



## *Care with Confidence*

No two people experience Alzheimer's disease in the same way. As a result, there's no one approach to caregiving. Your caregiving responsibilities can range from making financial decisions, managing changes in behavior, to helping a loved one get dressed in the morning.

Handling these duties is hard work. But by learning caregiving skills, you can make sure that your loved one feels supported and is living a full life. You can also ensure that you are taking steps to preserve your own well-being.

This section provides information on Alzheimer care strategies. Experiment to find those that work for you and the person you care for.

### Daily Care

As Alzheimer's disease progresses, the abilities of a person with dementia will change. As a caregiver, you can adapt a daily routine to support these changes with some creativity, flexibility and problem solving. The information in this section will help you do just that.

### Activities

For the person with Alzheimer's, activities structure the time. Activities also can enhance a person's sense of dignity and self-esteem by giving purpose and meaning to his or her life.

Planning activities should focus on the:

Person  
Activity  
Approach  
Place

### Person

Activities should be appropriate to the person and reflect his or her interests.

Keep the person's skills and abilities in mind

Pay special attention to what the person enjoys

Consider if the person begins activities without direction

Be aware of physical problems

Well-planned activities can improve the quality of life of those with dementia.

Focus on enjoyment, not achievement

Encourage involvement in daily life

Relate to past work life  
Look for favorites  
Change activities as needed  
Consider the time of day  
Adjust activities to stages of the disease

#### Approach

Your approach to activities can bring meaning, purpose joy and hope to the person's life.

Offer support and supervision  
Concentrate on the process, not the result  
Be flexible and patient  
Be realistic and relaxed  
Help get the activity started  
Break activities into simple, easy-to-follow steps  
Assist with difficult parts of the task  
Let the individual know he or she is needed  
Stress a sense of purpose  
Don't criticize or correct the person  
Encourage self-expression

#### Place

Create a safe, comfortable and supportive environment for activities.  
Make activities safe  
Change your surroundings to encourage activities  
Minimize distractions that can frighten or confuse the person

#### Creating a daily plan

A planned day allows you to spend less time and energy trying to figure out what to do from moment to moment. To pick activities and organize the day for the person, think about:

What activities worked best and which didn't? Why?  
Were there times when there was too much going on or too little to do?  
Were spontaneous activities enjoyable and easily completed?  
Was the person bored or distracted? Is it time to introduce a new activity?

#### Example of a daily plan:

##### Morning

Wash , brush teeth, get dressed  
Prepare and eat breakfast  
Discuss the newspaper or reminisce about old photos  
Take a break, have some quiet time

### Afternoon

Prepare and eat lunch, read mail, wash dishes

Listen to music or do a crossword puzzle

Take a walk

### Evening

Prepare and eat dinner

Play cards, watch a movie or give a massage

Take a bath, get ready for bed

Related information; Activities at home brochure (PDF)

### Activities for Persons with Alzheimer's

This list is a reviewed collection of items prepared by the Green-Field Library staff. Contact your local chapter or local library for availability of the items.

### Communication

Alzheimer's disease can gradually diminish a person's ability to communicate. Not only do people with dementia have more difficulty expressing thoughts and emotions, they also have more trouble understanding others. Here are some tips to help you and the person with dementia understand each other better.

#### Changes in communication

The person with dementia may experience changes in communication such as:

Difficulty finding the right words

Using familiar words repeatedly

Inventing new words to describe familiar objects

Easily lose their train of thought

Difficulty organizing words logically

Reverting to speaking in a native language

Using curse words

Speaking less often

More often relying on gestures instead of speaking

#### Tips for better communication

Let the person know you are listening and trying to understand what is being said.

Keep good eye contact. Show the person that you care about what is being said.

Let the person think about and describe whatever he or she wants to. Be careful not to interrupt.

Avoid criticizing, correcting and arguing.

If the person uses the wrong word or cannot find a word, try guessing the right one.

If you don't understand what is being said, ask the person to point or gesture.

Focus on the feelings, not the facts. Sometimes the emotions being expressed are more important than what is being said. Look for the feelings behind the words.

Always approach the person from the front. Tell the person who you are.

Call the person by name. It helps orient the person and gets his or her attention.

Use short, simple words and sentences. Talk slowly and clearly.

Ask one question at a time.

Patiently wait for a response. A person may need extra time to process your request.

Repeat information and questions. If the person doesn't respond, wait a moment. Then ask again.

Avoid quizzing. Reminiscing can be healthy, but avoid asking, "Do you remember when...?"

