnosis will be "probable Alzheimer's disease," or "dementia of the Alzheimer's type." If the symptoms are not typical, but no other cause is found, the diagnosis will be "possible Alzheimer's disease." Although researchers have made enormous progress in diagnostic testing, the only way to prove Alzheimer's disease is through an autopsy.

If a cause of dementia other than Alzheimer's disease is diagnosed, call the Alzheimer's Foundation to request a free informational brochure about related causes of dementia.

### **The Family's Role In Diagnosis**

While some people with Alzheimer's disease may initiate their own diagnosis and care, for most, it will be up to another family member to alert the physician. Here are some tips that will help you get someone to the physician for the initial evaluation:

- **Schedule the appointment for the person.**
- **Help with transportation to the appointment.**
- **Read this pamphlet as a family to gain a better understanding of what to expect during the diagnostic process**
- **Contact the Alzheimer's Foundation of Staten Island if you have any concerns or questions.**
- **Offer to accompany the person during the testing process if they are still uneasy about investigating possible Alzheimer's disease.**

On the day of the appointment, bring along items such as glasses, hearing aids, devices that help the person walk, a list of medications the person is taking, and other personal items that might help during diagnostic testing. Be sure the physician has all medical records, insurance, and social security information.

# ***Steps To Getting A Diagnosis (Continued)***

## **Preparing for Diagnostic Tests**

Once the initial appointment has been made to evaluate a person, the diagnostic team will need certain information to make an accurate diagnosis. It may be helpful to start writing down events that occur, and any changes in the persons behavior and personality that cause you to suspect Alzheimer's disease. The following are questions are examples of what you may be asked by the diagnostic team, as well as questions that you may want to ask regarding the diagnostic process:

### **Questions You May Be Asked:**

- What symptoms have you noticed?
  - Difficulty performing simple tasks?
  - Recent memory loss that affects job skills?
  - Poor or decreased judgment?
  - Others?
- When did the symptoms first appear?
- How have the symptoms changed over time?
- Does the person suffer from other medical conditions?
- Is the person taking any medications?
- Have other family members been diagnosed with Alzheimer's disease?

### **Questions To Ask Before Diagnostic Testing:**

- Which tests will be performed?
- Will any of the tests involve pain or discomfort for the person?
- How long will the tests take?
- How long will it take to learn the results of the tests?

### **Questions To Ask If The Diagnosis is Probable Alzheimer's Disease:**

- What does the diagnosis mean?
- What symptoms can be anticipated next?
- How will they change over time?
- What level of care will be required now and in the future?
- What medical treatment is available?
- What are the risks and effectiveness?
- What changes should be made in the home to make it safer?
- What resources and support services are available in our community?
- Are experimental drug trials available?

Alzheimer's disease is not currently preventable, but science and medicine continue to make promising advances. Obtaining an early and accurate diagnosis is an important strategy in helping to improve the quality of life for persons with dementia and their families.

# ***Sundowning and Shadowing***

People with diseases such as Alzheimer's often have behavior problems in the late afternoon and evening. They may become demanding, suspicious, upset or disoriented, see or hear things that are not there and believe things that aren't true; they may pace or wander around the house when others are sleeping.

While experts are unsure how or why this behavior occurs, they suspect that the problem of late afternoon confusion; which is sometimes called "sundowning," or "sundown syndrome," may be due to these factors:

- The person with Alzheimer's can't see well in dim light and becomes confused.
- The impaired person may have a hormone imbalance or a disturbance in his/her "biological clock."
- The person with Alzheimer's tires at the end of the day and is less able to cope with stress. The person is involved in activities all day long and grows restless if there is nothing to do in the late afternoon or evening.

The caregiver communicates fatigue and stress to the person with Alzheimer's and the person becomes anxious.

## ***Action Steps for Sundowning***

### **Try these ways to lessen the behaviors of "sundowning":**

- Make afternoon and evening hours less hectic. Schedule appointments, trips, and activities such as baths or showers early in the day.
- Help the person to use up extra energy through exercise. You may want to arrange at least one or two brisk walks during the day for the person who tends to pace or wander in the evening.
- Control the person's diet. Reduce foods and beverages with caffeine (chocolate, coffee, tea, and soda), or restrict them to the morning hours to reduce agitation and sleeplessness. An early dinner or late afternoon snack may also help.
- It is important to provide regular activities and you may want to discourage napping during the day if sleeplessness during the night is a problem.
- You may want to reduce the level of noise from radios, televisions or stereos, control the number of people who visit in the evening hours, or confine noisier family activities to another area of the house.

## ***Sundowning and Shadowing (Continued)***

- Consult with your physician. Your physician may be able to prescribe medication to encourage sleep. At the same time, your physician can check for signs of depression, or for physical problems, such as prostate difficulties that might lead to frequent urination. This condition can cause pain and make sleep uncomfortable.
- Make it easy for the person to use the bathroom. Consider a bedside urinal or commode, or encourage the person to use the bathroom before going to bed.
- Keep rooms adequately lit. Good lighting may reduce the person's confusion. A nightlight may prevent the person from becoming agitated in unfamiliar surroundings.

### **Remain flexible and consider the person's needs.**

- While people with Alzheimer's may find it difficult to sleep in their beds, they may fall asleep more easily on the living room couch or in a reclining chair.
- Reassure and comfort the person. Tell the person experiencing sundowning what time it is and what is going on in the house. Let the person know you are there and will remain there. Try to involve the person in a meaningful activity such as setting the table, folding towels, doing dishes, or sweeping the floor.
- Avoid arguing or asking for explanations. The person may not know what's wrong or be unable to tell you if he does. Keep in mind that the person with Alzheimer's has no control over annoying, repetitive behavior. Confusion and restlessness occur because the brain can no longer sort out cues in the environment.

### **Remember to care for yourself.**

- Make sure you get adequate rest. Just because the person with Alzheimer's can't sleep at night doesn't mean you should go without sleep. Arrange for another family member to supervise the person at night; or arrange the room so that it is safe enough (and has locked doors) to let the person stay awake and pace there while you nap or sleep in another room.

### **Shadowing**

"Sundowning" is often accompanied by "shadowing," where the person with Alzheimer's follows or mimics the caregiver, or talks, interrupts, and asks questions repeatedly. At times, the person may become upset if the caregiver wants to be alone. While shadowing and other forms of agitation vary from person to person, you may be able to manage the behavior by following these steps:

## ***Sundowning and Shadowing (Continued)***

### **Action Steps For Shadowing**

Examine factors that encourage agitation.

