

Aging-In-Place Toolkit and Caring for those with Alzheimer's Disease or Dementia



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INTRODUCTION

Welcome!

The purpose of this Toolkit is to provide your caregiver and you with suggestions others have found helpful to improve day-to-day life as you age. This Toolkit has an assessment and sections about aging, brain health, performance, symptom and medication management, and home safety. In each section of the Toolkit there is a description of the issue or concern, possible causes, tips on managing at home, what others can do to help, what to talk to a nurse or doctor about, and where to find more information.

Every single person experiences aging differently. This Toolkit is for informational purposes and not intended to replace medical care provided by a doctor. If there are long-term concerns, contact a nurse or doctor and in an emergency, seek care immediately.

We hope this Toolkit will be helpful to you.

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AGING-IN-PLACE

What is Aging-in-Place?

Aging-in-place is when a person lives where they want to live, for as long as they can, as they age. This includes being able to have services or supports to help as needs change.



How do people describe Aging-in-Place?

Many people describe aging-in-place as living in their home or apartment in the community. Most older adults prefer to stay at home right where they are instead of moving to a nursing home.

What causes difficulty with Aging-in-Place?

Living at home can become difficult when:

- A home is not made for mobility devices (such as wheelchairs or scooters).
- Physical function (the ability to perform activities to live in the community) becomes worse and a person is no longer able to walk or bathe alone.
- Mental function (such as thinking, reasoning, or remembering) becomes worse and a person is no longer able to make decisions.
- Having a hard time to do tasks such as buying groceries at the store.
- There is a loss of spouse or caregiver who helped day-to-day.
- A home needs repair or a person in a two-story home can no longer go up and down the stairs.

What can I do to make Aging-in-Place easier?

Here are some tips you may find helpful:

- Get help with day-to-day activities or with activities that you enjoy.
- Tools, such as grab bars, shower seats, and Personal Emergency Response Systems (such as Life Alert), may make aging-in-place easier.
- Programs like MI Choice can help.
- The tips in this Toolkit might help make living at home easier.



What can others do to help with Aging-in-Place?

- Make the home easier to walk through and remove items that could cause injuries, such as loose rugs.
- Check on you every day or every week, whichever your needs are.
- When caregivers, family, and friends are not available, communication devices such as a cell phone or personal emergency response units when worn can help with staying safe and connected.



What should be reported to a nurse or doctor about Aging-in-Place?

If you are experiencing any of the following, report them:

- A hard time getting around in the home.
- Difficulty going up and down stairs.
- A fall or near fall.
- Difficulty making food.
- Difficulty bathing or dressing.
- Unable to shop, pay bills, or go to appointments.

What should be discussed with a nurse or doctor about Aging-in-Place?

If you are experiencing difficulty with aging-in-place, the following should be discussed with a nurse or doctor at the next appointment:

- Any difficulties you are having with aging-in-place.
- Devices or aides, such as a cane or walker, that will help you stay in your home longer and safer.
- Programs that help you stay in your home longer and safer.

Where to get more information?

Websites from the National Institutes on Aging (2020) offer helpful information:

Aging-in-Place: What is it?

<https://www.nia.nih.gov/health/topics/aging-place>

Growing older at home.

<https://www.nia.nih.gov/health/aging-place-growing-older-home>

Getting your affairs in order.

<https://www.nia.nih.gov/health/getting-your-affairs-order>

ASSESSMENT

What is an assessment?

An assessment is a way to collect information from a head-to-toe examination.

Why is an assessment important?

The assessment is the first step to making sure you have the best possible care.



The aim of the assessment is to examine your symptoms and to help you manage each symptom safely by determining:

- When to contact the nurse or doctor.
- When you require help from a nurse or doctor.
- When you require urgent (immediate) care from a doctor.

When to do an assessment?

Do an assessment if the person is not feeling well, weekly if the person has a lot of health conditions, and monthly if the person is stable (good physical health, with no health problems for which medical treatment beyond routine medical care is required.)

How do you conduct an assessment?

Doing the assessment takes 5-minutes.

There are the two steps to doing an assessment.

Step 1 Use the card provided in the back of the Toolkit. Look at the top left of the card, the symptom column. Do a quick read of the symptoms. Most people have many symptoms, so start by focusing on major symptoms. Ask *"What is bothering the participant the most?"* and *"Is there anything else?"* Repeat these questions for all of the symptoms on the card. Then, answer each question underneath the first symptom and rate the level of concern (0, 1, 2, 3).

The levels on the card are rated by their importance for each symptom. Also, read each sentence for each level to help decide the importance.

Level 0 – No problem.

Level 1 – May have no problem or may have a problem.

Level 2 – May have a problem.

Level 3 – Has a problem.

Make a note of whether the symptom is in a red, yellow, or green area. Then, do the next symptom the same way.

Step 2 After rating the symptoms, do the following:

Red Area: If you have one concern in the red area, follow the instructions on the card and seek *URGENT* evaluation by a doctor or a nurse, either due to a worsening or potentially dangerous condition.



Two or More Yellow Area: If you have two or more concerns in the yellow area, follow the instructions on the card and seek immediate help from a nurse and/or doctor as soon as possible.



One Yellow Area: If you have one concern in the yellow area, seek help from a nurse and/or doctor within 24-hours.

Green Area: If you are considered safe to remain at home, your caregiver and you should receive information from a nurse to allow you to manage and understand when further advice is needed.



The assessment is intended to assist in managing symptoms at home and to know when to seek help. The assessment is not intended to replace information or medical care provided by your doctor.

Where to get more information?

If you need more information or have long-term symptoms or concerns, contact your nurse or doctor. In an emergency, seek care immediately.

Adapted from: UK Oncology Nursing Society (UKONS). Oncology/Hematology 24-hour Triage: Rapid Assessment and Access Toolkit, Buckinghamshire: UKONS; 2016

MEMORY & FORGETFULNESS

What is memory and forgetfulness?

Forgetfulness can be a normal part of aging. As you get older, changes occur in all parts of the body, including the brain. It may take you longer to learn new things or become harder to remember information or you could begin to lose things like your glasses. Usually signs of mild forgetfulness are not a serious problem.



How do people describe memory loss or forgetfulness?

People describe being forgetful as when some details about an event cannot be remembered or when information is on the tip of the tongue but comes back eventually. Being forgetful is common and normal.

What causes memory loss and forgetfulness?

Sometimes memory problems are caused by medical problems like side effects from medications and liver or kidney problems. Emotional problems, such as anxiety or depression, can also make you more forgetful. The forgetfulness and confusion caused by emotions usually go away when the feelings fade. If these feelings last for a long time, get help from a doctor or counselor.

What can I do about memory loss and forgetfulness?

Here are some tips you may find helpful:

ACTIVITY

- Take part in physical activity (body movement like walking) and exercise. Exercise can help brain function (such as thinking, reasoning, and remembering) and possibly delay symptoms of Alzheimer's disease.
- Plan tasks, make to-do lists, and use memory aids like notes and calendars.
- Get at least 7-8 hours of sleep. Memories are stronger after a good night sleep.

PSYCHOLOGICAL

- You may find you remember things better if you connect them to other meaningful things, such as a familiar name, song, book, or TV show.

- Take part in interests or hobbies and stay involved in activities that can help both the mind and body.
- Do mind exercises to help strengthen memory, such as crossword puzzles.

SOCIAL

- Stay social; it can reduce stress and improve brain function.
- Limit alcohol use. Heavy or binge drinking over time can cause memory loss and permanent brain damage.
- Do not smoke. It can limit the amount of oxygen to the brain and cause damage.



DIET

- Eat enough fruits and vegetables with antioxidants, like blueberries, strawberries, raspberries or dark chocolate, that can improve memory.

What can others do to help me?

- Leave reminders in your home, like remembering to turn off the stove.
- Get you involved in social activities and provide transportation if necessary.
- Make sure you are eating healthy foods, drinking enough water, and getting enough sleep.

What should be reported to a nurse or doctor about memory loss?

- If your forgetfulness is affecting your safety.
- Difficulty performing everyday tasks, like paying the bills or dressing.
- Getting lost or disoriented (lost one's sense of direction) in familiar places.

What should be discussed with a nurse or doctor about memory loss?

- Difficulty holding a conversation when you cannot remember the correct words.
- Trouble making choices or poor judgment.
- If you have been feeling stressed, anxious, or depressed for a long time.

Where can I get more information?

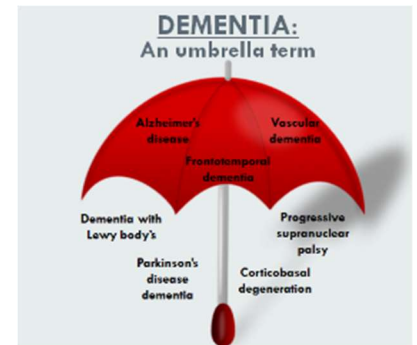
National Institute of Aging: information about memory loss and older age.

<https://www.nia.nih.gov/health/memory-and-thinking-whats-normal-%20and-whats-not>

Alzheimer's Disease

What is dementia and Alzheimer's disease?

Dementia is a disease of the brain with progressive (continue to get worse over time), irreversible (not able to be undone) change in cognition (such as thinking, reasoning, and remembering) or behavior that worsens daily function. Alzheimer's is worsening cognition, with two or more cognitive and behavioral impairments (such as wandering, anxiety, or aggression). Alzheimer's is the most common type of dementia.



What are the 10 warning signs of dementia?

1. Memory loss that disrupts (holds up) daily life.
2. Trouble with planning or solving problems.
3. Trouble completing familiar tasks at home or at work.
4. Confusion with time or place.
5. Trouble understanding visual images and spatial relationships (where objects are located).
6. Problems with words when speaking and writing.
7. Misplacing things and losing the ability to retrace steps.
8. Decreased/poor judgment (ability to make good decisions).
9. Withdrawal (stop taking part of) from work or social activities.
10. Changes in mood and personality.

How do people describe dementia & Alzheimer's?

Dementia is described as a loss of mental ability that gets in the way of normal activities. Alzheimer's is described as a decline in thinking, behavior, and social skills that disrupt the ability to function by oneself.



What causes dementia and Alzheimer's?

Dementia and Alzheimer's is caused by a person's genes and lifestyle. Other factors are older age, income, education, life events, smoking, alcohol use, low social engagement (not taking part in the community), little physical activity, poor nutrition (not having a healthy and balanced diet), or chronic illnesses like diabetes or cardiovascular disease like high blood pressure or a heart attack.

Can I reduce my risk of dementia?

Some tips to reduce the risk are the following:

- Quit smoking.
- Be physically active.
- Follow a healthy diet.
- Keep your brain active.
- Keep strong social connections (feeling that you belong to a group).
- Prevent brain injury and the onset (start) of chronic conditions, like diabetes, hypertension, or obesity.



How is Alzheimer's diagnosed?

Alzheimer's is diagnosed by doctors. They will ask questions about your overall health, medical problems, medications, diet, ability to carry out daily activities, and changes in behavior and personality. There might be tests of memory, problem solving, attention, and language and brain scans to rule out other causes.



Early diagnosis is beneficial (useful) so that treatment can be started to preserve daily functioning (keep being able to do everyday tasks) and to help with their families. This includes: planning for the future, taking care of financial and legal matters, addressing (focusing on) safety issues and living arrangements, and developing a support network.

What are the stages of dementia?

Mild Stage is where a person experiences a loss of energy and spontaneity (unplanned or without thought), yet no one notices anything unusual. Minor memory loss and mood swings occur, and the person is slow to learn and react. They start to shy away from anything new and prefer familiar things. They perform basic tasks by themselves, but may need help with complicated activities. Speech and understanding are slower, and they lose their train of thought. They can get lost while traveling or forget to pay bills. They can become depressed, fearful, irritable, and restless.



Moderate Stage is where a person eventually begins to be disabled (any condition of body or mind that makes it more difficult to do activities to live). They are able to recall distant past, but recent events become difficult to remember as Alzheimer's affects the ability to comprehend (understand) location, day, and time.



Caregivers must give clear instructions and repeat often. As the mind slips away, they start to invent words and do not recognize familiar faces.

Severe Stage is the final stage and the person becomes more and more unresponsive. Memory becomes so poor that no one is recognizable. They lose bowel and bladder control and the ability to chew and swallow and need constant care and are often bedridden (confined to bed). They are vulnerable (at risk) to pneumonia, infection and other illnesses, and respiratory problems worsen, when bedridden. This stage often leads to coma and death.



How Is Alzheimer's Treated?

Alzheimer's is complex. Treatment focuses on helping people maintain thinking, reasoning, and remembering, manage behavioral symptoms (such as wandering, anxiety, or aggression), and slowing down problems, such as memory loss. Most treatment focuses on maintaining quality of life (which is the degree to which an individual is healthy, comfortable, and able to participate in or enjoy life events), function, and taking part in activities, supporting caregivers, and managing comorbidities (two or more medical conditions that happen at the same time), like diabetes or hypertension.

What happens?

Alzheimer's disease causes brain cells to die so the brain works less well over time. This changes how a person may act. Common changes include:

- Getting upset, worried, and angry more easily.
- Acting depressed or not interested in things.
- Hiding things or believing other people are hiding things.
- Imagining things that are not there.
- Wandering away from home.
- Pacing a lot.
- Showing unusual sexual behavior.
- Hitting you or other people.



- Misunderstanding what he or she sees or hears.
- Not caring about how he or she looks, stops bathing, and wants to wear the same clothes every day.

Other things that may affect how people with Alzheimer's behave are:

- Feelings such as sadness, fear, stress, confusion, or anxiety.
- Health-related problems, including illness, pain, new medications, or lack of sleep.
- Other physical issues like infections, constipation, hunger or thirst, or problems seeing or hearing.

Other problems in their surroundings (the things around a person) may affect behavior for a person with Alzheimer's disease like:

- Too much noise, such as TV, radio, or many people talking at once can cause frustration and confusion.
- Stepping from one type of flooring to another or the way the floor looks may make the person think they need to take a step down.
- Mirrors may make them think that a mirror image is another person in the room.

Caregivers cannot stop Alzheimer's related changes in personality and behavior, but they can learn to cope with them. Here are some tips:

- Keep things simple. Ask or say one thing at a time.
- Have a daily routine, so the person knows when certain things will happen.
- Reassure (comfort) the person that he or she is safe and you are there to help.
- Focus on his or her feelings rather than words. For example, say, "You seem worried."
- Don't argue or try to reason with the person.
- Try not to show your frustration or anger. If you get upset, take deep breaths and count to 10. If it's safe, leave the room for a few minutes.
- Use humor when you can.
- Use of baby talk or discussing their condition in front of the individual and not including the individual is not recommended.
- Give people who pace a lot a safe place to walk. Provide comfortable, sturdy shoes. Give them light snacks to eat as they walk, so they don't lose too much weight, and make sure they have enough to drink.
- Try using music, singing, or dancing to distract the person.
- Ask for help. For instance, say, "Let's set the table" or "I need help folding the clothes."

MEDICATIONS

To maintain cognitive function (such as thinking, reasoning, and remembering): Several medications are approved to treat symptoms of Alzheimer's. They may help reduce symptoms and certain behavioral problems.

To manage behavior: Treating behavioral symptoms can make people with Alzheimer's more comfortable and makes things easier for caregivers.

Examples of medications: Aricept® (Donepezil), Exelon® (Rivastigmine), and Namenda® (Memantine HCL) are often used.

What can others do to help?

- Help maintain the highest level of function (being able to do everyday tasks) and decrease severity (how hard the problem is) and frequency (how often occurs) of behavioral symptoms (such as wandering, anxiety, or aggression).
- Try to delay nursing home placement through goal-oriented care, which is delivery of care based on achieving personal goals that are made through conversations between the person, caregiver, and providers in health care settings.

What should be reported to a nurse or doctor?

- A decline in memory or cognitive function (such as thinking, reasoning, and remembering).
- Behavioral symptoms that are difficult to manage.
- Any symptoms that need attention.

What should be discussed with a nurse or doctor?

The diagnosis and a treatment plan should be discussed with the nurse or doctor, as well as how to manage behavioral symptoms, if needed.

Where can I get more information?

Alzheimer's Association: <http://www.alz.org>

National Institutes on Aging Alzheimer's and related Dementias Education and Referral (ADEAR) Center 800-438-4380 (toll-free)
adear@nia.nih.gov www.nia.nih.gov/alzheimers

BALANCE, WALKING & STANDING

What is balance, walking & standing?

Balance, walking, and standing are movements called activities of daily living that need to be carried out to live in the community. Being able to do these movements allows a person to do physical activities at home and in the community and can improve quality of life, which is the degree to which an individual is healthy, comfortable, and able to participate in or enjoy life events. Some people may need help to do these movements, from another person or from a device, like a walker or cane.



How to people describe balance, walking & standing?

Many people describe balance, walking, and standing as physical function (the ability to perform activities to live in the community).

What causes difficulty with balance, walking & standing?

As a person ages, their muscles get weaker, joints become sore, and energy decreases. This will make any kind of movement difficult. Issues like poor hearing or dizziness can also affect how a person moves. Low blood pressure, infections, and some medications can make these tasks hard.



What can I do to make balance, walking & standing easier?

Here are some tips you may find helpful:

ACTIVITY

- Take breaks during daily activities to save energy.
- Do not stand too long; it uses up your energy, so take breaks.
- Stay active, moving around improves blood flow and keep muscles working.
- Stretch regularly, improving flexibility can reduce stress on joints.

HOME MODIFICATIONS

- Raise the height of surfaces so you do not have to bend or lower surfaces for use with a wheelchair.

- Remove any dangers, like clutter on the floor, to prevent tripping.
- Do not place loose rugs in your house; they can trip you or a walker or cane can be caught on them, resulting in a fall.
- Add grab bars in the bathroom.
- Install raised toilet seats or shower.
- Make sure the house has plenty of bright lighting.



DEVICES

- Use a walker or cane to help move around.
- Use a grabber to grab things from the floor.
- Keep the walker or cane nearby to use at all times.

What can others do to help me?

- Exercise with you to improve muscle strength.
- Encourage healthy food and drink for increased bone and muscle strength.
- Help clean the home so there is no clutter or loose rugs that could trip you.
- Help install grab bars, raised toilet seats, and shower seats.
- Encourage taking medications as prescribed, keeping track of side effects.
- Assist with finding community resources for exercise.

What should be reported to the nurse or doctor about balance, walking & standing?

- If feeling unsteady, lightheaded, or faint upon standing; or if falling often.
- If feeling like the room is spinning when walking.
- If having blurred vision.
- If having difficulty reaching a destination (the place you are going) by foot.

What should be discussed with the nurse or doctor?

- Ask to review the medications to see if they may be causing balance or movement problems.
- Ask to discuss medical reasons for balance or movement problems.
- Ask for a referral for tools that will make walking and balancing easier, like a walker or cane, grab bars, and a raised toilet seat or shower seat.
- Ask the doctor for a referral to a Physical Therapist that can work to improve balance and increase strength.

Where to get more information?

The National Institute of Health.

<https://www.nidcd.nih.gov/health/balance-disorders>

BANKING, SHOPPING, MEAL PREP & CLEANING

What is banking, shopping, meal prep & cleaning?

Banking, shopping, meal preparation, and cleaning are activities you do once you are up, dressed, and put together. These tasks support an independent lifestyle where you do not need help or get a little help with tasks. No one wants to give up their independence (not depending on another for support), but once you need help with these tasks, it is usually a sign that you will also need help in other areas of everyday life.

