Section 6
Understanding Alzheimer's

Alzheimer's Disease

Alzheimer's (AHLZ-high-merz) is a disease of the brain. It destroys brain cells, causing problems with memory, thinking and behavior. It is the most common form of dementia.

It is estimated that there are as many as 5.4 million Americans living with Alzheimer's. This includes 5.2 million people age 65 and over and 200,000 people under age 65 with younger-onset Alzheimer's disease. The number of Americans with Alzheimer's disease and other dementias will grow each year as the proportion of the U.S. population that is over age 65 continues to increase. The number will escalate rapidly in coming years as the baby boom generation ages.

Alzheimer's is not a typical part of aging; it gets worse over time and it is fatal. Today it is the sixth-leading cause of death in the United States. There is currently no cure for Alzheimer's, but new treatments are on the horizon as a result of accelerating insight into the biology of the disease. Research has also shown that effective care and support can improve quality of life for individuals and their caregivers over the course of the disease from diagnosis to the end of life.

10 Warning Signs of Alzheimer's Disease©
The Alzheimer's Association has developed a checklist of common symptoms to help recognize the warning signs of Alzheimer's disease.

1. Memory changes that disrupt daily life
2. Challenges in planning or solving problems
3. Difficulty completing familiar tasks
4. Confusion to time and place
5. Trouble understanding visual images and spatial relationships
6. New problems with words in speaking or writing
7. Misplacing things and losing the ability to retrace steps
8. Decreased or poor judgment
9. Withdrawal from work or social activities
10. Changes in mood and personality

If you or someone you know is experiencing these symptoms, consult a doctor. Every individual may experience one or more of these in different degrees. If you notice any of them, please see a doctor. Early and accurate diagnosis of Alzheimer's disease or other dementias is an important step to getting the right treatment, care and support.

Causes of Alzheimer's disease
In the vast majority of cases, the cause of Alzheimer's disease remains unknown. Most experts agree that Alzheimer's, like other common, chronic conditions, likely develops as a result of multiple factors rather than a single cause. Age is the greatest risk factor for Alzheimer's. Most Americans with Alzheimer's disease are age 65 or older.

A small percentage of Alzheimer cases is caused by rare, genetic variations found in a few hundred families worldwide. In these inherited forms of Alzheimer's, the disease tends to strike

younger individuals. When Alzheimer's is first recognized in a person under age 65, this is referred to as "younger-onset Alzheimer's."

How Alzheimer's disease affects the brain
Scientists believe that whatever triggers Alzheimer's begins to damage the brain years before symptoms appear. When symptoms emerge, nerve cells that process, store and retrieve information have already begun to degenerate and die.

Scientists regard two abnormal microscopic structures called "plaques" and "tangles" as the hallmarks of Alzheimer's disease. Amyloid plaques (AM-uh-loyd plaks) are clumps of protein fragments that accumulate between the brain's nerve cells. Tangles are twisted strands of another protein that form inside brain cells. Scientists have not yet determined the exact role that plaques and tangles may play. To learn more about how Alzheimer's affects the brain, see our online Brain Tour: www.alz.org/braintour

Diagnosing Alzheimer's disease
Experts estimate that a doctor experienced in diagnosing Alzheimer's can make a diagnosis with more than 90 percent accuracy. Because there is no single test for Alzheimer's, diagnosis usually involves a thorough medical history and physical examination as well as tests to assess memory and the overall function of the mind and nervous system. The doctor may ask a family member or close friend about any noticeable change in the individual's memory or thinking skills.

Most diagnostic uncertainty arises from occasional difficulty distinguishing Alzheimer's disease from a related dementia. Dementia is a general term for a group of brain disorders that affect memory, judgment, personality and other mental functions. Alzheimer's disease is the most common type of dementia, accounting for 60 to 80 percent of cases.

Vascular dementia, another common form, results from reduced blood flow to the brain's nerve cells. In some cases, Alzheimer's disease and vascular dementia can occur together in a condition called "mixed dementia." Other causes of dementia include frontotemporal dementia, dementia with Lewy bodies, Creutzfeldt-Jakob disease and Parkinson's disease. Learn more about related dementias: www.alz.org/relateddementias.

One important goal of the diagnostic workup is to determine whether symptoms may be due to a condition other than Alzheimer's. Depression, medication side effects, certain thyroid conditions, excess use of alcohol and nutritional imbalances are all potentially treatable disorders that may sometimes impair memory or other mental functions. Even if the diagnosis is Alzheimer's disease, timely identification enables individuals to take an active role in treatment decisions and planning for the future.

Treatment and prevention of Alzheimer's disease
Medications approved by the U.S. Food and Drug Administration (FDA) may temporarily delay memory decline and treat Alzheimer symptoms for some individuals, but none of the currently approved drugs is known to stop or prevent the disease. Certain drugs approved to treat other illnesses may sometimes help with the emotional and behavioral symptoms of Alzheimer's.

One important part of treatment is supportive care that helps individuals and their families come to terms with the diagnosis; obtain information and advice about treatment options; and maximize quality of life through the course of the illness.

Many scientists consider the emerging field of prevention one of the most exciting recent developments in dementia research. Some of the most exciting preliminary evidence suggests that strategies for general healthy aging may also help reduce the risk of developing Alzheimer's. These measures include controlling blood pressure, weight and cholesterol levels; exercising both body and mind; eating a brain-healthy diet that is low in fat and includes fruits and vegetables; and staying socially active.

Impact on people living with Alzheimer's disease
Due to changes in the brain, people with Alzheimer's will eventually lose sense of who they are and the ability to care for themselves. The disease affects independence, relationships and the ability to express oneself.

Younger individuals with the disease can also face other issues. If they are employed, they may have to reduce work hours or quit, leaving a gap in the family income. Kids may still be living at home. Insurance and other benefits may be more difficult to get to help pay for care.

Impact on caregivers
Millions of family members are currently facing the enormous physical, emotional and financial impact of caring for a loved one. Seventy percent of people with Alzheimer's live at home, where family and friends provide most of their care and pay for it out of their own pockets.