#### **Consider these questions:**

- How long does the behavior last?
- At what time of day does it occur?
- Is the behavior triggered by certain people or surroundings?
- What seems to calm the impaired person?

Once you develop answers to these questions, you may be able to avoid the situations that bring about agitation and introduce activities that help calm the person with Alzheimer's.

#### **Protect your privacy.**

You may want to install a childproof doorknob on the bathroom door or use a timer and reassure the person by saying, "I'll be back when the timer goes off."

#### **Try to keep the person occupied.**

Find simple, repetitious activities to occupy the person even if you could do them better on your own. Possibilities include folding the wash, dusting, stacking papers or magazines, stuffing envelopes, or winding a ball of yarn. You could also provide the Alzheimer's person with headphones for listening to calming music.

#### **Consider "gum therapy" or "cereal therapy."**

If the person with Alzheimer's is able to chew and swallow easily, you may want to give him/her sugarless gum. Consider providing the person with a nonbreakable bowl of high-fiber, low-sugar cereal. By having something to snack on, the person may be less inclined to talk or ask questions.

#### **Rely on the ideas of support groups.**

Caregivers are always discovering new ways to deal with behaviors such as shadowing and sundowning and are happy to share them.

A better understanding of the feelings of the person with Alzheimer's disease, such as fear, frustration, and anger, may help you accept the resulting behaviors. Providing reassurance and helping your loved one respond to his/her changing environment can help you manage the person's behavior.

\*\* Information provided by the Alzheimer's Association \*\*

# Support Groups

Support groups meet weekly at the following locations:

**Caregiver Support Group**

Tuesdays 1-2:30 p.m.  
Staten Island University Hospital North  
Medical Arts Pavilion  
242 Mason Avenue  
1<sup>st</sup> Floor – Conference Room

**Caregiver Support Group**

Wednesdays at 7:30 p.m.  
Wholly Fellowship Ministry ORP, Inc.  
346 Broadway  
Staten Island, NY 10310

**Caregiver Support Group**

2<sup>nd</sup> & 4<sup>th</sup> Saturdays at 10 a.m.  
Alzheimer's Foundation office  
789 Post Avenue

**By Appointment Only**

**Early Diagnosis Patient Support Group**

Thursdays at 2:00 p.m.  
Alzheimer's Foundation office  
789 Post Avenue  
**PRE-REGISTER ONLY**

**Early Diagnosis Spousal Support Group**

Thursdays at 2:00 p.m.  
Alzheimer's Foundation office  
789 Post Avenue  
**PRE-REGISTER ONLY**

**By Appointment Only**

**Caregiver Support Group**

Mondays from 1:00 to 2:00 p.m.  
Jewish Community Center  
Avis South Shore Center  
1297 Arthur Kill Road  
By Appointment Only  
Call (718) 475-5279

The following seminar/support group is taped monthly and repeated several times weekly throughout the rest of month

Alzheimer's Foundation of S.I.  
Alzheimer's Awareness  
Tuesdays at 8:00 p.m.  
Channel 34 – CTV & FIOS

Visit the Web site [www.alzheimersawareness.cooldadproductions.com](http://www.alzheimersawareness.cooldadproductions.com) for more information

# Swallowing

Swallowing problems can be detected and compensated for in all stages of Alzheimer's Disease, although they are more prevalent in the later stages of the disease. Other medical problems such as Parkinson's disease can bring about such disorders; here is a list of symptoms to watch for if swallowing becomes a problem:

- Spitting out food in the cheeks or under the tongue
- Difficulty in chewing
- Holding food
- Gurgly or wet voice after the swallow
- Persistent choking or coughing while eating
- Weight loss of 1 - 2 pounds per month
- Poor nutrition...i.e. eating less than 50% of a meal
- Runny nose and watery eyes while eating
- Persistent lung congestion
- Persistent increase in body temperature

Here are some things you can do to make swallowing easier and safer:

- Keep the person as close to a 90 degree angle as possible while eating
- Keep the person upright for 20 - 30 minutes after eating
- Give small bites/sips; alternate
- Have the person reswallow if there is residual food in the mouth
- Clear the throat and reswallow if the voice sounds wet or gurgly
- Present the food slowly
- Make sure the person has swallowed before presenting another sip
- Serve soft or pureed foods
- Serve cold drinks. They trigger the swallow reflex faster.

If the person continues having swallowing difficulties, consult your physician.

\*\* Information provided by the Alzheimer's Association \*\*

# *Telling The Patient, Family & Friends*

When you learn that a member of your family has Alzheimer's disease, you may become overwhelmed by feelings of confusion, guilt and loneliness. Moreover, as you assume the role of caregiver, you may feel hesitant to reveal the diagnosis to the rest of the family, to friends, and- perhaps most importantly- to the person with the disease, for fear their reactions will be difficult to manage. Following are some guidelines that you may use to decide how to discuss the disease with others.

## ***ACTION STEPS***

### ***Consider the person diagnosed.***

- In deciding whether or not to tell the person about the diagnosis, respect his/her right to know what's wrong, but also be sensitive to the person's feelings and emotional state, medical condition, and ability to remember, reason and make decisions.
- Keep in mind that the person with Alzheimer's may suspect that something is wrong long before a doctor reaches a diagnosis. If you fail to give them any explanation, they may assume the worst. On the other hand, if you discuss the problem, they may feel relieved to learn that a physical illness exists, rather than a psychological one.

Furthermore, the informed person may be able to participate in important medical, legal, financial and personal planning, depending on the progression of the disease symptoms.

- Rely on professional experience. You may want to inform the person about the diagnosis through a "family conference" with the patient, other caregivers and a social worker. You may also want to involve a physician who has experience working with cognitively impaired individuals.
- Be sensitive to the person's reaction. They may not be able to understand all that the diagnosis means, or may deny your explanation. If this is the case, it's probably best to accept their reaction and avoid further detailed explanations of the disease.
- Reassure the person. Let the person know that you'll provide ongoing help and support, and do all you can to make your lives together fulfilling.
- When you sense the time is right, provide the person with follow-up information you feel they would benefit from knowing, such as an explanation of symptoms and the importance of continued care. For example, you may say, "Mom, because of your memory and other problems, you may have to let people help you more than you have in the past." (Note: You don't have to use the phrase Alzheimer's disease if you think it might upset the person.)

