

STAGES OF ALZHEIMER'S DISEASE

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STAGE ONE: FORGETFUL

Mild or Early Stage, lasts 2 to 8 years. Person needs occasional reminders, lists and routine.

1. Short term memory loss.
2. Disorientation to time; spatial disorientation.
3. Aphasia, mild anomia, some circumlocution.
4. Mild apraxia.
5. Judgement errors.
6. Absent-minded, difficulty concentrating.
7. Affect changes.
8. Self-aware or unaware of deficits or changes
9. Behavior or lifestyle changes.

STAGE TWO: CONFUSION

Middle/Moderate Stage, last 3 to 6+ years. Person needs assistance and supervision.

1. Short-term and remote memory loss.
2. Needs help with activities of daily living (bathing, toileting, etc.)
3. Emotional ups and downs.
4. Aphasia, paraphasia with semantic/phonemic errors.
5. Ideational and ideomotor apraxia. One or two step skills.
6. Agnosia; less able to interpret sensory input (visual, touch, etc.)
7. Restless, listless, wandering or slow moving, hard to motivate (abulia).
8. Clumsy movement, decreased muscle control and some ataxia.

STAGE THREE: DEMENTIA

Severe or End Stage, lasts 1 to 4 years. Person needs constant supervision assistance. Respite essential to primary caregiver.

1. Decreased communication skills, difficulty talking or understanding.
2. Apraxia, one step skills.
3. Perseveration.
4. Minimal motor control.
5. Forgets social graces, decreased eating, and spontaneous outbursts.
6. Behavioral problems, such as wandering, unwilling to bathe or dress.
7. Incontinent and bedridden.

HELP FOR CAREGIVERS: REMEMBER: A SENSE OF HUMOR IS ESSENTIAL!

1. Be consistent. Do things the same way each time.
2. Stay positive. Smile 😊 Praise.
3. Body language. Eye contact. Point. Pleasant voice.
4. Keep pleasant distractions handy: snacks, music, a pet.
5. Let others help: family, friends, and community resources.
6. Take your time. One step at a time. Stay on a daily routine

HELPING APRAXIA:

1. Familiar actions and tools are easier than anything new or strange.
2. Be careful of sharp or dangerous tools.
3. Simple movements are easier than complicated movements.
4. One step activities are easier than those with many steps.
5. Reduce the choice of tools. Use one object at a time.
6. Proximal movements (movements toward the body) are easier than distal movements (movements away from the body).
7. As each step is completed, remind about the next step (if needed).

**REMEMBER K.I.S.S. (KEEP IS SHORT AND SWEET)
SET UP THE BEST CONDITIONS:
THE BEST SETTING; THE BEST STATE OF MIND; THE BEST WAY TO TALK.**

HELPING APHASIA:

1. The best place is quiet and peaceful in a small group.
2. The best state of mind is rested and fresh.

The best way to talk is:

- a. Say the most important thing first. Be direct. Be brief.
- b. Keep the patient's attention.
- c. Talk slowly; give patient time to understand. Repeat.
- d. Use everyday words, short statements, simple grammar.
- e. Use few describing words. Use nouns, names of people & objects.
- f. Do not use abstract, general words or pronouns.
- g. Do not use metaphors (describing a likeness).
- h. Give correct order when talking about actions using many steps.

TO HELP THE PATIENT UNDERSTAND:

1. Use hand signals. Point. Show pictures. Speak clearly and slowly.
2. Write. Being able to read aloud does not mean understanding.
3. Ask questions that need "Yes/No" answers.

HELP PATIENTS COMMUNICATE BY HAVING THEM:

1. Point. Show with an arm and hand. Write or draw it.
2. Act out the request or need. Use facial expression to show meaning.

READING SUGGESTIONS

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The Alzheimer's Center at Albany Medical Center

THE IMPORTANCE OF A SPECIALIST DIAGNOSIS IN PERSONS WITH MEMORY PROBLEMS

If you or a loved one is suffering from memory problems, there are many reasons to be assessed by a neurologist who specializes in this area. Memory is complex and can be negatively affected by a variety of factors including depression, effects of medications, and various medical illnesses. Early identification of Alzheimer's disease and other causes of memory problems are key to optimizing treatment for the condition and can improve the quality of lives of persons and families affected.

POTENTIAL BENEFITS OF EARLY DIAGNOSIS

Early detection and diagnosis...