Impact on society
Alzheimer's takes an enormous toll on society. Total payments from all sources for health and long-term care services for people with Alzheimer's and dementia will amount to $183 billion. People with Alzheimer's and other dementias are high users of healthcare, long-term care and hospice. Total payments for these types of care from all services, including Medicare and Medicaid, are nearly three times higher for older people with Alzheimer's and other dementias than for other older people.

The Alzheimer's Association is the leading voluntary health organization in Alzheimer care, support and research.

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Alzheimer's Disease and Other Dementias

About dementia
Dementia is a general term for a group of brain disorders. Alzheimer's disease is the most common type of dementia, accounting for 60 to 80 percent of cases. This fact sheet briefly discusses Alzheimer's and some other dementias.

All types of dementia involve mental decline that:

- occurred from a higher level (for example, the person didn't always have a poor memory)
- is severe enough to interfere with usual activities and daily life
- affects more than one of the following four core mental abilities
- recent memory (the ability to learn and recall new information)
- language (the ability to write or speak, or to understand written or spoken words)
- visuospatial function (the ability to understand and use symbols, maps, etc., and the brain's ability to translate visual signals into a correct impression of where objects are in space)
- executive function (the ability to plan, reason, solve problems and focus on a task)

Alzheimer's disease
Although symptoms can vary widely, the first problem many people with Alzheimer's notice is forgetfulness severe enough to affect their work, lifelong hobbies or social life. Other symptoms include confusion, trouble with organizing and expressing thoughts, misplacing things, getting lost in familiar places, and changes in personality and behavior.

These symptoms result from damage to the brain's nerve cells. The disease gradually gets worse as more cells are damaged and destroyed. Scientists do not yet know why brain cells malfunction and die, but two prime suspects are abnormal microscopic structures called plaques and tangles. For more detailed information about Alzheimer's disease, please visit our Web site www.alz.org or contact us at 1.800.272.3900.

Mild cognitive impairment (MCI)
In MCI, a person has problems with memory or one of the other core functions affected by dementia. These problems are severe enough to be noticeable to other people and to show up on tests of mental function, but not serious enough to interfere with daily life. When symptoms do not disrupt daily activities, a person does not meet criteria for being diagnosed with dementia. The best-studied type of MCI involves a memory problem.

Individuals with MCI have an increased risk of developing Alzheimer's disease over the next few years, especially when their main problem involves memory. However, not everyone diagnosed with MCI progresses to Alzheimer's or another kind of dementia.

Vascular dementia (VaD)
Many experts consider vascular dementia the second most common type, after Alzheimer's disease. It occurs when clots block blood flow to parts of the brain, depriving nerve cells of

food and oxygen. If it develops soon after a single major stroke blocks a large blood vessel, it is sometimes called "post-stroke dementia."

It can also occur when a series of very small strokes, or infarcts, clog tiny blood vessels. Individually, these strokes do not cause major symptoms, but over time their combined effect is damaging. This type used to be called "multi-infarct dementia."

Symptoms of vascular dementia can vary, depending on the brain regions involved. Forgetfulness may or may not be a prominent symptom, depending on whether memory areas are affected. Other common symptoms include difficulty focusing attention and confusion. Decline may occur in "steps," where there is a fairly sudden change in function.

People who develop vascular dementia may have a history of heart attacks. High blood pressure or cholesterol, diabetes or other risk factors for heart disease are often present.

Mixed dementia
In mixed dementia, Alzheimer's disease and vascular dementia occur at the same time. Many experts believe mixed dementia develops more often than was previously realized and that it may become increasingly common as people age. This belief is based on autopsies showing that the brains of up to 45 percent of people with dementia have signs of both Alzheimer's and vascular disease.

Decline may follow a pattern similar to either Alzheimer's or vascular dementia or a combination of the two. Some experts recommend suspecting mixed dementia whenever a person has both (1) evidence of cardiovascular disease and (2) dementia symptoms that get worse slowly.

Dementia with Lewy bodies (DLB)
In DLB, abnormal deposits of a protein called alpha-synuclein form inside the brain's nerve cells. These deposits are called "Lewy bodies" after the scientist who first described them. Lewy bodies have been found in several brain disorders, including dementia with Lewy bodies, Parkinson's disease and some cases of Alzheimer's.

Symptoms of DLB include:

- Memory problems, poor judgment, confusion and other symptoms that can overlap with Alzheimer's disease
- Movement symptoms are also common, including stiffness, shuffling walk, shakiness, lack of facial expression, problems with balance and falls
- Excessive daytime drowsiness
- Visual hallucinations
- Mental symptoms and level of alertness may get better or worse (fluctuate) during the day or from one day to another
- In about 50 percent of cases, DLB is associated with a condition called rapid eye movement (REM) sleep disorder. REM sleep is the stage where people usually dream. During normal REM sleep, body movement is blocked and people do not "act out" their dreams. In REM sleep disorder, movements are not blocked and people act out their dreams, sometimes vividly and violently.

Parkinson's disease (PD)
Parkinson's is another disease involving Lewy bodies. The cells that are damaged and destroyed are chiefly in a brain area important in controlling movement. Symptoms include tremors and shakiness; stiffness; difficulty with walking, muscle control, and balance; lack of facial expression; and impaired speech. Many individuals with Parkinson's develop dementia in later stages of the disease.

Frontotemporal dementia (FTD)
FTD is a rare disorder chiefly affecting the front and sides of the brain. Because these regions often, but not always, shrink, brain imaging can help in diagnosis. There is no specific abnormality found in the brain in FTD. In one type called Pick's disease, there are sometimes (but not always) abnormal microscopic deposits called Pick bodies.

FTD progresses more quickly than Alzheimer's disease and tends to occur at a younger age. The first symptoms often involve changes in personality, judgment, planning and social skills. Individuals may make rude or off-color remarks to family or strangers, or make unwise decisions about finances or personal matters. They may show feelings disconnected from the situation, such as indifference or excessive excitement. They may have an unusually strong urge to eat and gain weight as a result.