## ***Telling The Patient, Family & Friends (Continued)***

- Treat the person as an adult, and don't downplay the disease. As the disease progresses, remain open to the person's need to talk about his illness. The person may ask you about such activities as working, driving, or managing finances. Or the person may want to express such feelings as anger, frustration, and disappointment. Be aware of nonverbal signs of sadness, anger or anxiety, and respond with love and reassurance.

### ***Inform family and friends.***

- Be honest about the person's condition. You'll probably feel relieved after discussing the disease with other family members and close friends. Be sure to explain that Alzheimer's is a medical condition and not a psychological or emotional disorder or contagious virus.
- Provide others with adequate information on Alzheimer's disease, including a description of common symptoms. The more family and friends learn about the disease, the more comfortable they may feel around the person. Share educational material from the Alzheimer's Foundation, such as this Informational Guide to Caregiving. You may also want to invite close friends and family members to accompany you to a support group sponsored by the Alzheimer's Foundation.
- Don't leave yourself out of the conversation. Explain how the responsibility of caregiving has affected your life or may change your life in the future, so that others will have a better sense of how they can help.
- Ask for family support. Have several tasks in mind for people who say, "Please let me know if there's anything I can do to help you." Involving others in caregiving will help them better understand your situation and why you've made certain decisions.
- Ask people to come for short visits, but suggest they call you before stopping. Keep in mind that the person may become anxious if too many people visit at one time. In addition, recommend specific activities such as playing a simple game, taking a walk, or looking through a book of photographs with the person.
- Don't overlook the role of children and teenagers in the life of your family member. Young children often are able to relate to a person who has limited verbal ability. Teenagers and young adults feel valued if they're offered an opportunity to spend time with the person or share some of your responsibilities.
- Inform neighbors about the person's condition. Even if you've never socialized with your neighbors, they'll appreciate knowing the truth about the person's condition. They may have already observed the family member wandering through the neighborhood or acting strangely. If they understand the diagnosis, they'll be more likely to call if they sense the person needs help. Or they may volunteer to help you in an emergency.

### ***Be true to yourself and to the person with Alzheimer's.***

- Realize that some friends and even family may drift out of your life. Some people may feel uncomfortable around the impaired person while others may not want to get involved in caregiving. Don't let these attitudes interfere with your commitment to caring for your family member and for yourself.

\*\* Information provided by the Alzheimer's Association \*\*

# *Time Out Program*

*ALZHEIMER'S FOUNDATION  
OF STATEN ISLAND, INC.*

## **HAND IN HAND TIME OUT RESPITE PROGRAM**

*Call the Alzheimer's Foundation of Staten Island to find out the latest regulations of the program.*

*The program runs in conjunction with some of Staten Island's top health care agencies.*

*Program Temporarily Suspended  
due to lack of funding*

**THERE IS NO QUALIFICATION CRITERIA, AND EVERYONE IS ELIGIBLE, REGARDLESS OF FINANCIAL STATUS.**

# *Thrift Shop*

***Alzheimer's Foundation of Staten Island***

# ***Thrift Shop***

**Clothing \* Furniture \* Electronic  
Equipment \* Toys  
Bric-A-Brac \* much, much more**

Open daily,  
Monday Through Saturday  
9 a.m. - 4 p.m.

781 Post Avenue  
Staten Island, NY 10310

Driprock Street Corner of Post Avenue  
Behind Alzheimer's Foundation Office

***For more information, call (718) 273-9402***

# Vacationing

Vacations are a time for families to share new experiences, see interesting places, and get rest and relaxation. If you are the caregiver of a family member with Alzheimer's, it will be important for you to consider the stage of the person's illness, any impairment that might affect traveling, and what adaptations can be made to make a vacation relaxing and enjoyable for everyone. Following are some suggestions you'll want to consider before you take your next vacation:

## ***ACTION STEPS***

### **Plan a manageable vacation.**

- Think about your expectations. If you choose to travel with the family member, you'll have many of the same responsibilities you have at home. In that sense, this will be a "working" vacation. If you're interested in rest and relaxation for yourself, you may want to consider taking time away with a friend and arranging respite care for the person in your home or at a local care facility.
- Stick with the familiar. Consider vacationing in ways the person was accustomed to before the onset of the disease. For example, if the person has never traveled by airplane, it would probably be better to drive. Or, if the person has never taken a beach vacation, choose something more familiar such as a trip to a nearby attraction. Spending a short time traveling to a destination may be most helpful to the person.
- Stay away from busy places, or from situations that may cause the person to feel overstimulated, or anxious. In most cases, large cities such as New York, Chicago, or Los Angeles might make the person confused or anxious. Large amusement parks might also pose problems. Visiting a relative who has a large family, with a busy, bustling household, may not be a relaxing time.
- Keep your vacation simple. For example, avoid the temptation to plan a fast-paced sightseeing trip. Instead, plan a trip that involves as few changes as possible. Escorted tours can be enjoyable if you're traveling with a group of people you know well and who understand your caregiving responsibilities.
- Consider a short trip. If you're unsure how the person will react to traveling, consider a shortened version of a long trip. If the patient reacts positively, you can return at a later time for a longer visit.
- Choose a "fail-safe" option. Pick a vacation package that allows you to leave early-without financial penalty-if the person becomes ill or wants to return home.
- Develop a list of destinations and contact information for family members at home as well as a list of medical professionals along your travel route for you and your loved one. The Alzheimer's Foundation is an excellent source of medical and social service contacts.

## *Vacationing (continued)*

### **Consider the, needs and safety of the person with Alzheimer's.**

- Advise airlines, hotels, or tour operators that you're traveling with a person who has memory impairment, and provide some examples of your safety concerns and special needs. For example, you may want to reserve a wheelchair and plan for special meals prior to an airplane flight, or let the tour operator know that your family member cannot be unaccompanied.
- Prepare identification items for your traveling companion. Make certain that your family member wears an identification bracelet or clothing tag with his/her full name, and your name. You will want to keep all credit cards, travelers' checks, and passports with you for security.
- **NEVER LEAVE YOUR LOVED ONE ALONE!** If you're on a tour sponsored by your church or a local civic group, you may be able to rely occasionally on help from friends. Never ask a stranger to watch the person. A person who's unacquainted with the effects of the disease and doesn't know you or the person won't understand how to react in a difficult situation.
- Take security precautions. For example, if you're traveling by car, automatic locks are useful. To prevent the person from exiting the car, you may want to remove the locks from his/her side of the car. In most cases, the person should sit next to the driver and not in the back seat. Keep in mind that automatic windows can be dangerous.
- Prepare your traveling companion. Telling your loved one about the trip in advance may help him or her feel part of the decision-making process. Or, you may only need to inform him/her shortly before leaving with a simple explanation: "We're going on a trip together to Michigan. I'm going to start packing some of your things. Can you help me pack this suitcase?" Or you may find it less disruptive simply to announce your plans on the day you're leaving.
- Time your travel. If he/she travels better at a specific time of the day, you may want to make plans accordingly. Take breaks along the way for snacks
- Anticipate and avoid delays. If you're traveling by train, bus, or plane, have a friend drive you to the departure point to relieve you of parking the car and handling the luggage. Call ahead to determine if your departure will be delayed. (Many people find it disturbing to wait for hours in crowded terminals.) In addition, bring along items such as magazines, audiotapes, or a deck of cards to entertain and relax your family member.
- Plan ahead for restroom use. If the person is a man and you're a woman, or vice versa, you may want to bring along a friend or family member or solicit the help of a staff member who can accompany him/her into a public restroom at a terminal. Once aboard the train or plane, see if you can accompany him/her to the restroom. Or it may be helpful to provide extra protection by using adult incontinence products.