Give simple explanations. Avoid using logic and reason at great length. Give a complete response in a clear and concise way.

Related information; Communication brochure (PDF)

## Depression

Depression and dementia share some common symptoms. As a result, depression often goes untreated in people with Alzheimer's disease.

Alzheimer symptoms, however, are more progressive than the symptoms of depression and include profound memory loss. While their depression can be treated through medications, the cognitive abilities of people with dementia will continue to decline.

## Symptoms of depression

People with depression may lose interest or pleasure in activities, have difficulty concentrating or experience feelings of hopelessness and worthlessness. They may have physical symptoms, such as changes in appetite, weight, energy and sleeping patterns.

A person may have depression if he or she has at least four of the following symptoms over a two-week period:

Depressed or irritable mood

Feelings of worthlessness or excessive guilt

Suicidal thinking or attempts

Motor retardation or agitation

Disturbed sleep

Fatigue and loss of energy

Loss of interest or pleasure in usual activities

Difficulty thinking or concentrating  
Changes in appetite and weight

Source: American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders

Treatment for depression

If the person with dementia is showing signs of depression, see a doctor to get a medical evaluation. Medications or an unrecognized disorder may cause depression.

If there are no other underlying causes, consult a psychiatrist to obtain a diagnosis. Geriatric psychiatrists specialize in recognizing and treating depression in older adults.

There is no one test to identify depression. The diagnosis involves an assessment of medical history, interviews with the individual with Alzheimer's and family members, and a mental status examination.

Treatment for depression can include some combination of medicine, therapy, psychosocial support and activities.

Dressing and Grooming

Helping the person with dementia maintain his or her appearance can promote positive self-esteem. Here are some ways you can assist the person with dressing and grooming routines.

Dressing

Choosing and putting on clothes can be frustrating for the person with dementia. The person may not remember how to dress or may be overwhelmed with the choices or the task itself.

Simplify choices. A person may panic if clothing choices become overwhelming. Try offering just two choices of shirts and pants.

Provide direction. Lay out clothing in the order that each item should be put on. Hand the person one item at a time while giving short, simple instructions such as "Put on your shirt," rather than "Get dressed."

Keep the closets free of excess clothing.

Choose comfortable and simple clothing. Cardigans, shirts and blouses that button in front are easier to work than pullover tops. Substitute Velcro® for buttons, snaps or zippers, which may be too difficult to handle.

Choose comfortable shoes. Make sure the person has comfortable, non-slip shoes.

Get duplicate outfits. If the individual wants to wear the same outfit repeatedly, buy duplicates or have similar options available. It's all right if the person wants to wear several layers of clothing, just make sure he or she doesn't get overheated.

Offer praise, not criticism, if clothing is mismatched.

Be patient. Rushing the person can cause anxiety and frustration.

### Grooming

The person with dementia may forget how to comb hair, clip fingernails or shave. He or she may forget what the purpose is for items like nail clippers or a comb.

Maintain grooming routines. If the person goes to the beauty shop or a barber, continue this activity. If the experience becomes overwhelming, ask the barber or hairstylist to come to the person's home.

Use favorite toiletries. Allow the person to use his or her favorite toothpaste, shaving cream, cologne or makeup.

Use a "show me" technique. Take a brush, comb your hair, and encourage the person to copy your motions.

Use safer, simpler grooming tools. Use cardboard nail files and electric shavers that are less threatening than clippers and razors.

Related information; Personal care brochure (PDF)

Dressing fact sheet (PDF)

### Eating

Mealtimes can present many challenges. A person with dementia may have a poor appetite, loss of interest in food, may forget to eat or that he or she has already eaten. Here are some ways to assist the person to eat a nutritious meal.

Make mealtimes easier

Set up a regular mealtime and stick to it.

Limit distractions. Serve meals in a quiet place so that the person can focus on eating. Turn off the television, radio or telephone ringer.

Keep the table setting simple. Take off flowers, centerpieces and condiments. Use only the utensils needed for the meal.

Distinguish food from the plate or bowl. Changes in your loved one's visual and spatial abilities may make it tough to distinguish food from the plate. Avoid patterned dishes, tablecloths and placemats that might confuse the person.

Check the food temperature. The person might not be able to tell if a food or beverage is too hot to eat or drink.

Serve only one or two foods at a time. For example, serve mashed potatoes followed by chicken tenders.

Be flexible to food preferences. The person may suddenly develop new food preferences or reject foods he or she may have liked in the past.