FOR PATIENTS:

- Gives patients an opportunity to better understand their diagnosis and what to expect
- Allows patients the ability to make choices about treatment options including potential access to the latest experimental treatments and clinical trials
- Allows patients and their care partners time to build a care team and participate in support services
- Gives patients more time to make future plans regarding employment, financial and legal arrangements, healthcare directives and long-term planning before cognition further declines

FOR FAMILY MEMBERS and CARE PARTNERS:

- Can increase opportunities to learn about the patient's current and upcoming symptoms, deficits, challenges, behavioral changes and safety issues associated with disease progression
- Allows family members and care partners time for to build support networks and access support services for themselves as well as for the patient
- Contributes to better informed decision making regarding optimal in home care and long term placement options

FOR CLINICIANS:

- Detection of early warning signs and cognitive changes that may be attributable to other sources, allows physicians to identify and treat reversible conditions that mimic cognitive impairment and dementia
- Early detection and identification means earlier treatment of memory disorders, helping providers deliver better care
- Early detection can help physicians better manage a patient's comorbid conditions including avoidance of prescription medications that may worsen cognition or function
- May allow for referral to ongoing clinical trials and other studies
- Allows clinician the opportunity to refer patients and caregivers to support services

Early recognition and diagnosis can improve the quality of lives of persons and families affected by memory impairments.

The Alzheimer's Center at Albany Medical Center

The neurologists at the Alzheimer's Center at Albany Medical Center are specialists in the assessment, diagnosis, and treatment of memory disorders. In our clinic, a comprehensive treatment team carefully reviews each patient's story in order to best identify the causes of memory complaints and make appropriate recommendations. Our social work team members assist patients and their care partners navigate the programs and services available and provide education, support and referral throughout their care journey.

OUR TEAM:

Earl A. Zimmerman, MD

Professor of Neurology, Director, The Alzheimer's Center at Albany Medical Center

Dzintra Celmins, MD

David Hart, MD

Connie Barber, RN

Michelle Kaplan, MD

Mary Eglow, Clinical Research RN

Nancy Cummings, MBA

Carli Wilkes, MSW

Mary Moller, MSW, CAS

Natalie Turner, LMSW

Mary Gillespie-Yalaju

***Early recognition and diagnosis can improve the quality of lives
of persons and families affected by memory impairments.***

For more information about The Alzheimer's Center at Albany Medical Center:

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www.amc.edu/alzheimers

The Alzheimers 's Center
of Albany Medical Center

The Anne B. and Leon J. Goldberg
Alzheimer's Resource Program

NYSDOH designated
Center of Excellence
for Alzheimer's Disease

Understanding and Managing Challenging Behaviors

Understanding Behavior

- **Behavior** is a response to stimuli or environment, it is anything one says or does
- **Behavior** is often purposeful/goal oriented
- **Behavior** is measurable and can be changed
- **Behavior** that is unusual or unconventional but not potentially harmful may not require intervention.

Common behavioral problems associated with Alzheimer's Disease/Dementia

- Agitation, aggressiveness, resistance
- Psychosis: may include delusions or hallucinations
- Depression
- Disinhibition
- Anxiety, repetitiveness
- Wandering

Assessment of behavioral problems

- Utilize a team approach, include family caregivers
- Re-evaluate every three (3) months or as needed
- **Explore the following:**
- **WHAT:** specifically define the behavior, its frequency, intensity and duration
- **WHO:** is the behavior associated with a specific individual or group of individuals?
- **WHEN:** does the behavior occur?
- **WHERE:** in what setting(s) does the behavior occur?
- **WHY:** utilize in a four (4) point analysis to try and determine the cause of the behavior

Four point model for identifying potential causes of behavioral problems

Physical and Emotional Status

- Chronic illness (physical or mental)
- Acute illness/condition (UTI, pneumonia, fever, infection, constipation)
- Effects of medications
- Impaired sight or hearing or both
- Emotional reactions caused by memory loss and confusion (frustration, fear, anxiety, sadness)
- Dehydration, nutritional deficiencies
- Pain/discomfort
- Fatigue

Environmental

- Too large
- Overly stimulating: too cluttered, noisy, too many patterns and prints
- Not stimulating enough
- Unfamiliar/lacks appropriate information, clues, cues, lack of structure

Understanding and Managing Challenging Behaviors

Task at Hand

- Too complicated/too many steps combined
- Not modified for increasing impairment
- Unfamiliar

Communication

- Person has difficulty communicating or understanding communication

Modify the Behavior

- Monitor and treat medical conditions, pain and discomfort
- Alter the environment: minimize noise and over-stimulation, keep familiar possessions and appropriate cues in view, provide structure and consistency
- Utilize task breakdown techniques (formal or informal)
- Utilize techniques for successful communication: calm tone of voice, YES statements, diversion
- Add distraction techniques
- Alternative therapies and creative interventions
- Purposeful/therapeutic activity
- Provide ongoing support and education for all caregivers
- Pharmacology

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***Compliments of the Anne B. and Leon J. Goldberg Resource Center, The Alzheimer's Center of
Albany Medical Center***

08/15/2018