## ***Vacationing (continued)***

- Allow for extra time. Avoid the temptation to cram several activities into one day. Instead, plan for a single activity and have a couple of alternatives in mind if there's extra time available. In addition, you and the person may need more time in between activities to relax and rest.
- Maintain familiar eating patterns and times. If your family member is used to eating at the kitchen table every evening at home, it's probably not wise to plan for a dinner in a crowded restaurant. You may want to find a very quiet restaurant, use room service, or stay at a hotel or motel that has a kitchen available. Also, serve him/her the same type of foods at the same time of day that you do at home.
- Maintain daily routines. For example, if the person bathes or showers every morning, you should try to maintain that routine.
- Have faith in your own knowledge, judgment and experience. No one knows the individual better than you do. While a growing number of hotel and tour operators have oriented their employees in dealing with persons with dementia, you understand best what works and what doesn't. Have confidence in your abilities and in your loving concern as a caregiver and enjoy your special time together.

\*\* Information provided by the Alzheimer's Association \*\*

# Visiting

Visiting allows you and the person with Alzheimer's disease to enjoy the company of others. Maintaining social contacts takes extra planning and effort by the caregiver. As the caregiver, you can assist family and friends with ideas to make visits meaningful and comfortable, and to use communication techniques which will enhance their interactions with the impaired person.

Often times people may hesitate to spend time with the person with Alzheimer's because they worry about not knowing what to do or say. Others may not understand the behavior changes that are caused by the disease, and feel uncomfortable about visiting.

By working through the concerns of friends and family members, you can continue to give yourself and the person with Alzheimer's an important social outlet. Here are some tips to assist you in having visitors to your home and visiting outside of your home.

## **ACTIONS STEPS:**

### **Invite Visitors to Your Home.**

- Don't wait for friends and family to ask if they may stop by for a visit. Instead, take the initiative to contact them and explain that while Alzheimer's disease has changed your lives in some ways, you value their friendship and support and want it to continue. Then suggest a time when they might come over.
- Plan for a successful visit. While the visit doesn't need to be perfect, it should be relaxing and comfortable for everyone: visitor, caregiver, loved one, and other family members.
- Prepare visitors before the visit. Educate visitors about how the person with Alzheimer's may have changed—physically, emotionally, and intellectually. Mention specific changes in behavior, such as fidgeting, wandering or incontinence. Provide suggestions about how to communicate more easily with the person, by talking with him/her one-on-one, or by understanding that he may repeat things, or ask the visitor a question already answered. This information can help lessen the visitor's anxiety.
- Clarify the purpose of the visit. Some people are reluctant to visit because they don't want to be drawn into the heavy responsibilities of caregiving. Be sure to mention that the purpose of the visit is purely social and not to relieve you of caregiving. Make sure that visitors know that *their time is a momentary gift of love to the person and a gift of support to you.*
- Suggest specific activities such as taking the person to lunch, sitting on the porch, taking a walk, or looking through a photograph album together.
- Remain accessible to visitors. One of the greatest fears visitors have is that they will be left alone to communicate with or care for the person with dementia. If you're close by, visitors can share specific questions or problems with you. Visitors also may want the chance to talk to you.

## ***Visiting (Continued)***

- Adjust the nature of the visit to the visitor. Some visitors feel they must do or bring something in order to make the visit worthwhile. You may want to suggest that these visitors bring flowers or special cards, read a chapter from a favorite book, or sing a special song. It's important that they conclude the visit feeling they have delivered something of value to you and to the person.
- Communicate with potential visitors regularly or ask them to confirm visits by calling ahead. Inform visitors that the person's condition may change from month to month, week to week, or day to day. For example, it may be better for some patients to have morning visitors, while others may benefit from late-afternoon visits.
- Be patient with people, and encourage people to be patient with the impaired person. Practice forgiveness. Even people in such caring professions as social work or pastoral care may have difficulty coming to terms with Alzheimer's. Some people whom you thought you could depend on may avoid you, while others may rally to your side. Try not to take negative reactions personally.

### **Visit Others' Homes.**

- Prepare your host/hostess for the visit. You may want to explain that your visit may be relatively short, or that in the middle of it you may need to take a walk or shift the person's focus to another activity. You may want to bring along a favorite album, book, or audiotape to help occupy the person.
- Think of a visit as a brief vacation. Unlike vacations that often involve changes in food or surroundings, visits to others' homes provide you with a sense of "normal" life, a link with the past, and a brief, memorable time with friends or family.
- Take pictures of friends and relatives to preserve a happy memory of yourself and the person.

### **Visiting the Nursing Home.**

- Get acquainted with the staff. Ask questions about special problems or changes involving the person with Alzheimer's. For example, the Activity Therapist on staff may provide you with suggestions for new activities of interest to your family member.
- Get to know other residents. Your frequent visits to the nursing home bring you into contact with many residents who may not know you personally, but may appreciate your presence.
- Depending on your time constraints, you may want to get involved with other nursing home activities, such as becoming a member of a family council, a group which works with the nursing home staff.

## *Visiting (Continued)*

- Prepare friends and family members for nursing home visits. Explain how the person's condition has changed and how long of a visit he/she can handle, for example. Also suggest simple activities such as giving the person a simple gift, putting lotion on her hands, or reading a story or poem aloud. A visit to a nursing home gift shop can be enjoyable.
- Ask visitors to leave a card or note when they have visited, or provide a guest book in the person's room that they can sign. Nursing home staff may not remember who has visited in your absence. If you know visitors' names and the times of their visits, you can make a point to extending a personal thank-you.