Give the person plenty of time to eat. Remind him or her to chew and swallow carefully.

Avoid nuts, popcorn and raw carrots. These foods can get caught in the throat. Learn how to perform the Heimlich maneuver, just in case the person chokes.

Eat together. Make meals an enjoyable social event so that your loved one looks forward to the experience.

Encourage independence

Make the most of the person's abilities. Allow the person to eat from a bowl instead of a plate, with a spoon instead of a fork even with his or her hands if it's easier.

Serve finger foods. Chicken fingers, potato wedges, cheese cubes cherry tomatoes, etc. are easier to pick up with the hands and eat.

Use a "watch me" technique. For example, hold a spoon, and show the person how to eat a bowl of cereal.

Don't worry about neatness. Let the person feed himself or herself as much as possible. Consider getting plates with suction cups and no-spill glasses.

Related information; Nutrition and Alzheimer's Disease (PDF)

Web Sites

Eating difficulties and dementia.

Alzheimer's Disease and Related Disorders Association of NSW, Inc.

This Web site provides a chart of more than 30 eating problems in the middle and late stages of dementia and their solutions.

<http://www.mydr.com.au/default.asp?article=3179>

Skill builder: eating and nutrition.

Eldercare On-line's Alzheimer and Dementia Care Channel.

An in-depth article on the causes of eating problems and techniques for preparing meals and feeding someone who is bed-bound.

<http://www.ec-online.net/Knowledge/SB/SBeatnutr.html>

Swallowing disorders.

eMedicine.com.

eMedicine.com provides a comprehensive article for healthcare professionals on the anatomy of normal and abnormal swallowing, diagnosis, treatment, and strategies for compensation.  
<http://www.emedicine.com/pmr/topic152.htm>

## Personal Care

A person with Alzheimer's disease will slowly become less able to take care of themselves. Caregivers will eventually become responsible for all personal care activities, such as bathing, toileting and dental care.

Here are some tips to assist the person with changing personal-care needs.

### Bathing

People with Alzheimer's may perceive bathing as unpleasant, threatening or painful. In turn, they may act in disruptive ways, like screaming, resisting and hitting.

This behavior occurs because the person doesn't remember what bathing is for or doesn't have the patience to endure the lack of modesty or being cold. Try the following:

Prepare the bathroom in advance by gathering towels, washcloths, shampoo and soap. Check the room temperature to make sure it's not too cold.

Make the bathroom safe by installing grab bars on the wall and tub edge. Use a tub bench or bath chair that can adjust to different heights.

Help the person feel in control. Involve or coach the person through each step of bathing. Be sure the person has a role. For example, have the person hold a washcloth or shampoo bottle.

Respect the person's dignity. Some people may be self-conscious about being naked. Ease anxiety by letting the person hold up a large bath towel as he or she gets in and out of the shower or tub.

Don't worry about how often the person bathes. Try sponge baths in between showers or baths.

Be gentle on the skin. The person's skin may be very sensitive. Avoid scrubbing, and pat skin dry instead of rubbing.

Be flexible when washing hair. Wash the person's hair in the sink. Use a washcloth to reduce the amount of water on the person's face.

### Using the bathroom/incontinence

Many people with dementia have loss of bladder or bowel control (incontinence). Causes include inability to recognize when they need to go to the bathroom, forgetting where the bathroom is or side effects from medicine. Have the doctor rule out medical problems as the cause.

Try the following to assist the person in using the bathroom:

Remove obstacles. Make sure clothing is easy to remove. Clear the path to the bathroom by moving furniture.

Create visible reminders. Post a sign or picture of a toilet on the bathroom door. Use colored rugs on the bathroom floor and colored toilet lids to help the toilet stand out.

Provide reminders. Encourage the person to go regularly. Look for facial expressions or pacing that may indicate the person needs to use the bathroom.

Monitor incontinence. Identify when accidents occur, then plan for them. If they happen every two hours, get the person to the bathroom before that time. Consider using incontinence products, such as rubber sheets on the bed or adult briefs.

Be supportive. Help the person retain a sense of dignity. Reassure the person to reduce feelings of embarrassment.

## Dental care

Proper dental care can help prevent eating difficulties, digestive problems and extensive dental procedures down the road. However, brushing is sometimes difficult because a person with dementia may forget how or why it's important to take care of his or her teeth.

To help the individual with dental care:

Provide short, simple instructions. Break down each step by saying: "Hold your toothbrush." "Put paste on the brush." Then, "Brush your teeth."