Creutzfeldt-Jakob disease (CJD)
Creutzfeldt-Jakob disease (pronounced CROYZ-felt YAH-cob) is a rare, rapidly fatal disorder affecting about 1 in a million people per year worldwide. It usually affects individuals older than 60. CJD is one of the prion (PREE-awn) diseases. These disorders occur when prion protein, a protein normally present in the brain, begins to fold into an abnormal three-dimensional shape. This shape gradually triggers the protein throughout the brain to fold into the same abnormal shape, leading to increasing damage and destruction of brain cells.

Recently, "variant Creutzfeldt-Jakob disease" (vCJD) was identified as the human disorder believed to be caused by eating meat from cattle affected by "mad cow disease." It tends to occur in much younger individuals, in some cases as early as their teens.

The first symptoms of CJD may involve impairment in memory, thinking and reasoning or changes in personality and behavior. Depression or agitation also tend to occur early. Problems with movement may be present from the beginning or appear shortly after the other symptoms. CJD progresses rapidly and is usually fatal within a year.

Normal pressure hydrocephalus (NPH)
Normal pressure hydrocephalus (high-droh-CEFF-a-luss) is another rare disorder in which fluid surrounding the brain and spinal cord is unable to drain normally. The fluid builds up, enlarging the ventricles (fluid-filled chambers) inside the brain. As the chambers expand, they can compress and damage nearby tissue. "Normal pressure" refers to the fact that the spinal fluid pressure often, although not always, falls within the normal range on a spinal tap.

The three chief symptoms of NPH are (1) difficulty walking, (2) loss of bladder control and (3) mental decline, usually involving an overall slowing in understanding and reacting to

information. A person's responses are delayed, but they tend to be accurate and appropriate to the situation when they finally come.

NPH can occasionally be treated by surgically inserting a long thin tube called a shunt to drain fluid from the brain to the abdomen. Certain television broadcasts and commercials have portrayed NPH as a highly treatable condition that is often misdiagnosed as Alzheimer's or Parkinson's disease. However, most experts believe it is unlikely that significant numbers of people diagnosed with Alzheimer's or Parkinson's actually have NPH that could be corrected with surgery. NPH is rare, and it looks different from Alzheimer's or Parkinson's to a physician with experience in assessing brain disorders. When shunting surgery is successful, it tends to help more with walking and bladder control than with mental decline.

Huntington's disease (HD)
HD is a fatal brain disorder caused by inherited changes in a single gene. These changes lead to destruction of nerve cells in certain brain regions. Anyone with a parent with Huntington's has a 50 percent chance of inheriting the gene, and everyone who inherits it will eventually develop the disorder. In about 1 to 3 percent of cases, no history of the disease can be found in other family members. The age when symptoms develop and the rate of progression vary.

Symptoms of Huntington's disease include twitches, spasms, and other involuntary movements; problems with balance and coordination; personality changes; and trouble with memory, concentration or making decisions.

Wernicke-Korsakoff syndrome
Wernicke-Korsakoff syndrome is a two-stage disorder caused by a deficiency of thiamine (vitamin B-1). Thiamine helps brain cells produce energy from sugar. When levels of the vitamin fall too low, cells are unable to generate enough energy to function properly. Wernicke encephalopathy is the first, acute phase, and Korsakoff psychosis is the long-lasting, chronic stage.

The most common cause is alcoholism. Symptoms of Wernicke-Korsakoff syndrome include:

- confusion, permanent gaps in memory and problems with learning new information
- individuals may have a tendency to "confabulate," or make up information they can't remember
- unsteadiness, weakness and lack of coordination

If the condition is caught early and drinking stops, treatment with high-dose thiamine may reverse some, but usually not all, of the damage. In later stages, damage is more severe and does not respond to treatment.

The Alzheimer's Association is the leading voluntary health organization in Alzheimer care, support and research.

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KNOW the 10 SIGNS

EARLY DETECTION MATTERS

Have you noticed any of these warning signs?

Please list any concerns you have and take this sheet with you to the doctor.

Note: This list is for information only and not a substitute for a consultation with a qualified professional.

____1. **Memory loss that disrupts daily life.** One of the most common signs of Alzheimer's, especially in the early stages, is forgetting recently learned information. Others include forgetting important dates or events; asking for the same information over and over; relying on memory aides (e.g., reminder notes or electronic devices) or family members for things they used to handle on their own. **What's typical?** Sometimes forgetting names or appointments, but remembering them later.

____2. **Challenges in planning or solving problems.** Some people may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills. They may have difficulty concentrating and take much longer to do things than they did before. **What's typical?** Making occasional errors when balancing a checkbook.

____3. **Difficulty completing familiar tasks at home, at work or at leisure.** People with Alzheimer's often find it hard to complete daily tasks. Sometimes, people may have trouble driving to a familiar location, managing a budget at work or remembering the rules of a favorite game. **What's typical?** Occasionally needing help to use the settings on a microwave or to record a television show.

____4. **Confusion with time or place.** People with Alzheimer's can lose track of dates, seasons and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there. **What's typical?** Getting confused about the day of the week but figuring it out later.

____5. **Trouble understanding visual images and spatial relationships.** For some people, having vision problems is a sign of Alzheimer's. They may have difficulty reading, judging distance and determining color or contrast. In terms of perception, they may pass a mirror and think someone else is in the room. They may not recognize their own reflection. **What's typical?** Vision changes related to cataracts.

____6. **New problems with words in speaking or writing.** People with Alzheimer's may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue or they may repeat themselves. They may struggle with vocabulary, have problems finding the right word or call things by the wrong name (e.g., calling a watch a "hand clock"). **What's typical?** Sometimes having trouble finding the right word.

____7. **Misplacing things and losing the ability to retrace steps.** A person with Alzheimer's disease may put things in unusual places. They may lose things and be unable to go back over their steps to find them again. Sometimes, they may accuse others of stealing. This may occur more frequently over time. **What's typical?** Misplacing things from time to time, such as a pair of glasses or the remote control.