### **Making Office Visits.**

- Before taking the cognitively impaired person to a professional office—to see a doctor, for example—work with the office staff. Advise them that the patient has dementia, and explain that the person's attention span is short and that time spent sitting in the waiting room should be limited. Ask if you may wait in an empty room. Also ask staff about parking, distance to the building, and accessibility of stairs and elevators.
- Be assertive about appointment times. Based upon the person's daily routine or "best times," insist upon a morning or afternoon appointment. If the staff knows the situation, they may be able to give you an appointment when the office is less crowded or noisy. Consider calling the office before you leave the house to check if the doctor is on time.
- Never leave the person alone in a waiting room. Consider taking a third person with you who can drive and help keep the person occupied. It is helpful to offer extra reassurance to the person with Alzheimer's because he/she is away from the familiar environment.
- Plan for possible waiting. Even if you plan ahead, you may have to wait longer than expected. Handle the person's hunger by bringing along nutritious snacks. Or take a walk down the hall or to another floor of the building. Keep the person busy with a deck of cards or looking at a magazine. Don't worry if the person fidgets or paces. His anxiety is normal.
- Use common sense in preparing the person for the visit. Instead of providing an elaborate explanation, simply say, "We're going to see Dr. Jones today." If the person with Alzheimer's objects, avoid getting into an argument by offering a positive suggestion such as, "I need your help in explaining things to the doctor."

By preparing friends to visit the family member with Alzheimer's in any setting, you can make the visit comfortable, enjoyable, and an important part of the life of your loved one and family friends. Remember to show your appreciation to friends and family for providing you support and for visiting with your loved one.

\*\* Information provided by the Alzheimer's Association \*\*

# Visiting-Nursing Home

## Supporting loved ones in nursing homes enhances daily living

According to the National Center for Health statistics, 1.6 million people currently reside in 18,000 long-term care facilities across America. Types of facilities range from assisted living to round-the-clock custodial care, with staff workers providing the level of assistance required.

The experience of living in a long-term care facility can vary greatly for residents, depending on the level of support provided by their families.

No matter what their ages, residents who receive no outside visitors can feel isolated and alone. Of course, the facility staff cares for them, but visitors should make a point to take time to talk with them and allow them to gradually eat their meals slowly.

Many people find it difficult to visit a nursing home, saying that the unfamiliar smells and the number of elderly and infirm people who live there make them feel uncomfortable. It's important to remember that the residents themselves have made huge transitions in moving from a home to a nursing facility. Despite their health conditions, they are still people who appreciate contact with others, especially family and friends.

Some tips to help make the most of every visit to a nursing home:

*Call in advance of your visit* – This allows the resident the same courtesy and control of a home visit. Many facilities schedule special speakers and activities throughout the week. With advance notice, you will be sure not to interfere with another event that the resident plans to attend.

*Offer news of family, friends and the world* – Providing information on those who are dear to the resident will help him or her feel that they are still involved. If Cousin Joe just landed a new job, the news will be welcomed. National and world news events also make good topics of conversation. Just like the rest of us, residents watch television and welcome the chance to voice an opinion.

*Be realistic about when your next visit will take place* – Promises to return to visit on a specific day and time should not be made unless you realistically intend to follow through. A "no show" after a promise can be a bitter disappointment.

# *Warning Signs You Should Know – Is It Alzheimer’s?*

To help you know what warning signs to look for, the Alzheimer’s Foundation has developed a checklist of common symptoms. Review the list and check the symptoms that concern you. If you make several check marks, the individual with the symptoms should see a physician for a complete examination.

## **1. RECENT MEMORY LOSS THAT AFFECTS JOB SKILLS**

It’s normal to occasionally forget assignments, colleagues’ names or a business associate’s telephone number and remember them later. Those with dementia, such as Alzheimer’s disease, may forget things more often, and not remember them later.

## **2. DIFFICULTY PERFORMING FAMILIAR TASKS**

Busy people can be so distracted from time to time that they may leave the carrots on the stove and only remember to serve them at the end of the meal. People with Alzheimer’s disease could prepare a meal and not only forget to serve it, but forget they ever made it.

## **3. PROBLEMS WITH LANGUAGE**

Everyone has trouble finding the right word sometimes, but a person with Alzheimer’s disease may forget simple words or substitute inappropriate words, making his or her sentence incomprehensible.

## **4. DISORIENTATION OF TIME AND PLACE**

It’s normal to forget the day of the week or your destination for a moment. But people with Alzheimer’s Disease can become lost on their own street, not knowing where they are, how they get there or how to get back home.

## **5. POOR OR DECREASED JUDGMENT**

People can become so immersed in an activity that they temporarily forget the child they’re watching. People with Alzheimer’s disease could forget entirely the child under their care. They may also dress inappropriately, wearing several shirts or blouses.

## **6. PROBLEMS WITH ABSTRACT THINKING**

Balancing a checkbook may be disconcerting when the task is more complicated than usual. Someone with Alzheimer’s disease could forget completely what the numbers are and what needs to be done with them.

## **7. MISPLACING THINGS**

Anyone can temporarily misplace a wallet or keys. A person with Alzheimer’s disease may put things in inappropriate places: an iron in the freezer, or a wristwatch in the sugar bowl.

## **8. CHANGES IN MOOD OR BEHAVIOR**

Everyone becomes sad or moody from time to time. Someone with Alzheimer’s disease can exhibit rapid mood swings- from calm to tears to anger - for no apparent reason.

## **9. CHANGES IN PERSONALITY**

People’s personalities ordinarily change somewhat with age. But a person with Alzheimer’s disease can change drastically, becoming extremely confused, suspicious or fearful

## **10. LOSS OF INITIATIVE**

It’s normal to tire of housework, business activities or social obligations, but most people regain their initiative. The person with Alzheimer’s disease may become very passive and require cues and prompting to become involved.

***Tear Out  
Sheets &  
Related  
Information***

# Health Care Proxy

## *Appointing Your Health Care Agent*

### NEW YORK STATE'S PROXY LAW

A law called the New York health care proxy law allows you to appoint someone you trust — for example, a family member or close friend — to decide about treatment if you lose the ability to decide for yourself. You can do this by using a Health Care Proxy form like the one inside, to appoint your "health care agent."

This law gives you the power to make sure that health care professionals follow your wishes. Your agent can also decide how your wishes apply as your medical condition changes. Hospitals, doctors and other health care providers must follow your agent's decisions as if they were your own.