How do people describe banking, shopping, meal prep & cleaning?

People describe these activities as the ability to use the telephone, cook, shop, do laundry, do housekeeping, manage finances, take medications, and prepare meals (often called instrumental activities of daily living or IADLs).

What causes difficulty with banking, shopping, meal prep & cleaning?

These activities can become difficult for you as you age because these tasks take energy. Each of these tasks use a lot of movement or require standing in one place for a long time. This can be very tiresome and painful as you age.



What can I do about banking, shopping, meal prep & cleaning?

Here are some tips you may find helpful:

ACTIVITY

- Move slowly to save energy.
- Sit on a sturdy chair to work whenever possible.
- Take many rests. Just spending 15 minutes in a comfortable chair before you get too tired may help to bring back some of your energy.
- Try not to stand for too long.
- When shopping, use an electric cart so you do not have to walk so much.

PREVENTION

- Make sure your home has plenty of bright lighting for meal prep and cleaning.

- Keep the kitchen items you use most in easy to reach places.
- When preparing meals, use electric appliances, such as small hand mixers or electric can openers.
- Prepare a list of items you need and ask a grocery store worker for help finding everything.
- Hire someone to help keep your house clean, do laundry, meal prep, or assist with activities of daily living.
- Join a food delivery program, such as Meals on Wheels.

What can others do to help?

- Help you with your banking and transportation (like getting to the doctor or grocery store).
- Go grocery shopping with you or do shopping for you.
- Help clean your house or hire someone to clean your house.
- Prepare meals that are easy for you to heat up and eat.



What should be reported to a nurse or doctor about?

- If you are losing weight because meal prep is too difficult for you.
- If your hygiene (practices that help maintain your health through cleanliness) is poor because you are unable to properly clean your home.
- If you keep forgetting to pay your bills on time.

What should be discussed with a nurse or doctor?

- Your doctor can refer you to agencies that will bring you prepared food or do your grocery shopping for you.
- They can also refer you to agencies that will clean your home for you.

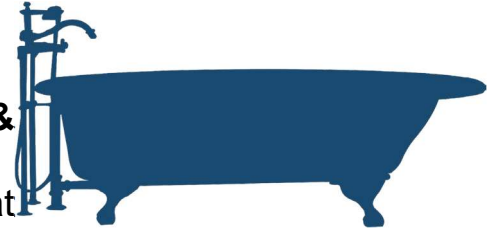
Where can I get more information?

The Health in Aging website has good information.

www.healthinaging.org/resources/resource:eldercare-at-home-problems-of-daily-living/

Your MI Choice Agency will be able to give you more information and even recommend agencies to help you perform these tasks.

BATHING, GROOMING, DRESSING, TOILETING & EATING



What is bathing, grooming, dressing, toileting & eating?

Your ability to bathe, groom, dress, toilet, and eat usually means that you have the ability to live safely and by yourself. When you are unable to perform these tasks, you may need help, either from another person, or with equipment such as a shower chair, a gripper, or sock aid.

How do people describe bathing, grooming, dressing, toileting & eating?

People describe these activities as activities of daily living or ADLs which are tasks that an individual does so that they can continue living in the community.

What causes difficulty with bathing, grooming, dressing, toileting & eating?

These activities can become more difficult as you age. If you do not have the energy or lose the ability to move around, the tasks of everyday life can become very hard and you might need help. Many tasks require standing for long periods of time, which can drain your energy. As you age, eyesight and hearing may also get worse, making daily tasks more difficult.

What can I do about difficulty with bathing, grooming, dressing, toileting & eating?

Here are some tips you may find helpful:

ACTIVITY

- Use a tub bench or shower chair while bathing.
- Sit to dress. Sitting while doing tasks will save your energy.
- Plan to bathe or shower before you are overly tired.
- Have someone be with you while you are bathing in case you become tired.
- Keep all the items you use regularly nearby, or gather them before beginning a task. Do not place items on high shelves.

- Take your time. Do not rush through any of your daily tasks.

DIET

- Consider a food program, such as Meals-on-Wheels, to make eating easier.

PREVENTION

- Install grab bars in the shower/tub area and next to the toilet.
- Place a rubber mat that covers the entire length of the bathtub to prevent slipping.
- Use special tools to help with daily tasks: a long-handled shoehorn, a sock aide, dressing stick, a reacher, a long-handled sponge, toilet aides, or an easy grip nail clipper.
- Wear sturdy shoes that grip the floor.
- Wear clothing that is easy to put on and take off.
- Do not wear loose, flowing clothes.



What are some tips for caregivers while bathing someone with Alzheimer's?

At some point, people with Alzheimer's will need help bathing. Because this is a private activity, people may not want help. They may feel embarrassed about being naked in front of their caregivers. They also may feel angry about not being able to care for themselves. These suggestions may help with everyday care.

Bathing Someone with Alzheimer's

Helping someone with Alzheimer's take a bath or shower can be hard. Planning can help make bath time better for both of you. If the person is afraid of bathing, follow his or her lifelong bathing habits, such as doing the bath or shower in the morning or before going to bed. If you can get information about their bathing habits from them before the onset of dementia or from others familiar with their routine, try to follow their prior habits.

Safety Tips

To keep the person with Alzheimer's safe during bath time:

- Never leave a confused or weak person alone in the tub or shower.
- Always check the water temperature before he or she gets in the tub or shower.
- Use a hand-held showerhead.

- Use a rubber bath mat and safety bars in the tub.
- Use a sturdy shower chair to support a person who is unsteady and to prevent falls. You can buy shower chairs at drug stores and medical supply stores.
- If the person has trouble getting in and out of the bathtub, do a sponge bath instead.

Before Bathing Before starting a bath or shower:

- Check what the individual is used to - a bath or shower. Do not try to change what they usually do.
- Get the soap, washcloth, towels, and shampoo ready.
- Make sure the bathroom is warm and well lit.
- Play soft music if it helps to relax the person.
- Do not force a bath or shower. Regroup and start again later if needed.
- Be gentle and respectful. Tell the person what you are going to do, step by step.
- Don't use bath oil. It can make the tub slippery and may cause urinary tract infections (an infection in the bladder, kidneys, or any part of the urinary system).
- It is recommended rather than asking if the person would like to take a bath, to state "It's time for a bath". Use of a question often results in the person not taking a bath.

During a Bath or Shower Allow the person with Alzheimer's to do as much as possible. This protects his or her dignity (worthy of respect) and helps the person feel more in control. Here are other tips:

- Put a towel over the person's shoulders or lap. This helps him or her feel more covered. Then use a sponge or washcloth to clean under the towel.
- Distract the person by talking about something else if becomes upset.
- Individuals with dementia often do not like water spraying on their head and/or face. Use a cup to pour water to wash hair. Do not place person directly under shower spray or use hand-held shower nozzle.
- Give the person a washcloth to hold. This makes it less likely that he or she will try to hit you.

After Bathing Try these suggestions:

- Prevent rashes or infections by patting the person's skin with a towel. Make sure the person is completely dry. Be sure to dry between folds of skin.
- If the person is incontinent (loss of bladder control), use a protective ointment, such as petroleum jelly, around the rectum, vagina, or penis.
- If using an ointment, do not scrub too hard as the ointment will come off.

- After bathing, get the person dressed as soon as possible.

Other Bathing Tips: For most people, a full bath or shower two or three times a week is enough. Between full baths, a sponge bath to clean the face, hands, feet, underarms, and genitals is all you need to do every day. Also:

- Washing the person's hair in the sink with a hose attachment.
- Get professional help with bathing if it becomes too hard to do.
- Bath towelettes (large bath-sized baby wipes) can be used for those very resistant to bathing.
- Use of powder can cause urinary tract infections and/or skin irritation.

What can others do to help me?

- Your caregiver, family, and friends can lay out your clothes for the day, set up your shower or bath, and lay out towels and toiletries (toothpaste, soap).
- They can help prepare meals that are easy for you to heat up and eat.
- Have family or friends there to help you get ready for the day.
- Encourage and support changes to make activities easier and safer.

What should be reported to a nurse or doctor?

- Weight loss due to difficulties eating and preparing meals.
- Weight gain due to lack of eating healthy foods.
- Difficulties with bathing and toileting.
- Any stress that activities of daily living are putting on your body.

What should be discussed with a nurse or doctor?

Your doctor can make referrals to agencies that can come into your home and help with activities of daily living if you are having difficulties.

Where can I get more information?

Your MI Choice Agency is an excellent source of ideas and resources for dealing with problems of daily living. Contact them for more information.

National Institutes on Aging Alzheimer's and related Dementias Education and Referral (ADEAR) Center 800-438-4380 (toll-free)
adear@nia.nih.gov www.nia.nih.gov/alzheimers

PHYSICAL FUNCTION & ALZHEIMER'S DISEASE

What is physical function (performance) in those with Alzheimer's?

The effect of Alzheimer's on a person's life can be measured in the ability to perform Activities of Daily Living (ADLs) like bathing, grooming, dressing, toileting, and eating and Instrumental Activities of Daily Living (IADLs) like meal prep, banking, shopping, and cleaning. Both are things everyone does day-to-day, and can become more difficult for someone with Alzheimer's.



How do people describe performance with Alzheimer's?

People describe performance (physical function or ADLs) as tasks that an individual does so that they can continue living in the community.

Why is it difficult to perform with Alzheimer's?

ADLs require complex thinking, so watching for signs of trouble in your loved one is an important part of diagnosing dementia. If you know how your loved one is changing, then knowing what's next becomes easier, and predicting someone's ability to function is part of developing a care plan that manages symptoms and maintains the best possible quality of life, which is the degree to which an individual is healthy, comfortable, and able to participate in or enjoy life events.

What causes performance problems with Alzheimer's?

Here are symptoms and how they relate to the ability to perform activities:

- **Loss of executive functioning** in the brain means someone has difficulty planning and organizing. It can also affect working memory, flexible thinking, organization and planning, and attention skills. Getting dressed seems basic, but if your executive functioning is affected you might not understand to put underwear on before putting on pants.
- **Memory problems** mean someone can simply forget to do things like brush their teeth or hair, take a shower, or put on clothes. In middle and late stages of dementia, memory problems can cause someone to forget the purpose of an object like a hairbrush.

- **Judgment** can be impacted by dementia and can lead someone to wear the wrong type of clothing in hot or cold weather, or ignore nails that need to be trimmed, or refuse to eat despite being hungry.
- **Coordination** trouble can make acts like buttoning a shirt too difficult.
- **Problems with attention** can make it impossible to complete a task around distractions. Getting dressed, for instance, might be too hard for someone with dementia if there are loud noises outside.
- **Aggressiveness (hostile or violent behavior)** can lead someone to refuse help with ADLs. It could be insulting to receive help with tasks they have done their whole lives, like get dressed.
- **Vision problems** like losing spatial judgment (where objects are located) makes everyday tasks like getting on and off a toilet, or picking up objects like a toothbrush, more difficult.
- **Apathy (lack of interest, enthusiasm, or concern)** can cause someone with dementia to simply lose interest in tasks like bathing.

What can I do about performance problems with Alzheimer's?

- In mild stage Alzheimer's, there may be a need for hands on help with meal prep, banking, shopping, and cleaning, and minimal help (like a gentle reminder) with bathing, grooming, dressing, toileting, and eating.
- In moderate stage Alzheimer's, meal prep, banking, shopping, and cleaning usually need to be done by someone else but the person may be able to help a little. There is more help like reminders and modeling (doing the action to show how to do it) with bathing, grooming, dressing, toileting, eating, but usually the person can still do some tasks by themselves.
- In severe stage Alzheimer's, total assistance is needed with all activities, but the person may have the ability to feed themselves.

Tips to help a caregiver manage:

- Set a positive mood. Avoid attempting tasks when the person is angry or upset.
- Do not argue or try to make the person understand.
- Get the person's attention. Ask simple, direct questions (avoid multi-part questions).
- Break down activities into a series of steps.
- Respond with affection and reassurance.
- If having difficulty, try to identify the cause: pain, fear, or the environment.

- Use a tone that is calm, soothing; and use touch if appropriate for that person.
- Use distraction techniques. Continue to try different things when one doesn't work, go to another.
- Accept false statements or thoughts that are not real by going along with them as appropriate.
- Give space, even leave the room.
- Ask for help from someone else they know that can help calm the situation.
- Call for help from law enforcement if a danger to themselves or others.

What should be reported to a nurse or doctor about performance?

Keep notes on performance: What actions are difficult? This helps to know when changes happen and what to report, and if a doctor asks about symptoms you can be very specific.

What should be discussed to a nurse or doctor about performance?

A discussion should occur when a need for more help is required as a task cannot be performed with help of the caregiver.

Where can I get more information?

National Institutes on Aging Alzheimer's and related Dementias Education and Referral (ADEAR) Center 800-438-4380 (toll-free)
adear@nia.nih.gov www.nia.nih.gov/alzheimers

FALL PREVENTION

What is a fall?

A fall is a loss of balance causing you to make unexpected contact with the ground or floor. A fall is a terrible accident in the life of an older person. Often damage is done, both physically and emotionally, that cannot be undone. Whether stumbling feet or body weakness caused a fall, it can be prevented.



What causes a fall?

Dizziness is a major cause of a fall. Changing positions too quickly, certain medications, and dehydration (the body does not have enough fluid to function properly) can cause dizziness, increasing the chance of falls. Falls can also be the result of poor vision or hearing or dangers in the home. Your reflexes may also get slower as you age, making it harder for you to regain your balance when you change positions.

What can you do to prevent a fall?

Here are some tips you may find helpful:

ACTIVITY

- Change positions slowly from lying to sitting and from sitting to standing.
- Stand and hold on to sturdy furniture or a countertop for a few minutes before walking.
- Stay active! Strengthening muscles helps maintain activities. Exercise at least 150 minutes a week to strengthen bones and improve balance. Try activities like walking, dancing, gardening, or swimming/water workouts. First thing in the morning and before going to bed at night, do squats. Start with one and work up to five squats. For safety, perform over the toilet and use a grab bar if needed. The goal is to be able to do five squats hands free both morning and night.
- Getting at least six hours of uninterrupted sleep can decrease the potential to fall as well as strengthen the muscles that keep you upright.

DIET

- Drink water every day to prevent dehydration. Drinking most of your water between the hours of 8 AM and 4 PM assists with sleep at night by decreasing urination at night. Taking 2-3 gulps every 30 minutes to an hour during this time period gives you enough fluids for a 24-hour period.
- Prepare a pitcher of water in the morning to use throughout the day, flavor with fruits or vegetables as desired.
- Limit the amount of alcohol you drink.

MEDICAL CARE AND MEDICATIONS

- If you are diabetic, regularly check your blood sugar.
- Review your medication list with your nurse or doctor, many medications can increase fall risk.

PREVENTION

- Get your vision and hearing checked regularly.
- Wear non-skid, low heel shoes with rubber soles that support your feet.
- Remove or fix dangers in the home. Decrease clutter and clear walking paths.
- Have good lighting in your home. Use a night light at night.
- Arrange the things used most often so that they are easy to get.
- Use non-slip mats and rugs.
- Have grab bars installed as needed.
- Use a reacher so you do not have to bend over.
- Review all medications, including over-the-counter, with a provider.



Why are falls common in those with Alzheimer's?

As Alzheimer's disease gets worse, the person may have trouble walking and keeping his or her balance. He or she also may have changes in depth perception, which is the ability to understand distances. For example, someone with Alzheimer's may try to step down when walking from a carpeted to a tile floor.

Here are some more tips to prevent a fall in someone with Alzheimer's:

- Make it easier to move around the home. Too much furniture can make it hard to move around freely.
- Have a sturdy handrail on stairways.

- Put carpet on stairs, or mark the edges of steps with brightly colored tape so the person can see them more easily.
- Put a gate across the stairs if the person has balance problems.
- Make sure cords to electrical outlets are out of the way or tacked to baseboards.
- Clean up spills right away.
- Make sure there is good floor traction (grip) for walking.
- To make floors less slippery, leave floors unpolished or install nonskid strips. Shoes and slippers with good traction also help move around safely.

What can others do to help me prevent falls?

- Help you arrange your furniture, cords, etc. to make clear, clutter-free paths.
- Help install grab bars next to toilets or in showers.
- Help you move lights or install brighter lightbulbs so you have good lighting.
- It is helpful to get and use a gait belt to help the person while standing up or to have the person hold on to when walking. The Supports Coordinator can provide instruction on how to use a gait belt.
- If a person is refusing to use a walker or cane, it helps to use gentle reminders and to place the walker or cane within their sight line.
- Help provide contrast between built ins, floors, and walls. Contrast toilet seat and toilet colors.
- Do not wake them for hourly checks at night. Sleep at night is important in preventing falls.

What to do if someone with Alzheimer's Disease or Dementia falls?

- Stay calm and help your loved one to remain calm by encouraging them to take slow, deep breaths.
- Examine them for injuries like bruises, bleeding, sprains, and broken bones.
- Ask them if they are experiencing any pain, where it is located, and how severe it is.
- If they have a serious injury (e.g., a broken bone, bleeding), then don't move them. Call 911 and keep your loved one as warm, comfortable, and still as possible until help arrives.
- If they aren't badly hurt and they want to get up, proceed slowly. Stop at any point if they become stuck, experience pain, or become too tired to get all the way up.
- Find two sturdy chairs. Place one next to your loved one's head and the other down by their feet. Keep in mind that your loved one must be capable of doing the physical work required to get up. Your role is to help guide

them through these steps and keep them steady, not lift their weight. If they cannot do this, then call 911 to request a lift assist.

- Help your loved one roll over onto their side and assist them in getting onto their hands and knees. If they suffer from sore knees, place a towel beneath them to make this step more comfortable.
- Move the chair closest to their head directly in front of where they are so they can rise up to place their hands evenly on the seat and assume a kneeling position.
- Ask the person to lean forward on the seat as they bring their strongest leg forward, leading with the knee to place their foot flat on the floor. They should look like they are in a kneeling lunge at the end of this step.
- Move the second chair directly behind your loved one, then ask them to use both their arms and legs to push themselves up and sit back into this chair. You can use your hands to keep your loved one steady, but keep your back upright and make sure they are doing the physical work to lift themselves.
- Keep the person seated until you are confident they can stand and continue moving around without hurting themselves or falling again.
- Immediately notify their doctor that they've had a fall and keep an eye out for emerging pain and signs of injury.
- Avoid use of lift chairs/toilet risers as long as possible as reduces muscle strength.

What should be reported to a nurse or doctor about falls?

- If you have had a fall, how the fall happened and if you were hurt.
- If you are experiencing any dizziness.
- If you have started taking any new medications – including over-the-counter, vitamins, or other supplements.
- If you have trouble with your vision or hearing.

What should be discussed with a nurse or doctor about falls?

- If you are having trouble with balance, talk to them about referring you to physical therapy or an exercise program.
- Ask about the possibility of having an occupational therapist come examine your home for fall risks.
- If you are not taking Calcium or Vitamin D ask your doctor if you should be.
- Ask your doctor or nurse to review your medications to see if you are taking any that might cause a fall.

Where can I get more information?

