

Prepared by the Florida Health Care Association with the assistance of the Alzheimer Resource Center of Tallahassee, Florida to meet the statutory requirement of 400.4785(1) (a) F.S.

## ALZHEIMER'S DISEASE (AD) AND RELATED DEMENTIAS

### *History*

Alzheimer's disease (AD) was first discovered in 1906 by a German doctor named Alois Alzheimer. It is a disorder of the brain, causing damage to brain tissue over a period of time. The disease can linger from 2 to 25 years before death results. AD is a progressive, debilitating and eventually fatal neurological illness affecting an estimated 4-5 million Americans. It is the most common form of dementing illness.

Alzheimer's disease is characterized clinically by early memory impairment followed by language and perceptual problems. This disease can affect anyone - it has no economic, social, racial or national barriers.

### *Causes*

There is no one cause for Alzheimer's disease. AD may be sporadic or passed through the genetic make-up. The disease causes gradual death of brain tissue due to biochemical problems inside individual brain cells. The symptoms are progressive, but there is great variation in the rate of change from one person to another. Although in the early stages of Alzheimer's the victim may appear completely healthy, the damage is slowly destroying the brain cells. The hidden process damages the brain in several ways:

- Patches of brain cells degenerate (neuritic plaques)
- Nerve endings that transmit messages become tangled (neurofibrillary tangles)
- There is a reduction in acetylcholine, an important brain chemical (neurotransmitter)
- Spaces in the brain (ventricles become larger and filled with granular fluid)
- The size and shape of the brain alters - the cortex appears to shrink and decay

Understandably, as the brain continues to degenerate, there is a comparable loss in mental functioning. Since the brain controls all of our bodily functions, an Alzheimer victim in the later stages will have difficulty walking, talking, swallowing and controlling bladder and bowel functions. They become quite frail and prone to infections such as pneumonia.

### *Dementia vs. Normal Aging*

As a person grows older, he/she worries that forgetting the phone number of a best friend must mean he/she is becoming demented or getting Alzheimer's disease. Forgetfulness due to aging or increased stress is *not* normal aging and is *not* dementia.

"Dementia" is an encompassing term for numerous forms of memory loss. There are many types of dementia such as Alzheimer's disease, Multi-Infarct dementia or Parkinson's disease. When a person has dementia, he/she will lose the ability to think, reason and remember and will inevitable need assistance with everyday activities such as dressing and bathing. Changes in personality, mood are also symptoms of dementia. Many dementias are treatable and reversible. Alzheimer's disease is the most common form of untreatable, irreversible dementia.

### *Alzheimer's Disease - Stages of Progression*

Alzheimer's Disease can be characterized as having early, middle, and late stages through which the patient gradually progresses, but not at a predictable rate. The range of the course of the disease is 2-25 years. NOTE: Stages very often overlap. Everyone progresses through these stages differently.

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First Stage: This is a very subtle stage usually not identified by either the impaired person or the family as the beginning signs of the disease. Subtle changes in memory and language along with some confusion occur at this time. The family usually denies or excuses the performance deficiencies at this stage.

- Forgetfulness/memory loss
- Impaired judgment
- Trouble with routines
- Lessening of initiative
- Disorientation of time and places
- Depression
- Fearfulness
- Personality change
- Apraxia (forgetting how to use tools and equipment)
- Anomia (forgetting the right word or name of a person)

Second Stage: As Stage 1 moves onto Stage 2, there is usually a particular significant event which forces the family (and impaired person) to consider that something is really wrong. At this time, they usually go to a doctor to diagnose the problem.

- Poor short-term memory
- Wandering (searching for home)
- Language difficulties
- Increased disorientation
- Social withdrawal
- More spontaneity, fewer inhibitions
- Agitation and restlessness, fidgeting, pacing
- Developing inability to attach meaning to sensory perceptions: (taste, touch, smell, sight, hearing)
- Inability to think abstractly
- Severe sleep disturbances and/or sleepiness
- Convulsive seizures may develop
- Repetitive actions and speech
- Hallucinations
- Delusions

Third (Final Stage): This stage is the terminal stage and may last for months or years. The individual will eventually need total personal care. They may no longer be able to speak or recognize their closest relatives.