You can give the person you select, your health care agent, as little or as much authority as you want. You can allow your agent to decide about all health care or only certain treatments. You may also give your agent instructions that he or she has to follow.

#### **Why should I choose a health care agent?**

If you become too sick to make health care decisions, someone else must decide for you. Health care professionals often look to family members for guidance. But family members are not allowed to decide to stop treatment, even when they believe that is what you would choose or what is best for you under the circumstances. Appointing an agent lets you control your medical treatment by:

- allowing your agent to stop treatment when he or she decides that is what you would want or what is best for you under the circumstances;
- choosing one family member to decide about treatment because you think that person would make the best decisions or because you want to avoid conflict or confusion about who should decide; and
- choosing someone outside your family to decide about treatment because no one in your family is available or because you prefer that someone other than a family member decide about your health care.

#### **How can I appoint a health care agent?**

All competent adults can appoint a health care agent by signing a form called a Health Care Proxy. You don't need a lawyer, just two adult witnesses. You can use the form printed here, but you don't have to.

#### **When would my health care agent begin to make treatment decisions for me?**

Your health care agent would begin to make treatment decisions after doctors decide that you are not able to make health care decisions. As long as you are able to make treatment decisions for yourself, you will have the right to do so.

#### **What decisions can my health care agent make?**

Unless you limit your health care agent's authority, your agent will be able to make any treatment decision that you could have made if you were able to decide for yourself. Your agent can agree that you should receive treatment, choose among different treatments and decide that treatments should not be provided, in accord with your wishes and interests. If your health care agent is not aware of your wishes about artificial nutrition and hydration (nourishment and water provided by feeding tubes), he or she will not be able to make decisions about these measures. Artificial nutrition and hydration are used in many circumstances, and are often used to continue the life of patients who are in a permanent coma.

#### **How will my health care agent make decisions?**

You can write instructions on the proxy form. Your agent must follow your oral and written instructions, as well as your moral and religious beliefs. If your agent does not know your wishes or beliefs, your agent is legally required to act in your best interests.

**Who will pay attention to my agent?**

All hospitals, doctors and other health care facilities are legally required to honor the decisions by your agent. If a hospital objects to some treatment options (such as removing certain treatment) they must tell you or your agent IN ADVANCE.

**What if my health care agent is not available when decisions must be made?**

You can appoint an alternate agent to decide for you if your health care agent is not available or able to act when decisions must be made. Otherwise, health care providers will make treatment decisions for you that follow instructions you gave while you were still able to do so. Any instructions that you write on your Health Care Proxy form will guide health care providers under these circumstances.

**What if I change my mind?**

It is easy to cancel the proxy, to change the person you have chosen as your health care agent or to change any treatment instructions you have written on your Health Care Proxy form. Just fill out a new form. In addition, you can require that the Health Care Proxy expire on a specified date or if certain events occur. Otherwise, the Health Care Proxy will be valid indefinitely. If you choose your spouse as your health care agent and you get divorced or legally separated, the appointment is automatically cancelled.

**Can my health care agent be legally liable for decisions made on my behalf?**

No. Your health care agent will not be liable for treatment decisions made in good faith on your behalf. Also, he or she cannot be held liable for costs of your care, just because he or she is your agent.

**Is a health care proxy the same as a living will?**

No. A living will is a document that provides specific instructions about health care treatment. It is generally used to declare wishes to refuse life-sustaining treatment under certain circumstances. In contrast, the health care proxy allows you to choose someone you trust to make treatment decisions on your behalf. Unlike a living will, a health care proxy does not require that you know in advance all the decisions that may arise. Instead, your health care agent can interpret your wishes as medical circumstances change and can make decisions you could not have known would have to be made. The health care proxy is just as useful for decisions to receive treatment as it is for decisions to stop treatment. If you complete a Health Care Proxy form, but also have a living will, the living will provides instructions for your health care agent, and will guide his or her decisions.

**Where should I keep the proxy form after it is signed?**

Give a copy to your agent, your doctor and any other family members or close friends you want. You can also keep a copy in your wallet or purse or with other important papers.

**APPOINTING A HEALTH CARE AGENT IS A SERIOUS DECISION. MAKE SURE YOU TALK ABOUT IT WITH YOUR FAMILY, CLOSE FRIENDS AND YOUR DOCTOR.**

**DO IT IN ADVANCE, NOT JUST WHEN YOU ARE PLANNING TO ENTER THE HOSPITAL.**

**FILLING OUT A HEALTH CARE PROXY IS VOLUNTARY. NO ONE CAN REQUIRE YOU TO DO SO.**

*The Health Care Proxy Law took effect January 1991; forms signed before that date are valid.*

# Health Care Proxy

## About the Health Care Proxy

This is an important legal form. Before signing this form, you should understand the following facts:

1. This form gives the person you choose as your agent the authority to make all health care decisions for you, except to the extent you say otherwise in this form. "Health care" means any treatment, service or procedure to diagnose or treat your physical or mental condition.
2. Unless you say otherwise, your agent will be allowed to make all health care decisions for you, including decisions to remove or provide life-sustaining treatment.
3. Unless your agent knows your wishes about artificial nutrition and hydration (nourishment and water provided by a feeding tube), he or she will not be allowed to refuse or consent to those measures for you.
4. Your agent will start making decisions for you when doctors decide that you are not able to make health care decisions for yourself.

You may write on this form any information about treatment that you do not desire and/or those treatments that you want to make sure you receive. Your agent must follow your instructions (oral and written) when making decisions for you. If you want to give your agent written instructions, do so right on the form. For example, you could say:

*If I become terminally ill, I do/don't want to receive the following treatments:....*

*If I am in a coma or unconscious, with no hope of recovery, then I do/don't want...*

*If I have brain damage or a brain disease that makes me unable to recognize people or speak and there is no hope that my condition will improve, I do/don't want..*

*I have discussed with my agent my wishes about \_\_\_\_\_ and I want my agent to make all decisions about these measures.*

Examples of medical treatments about which you may wish to give your agent special instructions are listed below. This is not a complete list of the treatments about which you may leave instructions.