Check the back of the Toolkit for:

- A Home Fall Prevention Checklist
- How to Get Up after a Fall

National Council on Aging. *18 steps to fall proofing your home.* :
<https://www.ncoa.org/blog/falls-prevention-home-18-step-safety-checklist/>

National Institutes on Aging. *Prevent falls and fractures.*
<https://www.nia.nih.gov/health/prevent-falls-and-fractures>

National Institutes on Aging Alzheimer's and related Dementias Education and Referral (ADEAR) Center 800-438-4380 (toll-free)
adear@nia.nih.gov www.nia.nih.gov/alzheimers

PHYSICAL ACTIVITY

What is physical activity?

Physical activity is an important part of healthy aging. Most people tend to focus on one type of activity and think they are doing enough. It is important to get four types of activity: endurance, strength, balance, and flexibility. Each one has different benefits. Doing one kind can improve the ability to do the others, and doing different activities helps reduce boredom and risk of injury.



How do people describe physical activity?

Most people describe physical activity as exercise.

What causes inactivity?

Most people know about the health benefits of physical activity, yet many remain inactive (not doing much physical activity) due to barriers (limits).



- **Lack of interest** is the number one reason for inactivity. People tend to enjoy what interests them, so finding out what you like to do can break this barrier.
- **Shortness of breath** due to health issues or being out of shape can lead to inactivity.
- **Joint pain** can prevent activity. Regular moderate exercise reduces joint pain and stiffness, builds strong muscles around the joints, and increases flexibility and endurance.
- **Believing you lack fitness (strength)** can be a barrier. Start slow like a 10-minute walk, then add resistance activity by making your muscles work against the weight of a band.
- **Lack of energy** due to a low fitness level or from medication interactions can lead to inactivity.
- **Not believing that activity can lengthen life.** Activity can improve your quality of life (which is the degree to which an individual is healthy, comfortable, and able to participate in or enjoy life events), no matter how long you want to live.

What can I do to be physically active?

Discuss a plan with your nurse or doctor, start slow, find something you enjoy to do, and get all four types of activity: endurance, strength, balance, and flexibility.

Here are some tips you may find helpful:

Endurance activities increase your breathing and heart rate to help keep you healthy and improve your fitness so you can do tasks you need to do every day. Endurance activities improve the health of your heart, lungs, and blood vessels and can delay or prevent diseases, like diabetes, cancers, and heart disease. Activities that build endurance include:

- Brisk (quick) walking or climbing stairs or hills.
- Yard work (mowing, raking).
- Dancing or swimming.

Build up to at least 150 minutes of activity a week that makes you breathe hard. Be active throughout your day and avoid sitting for long periods of time.

Here are some safety tips when building up your endurance:

- Do a light activity, such as easy walking, before and after your endurance activities to warm up and cool down.
- Listen to your body: endurance activities should not cause dizziness, chest pain or pressure, or a feeling like heartburn.
- Be sure to drink liquids when doing any activity that makes you sweat. If your doctor has told you to limit your fluids, be sure to check before increasing the amount of fluid you drink while exercising.
- If you are going to be outdoors, be aware of your surroundings.

Muscular strength can make a big difference. Strong muscles help to maintain independence (not depending on another for support) and make everyday activities feel easier, like getting up from a chair, climbing stairs, and carrying groceries. Keeping muscles strong can help with balance and prevent falls, as you are less likely to fall when your leg and hip muscles are strong.

Lift Weights Try to do all your major muscle groups (chest, back, arms and shoulders, abdomen, legs, and buttocks) at least 2 days per week, but don't exercise the same muscle group 2 days in a row. Use 1- or 2-pound weights, or no weight at all to start as your body needs to get used to strength activities. Common objects from your home, such as soup cans, can be used the first week, then slowly add



more weight. Starting out with weights that are too heavy can cause injuries. Use proper form for safety, don't jerk or thrust weights into position. Use smooth, steady movements. Avoid "locking" your arm and leg joints in a tightly straightened position.

Use Resistant Bands, stretchy elastic bands that come in several strengths, from light to heavy. You can use them in some strength activities instead of weights. If you are a beginner, try it without the band or use a light band until you are comfortable then add a band or move on to a stronger band when you can do two sets of 10 to 15 repetitions easily. Hold on to the band tightly (some bands have handles) or wrap it around your hand or foot to keep it from slipping and causing injury. Do the activities in a slow, steady manner, and don't let the band snap back.



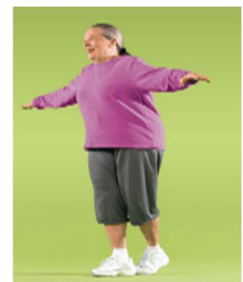
Here are some safety tips when building up your strength:

- Don't hold your breath during strength activities and breathe regularly.
- Breathe out as you lift or push, and breathe in as you relax.

Balance activities help prevent falls, a common problem in older adults that can have serious consequences. Many lower-body strength activities also will improve your balance. Activities to improve balance include Tai Chi, a "moving meditation" that involves moving the body slowly, gently, and exactly, while breathing deeply.



One example is standing on one foot, then the other. If at first you need support, hold on to something sturdy. Work your way up to doing this movement without support. Get up from a chair without using your hands or arms. Have a sturdy chair or a person nearby to hold on to if you feel unsteady. Another is the heel-to-toe walk. As you walk, put the heel of one foot just in front of the toes of your other foot. Your heel and toes should touch or almost touch.



Flexibility Stretching can improve your flexibility. Moving more freely will make it easier for you to reach down to tie your shoes or look over your shoulder when you back your car out of the driveway. One example is a calf stretch exercise. It can be done by standing and facing the wall slightly farther than arm's length from the wall, feet shoulder-width apart. Step forward with the right leg and bend the right knee. Keeping both feet flat on the floor, bend the left knee slightly until you feel a stretch in your left calf muscle. Hold the position for 10 to 30 seconds, and then return to the starting position. Repeat with the left leg.



Another example is an ankle stretch. Sit securely (in a stable and safe manner) toward the edge of a sturdy, armless chair. Stretch your legs out in front of you. With your heels on the floor, bend your ankles to point the toes toward you. Hold the position for 10 to 30 seconds. Bend your ankles to point toes away from you and hold for 10 to 30 seconds.



How to Get Started? Deciding to become physically active can be one of the best things you can do for your health. Physical activity is not only great for your mental and physical health, but can help keep you independent as you age. The key to being successful when beginning a physical activity routine is to build slowly from your current fitness level. Over-exercising can cause injury, which may lead to quitting. A steady rate of progress is the best approach.

To play it safe and lessen your risk of injury:

- Begin your activity program slowly with low-intensity (light) activities.
- Warm up before doing activities and cool down afterward.
- Pay attention to your surroundings when exercising outdoors.
- Drink water before, during, and after your workout session, even if you don't feel thirsty.
- Wear appropriate fitness clothes and shoes for your activity.
- Dress in layers so you can add or remove clothes as needed.
- If you have specific health conditions, discuss your physical activity plan with your nurse or doctor.

Try to do at least 150 minutes (2 ½ hours) a week of moderate-intensity aerobic exercise (to strengthen heart and lungs), like brisk walking or fast dancing. Being active at least 3 days a week is best, but doing anything is better

than doing nothing at all. You should also do muscle-strengthening activities, like lifting weights or doing sit-ups, at least **2 days a week**.

Many people find that having a goal in mind motivates (inspires) them to move ahead. Goals are most useful when they are specific, realistic (doable), and important to you. Review your goals regularly as you make progress or your priorities (first concerns) change.

Physical Activity and Alzheimer's Disease

Being active helps people with Alzheimer's disease feel better. Activity helps keep muscles, joints, and heart in good shape. It also helps people stay at a healthy weight and have regular toilet and sleep habits. You want someone with Alzheimer's to do as much as possible for himself or herself. At the same time, you need to make sure that the person is safe when active.

Some people with Alzheimer's may not be able to get around well. This is another problem that becomes more challenging to deal with as the disease gets worse. Some possible reasons for this include:

- Trouble with endurance (staying power).
- Poor coordination (the ability to use different parts of the body together smoothly).
- Sore feet or muscles.
- Illness.
- Depression or general lack of interest.



Even if people have trouble walking, they may be able to:

- Do simple tasks around the home, such as sweeping and dusting.
- Use a stationary bike.
- Use soft rubber exercise balls or balloons for stretching or throwing back and forth.
- Use stretching bands, which you can buy in sporting goods stores.
- Lift weights or household items such as soup cans.
- Do squats by the toilet, hanging on to the grab bar.

Here are some tips for helping the person with Alzheimer's disease stay active:

- Help get the activity started or join in to make the activity more fun.
- Be realistic about how much activity can be done at one time. Several short "mini-workouts" may be best.
- Take a walk together each day. Exercise is good for caregivers too!

- Make sure the person with Alzheimer’s disease has an ID bracelet with your phone number if he or she walks alone.
- Check your TV guide to see if there is a program to help older adults exercise, or watch exercise videos made for older people.
- Add music to the activities if it helps the person with Alzheimer’s disease. Dance to the music if possible.
- Break activities into simple, easy-to-follow steps.
- Make sure the person wears comfortable clothes and shoes that fit well and are made for exercise.
- Make sure he or she drinks water or juice after exercise.



Set goals with the person:

- Here are some examples of goals. 1) To walk between the living room and bedroom three times a day. 2) To lift the soup can with each arm 15 times a day.
- A good way to start setting goals is to ask the person what they would like to do. If they are unable to give an answer, set goals for things that you know they used to enjoy like dancing or walking.

What can others do to help me be active?

They can encourage you or be active with you.

What should be reported to a nurse or doctor about my activity?

Report your current activity level and your desired goal.

What should be discussed with a nurse or doctor about my activity?

If you considering adding physical activity to your daily routine or increasing your level of activity talk to your nurse or doctor about the activities that are best for you. Ask the following questions:

Are there any activities I should avoid?

A recommendation can be made based on your health history, keeping in mind recent surgeries or ongoing health conditions such as arthritis, diabetes, or heart disease. This is also a great time to check with your nurse or doctor about any unexplained symptoms you’ve been experiencing, such as chest pain or pressure, joint pain, dizziness, or shortness of breath. You may need to put off physical activity exercise until the problem is diagnosed and treated.

Is my preventive care up to date?

Preventive care includes such things as annual check-ups, screenings for cancer, and immunizations like the flu shot. Your doctor can tell you if there are any tests you might need. For example, women over age 65 should be checked regularly for osteoporosis (a medical condition in which the bones become brittle and fragile from loss of tissue, typically as a result of hormonal changes, or deficiency of calcium or vitamin D).

How does my health condition affect my ability to exercise?

Some health conditions can affect your exercise routine. For example, people with arthritis may need to avoid some types of activity, especially when joints are swollen or inflamed (red and swollen). Those with diabetes may need to change their daily schedule, meal plan, or medications when planning their activities. Changes may be needed to make sure that you get the most out of your new routine.

Where to get more information?

National Institutes on Aging. Exercise and Physical Activity.

<https://www.nia.nih.gov/health/exercise-physical-activity>

National Institutes on Aging Alzheimer's and related Dementias Education and Referral (ADEAR) Center 800-438-4380 (toll-free)

adear@nia.nih.gov www.nia.nih.gov/alzheimers

SEXUAL HEALTH

What is sexual health?

A healthy sex life is an important part of good health. Giving sex the attention it deserves, a healthy and active sex life can be maintained at any age.

How do people describe sexual health?

Many people describe sexual health as being sexually active.

What causes problems with sexual health?

Medical problems, disability, medication, and surgery can affect your ability to have and enjoy sex. Problems in your relationship can also affect your ability to enjoy sex. Arthritis and chronic pain can make sexual contact uncomfortable. For men, erectile dysfunction makes sex difficult, and can be caused by diabetes, heart disease, or low blood pressure. Sexual health is also affected by your emotional health. How you feel may affect what you are able to do.



What can I do about my sexual health problems?

Here are some tips you may find helpful:

- Live a healthy lifestyle by eating a balanced and nutritious diet.
- Avoid smoking and alcohol; they can decrease sex drive and function.
- Regular exercise can improve your mood, sex drive, and performance.
- Talk to your partner about barriers (limits) to sex and your wants and needs, as well as your partner's wants and needs.
- Keep the intimacy by cuddling, hugging, kissing, or holding hands.
- Stay positive; understand that both you and your partner are going through changes. You and your partner both have something special and unique to bring to the relationship.
- Use lubricants.
- Always practice safe sex, even at an older age.

Changes in sexual health with Alzheimer's Disease?

Alzheimer's disease can cause changes in intimacy and sexuality in a person with the disease and can impact the caregiver. The person with Alzheimer's may be stressed by the changes in his or her memory and behaviors. Fear, worry,

depression, anger, and low self-esteem (how much the person likes himself or herself) are common. The person with Alzheimer's may become dependent (relies on) and cling to their loved ones. He or she may not remember life together with their loved one or feelings toward one another. The person may even fall in love with someone else.



Their loved ones may pull away from the person with Alzheimer's in both an emotional and physical sense. Or their loved ones may feel frustrated by the person's constant forgetfulness, repeated questions, and other behaviors they may see as bothersome.

Often partners can forget about each other, so one way to show affection is to reminisce (to think back on) about past experiences, trips, or events to remember enjoyable experiences together. Visual cues such as pictures of family and friends or important events are helpful. Being present on a regular basis and being kind helps too.

Caregivers and their loved ones can learn how to cope with these challenges, but it takes time. Some learn to live with the illness and find new meaning in their relationships with people who have Alzheimer's.

What can others do to help me with my sexual health?

Your friends and family can help you with your sexual health by listening to you discuss your concerns and provide an outlet (means of release) for emotions or find a professional to talk to.

In those with Alzheimer's disease

There is a need to feel that someone loves and cares about them. They also need to spend time with other people as well as you. Efforts to take care of these needs can help the person with Alzheimer's to feel happy and safe. It's important to reassure the person that: they are loved, they will be kept safe, and that others also care about them.

The spouse/partner of the person with Alzheimer's disease may lose interest in having sex. This change can make them feel lonely, frustrated, or that it is not okay to have sex with someone who has Alzheimer's. The person with Alzheimer's seems like a stranger or forgets that the spouse/partner is there or how to make love. A person with Alzheimer's disease may have side effects from medications that affect his or her sexual interest, memory loss, changes in the brain, or depression that affect interest in sex.

Here are some tips for coping with changes in sexuality:

- Explore new ways of spending time together.
- Focus on other ways to show affection, such as snuggling or holding hands.
- Try other nonsexual forms of touching, such as massage, hugging, and dancing.

What should be reported to a nurse or doctor about my sexual health?

- If you are having concerns about sexual functioning.
- If you have trouble getting or keeping an erection.
- If you have vaginal dryness or pain during intercourse.
- If you have a new sexual partner or several sexual partners.
- If you have recently started a new medication.
- If you take any hormones or natural supplements.

What should be discussed with a nurse or doctor about my sexual health?

- Safe sex practices.
- Concerns about how other problems you have, such as cardiac disease, pain, or arthritis affect your sex life.
- Proper use of lubricants for sex.
- How menopause influences sexuality.
- Medications that you are currently taking and how they can affect your sexual health.
- If you have a new partner, discuss having both you and your partner checked for Sexually Transmitted Infections (STIs) or Sexually Transmitted Diseases (STDs).
- If counseling or therapy for you and your partner would be beneficial.



Where can I get more information?

The American Sexual Health Association

<http://www.ashasexualhealth.org/sexual-health/>

National Institutes on Aging. (2013). *Sexuality in later life*.

<https://www.nia.nih.gov/health/sexuality-later-life>

National Institutes on Aging Alzheimer's and related Dementias Education and Referral (ADEAR) Center 800-438-4380 (toll-free)
adear@nia.nih.gov www.nia.nih.gov/alzheimers

AGITATION & AGGRESSION

What is agitation and aggression in Alzheimer's Disease?

People with Alzheimer's disease may become agitated or aggressive as the disease gets worse. **Agitation** means that a person is restless or worried, they don't seem to be able to settle down. Agitation may cause pacing, sleeplessness, or **aggression**, which is when a person lashes out verbally or tries to hit or hurt someone.

What are the causes of agitation and aggression?

Most of the time, agitation and aggression happen for a reason. When they happen, try to find the cause. If you deal with the causes, the behavior may stop. For example, some causes could be:

- Pain, depression, or stress.
- Too little rest or sleep.
- Constipation.
- Soiled underwear or diaper.
- A sudden change in a well-known place, routine, or person.
- A feeling of loss—for example, the person may miss being able to drive.
- Too much noise or confusion or too many people in the room.
- Being pushed by others to do something—for example, to bathe or to remember events or people—when Alzheimer's has made the activity very hard or impossible.
- Feeling lonely and not having enough contact with other people.
- Urinary tract infection or other illnesses.
- Interaction of medicines.

Look for early signs of agitation or aggression. If you see the signs, you can deal with the cause before problem behaviors start. Try not to ignore the problem. Doing nothing can make things worse.

A doctor may be able to help. The doctor can give the person a medical exam to find any problems that may cause agitation and aggression. Also, ask the doctor if medicine is needed to prevent or reduce agitation or aggression.

What can a caregiver do to cope with agitation or aggression?

Here are some ways to cope with agitation or aggression:

- Reassure him or her. Speak calmly. Listen to his or her concerns and frustrations. Show that you understand if he or she is angry or fearful.

- Allow the person to keep as much control in his or her life as possible.
- Try to keep a routine, such as bathing, dressing, and eating at the same time each day.
- Build quiet times into the day, along with activities.
- Keep well-loved objects and photographs around the house to help the person feel safer.
- Try gentle touching, soothing music, reading, or walks.
- Reduce noise, clutter, or the number of people in the room.
- Try to distract the person with a favorite snack, object, or activity.
- Limit the amount of caffeine, sugar, and “junk food” the person drinks and eats.

Here are some other things you can do:

- Slow down and try to relax if you think your own worries may be affecting the person with Alzheimer’s.
- Try to find a way to take a break from caregiving. What are some safety concerns?

When the person is aggressive, protect yourself and others. If you have to, stay at a safe distance from the person until the behavior stops. Also try to protect the person from hurting himself or herself.

Where can I get more information?

National Institutes on Aging Alzheimer’s and related Dementias Education and Referral (ADEAR) Center 800-438-4380 (toll-free)
adear@nia.nih.gov www.nia.nih.gov/alzheimers

HALLUCINATIONS, DELUSIONS & PARANOIA

In Alzheimer's, what are hallucinations, delusions & paranoia?

Hallucinations involve hearing, seeing, smelling, or feeling things that are not really there. For example, a person with Alzheimer's may see children playing in the living room when no children exist.

Delusions are false beliefs that the person thinks are real. For example, the person may think his or her spouse is in love with someone else.



Paranoia is a type of delusion in which a person may believe—without a good reason—that others are mean, lying, unfair, or “out to get me.” He or she may become suspicious, fearful, or jealous of people.

What causes hallucinations, delusions & paranoia in Alzheimer's?

Due to complex changes occurring in the brain, people with Alzheimer's disease may see or hear things that are not real. An illness or medication may cause these behaviors. If a person with Alzheimer's has ongoing disturbing hallucinations or delusions, seek medical help. Medicines are available to treat these behaviors but must be used with caution. New onset of hallucinations or delusions can also be caused by infections, medication interactions, or other medical conditions (see section on Delirium).

What can a caregiver do to cope with hallucinations and delusions?

Here are some tips for coping with hallucinations and delusions:

- Discuss with the doctor any illnesses the person with Alzheimer's has and medicines he or she is taking. Sometimes an illness or medicine may cause hallucinations or delusions.
- Try not to argue with the person about what he or she sees or hears. Comfort the person if he or she is afraid.