____8. **Decreased or poor judgment.** People with Alzheimer's may experience changes in judgment or decision making. For example, they may use poor judgment when dealing with money, giving large amounts to telemarketers. They may pay less attention to grooming or keeping themselves clean. **What's typical?** Making a bad decision once in a while.

____9. **Withdrawal from work or social activities.** A person with Alzheimer's may start to remove themselves from hobbies, social activities, work projects or sports. They may have trouble keeping up with a favorite sports team or remembering how to complete a favorite hobby. They may also avoid being social because of the changes they have experienced. **What's typical?** Sometimes feeling weary of work, family and social obligations.

____10. **Changes in mood and personality.** The mood and personalities of people with Alzheimer's can change. They can become confused, suspicious, depressed, fearful or anxious. They may be easily upset at home, at work, with friends or in places where they are out of their comfort zone. **What's typical?** Developing very specific ways of doing things and becoming irritable when a routine is disrupted.

If you have questions about any of these warning signs, the Alzheimer's Association recommends consulting a physician. Early diagnosis provides the best opportunities for treatment, support and future planning.

For more information, go to alz.org/10signs or call 800.272.3900.

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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 or a related dementia. If you have noticed these signs, it is important to consider a diagnosis for the following reasons:

- Many things can cause dementia which is a decline in intellectual ability severe enough to interfere with a person's daily routine. Dementias related to depression, drug interaction, malnutrition, B-12 deficiency, and thyroid problems may be reversible.

- Other causes of dementia include strokes, Huntington's disease, and Parkinson's disease. Alzheimer's disease is the most common cause of dementia. It is important to identify the actual cause in order for an individual to receive the proper care.

- An individual who may have Alzheimer's disease may be able to maximize the quality of his or her life by receiving an early diagnosis. It may also help to resolve anxiety of wondering "What's wrong with me?"

- An early diagnosis may allow time to plan for the future. Decisions regarding care, living arrangements, financial and legal issues, and other important issues may be addressed while the individual can still participate fully in making informed decisions.

- 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 members.

THE DIAGNOSTIC PROCESS

There is no one diagnostic test that can detect if a person has Alzheimer's disease. Typically, diagnosis is made by creating a detailed medical history of the person and by reviewing the results of several tests. These include a complete physical and neurological examination, a psychiatric assessment and laboratory tests. Once this testing is completed, a diagnosis of "probable" Alzheimer's disease may be made by process of elimination. However, experienced diagnosticians can be 90-95% certain that 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 nursing staff.

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 Alzheimer's Association Desert Southwest Chapter can refer you to physicians and/or diagnostic centers in the community.

Steps in getting a diagnosis usually involve the following:

1. **Medical History Determination**
   The person being tested and family members will be interviewed both individually and together to gather background information on the person's daily functioning, current mental and physical conditions, as well as family medical history.

2. **Mental Status Evaluation**
   During the mental status evaluation, the person's sense of time and place, and ability to remember, understand, communicate and do simple calculations are 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. When reviewing the rest results, the physician will consider the individual's overall performance in relation to his or her education background physical condition and occupation.

3. **Physical Examination**
   During the physical exam, the physician will evaluate the individual's nutritional status, blood pressure, pulse and other factors. The physician will also search for the presence of cardiac, vascular, respiratory, liver, kidney and thyroid diseases. Some of these conditions or the combination may cause dementia-like symptoms in some individuals.

4. **Neurological Exam**
   A physician, usually a neurologist, will 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), brain tumors, 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 in their hands and feet, and listen for slurred speech.

5. **Laboratory Tests**
   A variety of tests will be ordered by the physician to help diagnose Alzheimer's disease by ruling out other disorders. Levels of vitamin B-12 and folic acid are measured, as low levels may be associated with dementia. Since very high or low amounts of the thyroid hormones can cause confusion or dementia, levels of the thyroid hormones are measured through a blood test. A physician may also order an EEG (electroencephalogram) to detect abnormal brain wave activity. This test can detect conditions such as epilepsy, which can sometimes cause prolonged, but 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, stokes, blood clots and the build up of fluid associated with hydrocephalus. MRI (magnetic resonance imaging) is another brain-imaging technique sometimes used. Other tests may also be recommended but are not usually necessary for the diagnosis. These include PET (positron emission tomography) scans, 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 Orton Emission Computed Tomography) scan, which shows blood circulation in the brain.

6. **Psychiatric, Psychological and other Evaluations**
   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 type. Neuropsychological testing

may also be done to test memory, reasoning, writing, vision-motor coordination and ability to express ideas. These tests may take several hours, and may involve interviews with a psychologist, as well as written tests. 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 functioning.

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 consultation to arrive at the diagnosis. If all test results appear to be consistent with Alzheimer's disease, the clinical diagnosis will be "probable Alzheimer's disease", or "dementia of the Alzheimer 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 Association, Desert Southwest Chapter at (520) 322-6601 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 an 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 Association Desert Southwest Chapter if you have any questions or concerns.
- Offer to accompany the person during the testing process if he or she is 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 all 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.

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. Following are questions that you may want to ask regarding the diagnostic process. It may be helpful to start writing down events that occur and any changes in the person's abilities, behavior and personality that cause you to suspect Alzheimer's disease.

Questions You May Be Asked:

- What symptoms have you noticed?
  - Do you have difficulty performing simple tasks?
  - Is there recent memory loss that affects job skills?
  - Have you noticed poor or decreased judgment?
  - Are there other things you've noticed?
- When did symptoms first appear?
- How have the symptoms changed over time?
- Does the individual suffer from other medical conditions?
- Have other family members been diagnosed with Alzheimer's disease?

Questions to Ask Before Diagnosis Testing:

- Which test will be performed?
- Will any of the tests involve pain or discomfort for the individual?
- How long will the test take?
- How long will it take to learn the results of the test?

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 trails available?