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- Little or no memory
- Inability to recognize themselves in a mirror
- No recognition of family or friends
- Great difficulty communicating
- Difficulty with coordinated movements
- Becoming emaciated in spite of adequate diet
- Complete loss of control of all body functions
- Increased frailty
- Complete dependence

## COMMON PROBLEMS WITH DEMENTIA

### Delusions

Suspiciousness: accusing others of stealing their belongings

People are "out to get them"

Fear that caregiver is going to abandon (results in AD person never leaving caregiver's side)

Current living space is not "home"

### Hallucinations

Seeing or hearing people who are not present

### Repetitive actions or questions

They forget they asked the question

Repetitive action such as wringing a towel

### Wandering

Pacing

Sundowning: trying to get "home"

Generally feeling uncomfortable or restless

Increased agitation at night

### Losing thing/Hiding things

Simply do not remember where items are

Might hide things so that people don't "steal" them

### Inappropriate sexual behavior

Person with AD loses social graces and is only doing what feels good

### Agnosia: inability to recognize common people or objects

A wife of forty years will become a stranger to the person with AD, he might even think she is the hired help

Might not recognize a spatula or the purpose of the spatula and/or cannot verbalize the name or purpose of the object

**Apraxia: loss of ability to perform purposeful motor movements**  
Cannot tie a shoe or manipulate buttons on a shirt

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### ~~Catastrophic reactions~~

*(Causes)* AD person often becomes excessively upset and can experience rapidly changing moods. The person becomes overwhelmed due to factors such as too much noise, too many people around, unfamiliar environment, routine change, being asked to many questions, being approached from behind.

*(Reactions)* AD person may become angry, agitated, weepy, stubborn or physically violent. It is best to attempt to avoid catastrophic reactions rather than dwell on how to handle them.

## HANDLING DISTURBING BEHAVIORS

One of the most difficult challenges for caregivers is how to handle some of the disturbing behaviors that Alzheimer's can cause. Symptoms such as delusion, hallucinations, angry outbursts, suspiciousness, failure to recognize familiar people and places are often the most upsetting behaviors for families. The following points may help in responding to disturbing symptoms.

First, try to understand if there is a precipitating factor causing the behavior. Were there household changes, too much noise or activity, was the daily routine upset? Time of day can also affect behavior (Sundowning). Being aware of these factors can help to better plan activities or anticipate problems.

1. Keep tasks, directions and routine simple without being condescending
2. Always give the person plenty of time to respond
3. Attempt to remain calm and remind yourself that the behavior is due to the disease
4. Avoid arguing
5. Write down the answers to frequently asked questions, then remind them to look at the message
6. Reduce environmental noise: television, radio, too many people talking.
7. Use distraction when unacceptable behavior starts: bring them into a different room, start talking about childhood or another favorite topic, show them magazines, ask them to help you do something like dusting or sweeping
8. Do not overreact or scold for problem behavior: redirect or distract
9. Be reassuring with touch, eye contact and tone of voice
10. Find the familiar: old pipe, favorite chair, family pictures
11. Avoid denying hallucinations: try non-committal comments like, "You spoke with your mother, I miss my mother too"
12. Be sure to inform physician of hallucinations, no matter how tame
13. Restless behavior or pacing is usually unavoidable, however you can make the environment safe by installing locks that are above reach, remove unnecessary obstacles, make sure the person is wearing some kind of identification

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# ALZHEIMER'S DISEASE AND RELATED DEMENTIAS:

PROGRAM GUIDE FOR  
HOME HEALTH CARE PROFESSIONALS

ADRD1

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Florida approval number: NHAD 58 in accordance with Florida Statute 58A-4.001

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NATIONAL EDUCATIONAL VIDEO, INC.™