- Distract the person. Sometimes moving to another room or going outside for a walk helps.
- Turn off the TV when violent or upsetting programs are on. Someone with Alzheimer's may think these events are happening in the room.
- Make sure the person is safe and can't reach anything that could be used to hurt anyone or himself or herself.

What can a caregiver do to cope with paranoia?

In a person with Alzheimer's disease, paranoia often is linked to memory loss. It can become worse as memory loss gets worse. For example, the person may become paranoid if he or she forgets:

- Where he or she put something. The person may believe that someone is taking his or her things.
- That you are the person's caregiver. Someone with Alzheimer's might not trust you if he or she thinks you are a stranger.
- People he or she has already met. He or she may believe that strangers will be harmful.
- Directions you just gave. The person may think you are trying to trick him or her.

Paranoia may be the person's way of expressing loss. The person may blame or accuse others because no other explanation seems to make sense.

Here are some tips for coping with paranoia:

- Try not to react if the person blames you for something.
- Don't argue with the person.
- Let the person know that he or she is safe.
- Use gentle touching or hugging to show you care.
- Explain to others that the person is acting this way because he or she has Alzheimer's disease.
- Search for things to distract the person, then talk about what you found. For example, talk about a photograph or keepsake.
- In some instances, medications or combinations of medications can cause hallucinations. If you think this may be the case, review the medication list with the Supports Coordinator and/or doctor.
- If a person is hearing voices from another room or air vent, close the door or cover the vent.
- If a person is paranoid and does not want to eat because they think the food is poisoning them, try sitting down and eating the food in front of them to calm them down.

- Also, keep in mind that someone with Alzheimer's disease may have a good reason for acting a certain way. He or she may not be paranoid. There are people who take advantage of weak and elderly people. Find out if someone is trying to abuse or steal from the person with Alzheimer's and report it to a nurse or doctor.

Where can I get more information?

National Institutes on Aging Alzheimer's and related Dementias Education and Referral (ADEAR) Center 800-438-4380 (toll-free)
adear@nia.nih.gov www.nia.nih.gov/alzheimers

RUMMAGING & HIDING THINGS

What is rummaging & hiding things with Alzheimer's Disease?

Someone with Alzheimer's disease may start rummaging or searching through cabinets, drawers, closets, the refrigerator, and other places where things are stored. He or she may hide items around the house. This behavior can be annoying or even dangerous for the caregiver or family members.



What causes rummaging & hiding things with Alzheimer's Disease?

In some cases, there might be a logical reason for this behavior. For instance, the person may be looking for something specific, but he or she may not be able to tell you what it is. He or she may be hungry or bored. Try to understand what is causing the behavior so you can respond appropriately.

What can a caregiver do to assure rummaging—with safety?

You can take steps that allow the person with Alzheimer's to rummage while protecting your belongings and keeping the person safe. Try these tips:

- Lock up dangerous or toxic products, or place them out of the person's sight and reach.
- Remove spoiled food from the refrigerator and cabinets. Someone with Alzheimer's may look for snacks but lack the judgment or sense of taste to stay away from spoiled foods.
- Remove valuable items that could be misplaced or hidden by the person, like important papers, checkbooks, charge cards, jewelry, cell phones, and keys.
- People with Alzheimer's often hide, lose, or throw away mail. If this is a serious problem, consider getting a post office box. If you have a yard with a fence and a locked gate, place your mailbox outside the gate. Keep all trash cans covered or out of sight. People with Alzheimer's may not remember the purpose of the container or may rummage through it.
- Check trash containers before you empty them, in case something has been hidden there or thrown away by accident.

What can a caregiver do about rummaging & hiding behavior?

Here are some more suggestions:

- Keep the person with Alzheimer's from going into unused rooms. This limits his or her rummaging through and hiding things.

- Search the house to learn where the person often hides things. Once you find these places, check them often, out of sight of the person.
- You can create a special place where the person with Alzheimer's can rummage freely or sort things. This could be a chest of drawers, a bag of objects, or a basket of clothing to fold or unfold. Give him or her a personal box, chest, or cupboard to store special objects. You may have to remind the person where to find his or her personal storage place.
- Sometimes a person with Alzheimer's Disease misplaces items and then believes someone is stealing their things so they hide them.
- The tips provided above to prevent rummaging without causing agitation or aggression may work in some individuals.
- If something comes up missing or lost, it is best not to ask the person with Alzheimer's Disease if they touched it as it can cause agitation.
- It is best if medications are locked up and put away to prevent the person from taking medicines that are not prescribed to them.

Where can I get more information?

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adear@nia.nih.gov www.nia.nih.gov/alzheimers

WANDERING

What is wandering in Alzheimer's Disease?

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.



What can a caregiver do about wandering?

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 an Alert 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 (ID).
- 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.

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.
- Use loosely fitting doorknob covers so that the cover turns instead of the actual knob. Because of the potential danger they could cause if an emergency exit is needed, locked doors and doorknob covers should be used only when a caregiver is present.
- Place STOP, DO NOT ENTER, or CLOSED signs on doors.
- Redirect the attention of the person with Alzheimer's disease away from using the door by placing small scenic posters on the door; place removable gates, curtains, or brightly colored streamers across the door; or wallpapering the door to match the walls.

- Install safety devices found in hardware stores to limit how much windows can be opened.
- Install an “announcing system” that chimes when a door is opened.
- Secure the yard with fencing and a locked gate.
- Keep shoes, keys, suitcases, coats, hats, and other signs of departure (leaving) out of sight.
- Do not leave a person with Alzheimer’s who has a history of wandering alone.

You can also make changes in your home to improve safety for someone who wanders. See the section on Home Safety and Alzheimer’s.

Where can I get more information?

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ANXIETY

What is anxiety?

Anxiety is a vague (unclear) feeling of uneasiness, unpleasant feelings, or fear resulting from expecting some bad news or harm. Anxiety can happen to anyone. People with chronic illness or certain medications may get anxious more easily than others. Anxiety and fear are common and normal feelings that people have when coping with certain health conditions.

How do people describe anxiety?

People who have anxiety say they feel uneasy, tense, apprehensive (fearful), wary, and agitated. They have a feeling of restlessness, uncertainty, distress, or have a sense of dread or impending doom. Some people may have difficulty concentrating due to their anxiety.



People tremble, sweat, have shortness of breath, have rapid breathing, rapid heart rate, or heart pounding in the chest. Some people also experience shakiness, abdominal distress, headaches, loss of appetite, or difficulty sleeping. Sometimes people may become overly fearful and may no longer cope well with day-to-day life.

What causes anxiety?

Many different things can cause people to feel anxious. Symptoms that are not under control, such as fear, pain, or nausea, can make a person feel anxious or “sick to his/her stomach”. Loss of control from disease or treatment can also make a person feel anxious. Undergoing a test, waiting for test results, receiving a diagnosis of a new chronic condition, undergoing treatment, or waiting for treatment can cause anxiety. Certain procedures, such as having blood drawn or getting a needle stick can cause anxiety.

What can I do about anxiety?

No two people experience anxiety in the same way. Here are some tips you may find helpful:

ACTIVITY

- Exercise can help you relax as it lessens tension. Try walking or yoga.

- Gather information about any conditions or treatment. Knowing what to expect can help calm your nerves.
- Get a massage. Massage therapy can help you relax and relieve some tension you may be feeling.
- Practice meditation (engaging in contemplation or reflection, using repetitive breathing or chanting) or mindfulness (focusing one's awareness on the present moment, while calmly recognizing and accepting one's feelings, thoughts, and bodily sensations).

DIET

- Limit your caffeine by decreasing your intake of coffee, caffeinated soda, tea, energy drinks, and chocolate.
- Avoid alcohol, which can increase anxiety.

MEDICATIONS

- Medications may also be needed to help control anxiety. If they are needed, they should be adjusted to your situation, considering your treatment and other medical conditions. Discuss with your nurse or doctor.

PSYCHOLOGICAL

- Try to identify what “triggers” your anxiety.
- List coping strategies that have helped in the past.
- Talk with others, such as in a support group, about your anxiety.
- Increase pleasurable, distracting activities such as listening to favorite music.
- Use relaxation techniques, such as controlled breathing or guided imagery (picture a pleasant scene in your mind), or relaxation tapes.
- Be around others as much as possible, if this is relaxing.
- Use prayer or other types of spiritual support, such as meditation.
- Keeping a daily written record of your life can reduce anxiety for some people.
- Consider joining a support group.
- Ask your nurse or doctor for a counseling referral if these tips are not helpful.

What can my family members and friends do to help me with my anxiety?

- Help with relaxation activities, such as deep breathing or visualizing pleasant scenery.
- Help with situations or chores that you have pointed out as stressful, such as coming with you to nurse or doctor’s appointments.
- Bring home books that teach relaxation activities or guided imagery from the library or bookstore.
- Share how your anxiety is affecting you.

What should be reported to a nurse or doctor about my anxiety?

- Trouble eating (a noticeable decrease in appetite for a period of weeks).
- Persistent (constant, lasting) fearfulness.
- Shortness of breath that lasts for a period of time.
- Persistent problems sleeping or getting to sleep.
- Heart racing or beating hard in the chest.
- No relief after trying relaxation techniques.
- Constant feeling of uneasiness or nervousness that lasts for more than 2 weeks.

What should be discussed with a nurse or doctor about my anxiety?

If you are experiencing anxiety, you should discuss the following with your nurse or doctor at your next appointment:

- How to recognize the symptoms of anxiety.
- How it will be determined if you have an anxiety disorder and what kind of help you might need.
- Ask for a referral for a social worker or other reliable sources of information about counseling and support groups.
- If your medications are likely to cause anxiety.

Where can I get more information?

National Institutes of Mental Health.

<https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>

BLADDER CONTROL

What is bladder control and dribbling?

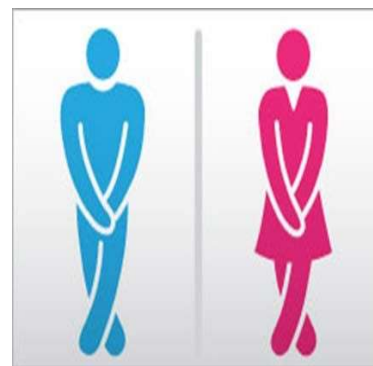
The loss of bladder control is called urinary incontinence. It is a common and often embarrassing problem. For some, the loss of bladder control is not a major problem — perhaps a minor leakage, also known as dribbling, during a cough or sneeze. For others, the urge to urinate can become so strong and sudden that they cannot reach a bathroom in time.

How to people describe bladder control or dribbling?

Some people describe bladder control or dribbling as leaking urine, wet pants, or having to run to the bathroom really fast.

What causes poor bladder control and dribbling?

Many things can cause poor bladder control and dribbling. Some causes are drinking alcohol, caffeine, or carbonated soft drinks, using artificial sweeteners that upset the bladder, or taking heart and blood pressure medications, sedatives, and muscle relaxants. Sometimes poor bladder control is simply due to the aging of your bladder muscles, an enlarged prostate in men, menopause in women, or a brain disorder.



What can I do to improve bladder control and dribbling?

Here are some tips you may find helpful:

DIET

- Prevent constipation (where bowel movements are rare, incomplete, or there is difficulty in passing stool) by eating more fruits, vegetables, and high-fiber cereal. A constipated belly presses the bladder and blocks urination.
- Drink more water. Regularly drinking water can help control how often you urinate.
- Cut back on caffeinated drinks such as coffee, soda, and tea. These drinks can make you urinate more.
- Reducing the use of alcohol can also help prevent incontinence.

PREVENTION

- Think about where the bathroom is when you go somewhere.
- Urinate before you leave the house.

- Wear an incontinence pad or brief.
- “Tinkle before you sprinkle” – Sit on the toilet every 2-3 hours, even if you do not have to go.
- Sit on the toilet to urinate, stand for a few seconds if you cannot go, then sit down again and try to urinate again.
- Sit on the toilet for a long time to urinate and see if more urine comes out.

MEDICAL CARE

- Control your blood sugar and check it regularly if you are diabetic. High blood sugar can cause you to urinate more often.
- Avoid bladder infections by always wiping your bottom from front to back after using the toilet.

ACTIVITY

- Practice pelvic muscle activities. To find your pelvic muscle, squeeze the muscle that cuts off your urine. You will exercise this muscle. Squeeze your pelvic muscle and hold for 3 seconds then release for 3 seconds. Do these 10 times each day. Do not do the exercise while urinating.

What can others do to help me?

- Friends and family can remind you to urinate before leaving the house.
- Encourage you to make positive lifestyle changes.
- Caregiver, family, and friends can help by planning timed bathroom stops on road trips and outings.

What should be reported to a nurse or doctor about my bladder control?

- When the leaking started.
- If the leaking has worsened or improved over time.
- What makes the leaking worse: coughing, sneezing, or it occurs without warning.
- If you have tried any treatments to reduce leakage.
- What current medications you are taking.
- If you have painful or burning urination.
- If you wake up at night to urinate.
- If you have urinary leaking at night while you sleep.
- If you take any diuretics (used to treat high blood pressure, heart failure, and a buildup of fluid in the body), such as coffee, alcohol, or prescribed medications.

What should be discussed with a nurse or doctor?

- Treatment options to help with bladder control and dribbling.
- Physical therapy, lifestyle changes, bladder retraining, or medications that might be able to help with the leaking.
- Pelvic muscle activities to see if this could help you.
- Other symptoms you may have, such as constipation.
- How bladder control and dribbling affect your daily life.
- If there are any support groups available in the area that focus on bladder incontinence.
- If your bladder problems and dribbling do not improve, tell your doctor. Your doctor may be able to help you figure out why you are leaking urine.

Where can I get more information?

National Institutes on Aging: bladder health for older adults.

<https://www.nia.nih.gov/health/bladder-health-older-adults>

CONSTIPATION

What is constipation?

Constipation is defined as a condition in which bowel (stool) movements are rare, incomplete, or there is difficulty in passing stool. No regular bowel movement for three days is described as constipation. Constipation is common for persons taking opioids and other medications for pain. Constipation also occurs for those who have inadequate (not enough) fluid or fiber intake, who have regularly low levels of physical activity, or as a result of the disease, or drug therapies.



How do people describe constipation?

Many people have described constipation as feeling an enlargement (swelling) or bloating in the abdomen, or a sense of fullness in the rectal area. Others describe small amounts of stool “leaking”, small frequent “smears” of stool, or rectal pain with a bowel movement. Constantly feeling the need to have a bowel movement, but unable to pass stool, is another way to describe how constipation feels.

What causes constipation?

There are many causes of constipation. Pain medication can cause constipation. Other causes include stress, fever, changes in diet, not drinking enough fluids, or low levels of physical activity. Constipation is common for those who spend a lot of time in bed, those who are not eating well, or who are experiencing weakness. Treating constipation is important as it will not go away by itself. If constipation is not treated, it is both very painful and dangerous to your health, and can lead to serious issues.

What can I do about constipation?

Here are some tips you may find helpful:

ACTIVITY

- Mild exercise every day, at least a 15-minute walk.
- Make a daily bathroom routine that includes privacy. Have a quiet, comfortable environment when having a bowel movement.
- Use the toilet after mealtime.
- Take your time; avoid straining or pushing hard with bowel movements.

- Try aromatherapy or have a massage.

DIET

- Drink 8 glasses (8 oz. each glass) of fluid daily to keep enough water in your body. Fluids can include water, lemonade, lemon-lime soda, popsicles, broth or other soups. Avoid caffeine (i.e. colas, coffee, tea, energy drinks) when possible. Caffeine can cause dehydration (a harmful reduction in the amount of water in the body).
- Add unprocessed bran or wheat germ to your diet. Start with 2 teaspoons per day and slowly increase to 2 tablespoons per day.
- Eat foods high in fibers, such as well-washed raw vegetables, popcorn, raisin bran, beans, whole grain cereal, raisins, prunes, dates and nuts.
- Drink warm liquids, such as lemon water, prune juice, or herbal tea after mealtime.

MEDICATIONS

- Do not use suppositories or enemas without talking to your nurse or doctor.
- Ask your nurse or doctors for a stool softener stimulant and/or laxative.
- Ask your nurse or doctor for a laxative if you take a narcotic for pain. Pain medications with narcotics often cause constipation which can be prevented or reduced.

What can others do to help me with my constipation?

Ask family members and friends to:

- Prepare foods high in fiber.
- Offer you fluids throughout the day.
- Exercise with you.
- Help keep a log or record of bowel movements, bloating, gas or abdominal pain. Record what you eat, drink, and any medication that you are taking.

What should be reported to a nurse or doctor about my constipation?

If you experience any of the following symptoms, report them.

- The feeling that all of the poop did not leave the body.
- No bowel movement for 3 days.
- Vomiting or abdominal bloating with constipation that lasts over 24 hours.
- If you have hemorrhoids, bleeding, tears in the skin around the rectum, or have severe rectal pain.
- Unable to eat.
- Bloody, black, or tarry stools.

- Severe, uncontrolled abdominal pain.
- Painful bowel function.
- Hardened stool that does not come out.
- Increased or decreased urge to urinate.
- Back pain.
- No bowel movement within 24 hours after starting a laxative.

What should be discussed with a nurse or doctor about my constipation?

If you are experiencing constipation, you should discuss the following with your nurse or doctor at your next appointment:

- If any of your medications cause constipation.
- If it is safe to use over-the-counter products and if yes, suggestions for which ones to use.
- What type of exercises to do.
- If they recommend using fiber supplements.
- Have your log or record available with the following information:
 - Your normal bowel pattern.
 - Date and time of last bowel movement.
 - How much food and fluids you have taken in the last 1-2 days.
 - Medications you have taken in the last 2-3 days.
 - Any over-the-counter products that you may have already tried.
 - Any history of past bowel problems or surgeries.

Where can I get more information?

National Institutes on Aging

<https://www.nia.nih.gov/health/concerned-about-constipation>

DELIRIUM

What is delirium?

Delirium is a sudden change in mental status such as a disturbance in attention, awareness, or not being aware of the environment. Delirium starts acutely (progresses quickly but lasts for a short time) and tends to fluctuate (go up and down) and causes an additional disturbance in cognition (such as thinking, reasoning, remembering, or memory loss), language difficulty, and vision perception difficulty (the brain's ability to make sense of what it is seeing). Some have a severely reduced level of arousal (state in which you feel aware) or a coma. Delirium is common, serious, and potentially preventable.



Often delirium occurs with dementia. This table explains the difference between delirium and dementia.



Feature	Delirium	Dementia
Onset (start)	Abrupt (sudden)	Progressive (gradual)
Duration (how long it lasts)	Hours to day	Months to years
Attention	Unable to keep or change the focus of attention	Normal unless severe dementia
Consciousness (being awake and aware)	Fluctuates (goes up and down), reduced consciousness	Intact (not damaged)
Speech	Incoherent (unclear), disorganized	Ordered
Motor (muscle movement)	Hyper/hypo active (too much or too little activity)	Not occurring or unpredictable

How do people describe delirium?

The person can experience:

- Confusion.
- Frequent mood swings.
- Memory loss, including forgetting recent events or family members' names.
- Sudden changes in personality or emotional state, such as anger or aggression.
- Decreased ability to pay attention or to focus.
- Periods of alertness (awareness) that come and go throughout the day.
- Hallucinations (seeing or hearing things that are not there).
- Insomnia (difficulty sleeping) and changes in usual sleep patterns.
- Slower movements or unusually restless (unable to relax) movements.
- Changes in speech, such as saying things that don't make sense.