The Alzheimer's Association® is the only national health and social service organization dedicated to research, and to providing support and assistance to people with Alzheimer's disease, their families and caregivers. Founded in 1980, the association works through a network of more than 80 chapters across the country.

The Alzheimer's Association Desert Southwest Chapter provides programs and services to tens of thousands of families including Helpline – a 24/7 assistance line, MedicAlert®+Safe Return®, Family Care Consultation, Support Groups, Education, Early Stage Programming and Legislative Advocacy. Please, contact us for any more information or assistance, 24 hours a day, seven days a week, at 800.272.3900 or online at www.alz.org/dsw.

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Stages of Alzheimer's Disease

Each individual's experience with Alzheimer's disease is unique. However, there are some changes that are more common or expected. This chart overviews some the more typical changes caregivers may see throughout the disease.

Early Stage (2-4 years leading up to diagnosis)	**Middle Stage** (2-10 years)	**Late Stage** (1-3 years)	**Terminal Stage**
Symptoms: • Moderate memory loss with increased loss of recent events • Difficulty performing familiar tasks • Problems with language • Some difficulty with time and place • Poor or decreased judgment • Difficulty with problem solving • Changes in personality, mood behavior • Anxiety & depression about symptoms • Loss of initiative • Usually independent in daily living activities	**Symptoms:** • Increasing memory loss, confusion or shorter attention span • Problems recognizing friends/family • Disorientation to time, place & situation • More impaired judgment & problem solving skills • Difficulty organizing thoughts, actions and thinking logically • Personality and behavioral changes • May be suspicious, irritable, restless • Loss of impulse control • May see or hear things not present • May develop problems with bathing or receiving physical care from others • Becoming more dependent on others for assistance with physical care and home chores	**Symptoms:** • Severe memory loss • Minimal or no speech • Increased feeding and/or swallowing problems • Knows only self • NO judgment or problems solving skills • Unable to control bladder or bowels • May place items in mouth • May not be able to walk or need maximum amount of assistance to walk • May be prone to infection or skin break down • May have seizures • Dependent for all care needs	**Symptoms:** • Generally has most of late stages symptoms and any of the following symptoms to meet hospice eligibility: ○ (aspiration) pneumonia ○ Bladder infection ○ General infection ○ Bed sores ○ Fever after treating with antibiotics ○ Weight loss and inability to maintain sufficient fluids
Examples: • Forgets things more often and becomes more forgetful as disease progresses • Paying bills/writing checks becomes more difficult and contains errors • Loses things • Arrives at wrong time or place and constantly rechecks calendar • Word finding and language skills become more impaired • Difficulty starting or completing activities • Routine chores become more difficult and take longer to complete • Gets lost or confused especially in new environment • Gets lost driving	**Examples:** • Memory loss becomes more severe • May ask questions over and over • Difficulty with personal care such as bathing, dressing or personal hygiene • Difficulty shopping, preparing meals, caring for home & managing finances • Can't find the right words • Problems with numbers • Suspicious – may accuse spouse of hiding things or infidelity • Loss of impulse control, sloppy manners, may undress at inappropriate times • Sleep disturbance at night – may wake up and wander	**Examples:** • Looks into mirror or talks to own image • Speaks very little or makes no sense • May scream, groan or make grunting sounds (this may indicate pain) • May hold food in mouth or forget to chew or swallow • May start to sleep more	**Examples:** • Bed bound or wheelchair bound • Frequent infections or fever • Unexplained weight loss • Not able to swallow or begins to choke • Person's previously stated views about death and dying are recognized and honored by caregiver(s)
Care Needs: Individuals can generally live alone but may need supervision for driving, taking medications, oversight of finances, and/or housekeeping/lawn care chores	**Care Needs:** Needs 24-hour supervision, structure and routine. May respond to verbal reminders to initiate and/or complete daily living skills	**Care Needs:** Needs 24-hour supervision and total assistance with all care needs. Depending on symptoms, Hospice evaluation can be initiated	**Care Needs:** Needs 24-hour supervision and total assistance for all care needs. Person should qualify for Hospice program

Differences Between Normal Aging and Alzheimer's Disease

- You forget where you parked your car but not that you drive a car
- You forget where you put your keys, but not what the keys are for
- You go into a room and forget why you're there, but not where you are
- You forget people's names, but not their faces
- You sometimes can't find the right word, but don't forget what the word means
- Driving to your friend's house, you inadvertently turn into the shopping center, but your don't lose your way

Basic Principles of Caring for a Person with Memory Loss and Confusion

Tips on Technique

- Set and follow simple routines
- Use distractions
- Encourage independence
- Reassure and praise
- Connect by joining in their make-believe world
- Do not accuse of lying
- Do not personalize remarks
- Do not confront, disagree or argue
- Do simple self-esteem building activities
- Let person maintain control over activities as much as possible
- Give person every opportunity to function at maximum potential
- Do not make unrealistic demands on the person

Minimizing Risks at Home

- Make home simple, safe and familiar
- Reduce unnecessary clutter
- Clear pathways
- Lower water temperature
- Supervise smoking
- Place locks on doors

1/13

Telling Others About an Alzheimer Diagnosis

When you learn that someone you care about has Alzheimer's, you may hesitate to tell the person that he or she has the disease. You may also have a hard time deciding whether to tell family and friends. Once you are emotionally ready to discuss the diagnosis, how will you break the news? Here are some suggestions for talking about the disease with others.

Respect the person's right to know

- You may want to protect the person by withholding information. But your loved one is an adult with the right to know the truth. It can be a relief to hear the diagnosis, especially if the person had suspected he or she had Alzheimer's disease.
- In many cases, people who are diagnosed early are able to participate in important decisions about their healthcare and legal and financial planning.
- While there is no current cure for Alzheimer's, life will not stop with the diagnosis. There are treatments and services that can make life better for everyone.