Use a "watch me" technique. Hold a toothbrush, and show the person how to brush his or her teeth. Or, put your hand over the person's hand, gently guiding the brush.

Monitor daily oral care. Brush teeth or dentures after each meal, and make sure teeth are flossed daily. Remove and clean dentures every night.

Keep up with regular dental visits for as long as possible. Seeing a dentist regularly is essential for healthy teeth. Ask the dentist for suggestions or items that may help make dental care easier.

## Related information

[Bathing fact sheet \(PDF\)](#)

[Incontinence fact sheet \(PDF\)](#)

## Personal care brochure (PDF)

### Behaviors

Alzheimer's disease and related dementias can cause a person to act in different and unpredictable ways. Some individuals with Alzheimer's become anxious or aggressive. Others repeat certain questions and gestures. Many misinterpret what they see or hear.

These types of reactions can lead to misunderstanding, frustration and tension, particularly between the person with dementia and the caregiver. It is important to understand that the person is not acting that way on purpose.

Causes of behavior changes;

Physical discomfort caused by an illness or medications

Overstimulation from loud noises or a busy environment

Unfamiliar surroundings such as new places or inability to recognize home

Complicated tasks

Frustrating interactions due to the Inability to communicate effectively

Use this three-step approach to help identify common behaviors and their cause:

Identify and examine the behavior

What was the behavior? Is it harmful to the individual or others?

What happened before the behavior occurred? Did something trigger the behavior?

What happened immediately after the behavior occurred? How did you react?

Consult a physician to identify any causes related to medications or illness.

Explore potential solutions

What are the needs of the person with dementia? Are they being met?

Can adapting the surroundings comfort the person? Can you lower the noise level or turn on lights?

How can you change your reaction or your approach to the behavior? Are you responding in a calm and supportive way?

Try different responses

Did your new response help?

Do you need to explore other potential causes and solutions? If so, what can you do differently?

### Aggression

Aggressive behaviors may be verbal (shouting, name-calling) or physical (hitting, pushing).

These behaviors can occur suddenly, with no apparent reason, or can result from a frustrating situation. Whatever the case, it is try to understand what is causing the person to become angry or upset.

Possible causes;

Aggression can be caused by many factors including physical discomfort, environmental factors and poor communication. If the person is aggressive, consider the following:

Physical discomfort

Is the person tired because of inadequate rest or sleep?

Are medications causing side effects?

Is the person unable to let you know he or she is experiencing pain?

Environmental factors

Is the person overstimulated by loud noises, an overactive environment or physical clutter?

Does the person feel lost ?

Poor communication

Are you asking too many questions or making too many statements at once?

Are your instructions simple and easy to understand?

Is the person picking up on your own stress and irritability?

Are you being negative or critical?

How to respond

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

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

Don't get angry or upset. Don't take the behavior personally. The person isn't necessarily angry with you. Be positive and reassuring. Speak slowly in a soft tone.

Limit distractions. Examine the person's surroundings, and adapt them to avoid similar situations.

Try a relaxing activity. Use music, massage or exercise to help soothe the problem.

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

Decrease level of danger. Assess the level of danger — for yourself and the person with Alzheimer's. You can often avoid harm by simply stepping back and standing away from the person. If the person is headed out of the house and onto the street, be more assertive.

Avoid using restraint or force. Unless the situation is serious, avoid physically holding or restraining the person. He or she may become more frustrated and cause personal harm.

## Related information

Behavioral and psychiatric Alzheimer symptoms fact sheet (PDF)

Behaviors brochure (PDF)

Behaviors: understanding and responding to behaviors in Alzheimer's resource list

## Agitation

A person with Alzheimer's may feel anxious or agitated. He or she may become restless and need to move around or pace. Or the person may become upset in certain places or focused on specific details. He or she may become over-reliant on a certain caregiver for attention and direction.

## Causes of agitation

Agitation may be caused by a number of different medical conditions and drug interactions or by any circumstances that worsen the person's ability to think. Situations that may lead to agitation include:

Moving to a new residence or nursing home

Changes in the environment or change in caregiver

Misperceived threats

Fear and fatigue resulting from trying to make sense out of a confusing world

## Treating agitation

A person with agitation should receive a thorough medical checkup, especially when it comes on suddenly. The treatment of agitation depends on a careful diagnosis, determining the possible causes and the types of agitated behavior the person is experiencing. With proper treatment and intervention, the agitation symptoms can be reduced.