ALZHEIMER'S DISEASE  
AND  
RELATED DEMENTIAS

ADRD1

PROGRAM DESCRIPTION

Alzheimer's disease is a progressive, degenerative disorder that attacks the brain's nerve cells which results in memory loss, deterioration of thinking and language skills, and significant behavioral changes. This program will help the nurse to distinguish normal aging and memory loss from ADRD and to recognize disease progression and characteristics of ADRD associated with each stage. *Video running time: 54 minutes (2 contact hours).*

OBJECTIVES

Upon completion of this program the participant will be able to:

1. Distinguish normal aging and memory loss from ADRD
2. Identify disease progression and characteristics associated with each stage of ADRD
3. Utilize effective communication skills effectively with ADRD patients
4. Develop problem solving strategies and techniques for dealing with challenging patient behaviors
5. Provide personal care to ADRD patients while fostering maximum independence and dignity
6. Formulate strategies for working with families and caregivers

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## Supplemental Hand Out for Nurses: Nursing Process

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The nursing process is a systematic method of problem solving. It is based on the scientific method. The nursing process is called "process" because it is ongoing. These are the steps of the nursing process:

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**Assessment:** This is the systematic, ongoing collection of information from multiple sources. Assessment is done when a nurse interviews a client and the client's significant others. A physical assessment of the client is also completed observing the following: laboratory data, daily client actions, assessing the client's ability to carry out daily activities, symptoms and the client's response to treatment. In long term care, resident assessment instruments are used to provide a comprehensive multi-disciplinary assessment.

**Problem Identification or Nursing Diagnosis:** Assessment data leads to identifying client strengths and client problems. These may be actual problems the client currently experiences, or potential problems that may occur with that client in the future. Problems are stated and related to a cause or influencing factor.

**Planning:** The systematic steps that the nurse will enact, with others, to assist the client to meet the goals (or outcomes) that are set. For each problem, a measurable, specific goal is identified. The plan includes nursing actions, based on aspects of nursing theory, nursing science, other sciences, and research findings. The beliefs and values of the nursing profession as well as the values of the client are taken into account.

**Implementation:** Carrying out the plan.

**Evaluation:** This is the systematic process of examining each client goal-related outcome to determine if it were met and to revise the plan accordingly. Evaluation may also identify the resources that are needed for the client or the health care provider in their continuing plan of care.

### Professional Nursing Roles

As the nurse carries out the nursing process, the nurse enacts a variety of professional roles. These are:

clinician

teacher

client advocate

leader

These roles may overlap. In the clinician role, the nurse may provide direct "hands on" care, or may assess a client's needs and direct others to provide services to meet those needs. The nurse may conduct patient and family teaching in a teaching role. The nurse may also teach other health professionals when a multidisciplinary team addresses the client's needs. The nurse is a client advocate when collaborating with the client, finding resources for the client, and acting on behalf of the client. The nurse is a leader when planning and assigning the care of a client to others, maintaining overall responsibility and accountability for that care, assisting other members of the health care team to set and meet goals or when providing resources to other health care providers.

Alzheimer Two Hour Home Health Curriculum  
Pre and Post Test

Name: \_\_\_\_\_

Date: \_\_\_\_\_

The following statements are either true or false. Please indicate your response in the space provided for "Before" the two hour training, and then "After" when the training is completed.

This pre and post test will be handed in at the completion of the program with your course evaluation prior to receipt of your training certificate.