Plan how to tell the person

- Talk with doctors, social workers and others who work with people who have Alzheimer's to plan an approach for discussing the diagnosis.
- Consider a "family conference" to tell the person about the diagnosis. He or she may not remember the discussion, but may remember that people cared enough to come together. You may need to have more than one meeting to cover the details.
- Shape the discussion to fit the person's emotional state, medical condition and ability to remember and make decisions.
- Pick the best time to talk about the diagnosis. People with Alzheimer's may be more receptive to new information at different times of the day.
- Don't provide too much information at once. Listen carefully to the person. They often signal the amount of information they can deal with through their question and reactions. Later, you can explain the symptoms of Alzheimer's and talk about planning for the future and getting support.

Help the person accept the diagnosis

- The person may not understand the meaning of the diagnosis or may deny it. Accept such reactions and avoid further explanations.
- If they respond well, try providing additional information.
- The person with Alzheimer's may forget the initial discussion but not the emotion involved. If telling them upsets them, hearing additional details may trigger the same reaction later.

- Reassure your loved one. Express your commitment to help and give support. Let the person know that you will do all you can to keep your lives fulfilling.
- Be open to the person's need to talk about the diagnosis and his or her emotions.
- Look for nonverbal signs of sadness, anger or anxiety. Respond with love and reassurance.
- Encourage the person to join a support group for individuals with memory loss. Your local Alzheimer's Association can help you locate a group. To find an Association near you, please call 1.800.272.3900 or go to www.alz.org.

Telling family and friends

An Alzheimer diagnosis doesn't only affect the person receiving it. The lives of family members and friends may also drastically change.

- Be honest with family and friends about the person's diagnosis. Explain that Alzheimer's is a brain disease, not a psychological or emotional disorder.
- Share educational materials from the Alzheimer's Association. The more that people learn about the disease, the more comfortable they may feel around the person.
- Invite family to support groups sponsored by your local Alzheimer's Association.
- Realize that some people may drift out of your life, as they may feel uncomfortable around the person or may not want to help provide care.
- Alzheimer's disease can also impact children and teens. Just as with any family member, be honest about the person's diagnosis with the young people in your life. Encourage them to ask questions.

The Alzheimer's Association is the leading voluntary health organization in Alzheimer care, support and research.

Updated September 2007

alzheimer's association®

Desert Southwest Chapter

Understanding Challenging Behaviors

Alzheimer's disease or a related disorder can cause a person to act in different or unpredictable ways. Some individuals become anxious or aggressive; others repeat certain questions or gestures. These changes can lead to frustration and tension, particularly between the demented person and their caregivers (family, friends and for professionals).

It is important to remember that the person is not acting this way on purpose. Changes in behavior can be caused by:

- Physical discomfort (illness, medication)
- Over stimulation (loud noises, a busy or active environment)
- Unfamiliar surroundings (new places, inability to recognize home)
- Complicated tasks (difficulty with activities or chores)
- Frustrating interactions (inability to communicate effectively)

Whatever the case, be sure to identify the special challenge and consider possible solutions.

First, identify and examine the behavior.

- What is the undesirable behavior? Is it harmful to the individual or others?
- What happened just before the behavior occurred? Did something "trigger" the behavior?
- What happened immediately after the behavior occurred? How did you react?
- Try to answer the following questions: What, where, when, why, and how?

Next, explore potential solutions.

- What are the needs of the person with dementia? Are they being met?
- Can adapting the environment help reduce the difficult behavior?
- How can you change your reaction, or approach to the behavior? Are you responding in a calm and supportive way?

And finally, try different responses in the future.

- Did your new response help?
- Do you need to explore other potential causes and solutions? If so, what can you do differently?

UNDERSTANDING AND RESPONDING TO CHALLENGES

Each person with Alzheimer's disease or a related disorder is not the same, so the behaviors or changes experienced are also different. Therefore, families and caregivers respond to difficult situations in different ways. Next, we will identify some of the most common challenging behaviors and explore possible ways to respond to them.

REPETITIVE ACTION OR CONVERSATIONS

Persons with Alzheimer's or a related disorder may do or say something over and over again. They may repeat a word, question or activity. In most cases, they are probably looking for comfort, security and familiarity.

They may also pace or undo what has just been finished. These actions of often harmless for the person with Alzheimer's disease or a related disorder, but can be stressful for the caregiver and others.

Here are some ways to respond to repetitive behaviors:

- **Look for a reason behind the repetition**. Try to find out if there is a specific cause for the behavior and eliminate it.
- **Respond to the emotion, not the behavior**. Rather than focusing on what they are doing, think about how they are feeling.
- **Turn the action or behavior into an activity**. If they are rubbing a hand across the table, give them a cloth and ask them to help with dusting.
- **Stay calm and be patient**. Reassure them with a calm voice and gentle touch.
- **Answer them**. Give them the answer they're looking for, even if you have to repeat several times.
- **Engage them in an activity**. They may simply be bored and need something to do. Provide structure and engage them in a pleasant activity.
- **Use memory aids**. If they ask the same questions over again, remind them with notes, clocks, calendars, or photographs.
- **Accept the behavior and work with it**. If it isn't harmful, let it be and try to find ways to work with it.
- **Consult a physician**. Repetitive behaviors may be a side effect from medication. Talk with the affected person's physician.

AGGRESSIVE BEHAVIORS

Aggressive behaviors may be verbal (shouting, name-calling) or physical, (hitting, pushing). These behaviors can occur suddenly without an apparent reason, or result from a frustrating situation. Whatever the case, it is important to try to understand what's causing the person to become angry or upset.

Here are some potential ways to respond:

- **Try to identify the immediate cause**. Think about what happened right before the reaction that may have "triggered" the behavior.

- **Focus on the feelings, not the facts**. Try not to concentrate on specific details; rather, consider emotions. Look for the feelings behind the words.

- **Don't get angry and upset**. Be positive and reassuring and speak slowly with a soft tone.

- **Limit distractions**. Examine the environment and make adaptations to avoid similar situations in the future.

- **Try a relaxing activity**. Use music, massage or exercise to help sooth the person.

- **Change focus to another activity**. The immediate situation or activity may have unintentionally caused the aggressive response. Try something different.