What causes delirium?

Delirium is caused by exceeding the brain's ability to maintain normal functioning in a person who is under stress. There are many things that cause delirium. Delirium combined with dementia is common. People over 70 with dementia and impaired function, multiple conditions or medications, or impaired vision or hearing are likely to experience delirium. A new medication, an acute problem, such as a heart attack or surgery, or worsening of a problem, such as pain or lack of sleep, can trigger delirium.

What can I do to manage delirium?

Here are some tips you may find helpful.

ACTIVITY

- Stay physically active.
- Keep eyeglasses, hearing aids, and dentures nearby to maintain ability to pay attention and focus and increase function.

MEDICATIONS

- Consider talking to your Primary Care Physician about reducing your number of medications. Such as reducing the use of medications that make you sleepy.

PSYCHOLOGICAL

- Play games and talk with others.
- Keep photos or familiar objects, such as a favorite blanket nearby.

SLEEP

- Maintain a regular sleep pattern, like go to bed at 9pm and wake up at 6am every day.
- Reduce daytime sleeping so a good night sleep can occur.

What can others do to help me with my delirium?

- Try to provide calm reassurance and comfort.
- Being present for meals is important and supports better food and liquid intake.
- Gently and calmly offer explanations on what is happening and if there is a change in routine.

Delirium can start to happen in just a few hours. It can come and go, and symptoms can change quickly. A caregiver knows the older person better than anyone, so is often the first person to see signs of delirium. A caregiver can help identify when delirium may occur.

The caregiver can examine a new confusion level and report to a doctor by asking the following questions:

1. Have I noticed recent changes in concentration, being less attentive, appearing confused or disoriented (loss of sense of time, place, or identity) or behaving inappropriately or being extremely sleepy all day?
2. Have I noticed difficulty in focusing attention, being easily distracted or having trouble keeping track of what I am saying?
3. Was speech disorganized, incoherent (unable to understand), rambling, unclear, or illogical?
4. Did the person see things that were not present?
5. Did the person think they were somewhere other than where they were or misjudge the time of day?
6. Did the person behave inappropriately, be agitated, or combative (argumentative)?

What should be reported to a nurse or doctor about delirium?

Rapid changes in attention or consciousness (being awake and aware), and if incoherent (not able to be understood), disorganized, or hyper/hypo-active (too much or too little activity). Be sure to report your concerns right away.

What should be discussed with a nurse or doctor about my delirium?

Discuss with your doctor about treatment. Delirium can be reversed by treating some of the common causes such as:

- Starting new medications or changing current medication doses.
- Stopping medications that the person has been on for a long time.
- Stopping regular use of alcohol or sleeping pills.
- Pain that is not being treated.
- Constipation.
- Infections, especially of the lungs or urinary tract.
- Not getting enough liquids (dehydration).
- A stroke or heart problems, including heart failure and irregular heart rhythms.

Where can I go to get more information?

Health in Aging Foundation of The American Geriatrics Society at
<https://www.healthinaging.org/sites/default/files/media/pdf/HIA-TipSheet%20ManagingDeliriumJuly19.pdf>

DEPRESSION

What is depression?

Depression is sadness that is more than normal, lasts at least two weeks, and greatly affects your daily life. It can happen because of an event or because of changes in your body chemistry (all the processes that occur within the human body from your heartbeat to your metabolism). Most people have felt sad or depressed at times. Feeling depressed can be a normal reaction to life's challenges, including dealing with chronic conditions as you age.

Sometimes depression becomes more severe. This is called major or clinical depression. Signs of clinical depression are depressed mood, loss of interest, and/or inability to do one's daily activities. For a diagnosis of clinical depression, these signs need to last for most of the day or be present nearly daily for at least two weeks. The good news is clinical depression is treatable.



Below is a list of symptoms for depression or sadness. If you have five or more symptoms on this list including one of the first two items, then you should contact your nurse or doctor.

If...there is no physical illness of the brain or psychiatric illness;

Then... depression consists of items 1 and 2, as well at least 3 more symptoms present for 2 weeks:

1. Depressed mood every day for most of the day.
2. Very little interest or pleasure in most activities nearly every day for most of the day.
3. Noticeable weight loss or weight gain - or a major change in appetite.
4. Sleep disturbance: not being able to get to sleep or waking early or being very sleepy nearly every day.
5. Feeling agitated, or feeling slowed-down nearly every day.
6. Feeling overly tired or lacking in energy nearly every day.
7. Feeling worthless or guilty nearly every day.
8. Feeling unable to concentrate or make decisions.
9. Frequent thoughts of death or suicide (taking of one's own life).

How do people describe depression?

Depression can affect everything in a person's life. People have described depression as the darkest time in their life. It is common to not want to talk to family members and friends.

When depressed, people may have trouble feeling pleasure. Many report physical problems, such as crying spells, eating (too much or not enough), or sleeping (too much or not enough). Others have described feeling hopeless, helpless, or worthless. Some even report feelings that they want to hurt themselves. Contact your nurse or doctor immediately if you begin to feel this way or call 911.

What causes depression?

Depression can happen because of a specific event. Fear of death or changes in body image and self-esteem (how you feel about yourself) are other causes of depression. Depression can also be a result from medications, constant pain, being tired, or from chemical changes in the brain. People can usually cope with (get over) short-term feelings of depression. Persistent feelings of depression and sadness are treated with counseling and/or medication.

What can I do to manage depression?

Here are some tips you may find helpful:

ACTIVITY

- Getting exercise, like walking, dancing, swimming or gardening, are great ways to keep your mind busy.
- Activities like singing or making artwork can also keep your mind off of what is causing your sadness or stress.
- Try to identify the cause of your depression.
- Try to get enough sleep at night; avoid napping during the day.
- Go outdoors and walk in natural settings, such as a garden or park.
- Participate in regular, routine exercise (walk 20 minutes, 3-5 times per week).

DIET

- Eat a healthy diet to help you feel better and prevent stress.
- Avoid alcohol, caffeine, and nicotine as they put more stress on your body.

PSYCHOLOGICAL

- Attend social activities, like visiting with friends and family or going to church, to help keep sadness off your mind.
- Prayer or meditation can lessen anxiety and give comfort and hope.
- Talking or writing about your feelings, with professionals or with family/friends, can help you feel better.
- Try distraction, guided imagery (picture a pleasant scene in your mind), or music therapy to relax.
- Express your feeling through journal writing or creative expression (dance, cooking, exercise, painting, or music).
- Try to think of something that brings you pleasure every day.
- Be around other people in restful, relaxing situations as much as possible.
- “Laughter is the best medicine” – watch a funny movie, read the comics, and be around people who make you smile.

What can others do to help me with my depression?

- Be supportive and listen to you when you talk about your stress or sadness.
- Spend time with you. Offer to do activities with you (exercise, attend church or other social gatherings).

What should be reported to a nurse or doctor about depression?

If you experience any of the following, report them immediately to your nurse or doctor:

- Feelings of desire (strong wanting) for suicide or harming yourself (if so call 911).
- Feelings about wanting to hurt others.
- Constant (nonstop) desire for substance abuse - drugs or alcohol.
- If you have a history of a mental health diagnosis.
- If you begin to have any physical symptoms including chest pain, nausea, weight gain, or skin issues.
- If you have trouble sleeping at night.
- If you feel tired all the time or have trouble focusing or remembering things.
- If you have been eating more or less.
- If you have been using alcohol, cigarettes, or drugs to relax.

What should be discussed with a nurse or doctor about my depression?

- Discuss activities that can help with stress management (ways to help break the hold **stress** has on your life, so you can be happier, healthier, and more productive).

- Discuss if relaxation techniques such as meditation, yoga, tai chi, or walking outdoors are right for you.
- Discuss your current physical exercise plan and any plans you have to change this.
- Discuss medication options that can help with stress or sadness.
- Discuss whether or not seeing a therapist or counselor would be helpful.
- Discuss support networks that may be available in the community.

Get Immediate Help

If you are thinking about harming yourself, tell someone who can help immediately.

- Do not isolate yourself. Do not be alone.
- Call your doctor.
- Call 911 or go to a hospital emergency room to get immediate help, or ask a friend or family member to help you.

If needed, Call the toll-free, 24-hour National Suicide Prevention Lifeline: **1-800-273-TALK (1-800-273-8255)** or **1-800-799-4TTY (1-800-799-4889)**.

Where can I get more information?

National Institutes on Aging: Depression.

<https://www.nia.nih.gov/health/topics/depression>

Beyond Blue. *What causes depression?*

<http://www.beyondblue.org.au/the-facts/depression/what-causes-depression>

DIARRHEA

What is diarrhea?

Diarrhea is defined as three or more loose or watery stools (bowel movements) per day. Stool is what is left after your digestive system (stomach, small intestine, and colon) absorbs nutrients and fluid from what you eat and drink. When fluid is not taken in by the body or if your digestive system produces extra fluid, stools will be loose and watery. Loose stools are larger than usual, and people with diarrhea may pass more than a quart of watery stool a day. Severe or untreated diarrhea can lead to dehydration, which means the body does not have enough fluid to function properly.



If left untreated diarrhea may cause dizziness, fainting, weight loss, dry skin, and weakness. Replacing (putting back) fluids is the primary treatment for diarrhea.

How do people describe diarrhea?

People who have diarrhea may also have abdominal pain with cramping, bloating, and nausea (feeling of illness or vomiting). It is often described as having an urgent need to have a bowel movement and not being able to control it. People usually use the terms "loose" and "watery" stools, and report the number of times they have to use the bathroom within a period of time.

Diarrhea can be mild (3 stools per day) to severe (12 or more stools per day). As a result, skin irritation and soreness around the rectum can occur.

What causes diarrhea?

Common causes of diarrhea include: antibiotics, infections, reactions to foods, or laxatives taken to prevent constipation.

What can I do about my diarrhea?

Here are some tips you may find helpful:

ACTIVITY

- Keep track of the number of stools you have within a 24-hour period. Also, keep track of any cramping or gas pains in a diary.
- Diarrhea can cause pain and soreness to the skin around the rectum. Clean the area often with unscented baby oil or baby wipes. The aloe in baby wipes can be very soothing. Use the wipes instead of toilet paper to gently wipe the rectal area.

- Take warm baths 3-4 times a day. Sit in the warm water for about 10 minutes to relieve lower body discomfort.
- Use a thick, protective lotion like Desitin or A&D ointment on the skin after each bowel movement.

DIET

- Try eating smaller, more frequent meals or snacks (5-6 per day), instead of 3 large meals.
- Try eating foods such as bananas, white rice, oats, applesauce, smooth peanut butter, graham crackers, dry toast, crackers, plain pasta, eggs, cheese, boiled chicken, cooked carrots, poultry or baked potatoes. Choose foods high in protein, calories, and potassium that are easy to digest (foods easy to break down).
- Eat bland, low-fiber foods and avoid eating food that is high in fiber (like granola, bran, whole wheat). Try not to eat rich desserts and avoid foods that are very high in fat. Examples of foods that can increase bowel movements or gas include: beans, raw vegetables, cabbage, corn, cauliflower, broccoli, and hot peppers.
- Avoid spicy, greasy and fried foods. This includes most fast food.
- Add nutmeg to foods in order to slow down the movement through the intestines.
- Do not drink alcoholic beverages.
- Drink 8 glasses (8 oz. each glass) of fluid daily to keep enough water in your body. Fluids can include water, lemonade, lemon-lime soda, popsicles, broth or other soups. or soup broth. Avoid caffeine (i.e. colas, coffee, tea, energy drinks) when possible. Caffeine can cause dehydration (not getting enough liquids).
- Replace loss of sodium, potassium, calcium, magnesium, or phosphates (electrolytes) with nonfat clear broth, soup, gelatin, orange juice, Pedialyte (often available at medical supply stores), or sports drinks like Gatorade. You can also drink diluted fruit juice (half juice-half water).
- Try to drink fluids at room temperature.
- Clear liquids may be easier to take. Try clear fruit juices like apple or cranberry, ginger ale, and Jell-O.
- When having diarrhea, drink less fluid with your meals. Drink more fluid between meals and avoid very hot and cold liquids.
- Avoid nuts and dried fruits.
- Avoid milk products (including ice cream, sour cream, and cheese) until diarrhea lets up.
- Try cottage cheese, cream of wheat, or plain yogurt.

- Avoid substances that contain sorbitol, such as sugar-free candy and sugar-free gum.

MEDICATIONS

- Talk to your nurse or doctor about taking over-the-counter medications, such as Imodium AD, Kaopectate, Pepto-Bismol, or Maalox anti-diarrheal caplets.

What can others do to help me with my diarrhea?

Ask family members and friends to:

- Buy food that can help decrease diarrhea (see Diet).
- Remind you to take your over-the-counter medicines as directed.
- Prepare low fiber meals.
- Offer you fluids and broth throughout the day.
- Help with keeping a log, listing foods eaten prior to diarrhea.
- Help in finding restrooms when away from home.
- Help with keeping a log or record of your bowel movements and symptoms. Try to record the number of stools, time of day, whether stools were formed or watery, any cramping you experienced, and your daily weight. Also record if any medication was taken and fluid intake.

What should be reported to a nurse or doctor about diarrhea?

Diarrhea should not be ignored, since it can result in loss of fluid and nutrition (food) and can be uncomfortable. If you experience any of the following symptoms, report them to your nurse or doctor.

- If you have tears in the skin around the rectum.
- Skin around the rectum that is open, sore, tender or bleeding.
- Bloody or black, tarry-looking stools.
- Unable to eat or drink for more than 24 hours.
- Diarrhea that continues for more than 3 days.
- Being thirsty.
- Feeling tired or dizzy/fainting.
- Weakness.
- Urinating less often than usual.
- Having dark yellow colored urine.
- Severe abdominal cramps or pain for more than 3 days.
- Heart palpitations (heart racing when you are at rest).
- Have your log or record available with the following information:
 - Your normal bowel pattern.
 - Color, consistency, and number of stools in the last 24 hours.

- How much food and fluid you have taken in the last 1-2 days.
- Medicines that you have taken in the last 2-3 days.
- Any history of past bowel problems.
- Weight loss.

What should be discussed with my nurse or doctor about diarrhea?

If you are experiencing diarrhea, you should discuss the following with your nurse or doctor at your next appointment:

- Have your log or record available with the following information:
 - Your normal bowel pattern.
 - Color, consistency, and number of stools in the last 24 hours.
 - How much food and fluid you have taken in the last 1-2 days.
 - Medicines that you have taken in the last 2-3 days.
 - Any history of past bowel problems.
 - Weight loss.
- What medications you can take.
- How long diarrhea usually lasts.
- If you need to be on a low fiber diet.
- When you need to call the nurse or doctor if you get diarrhea.

Where can I get more information?

Mayo Clinic: Diarrhea management.

<https://www.mayoclinic.org/diseases-conditions/diarrhea/diagnosis-treatment/drc-20352246>

DIZZINESS

What is dizziness?

Dizziness includes a range of feelings, such as feeling faint, woozy, weak, or unsteady. Dizziness may make it difficult walking and may make you feel like you are off balance or disoriented. Dizziness that makes you or the room feel like it is spinning or moving is called vertigo.



What causes dizziness?

Dizziness can be caused by dehydration, or not having enough fluids or water in your body. Changing positions quickly can also lead to dizziness. If you have low blood pressure or low blood sugar this can cause you to feel dizzy. Certain medications can have a side effect of dizziness. Finally, some conditions such as stroke, head injury, ear infection or other ear problems, and anxiety can make a person feel dizzy.

What can you do to improve dizziness?

Here are some tips you may find helpful:

ACTIVITY

- Change positions slowly – from laying to sitting and sitting to standing. Give your body time to adjust before you start walking.

DIET

- Drink enough fluids daily to prevent dehydration (eight 8-ounce glasses or 64 ounces a day).

MEDICATIONS

- Have your doctor review your medications. Some medications may cause dizziness.
- Eat regular small meals to keep your blood sugar steady.

EMERGENCY

- Call 911 if you experience dizziness with:
 - A sudden and severe headache or neck pain.
 - New confusion or trouble understanding speech.
 - A sudden change in speech, vision, or hearing.

- Numbness or weakness of the face, arm, or leg.
- New inability to stand – even when holding onto something.
- Unequal eye pupils (the black center of the eye) or a drooping eyelid on one side.
- New clumsiness or tremor (an uncontrolled shaking or quivering movement).
- Chest pain or irregular heart rate.
- Shortness of breath.
- A head injury.
- Seizures.
- Ongoing vomiting with no known cause.

What can others do to help me with my dizziness?

- Be patient and let you take your time when getting up from a laying or sitting position. Allow you to stand for a few minutes before you start walking.
- Keep fluids readily available.
- Walk with you if they are around.
- Help arrange your living space so you have something to hold onto as you walk (backs of chairs or couches, a table, counter, etc.).
- Help install grab bars in the shower, tub, by the toilet or other places you may need one if you start to feel dizzy.

What should be reported to a nurse or doctor about my dizziness?

- What you were doing when you started feeling dizzy.
- How long the dizziness lasted.
- How you felt (lightheaded, like the room was spinning, etc.).
- If you have started any new medications recently – including any over-the-counter medications, vitamins or other supplements.

What should be discussed with a nurse or doctor about my dizziness?

- Why the dizziness might be happening and if something can be changed to try and stop it. For example, changing or stopping a medication you are on.
- Whether you can have an occupational therapist look at your house to help prevent falls that can result from dizziness.

Where can I get more information?

Mayo Clinic: Symptoms of dizziness.

<https://www.mayoclinic.org/symptoms/dizziness/basics/causes/sym-20050886>

NUMBNESS & TINGLING

What is numbness & tingling

Numbness and tingling are usually swelling or damage to the nerve fibers. It is a sensation (feeling) that generally occurs in the hands and feet. It can interfere (get in the way of) with walking, driving, ability to sense temperature differences, and other normal daily activities.



How severe it is, or how long it lasts, will vary from person to person.

How do people describe numbness & tingling?

People use many different words to describe this sensation. Most people feel it in the hands and feet first, beginning with their fingertips and toes. The tingling, pain, or numbness may move up from the fingers to the hands and from the toes to the feet. This is called a “stocking-glove” pattern (like how a person puts on gloves and stockings).

The most common symptoms people describe are:

- Tingling or numbness in hands or feet – a feeling of needles and pins, or a burning.
- Feeling a pain in hands, fingers, toes, or feet - sudden, sharp “stabbing”, pricking, or “electric shock” pain feeling.
- Decreased ability to feel changes in temperature, touch, pain, or vibration.
- Loss of balance, difficulty walking like slapping your feet, stumbling, or falling.
- Clumsiness or dropping things, loss of sensation to touch.
- Difficulty picking up objects, buttoning clothing, brushing teeth, writing, or using a fork or spoon.
- Cold objects (air, drinks) cause severe pain.
- Hearing loss or ringing or buzzing in the ears.
- Jaw pain.
- Weakness, stiffness, or tightness in arms or legs.
- Blurred vision
- Hoarseness (rough voice) or difficulty speaking.
- Gets in the way of writing, drawing, and overall daily activities.
- May increase constipation (condition where bowel (stool) movements are rare, incomplete, or there is difficulty in passing stool), hard time urinating.

What causes numbness & tingling?

Numbness and tingling are the most common symptom of peripheral nerve damage (damage to nerves outside of brain and spinal cord) which causes weakness, numbness and pain, usually in your hands and feet.