- artificial respiration
- artificial nutrition and hydration (nourishment and water provided by feeding tube)
- cardiopulmonary resuscitation (CPR)
- antipsychotic medication
- electric shock therapy
- antibiotics
- psychosurgery
- dialysis
- transplantation
- blood transfusions
- abortion
- sterilization

Talk about choosing an agent with your family and/or close friends. You should discuss this form with a doctor or another health care professional, such as a nurse or social worker, before you sign it to make sure that you understand the types of decisions that may be made for you. You may also wish to give your doctor a signed copy. **You do not need a lawyer to fill out this form.**

You can choose any adult (over 18), including a family member, or close friend, to be your agent. If you select a doctor as your agent, he or she may have to choose between acting as your agent or as your attending doctor; a physician cannot do both at the same time. Also, if you are a patient or resident of a hospital, nursing home or mental hygiene facility, there are special restrictions about naming someone who works for that facility as your agent. You should ask staff at the facility to explain those restrictions.

You should tell the person you choose that he or she will be your health care agent. You should discuss your health care wishes and this form with your agent. Be sure to give him or her a signed copy. Your agent cannot be sued for health care decisions made in good faith.

Even after you have signed this form, you have the right to make health care decisions for yourself as long as you are able to do so, and treatment cannot be given to you or stopped if you object. You can cancel the control given to your agent by telling him or her or your health care provider orally or in writing.

### Filling Out the Proxy Form

Item (1) Write your name and the name, home address and telephone number of the person you are selecting as your agent.

Item (2) If you have special instructions for your agent, you should write them here. Also, if you wish to limit your agent's authority in any way, you should say so here. If you do not state any limitations, your agent will be allowed to make all health care decisions that you could have made, including the decision to consent to or refuse life-sustaining treatment. You may also state your wishes about organ or tissue donation(s).

Item (3) You may write the name, home address and telephone number of an alternate agent.

Item (4) This form will remain valid indefinitely unless you set an expiration date or condition for its expiration. This section is optional and should be filled in only if you want the health care proxy to expire.

Item (5) You must date and sign the proxy. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure to include your address.

Two witnesses at least 18 years of age must sign your proxy. The person who is appointed agent or alternate agent cannot sign as a witness.

New York State Department of Health

1/98

# Health Care Proxy

(1) I, \_\_\_\_\_

hereby appoint \_\_\_\_\_  
(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect when and if I become unable to make my own health care decisions.

(2) Optional instructions: I direct my agent to make health care decisions in accord with my wishes and limitations as stated below, or as he or she otherwise knows. (Attach additional pages if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Unless your agent knows your wishes about artificial nutrition and hydration [feeding tubes], your agent will not be allowed to make decisions about artificial nutrition and hydration. See instructions on reverse for samples of language you could use.)

(3) Name of substitute or fill-in agent if the person I appoint above is unable, unwilling or unavailable to act as my health care agent.

\_\_\_\_\_  
(name, home address and telephone number)

(4) Unless I revoke it, this proxy shall remain in effect indefinitely, or until the date or conditions stated below. This proxy shall expire (specific date or conditions, if desired):

\_\_\_\_\_

(5) Signature \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

## Statement by Witnesses (must be 18 or older)

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1 \_\_\_\_\_

Address \_\_\_\_\_

Witness 2 \_\_\_\_\_

Address \_\_\_\_\_



# Preventing Falls In Older Patients Checklist

**A key element in preventing falls is to create a "trip free" environment and practice "trip free" behaviors.**

## ENVIRONMENTAL SAFETY CHECKLIST

- 1. Provide adequate lighting so no one trips over unseen objects; use nightlights in bedrooms, bathrooms, halls, and stairways
- 2. Do not wax floors
- 3. Remove throw rugs unless taped down; tack carpet edges down
- 4. Do not stand on stepstools or ladders; ask younger persons to perform climbing chores
- 5. Use rubber mats in the bathtub and shower
- 6. Install handrails on both sides of stairways; install grab bars in bathtub/shower and by toilet
- 7. Install raised toilet seats
- 8. Keep sidewalks, walkways, and driveways repaired so that they are smooth and even
- 9. Keep pathways clear of shrubbery
- 10. Ensure that the telephone and/or emergency call buttons can be reached from the floor should a fall occur.

## PATIENT SAFETY CHECKLIST

- 11. Wear only shoes with non-skid soles (NO house slippers)
- 12. Check vision every year
- 13. Check hearing at least every two years; more often if hearing problems exist
- 14. Follow up *at once* if any of the following conditions arise as they can cause falls:
  - Foot pains or corns
  - Dizziness (especially upon standing up)
  - weakness, unsteadiness on feet
  - Disturbances of vision or hearing
  - Feelings of Confusion
  - Weight loss
  - Arthritis or joint stiffness
- 15. Ensure that the following assessments are made in regular checkups:
  - Medications; particularly people who take four or more drugs daily or who use sedative, hypnotic or antipsychotic drugs
  - Gait (walking ability) and balance
  - Overall physical fitness
  - Blood pressure – check for alterations when standing or after taking certain drugs
  - Nutrition
- 16. Encourage the following good health habits:
  - Limitations on alcohol intake
  - Regular exercise (i.e walking)
  - Good nutrition, including Vitamin D and calcium to keep bones strong

# ✂ *Time Out Respite Application*

## CAREGIVER APPLICATION FOR TIME OUT PROGRAM

**Complete both Respite forms completely and return to:  
Alzheimer's Foundation of Staten Island  
789 Post Avenue, Staten Island, NY 10310**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Caregiver Making Request: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Telephone: \_\_\_\_\_

### EMERGENCY INFORMATION:

Primary Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

*I understand that the Alzheimer's Foundation of Staten Island is not providing the care for respite services, but is instead providing payment for the services provided by one of the premier health care agencies on Staten Island. Therefore, the applicant, on behalf of the patient, waives the Alzheimer's Foundation of Staten Island from all liability from any losses or damages and liability that may result as a consequence of the patient having respite care. In addition, I understand that hourly and recipient allowances are subject to change.*

*Your signature will also serve as authorization for the Alzheimer's Foundation of Staten Island to share this information with the agencies we are contracted to.*