SUSPICIOUS THOUGHTS

Due to memory loss and confusion, persons with Alzheimer's disease may see things differently. They may become suspicious of those around them and accuse them of theft, infidelity or other improper behavior. At times, they may also misinterpret what they see and hear.

If this happens:

- **Don't take offense**. Listen to what's troubling them and try to understand their reality. Then be reassuring and let them know you care.

- **Don't argue or try to convince**. Allow them to express their opinions. Agree with their assumptions and acknowledge their thoughts.

- **Offer a simple answer**. Share your thoughts with them, but don't overwhelm them with lengthy explanations or reasons.

- **Switch his/her attention to another activity**. Try to engage them in an activity or ask them to help with a chore.

- **Duplicate items if lost**. If they're looking for a specific item, have several available. For example, if someone's always looking for a wallet, purchase two of the same kind.

RECOGNITION DIFFICULTIES

At times, person with Alzheimer's disease or a related disorder may not recognize familiar people, places, or things. They may forget relationships, call family members by other names and become confused about where they live. They may also forget the purpose of common items, such as a pen or a fork. These situations can be extremely difficult for caregivers to handle and require much patience and understanding.

Caregivers should:

- **Stay calm**. Although being called by a different name or not being recognized may be quite painful, try not to make your hurt apparent.

- **Reply with a brief explanation**. Don't overwhelm the person with lengthy statements and reasons. Instead, clarify with a simple explanation.

- **Show photos and other reminders**. Use photographs and other items to remind the person of important relationships and places.

- **Offer corrections as a suggestion**. Avoid explanations that sound like scolding. Try, "I thought it was a spoon" or "I think he is your grandson, Peter."

- **Try not to take it personally**. Remember, Alzheimer's disease or other related disorder causes the affected individual to forget. But your support and understanding will always be appreciated.

ANXIOUS OR AGITATED FEELINGS

Persons with Alzheimer's or other related disorder may feel anxious or agitated at times. They may become restless and need to move around or pace. They may become upset in certain places or focused on specific details. They may also be over-reliant on the caregiver for attention or direction.

If the persons with Alzheimer's disease or a related disorder becomes anxious or agitated:

- **Listen to their frustration**. Find out what may be causing their anxiety and try to understand.

- **Reassure them**. Use calming phrases and let them know you're there for them.

- **Involve them in activities**. Try using art, music, or touch to help them relax.

- **Modify the environment**. Decrease noise and distractions or move to another place.

- **Find outlets for their energy**. They may be looking for something to do. Take a walk, play ball or go for a ride whenever possible.

The Alzheimer's Association® is the only national health and social service organization dedicated to research, and to providing support and assistance to people with Alzheimer's disease, their families and caregivers. Founded in 1980, the association works through a network of more than 80 chapters across the country.

The Alzheimer's Association Desert Southwest Chapter provides programs and services to tens of thousands of families including Helpline – a 24/7 assistance line, MedicAlert®+Safe Return®, Family Care Consultation, Support Groups, Education, Early Stage Programming and Legislative Advocacy. Please, contact us for any more information or assistance, 24 hours a day, seven days a week, at 800.272.3900 or online at www.alz.org/dsw.

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Desert Southwest Chapter

Compassionate Communication

DON'T

Don't reason.
Don't argue.
Don't confront.

Don't remind them they forget.
Don't question recent memory.
Don't take it personally!

Ooops! You must be kidding.
You mean I can't reason???
Or argue??? Or remind???

DO

Give short, one-sentence explanations.
Repeat instructions or sentences *exactly* the same way.
Allow plenty of time for comprehension.
Eliminate "but" from your vocabulary; substitute "nevertheless".

Agree with them or distract them to a different subject or activity.
Accept the blame when something's wrong (even if it's fantasy).
Leave the room, if necessary, to avoid confrontations.

Respond to the feelings rather than the words.
Be patient and cheerful and reassuring. Go with the flow.
Elevate your lever of generosity and graciousness.

Hmmm…..accept blame?
This is gonna be tough!

REMEMBER

They are *not* crazy or lazy. They are saying normal things, and doing normal things, for an AD patient. If they were doing things, or saying things, to deliberately aggravate you, *they would have a different diagnosis.*

Some days they'll seem normal, but they're *not.* Their reality is now different than yours and *you cannot change them.* You can't control the disease. You can only control *your reaction* to it.

Their disability is memory loss. They cannot remember and *can't remember that they cannot remember.* They'll ask the same question over and over *believing it's the first time they've asked.*

They do not hide things; they *protect* things by putting them in a safe place and then forgetting they've done so. Do not take 'stealing' accusations personally.

They are scared all the time. Each patient reacts differently to fear. They may become passive, uncooperative, hostile, angry, agitated, verbally abusive, or physically combative. They may even do them all at different times, or alternate between them. Anxiety may compel them to *shadow you* (follow everywhere). They can't remember your reassurances. Keep saying them.

Call the Helpline if you need suggestions on handling challenging situations…in Tucson 520-322-6601 or 800-272-3900

Don't reason

PWD: "What doctor's appointment? There's nothing wrong with me."

Don't: (reason) "You've been seeing the doctor every three months for the last two years. It's written on the calendar and I told you about it yesterday and this morning."

DO: (short explanation) "It's just a regular check-up."
(accept blame) "I'm sorry if I forgot to tell you."

Don't ask questions of recent memory.

PWD: "Hello, Susie. I see you've brought a friend with you."

Don't: (question memory) "Hi, Mom. You remember Eric, don't you? ….What did you do today?

Do: (short explanation) "Hi, Mom. You look wonderful! This is Eric. We work together."

Don't argue.

PWD: "I didn't write this check for $500. Someone at the bank is forging my signature."

Don't: (argue) "What? Don't be silly! The bank wouldn't be forging your signature."

DO: (respond to feelings) "That's a scary thought."
(reassure) "I'll make sure they don't do that."
(distract) "Would you help me fold the towels?"

Don't take it personally!

PWD: "Who are you? Where is my husband?"