What can I do about numbness & tingling?

Although most of the time it is not possible to prevent early nerve damage, it is possible to prevent it from getting worse. Here are some tips you may find helpful:

ACTIVITY

- Keep away from extreme temperatures (too hot, too cold), which may make symptoms worse.
- Pay close attention when you walk. You may be able to tell if your toes and feet have been affected. This can help you avoid falls.
- Use soap dispensers instead of bar soap, which can slip out of your hands.
- Use rubber gloves to wash dishes. They will protect your hands from very hot water.
- Avoid sudden chilling, such as reaching into a refrigerator or freezer, air conditioning, drinking ice-cold drinks, eating ice cream or other cold foods, and cold showers.
- You may need to wear gloves or a scarf when opening a refrigerator or going into an air-conditioned room.
- Use a potholder when cooking to avoid further injury to nerve endings.
- Inspect your skin daily for burns and cuts.
- Consider having a manicure (finger nails trimmed and cleaned) if your hands are painful – but do not have your cuticles cut (the layer of clear skin located along the bottom edge of your finger). This can increase your risk for infections.
- Physical therapy may help with strengthening weak muscles.
- Continue exercising – especially swimming and walking.
- Consider occupational therapy to assist with daily activities.
- Massage is relaxing, which can help decrease pain.

DIET

- Avoid very cold beverages, chewing ice, or using straws.

MOOD

- Deep breathing, relaxation, and guided imagery (picture a pleasant scene in your mind) can help with pain.
- Acupuncture (pricking the skin or tissues with needles, used to reduce pain and to treat various physical, mental, and emotional conditions) may help.
- Create a comfortable, relaxing environment.

SAFETY

- Avoid slippery wet floors. Wipe up liquids right away.
- Put a non-slip rubber mat or self-stick strips on the floor of the bathroom, tub, and shower. Use over-the-tub handgrips or install shower grips.
- Use a cane or walker if you are unsteady when walking or have weakness.
- Wear sturdy and closed-toe shoes that fit well. Do not wear slippers and running shoes with thick soles. Break in new shoes slowly.
- Use zipper pulls and buttoners, elastic shoe laces, Velcro straps, orthotic inserts for shoes and slippers, and lightweight dressing sticks to put on clothes.
- Avoid walking barefoot and wearing socks that are slippery or have seams.
- Wear gloves and warm socks in cold weather, and jewelry that does not require fastening (closing up).
- Use a non-breakable water thermometer to check your bath or dishwater temperature before you bathe or wash dishes. Check that the water is not hotter than 110° F (43.3° C). This will help prevent injury to your skin. This is important if you are having trouble feeling changes in temperature.
- Protect your fingers when cutting food.
- Open jars or soda cans with easy jar openers or grippers.
- Use pot holders and oven mitts to handle hot kitchen items.
- Use gloves and rubber shoes or work boots when gardening or in the garage.
- Soak up oil spills with sand or cat litter.
- Place nails, screws, and other hardware in containers with covers.
- Pay special attention when trimming your toenails. You may not feel small cuts on your toes. Have a pedicure (toenails trimmed and cleaned) or see a podiatrist for foot care.
- Keep rooms well lit. Light up all stairs and hallways before entering. Be sure to clear stairways, hallways, and all walkways of objects and clutter.
- Avoid use of area rugs, tape or tack down carpet edges securely.
- Clear small area rugs, clothes, shoes and clutter from walkways through your bedroom.
- Keep a night light in the bedroom and bathroom.

- Always use handrails and cover stairs with nonslip surface.
- Do not use chairs, tables, nightstands, or over-bed tables with wheels.
- If you use extension cords, secure them with electric tape along the edge of the floor.

MEDICATIONS

Be sure to talk to your nurse or doctor before starting any over the counter or other medication. Some medications may interact with the drugs that you are taking to improve your numbness and tingling. You should never take any medications, herbal remedies, or other over the counter substances without talking to your nurse or doctor first.

What can others do to help me?

- Remind you to follow tips to lessen pain.

What should be reported to a nurse or doctor?

It is very important that all symptoms are reported to your nurse or doctor immediately. Early reporting of numbness and tingling is the best way to have early action to prevent further problems.

What should be discussed with a nurse or doctor?

- Discuss with your nurse or doctor your current driving skills and ability to feel the gas and brake pedals, steering wheel, and any changes of your ability to react in a timely manner when needed.
- Your nurse or doctor may refer you to occupational therapy to help with assistive devices, such as special pens, pencils, and utensils (e.g. fork, knife). These assistive devices are designed so that you can hold them more easily. You may also need clothes and shoes with Velcro straps and jewelry without fasteners.
- Your nurse or doctor may order a medication to help manage the pain and discomfort associated with numbness and tingling.

Where can I get more information?

National Institute of Diabetes and Digestive and Kidney Diseases
<https://www.niddk.nih.gov/health-information/diabetes/overview/preventing-problems/nerve-damage-diabetic-neuropathies/peripheral-neuropathy>

PAIN

What is pain?

Pain relates to a sensation (feeling) that hurts. If you feel pain, you may feel discomfort, distress, or perhaps agony, depending on the severity (strength) of the pain.

There are two kinds of pain. Acute pain begins suddenly, lasts for a short time, and goes away as your body heals. You might feel acute pain after surgery or if you have a broken bone, infected tooth, or kidney stone.



Pain that lasts for 3 months or longer is called chronic pain. This pain often affects older people. For some people, chronic pain is caused by a health condition such as arthritis. It may also follow acute pain from an injury, surgery, or other health issue that has been treated, like neuralgia after shingles.

Living with any type of pain can be hard. It can cause many other problems. For instance, pain can:

- Get in the way of your daily activities.
- Disturb (interrupt) your sleep and eating habits.
- Make it difficult to continue working.
- Be related to depression or anxiety.
- Keep you from spending time with friends and family.

How do people describe pain?

Many people have a hard time describing pain. Pain can be steady and constant, in which case it may be an ache. Pain might also throb, pulsate, or come and go. On the other hand, pain could be a sudden, pinching sensation. Only you, as the person who is experiencing the pain, can describe it.

Your doctor or nurse may ask you to rate your pain on a scale of 0 to 10, with 0 being no pain and 10 being the worst pain you can imagine. Or, your doctor may ask if the pain is mild, moderate, or severe. Some doctors or nurses have pictures of faces that show different expressions of pain and ask you to point to the face that shows how you feel. Your doctor may ask you to keep a diary of when and what kind of pain you feel every day.

What causes pain?

Many things cause pain, with the main cause being injury. Pain comes from injuries such as cuts, scrapes, bruises, broken bones, sprains, burns, or cramps. Pain can be felt anywhere on the body, inside or out. Pain can also be felt on areas of the body that have not been injured. This is called reflective pain. For example, when a person has a heart attack, even though the affected area is the heart, the pain can be felt around the shoulders, back, and neck, rather than in the chest.

Attitudes about pain?

Everyone reacts to pain differently. Some people feel they should be brave and not complain when they hurt. Other people are quick to report pain and ask for help.

Worrying about pain is common. This worry can make you afraid to stay active, and it can separate you from your friends and family. Working with your doctor, you can find ways to continue to take part in physical and social activities despite having pain.

Some people put off going to the doctor because they think pain is part of aging and nothing can help. This is not true! It is important to see a doctor if you have a new pain. Finding a way to manage pain is often easier if it is dealt with early.

What can I do about my pain?

Treating, or managing, chronic pain is important. Some treatments involve medications and some do not. Your treatment plan should be specific to your needs. Most treatment plans focus on both reducing pain and increasing ways to support daily function while living with pain. Here are some tips you may find helpful:

ACTIVITY

- Joints get stiff when not in use, so exercise and stay active by walking, dancing, gardening, cooking, cleaning, and swimming.
- Listen to music; music can distract and relax you, decreasing pain.
- An ice pack or heat pad placed on the affected area can help with pain. Do not leave heat or ice on too long as they could burn your skin.
- Physical therapy uses a variety of techniques to help manage everyday activities with less pain and teaches you ways to improve flexibility and strength.

MEDICATIONS

- Your doctor may prescribe one or more of the following pain medications. Talk with your doctor about their safety and the right dose to take.
 - **Acetaminophen** (over-the-counter) may help with mild to moderate pain. People who have more than three alcoholic drinks per day or who have liver disease should not take it.
 - **Nonsteroidal anti-inflammatory drugs (NSAIDs)** like aspirin, naproxen, and ibuprofen for long-term use can cause side effects, like internal bleeding or kidney problems, which may be unsafe for older adults. If you have high blood pressure talk to your doctor first.
 - **Narcotics** (also called **opioids**) are used for moderate to severe pain and require a doctor's prescription. They may be habit-forming (lead to dependence). Using opioids can also increase risk for falls and dizziness in older adults.
 - **Other medications** include antidepressants, anticonvulsives, local painkillers like nerve blocks or patches, and ointments and creams.
- As people age, they are at risk for getting more side effects from medications. It's important to take exactly the amount of pain medicine your doctor prescribes.
- Don't chew or crush your pills if they are supposed to be swallowed whole, talk with your nurse if you're having trouble swallowing pills.
- Mixing any pain medication with alcohol or other drugs can be dangerous. Make sure your nurse knows all the medicines you take, including over-the-counter drugs and dietary supplements, and the amount of alcohol you drink.

PSYCHOLOGICAL

- Distraction can help you cope deal with acute pain, taking your mind off your discomfort.
- Prayer and meditation (engaging in contemplation or reflection, using repetitive breathing or chanting) are good relaxing techniques to decrease pain.
- Biofeedback, a mind-body technique that involves using visual (sight) or auditory (hearing) feedback to help you learn to control your heart rate, blood pressure, muscle tension, and other body functions. This may help reduce your pain and stress level.
- Cognitive behavioral therapy is a form of short-term counseling that may help reduce your reaction to pain.
- Mind-body stress reduction combines mindfulness meditation, body awareness, and yoga to increase relaxation and reduce pain.

- Guided imagery uses directed thoughts to create mental pictures that may help you relax, manage anxiety, sleep better, and have less pain.
- Hypnosis uses focused attention to help manage pain.

PREVENTION

- Keep a healthy weight. Extra pounds may make some pain worse. A healthy weight might help with pain in the knees, back, hips, or feet.
- Be physically active. Pain might make you inactive (not doing much physical activity), which can lead to more pain and loss of function. Activity can help.
- Get enough sleep, it can reduce pain, help healing, and improve your mood.
- Do not smoke. Smoking can make arthritis worse. Smoking also increases pain sensitivity (the pain a person can recognize) and gets in the way of pain medications.
- Do not drink alcohol. Alcohol can react poorly with medications you are taking for pain and be dangerous for your body.

Pain and Alzheimer's Disease

People who have Alzheimer's may not be able to tell when they are in pain, and if they are able to tell you, they might not if they are scared of doctors or hospitals. Caregivers can watch for clues. A person's face may show signs of being in pain or feeling ill. Or they may change positions often or have trouble sleeping. You may also notice sudden changes in behavior such as increased agitation, crying, or moaning. Refusing to eat may be a sign that the person has tooth pain or other issues such as gingivitis or gum redness or swelling. It is important to find out if there is something wrong.

What can others do to help with my pain?

- Check for unusual behaviors that may be causing the pain, like wearing multiple pairs of underwear.
- Start you on a pain medication schedule and help you take pills in the right way. For example, taking Tylenol every 4-6 hours.
- Provide a relaxing environment to help relieve or distract you from the pain you are feeling.
- Give a massage to help relieve pain.
- Encourage exercise to help loosen joints and muscles.

What should be reported to a nurse or doctor about my pain?

- If over-the-counter medications (Tylenol or Advil) are not helping control pain.
- Report pain and medication side effects.

- Report side effects of opioid medications (i.e., sleeping all the time, dizziness, nausea, vomiting, constipation, or respiratory depression), if being taken.
- If pain prevents from sleeping at night.
- If your pain affects ability to function and do normal daily activities.
- If you do not want to get out of bed because your pain is so strong.

What should be discussed with a nurse or doctor about my pain?

- More pain relief techniques, such as meditation, yoga, and massage.
- Stronger pain medications your doctor can prescribe.
- Referrals to a pain specialist doctor, pain clinic, or a Chiropractor.
- Discuss with your nurse and/or doctor how pain affects your physical function.



Where can I get more information?

The National Institute on Aging. Pain: You can get help.
<https://www.nia.nih.gov/health/pain-you-can-get-help>

National Institutes on Aging Alzheimer's and related Dementias Education and Referral (ADEAR) Center 800-438-4380 (toll-free)
 adear@nia.nih.gov www.nia.nih.gov/alzheimers

SLEEP DISRUPTION

What is sleep disruption or disturbed sleep?

Disturbed sleep is a change in your usual sleep pattern. It can range from insomnia (inability to fall or stay asleep) to hypersomnia (inability to stay awake). It is estimated that nearly half of older adults have sleep disturbance such as:

- Difficulty falling asleep (more than 30 minutes to fall sleep).
- Difficulty staying asleep (having nighttime awakenings lasting 30 minutes or more).
- Waking up too early.
- Non-refreshing or poor-quality sleep.

How do people describe disturbed sleep?

Disturbed sleep is often described as excessive fatigue or sleepiness. People who have it say that they have no desire to do anything, even activities that used to bring great pleasure. Not wanting to see or talk to friends or family is also a result of disturbed sleep. Disturbed sleep can change the way you think and feel about things.



What causes disturbed sleep?

Worrying can make sleep difficult. Other sleep disturbances include: pain, treatment, medications, itching, hot flashes, night sweats, anxiety, depression, and noisy environments. Fever, cough, diarrhea, or constipation may be other causes.

What can I do about disturbed sleep?

Here are some tips you may find helpful:

ACTIVITY

- Keep a sleep journal, including when your sleep problem started, how it has gotten worse since it began, what helps or makes it worse, and how the sleep problem affects your usual activities.
- Have a routine, go to bed and get up at the same time each day.
- Use your bed for sleeping only, do not watch TV or read in the bedroom.
- Have someone give you a back rub or a foot massage.
- Get some exercise every day, such as walking. Try to exercise 20-30 minutes 4-5 times a week. Exercise at least 3 hours before bedtime.

- Try yoga.
- Try a weighted blanket.
- Try taking a warm bath an hour before going to bed.
- Limit napping to no more than 20-30 minutes of rest, and not after 2 pm.
- Make sure your pain is well controlled.
- Reduce anxiety (e.g. if having a clock nearby causes anxiety, remove it or put it where it is more hidden).

DIET

- Eat a high protein snack 2 hours before bedtime.
- Try to drink the majority of your fluids between 8 AM and 4 PM to decrease waking due to the need to urinate.
- Do not eat heavy or large meals closer than 4 hours before going to bed. If you are hungry, eat a snack with warm milk at bedtime.
- Avoid caffeine, heavy, spicy or sugary meals, and alcohol for 4-6 hours before bedtime.
- Avoid drinking caffeinated drinks after noon, such as cola (includes diet), hot cocoa, tea, coffee, or high energy drinks.
- Avoid tobacco products altogether. Nicotine is a stimulant.
- Avoid excess (too much) alcohol – it may cause initial tiredness, but then leads to fragmented (broken up) sleep.
- A warm glass of milk or cup of chamomile tea at bedtime can help make you sleepy.

ENVIRONMENT

- Go to bed only when sleepy. If you are unable to fall asleep, or wake up and unable to go back to sleep after 20 minutes, leave the bedroom and return when sleepy.
- Maintain a quiet, dark, comfortable, and consistent (unchanging) bedroom temperature.
- Lower noise levels.
- Place pillows in comfortable positions.
- Getting natural sunlight for at least 20 minutes every day.
- Replace old mattresses; a mattress should be replaced every 10-12 years and pillows should be replaced more often.

MEDICATIONS

- Carefully follow the directions of prescribed sleep medications.
- Hypnotics or sedatives should be avoided. Talk to a geriatrician, a geriatric nurse practitioner, or your pharmacist.
- If anti-psychotic medications are ordered, they should be for short-term use, two weeks or less.
- Do not take water pills (e.g., diuretics like Lasix, at night. Take medications that increase urination, like diuretics, in the morning or early afternoon.

PSYCHOLOGICAL

- Use relaxation techniques, such as, deep breathing, stretching, meditation, guided imagery (picture a pleasant scene in your mind), or prayer prior to bed.
- Try a radio, fan, or mood music (nature sounds, ocean waves, etc.) to block noises.
- Listen to a relaxation tape at bedtime.
- Try to deal with problems or worries during the day before bedtime.

TIPS TO HELP YOU FALL ASLEEP

- Try counting slowly to 100.
- Some people find that playing mental games makes them sleepy. For example, tell yourself it is 5 minutes before you have to get up, and you're just trying to get a little bit more sleep.
- Some people find that relaxing their bodies puts them to sleep. One way to do this is to imagine your toes are completely relaxed, then your feet, and then your ankles are completely relaxed. Work your way up the rest of your body, section by section. You may drift off to sleep before getting to the top of your head.

Alzheimer's Disease and Sleep—A Special Problem

Alzheimer's disease often changes a person's sleeping habits. Some people sleep too much, others don't sleep enough, some wake up many times during the night, and others wander or yell at night.

Some types of sleep disturbances

- Sleep apnea - short pauses in breathing while asleep. If not treated, sleep apnea can lead to other problems, such as high blood pressure, stroke, or memory loss.
 - You can have sleep apnea and not even know it. Feeling sleepy during the day and being told you are snoring loudly at night could be signs that you have sleep apnea.
 - If you think you have sleep apnea, you may need to learn to sleep in a position that keeps your airways open. Treatment using a continuous positive airway pressure (CPAP) device almost always helps people with sleep apnea. A dental device or surgery may also help.
- Restless leg syndrome - periodic tingling, crawling, or pins and needles in one or both legs and causes you to jerk and kick your legs every 20 to 40 seconds during sleep. This is common in older adults and can rob you of needed sleep.
 - The feeling is worse at night.
 - Medication, warm baths, exercise, and relaxation exercises can help.

What can others do to help me with my disturbed sleep?

- Help make a quiet environment.
- Just listen to you.
- Help you with relaxation or controlled breathing exercises.
- Remind you to take your medications and to call your nurse or doctor.
- Set up a safe and restful place to sleep.
- Have a lamp within reach that is easy to turn on.
- Put a glass of water next to the bed in case you wake up thirsty.
- Remind you not to smoke, especially in bed.
- If you think a medication (prescription or over-the-counter) might be helpful, discuss it with the nurse or doctor first.
- If you wander at night, make sure the floor is clear of objects, remove area rugs to prevent a trip, place a gate across the stairs, lock all windows and doors that lead outside, and lock up any medicines.
- A bedside camera or alarm may be helpful if wandering or restless sleep is occurring.

What should be reported to a nurse or doctor about my disturbed sleep?

- Unmanaged pain, overwhelming fatigue that lasts more than 48 hours.
- Nightmares or confusion.
- Waking too early in the morning.
- Not being able to get back to sleep after waking.
- Waking up frequently during the night.
- Having sleep disturbances for 3 weeks or more.
- Not able to carry out daily activities.

What should be discussed with a nurse or doctor?

- Your sleep journal that shows the pattern of your sleep.
- Medications or herbal supplements to take for your sleep disturbance.
- Where to learn more about relaxation techniques and guided imagery.
- Types of exercise safe to do.
- If you believe you might have sleep apnea, get a referral for a doctor who can treat this sleep problem.
- If you believe you might have restless leg syndrome, ask your doctor for more information.