QUESTION

PRE Post

1. The leading cause of dementia is Alzheimer's. (True)  
*There are many diseases that cause dementia, however, AD Accounts for the largest portion.*
2. AD progresses at the same rate for everyone. (False)  
*The progression of AD is very individual, and education, activity, lifestyle, and other disease processes can impact the progression of the disease.*
3. Accuracy in early diagnosis is important for AD patients (True)  
*Early diagnosis aids in family and patient having time to prepare. Also, studies have shown that early interventions with medication and lifestyle changes can slow the progress of the disease.*
4. Two symptoms of AD are personality and behavior changes (True)  
*Many times these two symptoms are the reason that family and patients seek medical advice.*
5. Memory loss always indicates Alzheimer's disease. (False)  
*Many medical conditions such as B12 deficiency, thyroid dysfunctions, and infections can cause memory loss. Medical issues need to be ruled out prior to diagnosis of AD*
6. Pneumonia may be a complication of Alzheimer's disease. (True)  
*As AD progresses, patients lose their ability to swallow, and sometimes the gag reflex diminished. Patients with moderate to severe AD are at risk for aspiration and pneumonia.*
7. Agitation may result from being cared for by a stranger. (True)  
*Any changes in routine and caregiver can result in anxiety and agitation for those with AD.*
8. Alzheimer's cannot be cured. (True)  
*At this time, the medications used for AD are for symptom relief, and until the true cause of the disease is identified, there will not be a cure.*
9. The biggest risk factor in developing AD is age. (True)  
*The Alzheimer's Association fact sheets reflect that 50% of those 85 and older have Alzheimer's disease. Increasing age continues to be the biggest risk factor identified.*
10. Diagnostic tools used for Alzheimer's disease are  
*The Geriatric Depression scale and the Mini Mental Status*

Examination. (True)

*These two tests are administered by physicians, nurses, therapists, and psychologists. The MMSE is used frequently for screening for AD, and deficits identified on this test would precipitate further information gathering and work up.*

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## Alzheimer's Disease Key Words

1. Neurons- the brain's nerve cells

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2. acetylcholine- brain chemical that is classified as a neurotransmitter involved in working the brain cells responsible for memory, thinking and judgment.
3. Acetylcholine- brain chemical that is classified as a neurotransmitter involved in working the brain cells responsible for memory, thinking and judgment.
4. Beta-amyloid plaques- sticky clumps of protein fragments and cellular material that form outside and around neurons.
5. Neurofibrillary tangles- insoluble twisted fibers composed largely of protein that build up inside the nerve fibers.
6. Delirium- direct consequence of a medical condition.
7. Hypocalcemia- abnormally low blood calcium. Clinical manifestations include muscle spasms, facial grimacing, mental changes with irritability, depression, psychosis.
8. Hypothyroidism- condition due to the deficient thyroid secretion. Symptoms include: obesity, dry skin, low BP, slow pulse, sluggishness, depressed muscular activity, intolerance of cold.
8. Neurosyphilis- syphilis affecting the nerve structures.
9. Anticipatory grief- the person reacts to the fore knowledge of impending loss.
10. Anticipatory mourning- reaction to all losses, past, present and future.

Answer  
Key

## BIOMEDICAL WASTE POST TEST

NAME: \_\_\_\_\_

AGENCY: \_\_\_\_\_

Please review the Biomedical Waste Video and complete the attached post test.

1. Name four things that are considered Biomedical Waste:

- a.) Body Parts
- b.) Blood
- c.) Blood Products
- d.) Other Body Fluids (semen, vaginal fluids)

2. The Florida legal code number for Biomedical Waste Management is:

Chapter 64E- 16

3. Define "Sharps"

Objects capable of lacerating, puncturing,  
or otherwise penetrating the skin

4. Where should sharps be sealed and labeled?

- When you get them home
- At the point of origin

5. How should Sharps and Red Bags be labeled?

With generator's name + Address and  
Biomedical Waste Symbol

6. Regulated body fluids (Biomedical Waste) include:

- Blood
- Blood Products
- Urine not visibly contaminated with blood
- Amniotic Fluids
- Feces not visibly contaminated with blood

7. What should the sign on the door of the Biomedical Waste Room say?

Biohazardous Waste - Employees Only

8. After notifying your supervisor and calling the "Needlestick Hotline" about puncturing your finger with a needle you need/want to:

- Have and HIV test
- Possibly take antiviral medications (post exposure prophylaxis)
- Follow up with workman's compensation if infected

\*Not reporting the incident immediately and/or not following proper Procedures could invalidate any workman's compensation claims.

9. Give an example of an exposure risk you have in your job:

Bloody Dressings

10. What personal precautions do you take to protect yourself?

Gloves

mask

Goggles

USE PPE'S