Don't: (take it personally) "What do you mean—who's your husband? I am!"

Do: (go with the flow, reassure) "He'll be here for dinner."
(distract) "How about some milk and cookies? Would you like chocolate or oatmeal?"

Don't confront

PWD: "Nobody's going to make decisions for *me*. You can go now…and don't come back!"

Don't (confront) "I'm not going anywhere and you can't remember enough to make your own decisions."

DO: (accept blame or respond to feelings) "I'm sorry this is a tough time."
(reassure) "I love you and we're going to get through this together."
(distract) "You know what? Don has a new job. He's really excited about it."

Do repeat exactly.

PWD: "I'm going to the store for a newspaper."

Don't: (repeat differently) "Please put your shoes on." "You'll need to put your shoes on."

DO: (repeat exactly) "Please put your shoes on." "Please put your shoes on."

Don't remind them they forget.

PWD: "Joe hasn't called for a long time. I hope he's okay."

Don't: (remind) "Joe called yesterday and you talked to him for 15 minutes."

DO: (reassure) "You really like talking to Joe, don't you?"
(distract) "Let's call him when we get back from our walk"

Do eliminate 'but', substitute 'nevertheless'.

PWD: "I'm not eating this. I hate chicken."

Don't: (say 'but') "I know chicken's not your favorite food, but it's what we're having for dinner."

DO: (say 'nevertheless') "I know chicken's not your favorite food, (smile) *nevertheless* I'd appreciate it if you'd eat a little bit."

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Desert Southwest Chapter

Home Safety Tips

- ☐ **Register with SAFE RETURN**. Be sure to include a current photo with your application.
- ☐ Make neighbors aware of your loved one's diagnosis so that if they notice your loved one wandering they will quickly alert you.
- ☐ Be attentive around your loved one; always be looking for new potential hazards in the environment.
- ☐ Find a good "handyman" that is dependable and can help you at short notice.
- ☐ Lock up or dispose of toxic materials such as cleaning fluids, insecticides, and medicines so that they are not accidentally ingested by your loved one who has memory problems.
- ☐ Learn to disable the car. A person with memory loss should never drive; they can easily get lost and cannot react quickly enough or appropriately to road hazards. Do not risk the life of your loved one or other innocent people on the road.
- ☐ Place locks on the top of doors, out of sight line. Installing doorbells will alert the caregiver if the door opens or closes.
- ☐ Cover or remove mirrors-especially in the bathroom. A person with memory loss may interpret their reflection as a stranger in the home and could lead to an accident.
- ☐ Remove unnecessary rugs to prevent falls or secure rugs (and other easily movable furniture) with a non-slip type backing.
- ☐ Remove unnecessary furniture to keep walkways clear but try not to rearrange furniture unless absolutely necessary.
- ☐ Keep decoration simple with plain walls and carpets and eliminate clutter.
- ☐ Remove poisonous plants (like oleander) so they are not mistakenly eaten.
- ☐ Place a lock on the thermostat and water heater so that a person with dementia cannot adjust them. Be aware that to prevent burns water should be no hotter than 120° F.
- ☐ Install a fire extinguisher in the kitchen.
- ☐ Remove knobs from the stove so that the person with memory loss cannot switch it on. Install child safety latches on the inside of cabinets where cleaning products are kept.
- ☐ Place non-slip mats in showers and tubs.
- ☐ Install grab-bars by the toilet, shower, and bath. Towel rails are NOT a substitute.
- ☐ Learn the Heimlich maneuver.
- ☐ Install night-lights, especially between bedrooms and bathrooms.
- ☐ Install pool safety devices including gate locks.
- ☐ Post important numbers by the telephone: police, fire, family, and friends.
- ☐ Keep a recent photo of your loved one available. Have a plan for your loved one in case you, the caregiver, are unable to provide care.

Call the Alzheimer's Association Desert Southwest Chapter for literature and tips to create a safe home for persons with memory loss, at 800.272.3900 or online at www.alz.org/dsw.

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January 2013

Alzheimer's Caregiving Tips

Wandering

Many people with Alzheimer's disease wander away from their home or caregiver. As the caregiver, you need to know how to limit wandering and prevent the person from becoming lost. This will help keep the person safe and give you greater peace of mind.

First Steps

Try to follow these steps *before* the person with Alzheimer's disease wanders:

- Make sure the person carries some kind of ID or wears a medical bracelet. If the person gets lost and can't communicate clearly, an ID will let others know about his or her illness. It also shows where the person lives.
- Consider enrolling the person in the MedicAlert® + Alzheimer's Association Safe Return® Program (see *www.alz.org* or call 1-888-572-8566 to find the program in your area).
- Let neighbors and the local police know that the person with Alzheimer's tends to wander. Ask them to alert you immediately if the person is seen alone and on the move.
- Place labels in garments to aid in identification.
- Keep an article of the person's worn, unwashed clothing in a plastic bag to aid in finding him or her with the use of dogs.
- Keep a recent photograph or video recording of the person to help police if he or she becomes lost.

Tips to Prevent Wandering

Here are some tips to help prevent the person with Alzheimer's from wandering away from home:

- Keep doors locked. Consider a keyed deadbolt, or add another lock placed up high or down low on the door. If the person can open a lock, you may need to get a new latch or lock.*

National Institute on Aging

National Institutes of Health
NIH...Turning Discovery into Health

CarePRO:
Care Partners Reaching Out

Developing the Skills Needed to Care for Someone with Dementia or Memory Loss

- Are you a family caregiver residing in Arizona that helps care for someone with dementia or memory loss?
- Do you provide an average of 4 hours of care or supervision per day for that individual?
- Do you find caring for your loved one increasingly demanding of your time and energy?

If so, CarePRO may be able to help you. Through our free workshops, you will learn:

- About dementia and its impact
- How to manage your frustration, irritation, and stress
- How to communicate with your loved one
- How to take better care of your own health

For more information, please call:
Alzheimer's Association
520-322-6601
1-800-272-3900 (outside of Pima County)
Please see reverse for details