Where can I get more information?

National Institutes on Aging: A Good Night's Sleep.
<https://www.nia.nih.gov/health/good-nights-sleep>

SWELLING

What is swelling (edema)?

Swelling is caused by the abnormal buildup of fluid in the body. This can be called fluid retention.

The fluid collects under the skin within the tissues that are outside of the system that carries blood through the body (circulatory).

Swelling commonly occurs in the hands, ankles, and feet. Swelling may be throughout the body or local. Edema is most common in the legs, but it can also occur in the arms, face, and abdomen.



How do people describe swelling?

People with swelling may experience:

- Puffiness, swelling, a “heavy” feeling, or trouble breathing.
- The feeling that clothes, shoes, rings, or watches are too tight or do not fit.
- Decreased ability to move the joints in the arms and legs, such as the ankles, wrists, and fingers.
- Swelling of the skin; shiny, tight, or stiff skin.
- Puffy ankles.
- Stiff joints.
- Can press a finger into a swollen area and the fingertip mark remains.
- Sudden weight gain.
- Decreased amount of urine or dark concentrated urine.
- Puffy eyes when waking up.
- Raised pulse – high blood pressure.
- Increased abdomen size.

What causes swelling?

Swelling may be caused by the following:

- Other medications, including corticosteroids, hormone replacement medications, nonsteroidal anti-inflammatory drugs (such as ibuprofen or naproxen), and some blood pressure medications.
- Low levels of protein in the blood, caused by poor nutrition.
- Inactivity (not much physical activity), which can cause fluid to collect in the feet and legs.
- Too much salt intake.

- Malnutrition (not having enough to eat, not eating the right things, or unable to absorb food eaten in stomach) and low levels of albumin (a simple form of protein found in egg white, milk, and in blood).

What can I do about the swelling?

Here are some tips you may find helpful:

ACTIVITY

- Walk or do other exercises, which helps pump fluids back to your heart.
- Raise the affected area when sitting or lying down.
- Avoid standing for long periods.
- When sitting in a chair, keep feet raised.
- When resting in bed with pillows, keep feet elevated on 2 pillows. Keep the limb (arm or leg) with edema raised higher than the heart when possible.
- Use a thimble for sewing.
- Wear gloves when gardening and cooking.
- Wear sunscreen and shoes when outdoors.
- Do not cross legs while sitting.
- Change sitting position at least every 30 minutes.
- Do not swing the limb quickly in circles or let the limb hang down. This makes blood and fluid collect in the lower part of the arm or leg.

DIET

- Eat a well-balanced diet.
- Reduce the amount of salt in your diet.
- Do not reduce the amount of water or other fluids you drink without talking to your nurse or doctor.

OTHER

- Use cream or lotion to keep your skin moist.
- Treat small cuts or breaks in the skin with an antibacterial ointment.
- Avoid needle sticks of any type into the arm or leg with edema. This includes both shots and blood tests.
- Avoid testing bath or cooking water using the arm or leg with edema. There may be less feeling (touch, temperature, pain) and skin might burn if the water is hot.
- Cut toenails straight across. See a podiatrist (foot doctor) as needed to prevent ingrown nails and infections.
- Wear compression stockings or elastic sleeves to help push fluids back in your circulation.
- Keep feet clean and dry and wear cotton socks

- Wear only loose jewelry and clothes without tight bands.
- Do not carry handbags on the arm with swelling.
- Do not use elastic bandages or stockings with tight bands.

How is the swelling managed?

Managing swelling focuses on correcting the underlying cause of fluid buildup.

Swelling caused by medications or poor nutrition (not having enough to eat, not eating the right things, or unable to absorb food eaten in stomach) is sometimes reversible (able to change). Swelling caused by kidney, heart, or liver problems may be more difficult to treat.

What can others do to help me with my swelling?

Ask family members and friends to:

- Put chairs, pillows, or a stool under your feet to keep them raised.
- Help with walking – if needed.
- Watch for any new symptoms, especially shortness of breath or swelling in the face.
- Not add salt, soy sauce, or monosodium glutamate during cooking.
- Remind you to weigh yourself every day or two on the same scale, at the same time of day. Keep a list of weights and dates so you can see when changes happen and can take it to your doctor appointments.



What should be reported to a nurse or doctor about my swelling?

If you experience any of these symptoms, report them to your nurse or doctor:

- Confusion.
- Shortness of breath that lasts for a long time.
- Not able to walk due to swelling.
- Fainting or dizziness.
- Have not urinated, or have urinated very little, for a day or more.
- Swelling that spreads up arms or legs.
- A fever. Make sure that when you take your temperature, you have not had any hot or cold drinks in the last 10-15 minutes.
- Severe shortness of breath at rest.
- Cannot eat for a day or more.
- Can press a finger into a swollen area and the fingertip mark remains.
- A puffy or blown-up belly.
- Feeling that the swollen area is getting red or hot.

- Racing heart.
- A swollen face and neck, especially in the mornings.
- Gain of 5 or more pounds in a week or less.

What should be discussed with a nurse or doctor about my swelling?

If you are experiencing swelling, you should discuss the following with your nurse or doctor at your next appointment:

- When swelling might occur and how long it will last.
- Instructions on what to do if you have swelling.
- If there is anything you can do to prevent swelling.



Where can I get more information?

National Institutes on Aging. Heart Health.

<https://www.nia.nih.gov/health/heart-health-and-aging>

WEAKNESS

What is weakness or fatigue?

Weakness, often called fatigue is an overwhelming sense of exhaustion. It is a decreased ability to do physical and mental work, regardless of enough sleep. People have less energy to do the things that they normally do. It is more severe and distressing than everyday fatigue. Fatigue can affect your quality of life, including your mood and relationships and enjoyment in life.



How do people describe fatigue?

Those who experience fatigue often report having no energy for usual daily activities. Some say that their arms and legs feel heavy. Others describe fatigue as feeling tired, weak, exhausted, worn-out, slow, or unable to concentrate. Rest does not always relieve it. People sometimes have feelings of sadness, irritability, or frustration. They may tire easily even after napping or getting a good night's sleep.

What causes fatigue?

Fatigue can result from emotional stress, spending too much time in bed, or from not getting enough exercise. It can be caused by anemia (low red blood cell count), insomnia (difficulty sleeping), infections, poor nutrition, and pain. Anxiety and depression may be the cause of psychological (mental) factors.

What can I do about fatigue?

You can take steps to help manage this symptom. Here are some tips you may find helpful:

ACTIVITY

- Exercise every day as this may result in more physical energy. Talk to your nurse or doctor about what exercises are right for you.
 - Exercise can be as simple as taking a walk around the block.
 - Add lifting weights for some strength training.
- Spend some time outside.
- Take short naps (20-30 minutes) in the late morning or early afternoon. Avoid late afternoon or evening naps.
- Only sleep in your bed. When you are awake, do not lay in your bed.
- Avoid long periods of bed rest.

- Set up a routine before going to bed at night and follow this routine every night.
- Schedule activity and rest.
- Conserve (save) your energy. Plan your activities around times when you usually have the most energy.
- Set priorities (greater importance) for your activities.
- Give activities to other people that you do not need to do yourself.
- Manage other side effects that can make fatigue worse such as pain, anemia, sleep problems, infections, and emotional stress.
- Mind-body exercises such as qigong, tai chi, and yoga may help.
- Keep a fatigue journal, including when your fatigue started, how it has gotten worse since it began, what helps or makes it worse, and how the fatigue affects your usual activities or the activities you desire.

DIET

- Drink 8 glasses (8 oz. each glass) of fluid daily to keep enough fluids in your body. Avoid caffeine (i.e. colas, coffee, tea, energy drinks) when possible. Caffeine can cause dehydration (not getting enough liquids).
- Eat a diet with fresh fruits and vegetables, lean meat/fish/chicken, and milk products. You need to eat for energy and good nutrition.
- Avoid caffeine in the evening.
- If anemia is present, you may benefit from foods rich in iron (like spinach or liver) and vitamins (broccoli or avocados).



MEDICATION

- For depression, psychostimulants, or antidepressants can improve your energy level.
- Other medications may be of benefit to sleep or to manage nausea.
- For pain make sure that the dosage is enough to cover the pain.

PSYCHOLOGICAL

- Consider learning relaxation therapy, guided imagery (picture a pleasant scene in your mind), art or music therapy, or meditation.
- Counseling may be useful for anxiety or depression.
- Join a support group. Support groups can provide suggestions and reassurance in a safe environment. You can share similar concerns with other people who have fatigue.

What can others do to help me with my fatigue?

- Help you with housework, chores, yard work, or cooking.

- Take a walk with you and encourage you to walk every day.
- Offer you fluids throughout the day to increase the total amount that you are drinking.
- Help you set daily priorities.

What should be reported to a nurse or doctor about my fatigue?

- Any new fever or chills or sweats along a fever.
- Unable to get out of bed for 24 hours.
- Unable to think clearly or focus on things such as watching TV, talking, reading, or making decisions.
- Unable to do any of your usual daily activities.
- Severe shortness of breath with activity.
- Report the following information when contacting your nurse or doctor:
 - When your fatigue started.
 - Describe how the fatigue has gotten worse since it began.
 - What helps the fatigue or makes it worse.
 - Describe how the fatigue affects your usual activities or activities you want to do.

What should be discussed with a nurse or doctor about my fatigue?

If you are experiencing fatigue, you should discuss the following with your nurse or doctor at your next appointment:

- Your fatigue journal, if you keep one that describes your pattern of fatigue.
- Things that can make the fatigue worse.
- If a dietician is available to help develop an appropriate eating plan.
- If a vitamin could be helpful.
- If a physical therapist is available to help develop an exercise plan.
- Relaxation techniques that may help.



Where can I get more information?

National Institute on Aging. Fatigue in Older Adults.
<https://www.nia.nih.gov/health/fatigue-older-adults>

MEDICATION MANAGEMENT

What is managing and taking medications?

Managing medications involves making sure they are stored properly, have not expired (gone bad), and that prescriptions are refilled on time. When you take different types of medications at the same time, it is important to remember what each drug is for, when it should be taken, and how it should be taken.



What makes managing and taking medications difficult?

As you age, keeping track of and remembering to take medications can become a challenge. If you live alone it can make it harder to take medications because there is no one there to help or remind you to take them.

The more medications you take, the more difficult it becomes to manage them. Too many different pills can become confusing, especially if you have to take them at different times of the day. Poor vision can also make taking medications difficult because the labels may be hard for you to read. Medication bottles can also be hard to open.



What can you do to manage your medications better?

- Read the label on the pill bottle carefully each time a medication is taken.
- Keep a list of medications and look at the list each time you take a medication. The list should include prescriptions, over-the-counter, herbal medications, supplements, and vitamins.
- The medication list should include: medication name, how much to take, how to take, how often to take, when to take, reason for taking it, special instructions, and prescribing doctor.
- Each time you see your doctor or go to the hospital, bring your medication bottles (including over-the-counter) and your medication list with you. Make sure you update the list after each visit and destroy any medication you are not taking and the old list.
- Take your medications at the same time each day so it becomes a habit. Use a weekly or monthly pill box or organizer and if necessary, set a timer to help you remember to take them.
- If the print on the bottle is too small, ask the pharmacy to put labels with large print. Also, use a magnifying glass or reading glasses to read the label.
- Be careful about over-the-counter medications. Read labels carefully and ask the pharmacist what is in the medication you want to buy.

- Get your medications refilled before they run out. Mark on your calendar when you need to call or make an appointment for refills. Or, have your pharmacy automatically refill your prescriptions.
- Many medications have side effects if stopped suddenly. Your doctor should be told before stopping any medications.
- If your pills are hard to swallow, take them with milk, applesauce, or yogurt. Ask your pharmacist if certain medications can be crushed or cut or if a liquid form is available.

What can others do to help me with my medications?

- Help fill the pillbox each week.
- Remind you about your medications.
- Assist with removal of discontinued medication for destruction.
- Come to your health care appointments with you.



What should be reported to a nurse or doctor about my medications?

- Notify your doctor about all new medications that have been started – including over-the-counter, vitamins, and supplements.
- Let them know if you are experiencing side effects.

What should be discussed with a nurse or doctor about my medications?

- Ask what each medication you take is for.
- Ask how to take each medication, including how much, what time of day, if it needs to be taken with food, etc.
- Ask if there are any medications you can stop taking.
- Ask what to do if you forget to take your medications.
- Ask what side effects to expect and what to do about it.

What can you do to make sure you always have your medications?

- Sign up for a delivery service if available.
- If you are unable to get to the pharmacy, have someone pick your medications.

Where can I get more information?

The best place to obtain information about your medications is from your nurse.

National Institute on Aging. *Medicines and Medication Management*.

<https://www.nia.nih.gov/health/topics/medicines-and-medication-management>

ADVANCE CARE PLANNING, PALLIATIVE CARE & HOSPICE

What is Advance Care Planning?

Advance care planning involves learning about the types of decisions that might need to be made, considering those decisions ahead of time, and then letting others know—both your family and your healthcare providers—about your preferences (likings). These preferences are often put into an *advance directive*, a legal document that goes into effect only if you are incapacitated (lack of strength or power) and unable to speak for yourself. This could be the result of disease or severe injury—no matter how old you are. It helps others know what type of medical care you want.



An advance directive also allows you to express your values and desires related to end-of-life care. You might think of it as a living document—one that you can adjust as your situation changes because of new information or a change in your health.

Advance Care Planning Decisions

Sometimes decisions must be made about the use of emergency treatments to keep you alive. Doctors can use several ways to try to do this. Decisions that might come up at this time relate to:

- CPR (cardiopulmonary resuscitation).
- Ventilator use.
- Artificial nutrition (tube feeding) and artificial hydration (IV, or intravenous, fluids).
- Comfort care.

Getting Started with Advance Care Planning

Start by thinking about what kind of treatment you do or do not want in a medical emergency. It might help to talk with your doctor about how your current health

conditions might affect your health in the future. It is best to do this in the early stages of Dementia or Alzheimer's Disease, so the person's wishes are known.

If you don't have any medical issues now, your family medical history might be a clue to help you think about the future. Talk with your doctor about decisions that might come up if you develop health problems similar to those of other family members.

In considering treatment decisions, your personal values are key. Is your main desire to have the most days of life? Or, would your focus be on quality of life, as you see it? What if an illness leaves you paralyzed or in a permanent coma and you need to be on a ventilator? Would you want that?

What makes life meaningful to you? If your heart stops or you have trouble breathing, would you want to undergo life-saving measures if it meant that, in the future, you could be well enough to spend time with your family? Would you be satisfied if the emergency leaves you simply able to spend your days listening to books on tape or looking out the window?

But, there are many other scenarios. Here are a few. What would you decide?

- If a stroke leaves you unable to move and then your heart stops, would you want CPR? What if you were also mentally impaired by a stroke—does your decision change?
- What if you are in pain at the end of life? Do you want medication to treat the pain, even if it will make you drowsier and more lethargic (sleepy)?
- What if you are permanently unconscious and then develop pneumonia? Would you want antibiotics and to be placed on a ventilator?

For some people, staying alive as long as medically possible, or long enough to see an important event like a grandchild's wedding, is the most important thing. An advance directive can help to make that possible. Others have a clear idea about when they would no longer want to prolong (lengthen) their life. An advance directive can help with that too.

Your decisions about how to handle any of these situations could be different at age 40 than at age 85. Or, they could be different if you have an incurable (untreatable) condition as opposed to being generally healthy. An advance directive allows you to provide instructions for these types of situations and then to change the instructions as you get older or if your point of view changes.

Talk to your nurse or doctor about your Advanced Care Planning.

What is Palliative Care?

Palliative Care focuses on comfort and quality of life (the degree to which an individual is healthy, comfortable, and able to participate in or enjoy life events) that may be provided with other treatments. It is specialized care for people with **serious illness**. It focuses on providing older adults with **relief** (comfort) from the symptoms, pain, and stress of a serious illness who are not ready or eligible for hospice. The goal is relief from distressing symptoms, the easing of pain, and/or improving the quality of life. Talk to your nurse or doctor about Palliative Care if you are interested.



What is Hospice?

Hospice Care focuses on comfort and quality of life when a cure is not possible with specialized care and services. Hospice provides support and care for those in the last phases of life-limiting illness. It also recognizes dying as part of the normal process of living and provides emotional support or encouragement and neither hastens (speeds up) nor postpones (puts off) death. Hospice focuses on quality of life for individuals and their caregivers. Talk to your nurse or doctor about Hospice Care if you are in that phase of life.



Where can I get more information?

National Institute on Aging. Advance Care Planning: Healthcare Directives.
<https://www.nia.nih.gov/health/advance-care-planning-healthcare-directives>

National Institute on Aging. What is Palliative care and Hospice?
<https://www.nia.nih.gov/health/what-are-palliative-care-and-hospice-care>

HOME SAFETY

What is home safety?

Why does the environment (surroundings) where a person lives affect aging? Many say "I want to stay in my own home!" The good news is with the right help those who are aging might be able to do just that.

77%

agree with the statement

"What I'd really like to do is **remain in my community** for as long as possible."

76%

agree with the statement

"What I'd really like to do is **remain in my current residence** for as long as possible."

What makes it difficult to make your home safe?

The home environment plays a role in maintaining and improving the daily function of older adults. Many older adults believe aging in place in their own home is the key to staying happy and healthy in later years. Around 90% of seniors plan on living in their own home for at least five to 10 years after turning 65. Many homes or apartments where older adults live are not accessible (or not able to be accessed by people having physical handicaps). In fact, one in three older adults do not have an accessible home.

Aging in place is cheaper and more comfortable than going the assisted living route for many people. A typical assisted living home is pricey, costing around \$50,000 a year. While the national average of remodeling a home for aging in place is \$10,000.

Aging-Accessible Homes

How many of the 21.5 million homes with an adult age 65 and over have accessible features?

Kitchen features

54% Wheelchair-accessible countertops

20% Wheelchair-accessible cabinets

Bedroom feature

66% Both a bedroom and bathroom on the first floor

Bathroom features

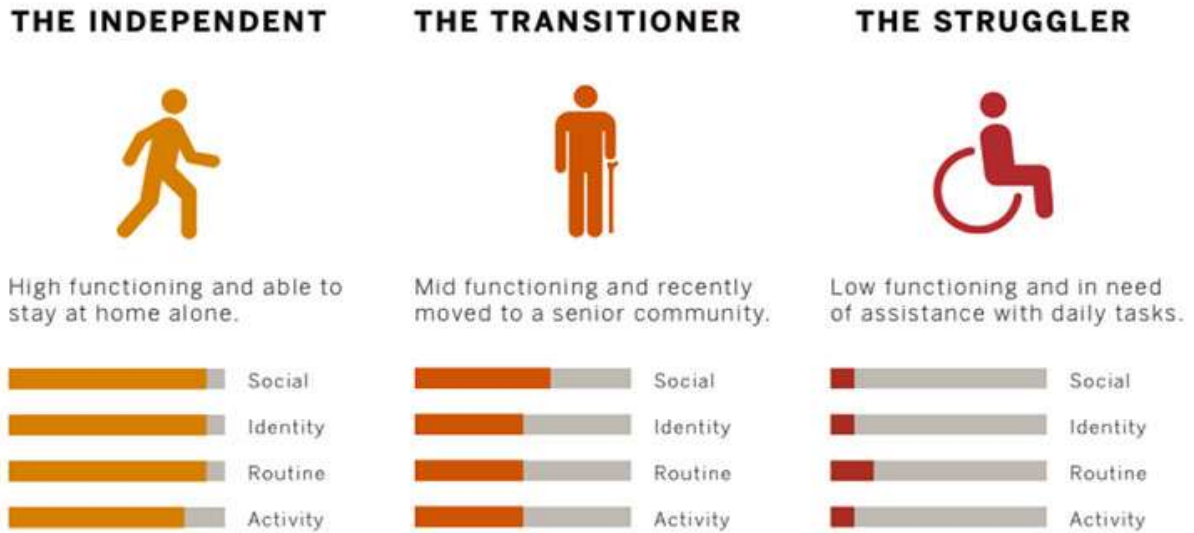
39% Handrails and grab bars

15% Built-in shower seat

16% Elevated toilet

1 in 3 adults

As an older adult, transitioning (changing) from being independent with high functioning to difficulty with functioning, to low functioning and needing help with daily tasks, the environment where they live is not always the best for these changes.