Signed: \_\_\_\_\_ Date \_\_\_\_\_

✂ Approved: \_\_\_\_\_ Date \_\_\_\_\_

Staff Member's Signature

# Time Out Respite Patient Analysis

## Patient Informational Analysis

1. Name: \_\_\_\_\_
2. Home Address: \_\_\_\_\_  
\_\_\_\_\_
3. Primary Caregiver: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Living Arrangements:        \_\_\_ Lives Alone        \_\_\_ Lives With Family
6. Have home health care services previously been provided?   \_\_\_ Yes        \_\_\_ No
7. Can the patient independently make their needs known?   \_\_\_ Yes        \_\_\_ No
8. What is the primary language spoken? \_\_\_\_\_
9. Verbal Skills:        \_\_\_ Difficulty Speaking        \_\_\_ Difficulty Understanding
10. Ambulation:        \_\_\_ Self        \_\_\_ Needs Assistance
11. Grooming /Hygiene:
  - a. Bathing        \_\_\_ Self        \_\_\_ Needs Assistance
  - b. Toileting        \_\_\_ Self        \_\_\_ Needs Assistance
  - c. Mouth Care        \_\_\_ Self        \_\_\_ Needs Assistance
  - d. Hair        \_\_\_ Self        \_\_\_ Needs Assistance
12. Behavior
  - a. Fears \_\_\_\_\_
  - b. Agitation \_\_\_\_\_
  - c. Quiet \_\_\_\_\_
13. Daily Routine (ex: walking, reading, shopping, etc.) \_\_\_\_\_  
\_\_\_\_\_

**GO TO NEXT PAGE TO COMPLETE FORM**

**PATIENT ANALYSIS CONTINUED**

14. Eating Habits

a. Favorites\_\_\_\_\_

b. Least Favorites\_\_\_\_\_

15. Likes/Dislikes\_\_\_\_\_

16. Additional Comments Welcomed\_\_\_\_\_

\_\_\_\_\_



# Time Out Respite Consent Form

## Consent for the Release of Confidential Information

RETURN THIS DOCUMENT WITH RESPITE FORMS TO SECURE PROMPT ASSISTANCE

I, \_\_\_\_\_, authorize a representative of the Alzheimer's Foundation of Staten Island, Inc. to disclose to \_\_\_\_\_ the following information: \_\_\_\_\_

I understand that my records are protected by Federal Law and cannot be disclosed without my written consent unless otherwise provided for Federal regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent automatically as described below.

Specification of the date, event or coordination upon which this consent expires:

THIS CONSENT IS VALID FOR SIX MONTHS FROM DATE OF EXECUTION

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Client/ Participant or judicially appointed Guardian or committee or incompetent client participant

\_\_\_\_\_  
Counter Signature of parent or guardian of a minor, or of an attorney for client/participant where he or she is a party to a proceeding in connection with which the disclosure is made

\_\_\_\_\_  
Staff Witness

THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW, FEDERAL REGULATIONS (42 CFR PART 2) PROHIBITS YOU FROM MAKING ANY FURTHER DISCLOSURE OF IT WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE

# Donation Form

The Alzheimer's Foundation of Staten Island hosts their **Annual Membership Campaign** every May, which lasts throughout the year. While membership is not required to receive our services, these donations help to make it possible for us to provide services to the 19,000 Alzheimer's and dementia patients throughout the Island.

In addition, the Foundation is providing this **Informational Guide to Caregiving** at no cost upon request. The cost of producing this book is more than \$10, and donations to ensure future updates and publications are greatly appreciated. Feedback is greatly appreciated, so please let us know if there is anything that you would like added to the *Guide*.

Please fill out and return the tear off form below if you are interested in making one of these donations to the Foundation:

\_\_\_\_\_ I wish to make a \$10.00 donation towards the *Informational Guide to Caregiving*

\_\_\_\_\_ I wish to make an Annual Membership donation in the amount checked off below

\_\_\_\_\_ \$25 (sustaining)

\_\_\_\_\_ \$75 (donor)

\_\_\_\_\_ \$35 (contributing)

\_\_\_\_\_ \$100 (corporate patron)

\_\_\_\_\_ \$50 (sponsor)

\_\_\_\_\_ \$500+ (Founder)

\$\_\_\_\_\_ (Other)

My Name \_\_\_\_\_

Address \_\_\_\_\_  
city state zip

Telephone Number \_\_\_\_\_

**Please make all checks payable to the Alzheimer's Foundation of Staten Island, Inc.**

**If you wish to pay by credit card, please include the following information:**

\_\_\_\_\_ Visa    \_\_\_\_\_ MasterCard    \_\_\_\_\_ Discover    \_\_\_\_\_ American Express

Card # \_\_\_\_\_    Expiration Date \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_

Return to:

**Alzheimer's Foundation of Staten Island**  
**789 Post Avenue, Staten Island, NY 10310**  
**Phone: (718) 667-7110    Fax: (718) 667-8431**

# Memorial Request Form

**Directions:**

Please print all information requested below, and return along with your contribution to the Alzheimer's Foundation of Staten Island. Upon receipt of your gift, the Foundation will send two acknowledgements: one to the party you have designated below and another to you, the memorial donor.

1. This gift is in memory of: \_\_\_\_\_

2. Kindly send memorial card to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

3. This memorial gift is being made by:

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Company (if applicable)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

4. If you wish to pay by credit card, please include the following information:

\_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ American Express

Card # \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_

Signature \_\_\_\_\_

5. Amount of Memorial Contribution: \$ \_\_\_\_\_

*Alzheimer's Foundation of Staten Island, Inc.*  
789 Post Avenue  
Staten Island, NY 10310  
Phone: (718) 667-7110  
Fax: (718) 667-8431



# In Honor of Request Form

**Directions:**

Please print all information requested below, and return along with your contribution to the Alzheimer's Foundation of Staten Island. Upon receipt of your gift, the Foundation will send two acknowledgements: one to the party you have designated below and another to you, the *In Honor Of* donor.

6. This gift is in honor of: \_\_\_\_\_

7. Kindly send honorarium card to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

8. This honorable gift is being made by:

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Company (if applicable)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

9. If you wish to pay by credit card, please include the following information:

\_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ American Express

Card # \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_

Signature \_\_\_\_\_

1. Amount of Contribution: \$ \_\_\_\_\_

*Alzheimer's Foundation of Staten Island, Inc.*  
789 Post Avenue  
Staten Island, NY 10310  
Phone: (718) 667-7110  
Fax: (718) 667-8431



# *Reminder Cards*

Place these cards near your phone, in your wallet or anywhere you keep important information

**Alzheimer's Foundation of Staten Island  
789 Post Avenue  
Staten Island, NY 10310  
(718) 667-7110  
Fax: (718) 667-8431  
E-Mail: [info@sialzheimers.org](mailto:info@sialzheimers.org)  
Website: [www.sialzheimers.org](http://www.sialzheimers.org)**

**Alzheimer's Foundation of Staten Island  
789 Post Avenue  
Staten Island, NY 10310  
(718) 667-7110  
Fax: (718) 667-8431  
E-Mail: [info@sialzheimers.org](mailto:info@sialzheimers.org)  
Website: [www.sialzheimers.org](http://www.sialzheimers.org)**