What can a person do to make their home safe?

Several modifications (changes) can be made to a home to make it safer.

Install Grab Bars Install grab bars near the toilet, and in the shower/bathtub since these surfaces get slippery and prevents slip and fall injuries. You may want to install bars near their bed so they can get in and out of bed safely. Make sure your grab bar holds up to 250 pounds, and install it by screwing it into wall studs.

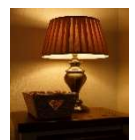


Widen Doors and Hallways Doors too narrow can be widened to allow the use of a wheelchair and walker.

Outdoor Ramp Adding ramps to a home’s entry and exits are not just for wheelchair access. A ramp gets rid of the need to navigate (move carefully around) steps, which can make maintaining balance difficult, even with a banister. You can also get indoor threshold ramps that you put in doorways to form a seamless (smooth and continuous) surface to move from one room to another.



Improve Lighting Improving the lighting can mean putting bright nightlights in hallways and bathrooms, using table or floor lamps for



sitting areas for reading, and putting adhesive tape-lights under cabinets to provide extra light on countertops.

Shower Chair A shower chair or bath chair helps to increase safety by decreasing the chance of falling by providing a secure (safe) area in a slippery shower or bath. Shower chairs and bath chairs are useful for those that are in wheelchairs or anyone who finds excessive (more than normal) movement painful or difficult.



Handheld Shower Head A shower head on a long rubber hose can be easily removed to direct the spray of water right where you want it to go. Handheld shower heads make it easier for those who need to shower while seated or who want to move around safely in the shower.

Replace Faucet Touchless faucets on kitchen and bathroom sinks are great for people with arthritis or grip issues. Also replace twist faucet handles with levers. Anti-scald faucets can be installed and prevent sudden bursts of hot water if the cold water is temporarily redirected due to the toilet being flushed or the washing machine filling up. Another way to prevent scalding (injure with very hot liquid or steam) is to lower the maximum water temperature on the water heater to 120 degrees or less.



Replace Doorknobs Replacing the round doorknobs with lever-style handles helps people with arthritis or grip issues easily open doors. Swapping out round kitchen cabinet door knobs with bar- or lever-style handles makes accessing (getting to) kitchen items a little easier.

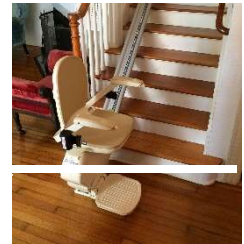
Ditch the Traditional Tub Replace the bathtub with a walk-in shower, which provides much easier (and safer) entry and exit than a bathtub.

Update Flooring Carpet should be securely attached and no more than a half an inch thick and use ceramic anti-slip flooring.



No-step Home Entry A covered entry to protect you from bad weather with a doorway level with the walking surface just outside the door and space inside for maneuvering (moving carefully).

Electric Stair Lifts Sometimes one becomes weakened by arthritis or muscle atrophy (thinning or loss of muscle tissue), or have a general fear of falling down the stairs. The lift provides a sense of security to travel between the floors of the house.



Smart Home Technology Home technology like medical alert, home security, and remote monitoring or communication systems are particularly helpful.

Wearable technology like watches, necklaces, and even shoe insoles keep track of movement throughout the home, as well as their pulse and breathing. You can equip doorways with sensors that alert a family or emergency care service if someone enters a door but does not exit within a specified period of time, indicating they may need help. You can know when a person gets out of bed with a pressure-sensitive mat placed next to the bed, a sensor on the medicine cabinet door lets you know when a person takes medicine, heat sensors installed on the stove, and front and rear door sensors.



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Home Safety & Alzheimer's

Over time, people with Alzheimer's Disease become less able to manage around the house. For example, they may forget to turn off the oven or the water, how to use the phone during an emergency, which things around the house are dangerous, and where things are in their own home.

There are many things you can do to make the person's home a safer place. Think prevention—help avoid accidents by controlling possible problems. While some Alzheimer's behaviors can be managed medically, many, such as wandering and agitation, cannot. It is more effective (successful) to change the person's surroundings—for example, to remove dangerous items—than to try to change behaviors. Changing the home environment can give the person more freedom to move around without help and safely.

Create an Alzheimer's-Safe Home

Add the following items to the person's home if they are not already in place:

- Smoke and carbon monoxide detectors in or near the kitchen and in all bedrooms.
- Emergency phone numbers (ambulance, poison control, doctors, hospital, etc.) and the person's address near all phones.
- Safety knobs and an automatic shut-off switch on the stove.
- Childproof plugs for unused electrical outlets and childproof latches on cabinet doors.

You can buy home safety products at stores carrying hardware, electronics, medical supplies, and children's items.

Minimize Dangerous Items for those with Alzheimer's Disease People with Alzheimer's disease may not see, smell, touch, hear, and/or taste things as they used to. You can do things around the house to make life safer and easier for the person.

Seeing Although there may be nothing physically wrong with their eyes, people with Alzheimer's may no longer be able to understand accurately what they see. Their sense of perception or the ability to see size, distance, and depth may be changed, too. These changes can cause safety concerns.

- Make floors and walls different colors. This creates contrast or a difference and makes it easier for the person to see.
- Remove curtains and rugs with busy patterns that may confuse the person.
- Mark the edges of steps with brightly colored tape so people can see the steps as they go up or down stairs.
- Use brightly colored signs or simple pictures to label the bathroom, bedroom, and kitchen.
- Be careful about small pets. The person with Alzheimer's may not see the pet and trip over it.
- Limit the size and number of mirrors in your home, and think about where to put them. Mirror images may confuse the person with Alzheimer's disease.
- Use dishes and placemats in different colors so it is easier for the person to see.

Use Signs People with Alzheimer's disease are able to read until the late stage of the disease. Use signs with simple written instructions to remind them of danger or show them where to go.

Touching People with Alzheimer's may experience loss of sensation (physical feeling) or may no longer be able to interpret (understand) feelings of heat, cold, or discomfort.

- Reset your water heater to 120°F to prevent burns.

- Label hot-water faucets red and cold-water faucets blue or write the words "hot" and "cold" near them.
- Put signs near the oven, toaster, iron, and other things that get hot. The sign could say, "Stop!" or "Don't Touch—Very Hot!" Be sure the sign is not so close that it could catch on fire. The person with Alzheimer's should not use appliances without supervision (overseeing). Unplug appliances when not in use.
- Pad any sharp corners on furniture, or replace or remove furniture with sharp corners.
- Test the water to make sure it is a comfortable temperature before the person gets into the bath or shower.

Smelling A loss of or decrease in smell is common in people with Alzheimer's disease.

- Use good smoke detectors. People with Alzheimer's may not be able to smell smoke.
- Check foods in your refrigerator often. Throw out any that have gone bad.

Tasting People with Alzheimer's may not taste as well as before. They also may place dangerous or inappropriate things in their mouths.

- Keep foods like salt, sugar, and spices away from the person if you see him or her using too much.
- Put away or lock up things like toothpaste, lotions, shampoos, rubbing alcohol, soap, perfume, or laundry detergent pods. They may look and smell like food to a person with Alzheimer's disease.
- Keep the poison control number (**1-800-222-1222**) by the phone.
- Learn what to do if the person chokes on something. Check with your local hospital about health or safety classes.

Hearing People with Alzheimer's disease may have normal hearing, but they may lose their ability to understand what they hear accurately. This loss may result in confusion or overstimulation (where your brain receives too much information [like noise] and cannot process it correctly which leads to discomfort).

- Don't play the TV, radio, or music too loudly, and don't play them at the same time. Loud music or too many different sounds may be too much for the person with Alzheimer's to handle.
- Limit the number of people who visit at any one time. If there is a party, place the person with Alzheimer's in an area with fewer people.
- Shut the windows if it's very noisy outside.
- If the person wears a hearing aid, check the batteries and settings often.

It may not be necessary to make all these changes; however, you may want to re-evaluate the safety of the person's home as behavior and abilities change.

Is It Safe to Leave the Person with Alzheimer's Alone?

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

- Become confused or unpredictable under stress.
- Recognize a dangerous situation, for example, fire.
- Know how to use the telephone in an emergency.
- Know how to get help.
- Stay content (happy) within the home.
- Wander and become disoriented (confused, unable to think clearly, losing a sense of direction).
- Show signs of agitation, depression, or withdrawal (no longer engaged in activities or with people) when left alone for any period of time.
- Try to take up old interests or hobbies that might now call for supervision, such as cooking, appliance repair, or woodworking.

You may want to seek input and advice from a healthcare professional to assist you in these considerations. As Alzheimer's disease progresses, these questions will need ongoing evaluation. The following checklist for home safety can be followed.

Inside the Home

- Display emergency numbers and your home address near all telephones.
- Use an answering machine when you cannot answer phone calls, and set it to turn on after the fewest number of rings possible. A person with Alzheimer's disease often may be unable to take messages or could become a victim of telephone exploitation (like a phone scam). Turn ringers on low to avoid distraction and confusion. Put all portable and cell phones and equipment in a safe place so they will not be easily lost.
- Install smoke alarms and carbon monoxide detectors in or near the kitchen and all sleeping areas. Check if they're working and check batteries frequently.
- Avoid the use of flammable and volatile compounds near gas appliances. Do not store these materials in an area where a gas pilot light is used.
- Install secure locks on all outside doors and windows.
- Install alarms that notify you when a door or window is opened.
- Hide a spare house key outside in case the person with Alzheimer's disease locks you out of the house.

- Avoid the use of extension cords if possible by placing lamps and appliances close to electrical outlets. Tack extension cords to the baseboards of a room to avoid tripping.
- Cover unused electrical outlets with childproof plugs.
- Place red tape around floor vents, radiators, and other heating devices to stop the person with Alzheimer's from standing on or touching them when hot.
- Check all rooms for enough lighting.
- Place light switches at the top and the bottom of stairs.
- Stairways should have at least one handrail that goes beyond the first and last steps. If possible, stairways should be carpeted or have safety grip strips. Put a gate across the stairs if the person has balance problems.
- Keep all medications (prescription and over-the-counter) locked. Each bottle of prescription medicine should be clearly labeled with the person's name, name of the drug, drug strength, how often/when the drug is taken, and expiration date. Child-resistant caps are available if needed.
- Keep all alcohol in a locked cabinet or out of reach of the person with Alzheimer's. Drinking alcohol can increase confusion.
- If the person with Alzheimer's smokes, remove matches, lighters, ashtrays, cigarettes, and other means of smoking from view. This reduces fire hazards, and with these reminders out of sight, the person may forget the desire to smoke.
- Do not smoke if using an oxygen tank.
- Avoid clutter, which can create confusion and danger. Throw out or recycle newspapers and magazines regularly. Keep all areas where people walk free of furniture.
- Keep plastic bags out of reach. A person with Alzheimer's disease may choke or suffocate.
- Remove all guns and other weapons from the home or lock them up. Install safety locks on guns or remove ammunition and firing pins.
- Lock all power tools and machinery in the garage, workroom, or basement.
- Remove all poisonous plants from the home. Check with local nurseries or contact poison control (**1-800-222-1222**) for a list of poisonous plants.
- Make sure all computer equipment and accessories, including electrical cords, are kept out of the way. If valuable documents or materials are stored on a home computer, protect the files with passwords and back up the files. Password protect access to the Internet, and restrict the amount of online time without supervision. Consider monitoring computer use by the person with Alzheimer's, and install software that screens for objectionable or offensive material on the Internet.

- Keep fish tanks out of reach. The combination of glass, water, electrical pumps, and potentially poisonous aquatic life could be harmful to a curious person with Alzheimer's disease.

Outside Approaches to the House

- Keep steps sturdy and a surface that has texture, such as slightly raised bumps or grooves, to prevent falls in wet or icy weather.
- Mark the edges of steps with bright or reflective tape.
- Consider installing a ramp with handrails instead of having steps.
- Get rid of uneven surfaces or walkways, hoses, and other objects that may cause a person to trip.
- Restrict access to a swimming pool by fencing it with a locked gate, covering it, and closely supervising it when in use.
- In the patio area, remove the fuel source and fire starters from any grills when not in use, and supervise use when the person with Alzheimer's is present.
- Place a small bench or table by the entry door to hold packages while unlocking the door.
- Make sure outside lighting is enough. Light sensors that turn on lights automatically as you approach the house may be useful. They also may be used in other parts of the home.
- Prune bushes and leaves well away from walkways and doorways.
- Consider a "NO SOLICITING" sign for the front gate or door, to prevent people who are not familiar to the person from approaching the home.

Entryway

- Remove scatter rugs and throw rugs.
- Use textured strips or nonskid wax on hardwood and tile floors to prevent slipping.

Kitchen

- Install childproof door latches on storage cabinets and drawers that have breakable or dangerous items. Lock away all household cleaning products, matches, knives, scissors, blades, small appliances, and anything valuable.
- If prescription or nonprescription drugs are kept in the kitchen, store them in a locked cabinet.
- Remove scatter rugs and foam pads from the floor.
- Install safety knobs and an automatic shut-off switch on the stove.
- Do not use or store flammable liquids in the kitchen. Lock them in the garage or in an outside storage unit.
- Keep a night-light in the kitchen.

- Remove or secure the family "junk drawer." A person with Alzheimer's may eat small items such as matches, hardware, erasers, plastics, etc.
- Remove artificial fruits and vegetables or food-shaped kitchen magnets, which might appear to be safe to eat.
- Insert a drain trap in the kitchen sink to catch anything that may otherwise become lost or clog the plumbing.
- Consider disconnecting the garbage disposal. People with Alzheimer's may place objects or their own hands in the disposal.

Bedroom

- Be prepared for the reasons a person with Alzheimer's disease might get out of bed, such as hunger, thirst, going to the bathroom, restlessness, and pain. Try to meet these needs by offering food and fluids and scheduling plenty of toileting breaks.
- Use a night-light.
- Use a monitoring device (like those used for infants) to alert you to any sounds indicating a fall or other need for help. This also is a helpful device for bathrooms.
- Remove scatter rugs and throw rugs.
- Remove portable space heaters. If you use portable fans, be sure that objects cannot be placed in the blades.
- Be careful when using electric mattress pads, electric blankets, electric sheets, and heating pads, all of which can cause burns and fires. Keep controls out of reach.
- Use transfer or mobility aids, such as a cane, walker, or wheelchair.
- If you are considering using a hospital-type bed with rails and/or wheels, read the Food and Drug Administration's safety information.

Bathroom

- Do not leave a severely impaired person with Alzheimer's alone in the bathroom.
- Remove the lock from the bathroom door to prevent the person with Alzheimer's from getting locked inside.
- Place nonskid adhesive strips, decals, or mats in the tub and shower. If the bathroom is uncarpeted, consider placing these strips next to the tub, toilet, and sink.
- Use washable wall-to-wall bathroom carpeting to prevent slipping on wet tile floors.
- Use a raised toilet seat with handrails, or install grab bars beside the toilet.
- Install grab bars in the tub/shower. A grab bar in contrasting color to the wall is easier to see.

- Use a foam rubber faucet cover (often used for small children) in the tub to prevent serious injury should the person with Alzheimer's fall.
- Use a plastic shower stool and a hand-held shower head to make bathing easier.
- In the shower, tub, and sink, use a single faucet that mixes hot and cold water to avoid burns.
- A toilet seat in contrasting color is easier to use. If the toilet is white, change the color of the lid. If the sink and backsplash are white, the back wall could be painted a different color for contrast.
- Set the water heater at 120°F to avoid scalding tap water.
- Insert drain traps in sinks to catch small items that may be lost or flushed down the drain.
- Store medications (prescription and nonprescription) in a locked cabinet. Check medication dates and dispose of outdated medications.
- Remove cleaning products from under the sink, or lock them away.
- Use a night-light.
- Remove small electrical appliances from the bathroom. Cover electrical outlets.
- If a man with Alzheimer's disease uses an electric razor, have him use a mirror outside the bathroom to avoid water contact.

Living Room

- Clear electrical cords from all areas where people walk.
- Remove scatter rugs or throw rugs. Repair or replace torn carpet.
- Place decals at eye level on sliding glass doors, picture windows, or furniture with large glass panels to identify the glass pane.
- Do not leave the person with Alzheimer's disease alone with an open fire in the fireplace. Consider other heating sources.
- Keep matches and cigarette lighters out of reach.
- Keep the remote controls for the television, DVD player, and stereo system out of sight.

Laundry Room

- Keep the door to the laundry room locked if possible.
- Lock all laundry products in a cabinet. Laundry detergent pods can be deadly if eaten by accident.
- Remove large knobs from the washer and dryer if the person with Alzheimer's tampers with machinery.
- Close and latch the doors and lids to the washer and dryer to prevent objects from being placed in the machines.

Garage/Shed/Basement

- Lock access (entry) to all garages, sheds, and basements if possible.
- Inside a garage or shed, keep all potentially dangerous items, such as tools, tackle, machines, and sporting equipment either locked away in cabinets or in appropriate boxes/cases.
- Secure and lock all motor vehicles and keep them out of sight if possible. Consider covering vehicles, including bicycles, that are not frequently used. This may reduce the possibility that the person with Alzheimer's will think about leaving.
- Keep all toxic materials, such as paint, fertilizers, gasoline, or cleaning supplies, out of view. Either put them in a high, dry place, or lock them in a cabinet.
- If the person with Alzheimer's is permitted in a garage, shed, or basement, preferably with supervision, make sure the area is well lit and that stairs have a handrail and are safe to walk up and down. Keep walkways clear of debris and clutter, and place overhanging items out of reach.

What can others do to help make my home safe?

Help the participant to identify areas where the home can be safer and make the necessary modifications, such as widening doors for a wheelchair, or obtain equipment that will help make the home safe, such as installing a hand-held shower head.

What should be reported to a nurse/doctor about home safety?

- Home safety concerns.
- Any changes in function should be discussed so that the nurse or doctor can assist with resources to improve home safety.

What should be discussed with a nurse/doctor about home safety?

- Referral to an occupational therapist that can come to the home to evaluate what modifications or equipment may make the home safer.
- Need for home modifications or equipment.

Where to get more information about home safety?

National Institute on Aging, Growing older at home.

<https://www.nia.nih.gov/health/aging-place-growing-older-home>

National Institutes on Aging Home Safety Checklist for Alzheimer's Disease

<https://www.nia.nih.gov/health/home-safety-checklist-alzheimers-disease>

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