There are two distinct types of treatments for agitation: behavioral interventions and prescription medications. Behavioral treatments should be tried first. In general, steps to managing agitation include (1) identifying the behavior (2) understanding its cause and (3) knowing how to respond.

## Preventing agitation

To prevent or reduce agitation:

Create a calm environment. Remove stressors, triggers or danger; move person to a safer or quieter place; offer rest or privacy; limit caffeine use; provide opportunity for exercise; develop soothing rituals; and use gentle reminders.

Avoid environmental triggers. Noise, glare, insecure space and too much background distraction, including television.

Monitor personal comfort: Check for pain, hunger, thirst, constipation, full bladder, fatigue, infections and skin irritation; ensure a comfortable temperature; be sensitive to fears, misperceived threats and frustration with expressing what is wanted.

Simplify tasks and routines.  
Identify triggers

Identifying what has triggered agitation can often help in choosing the best response to the behavior. Often the trigger is a change in the person's environment:

change in caregiver  
change in living arrangements  
travel  
hospitalization  
presence of houseguests  
bathing  
being asked to change clothing

How to respond

Listen to the frustration. Find out what may be causing the agitation, and try to understand

Provide reassurance. Use calming phrases such "You're safe here." "I'm sorry that you are upset." "I will stay until you feel better."

Involve the person in activities. Try using art, music or other activities to help the person relax.

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

Find outlets for the person's energy. The person may be looking for something to do. Take a walk, or go for a car ride.

Check yourself. If the person is agitated, do not raise your voice, and do not corner, restrain, criticize, ignore, argue with or shame the person.

Related information

[Behavioral and psychiatric Alzheimer symptoms fact sheet \(PDF\)](#)

[Behaviors brochure \(PDF\)](#)

Confusion

The person with Alzheimer's may not recognize familiar people, places or things. He or she may forget relationships, call family members by other names or become confused about where home

is. The person may also forget the purpose of common items, such as a pen or a fork. These situations are extremely difficult for caregivers and families and require patience and understanding.

#### How to respond

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

Respond with a brief explanation. Don't overwhelm the person with lengthy statements or reasons. Instead, clarify with a simple explanation.

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

Offer corrections as suggestions. Avoid explanations that sound like scolding. Try "I thought it was a fork, " or "I think she is your granddaughter Julie."

Try not to take it personally. Alzheimer's disease causes your loved one to forget, but your support and understanding will continue to be appreciated.

Alzheimer's Association National Office  
225 N. Michigan Ave., Fl. 17, Chicago, IL 60601  
24/7 Helpline: 1.800.272.3900

#### Hallucinations

##### Introduction

A hallucination is a false perception of objects or events involving the senses. When individuals Alzheimer's disease have a hallucination, they see, hear, smell, taste or feel something that isn't there. The person may see the face of a former friend in a curtain or may hear people talking.

If the hallucination doesn't cause problems for you, the person or other family members, you may want to ignore it. However, if they happen continuously, consult a physician to determine if there is an underlying physical cause. Also, have the person's eyesight and hearing checked, and make sure the person wears his or her glasses and hearing aid on a regular basis.

##### Offer reassurance

Respond in a calm, supportive manner.

A gentle tap on the shoulder may turn the person's attention toward you.

Look for the feelings behind the hallucinations. You might want to say, "It sounds as if you're worried" or "I know this is frightening for you."

Avoid arguing with the person about what he or she sees.

### Use distractions

Suggest that you take a walk or sit in another room. Frightening hallucinations often subside in well-lit areas where other people are present.

Try to turn the person's attention to music, conversation or activities you enjoy together.

### Modify the environment

Check for noises that might be misinterpreted, such as noise from a television or an air conditioner. Look for lighting that casts shadows, reflections or distortions on the surfaces of floors, walls and furniture.

Cover mirrors with a cloth or remove them if the person thinks that he or she is looking at a stranger.

Hallucinations fact sheet (PDF)

Behaviors brochure (PDF)

### Repetition

The person with Alzheimer's may do or say something over and over again – like repeating a word, question or activity. In most cases, he or she is probably looking for comfort, security and familiarity.

The person may also pace or undo what has just been finished. These actions are rarely harmful to the person with Alzheimer's but can be stressful for the caregiver.

### How to respond

Look for a reason behind the repetition. Try to find out if there is a specific cause for the behavior.

Focus on the emotion, not the behavior. Rather than reacting to what the person is doing, think about how he or she is feeling.

Turn the action or behavior into an activity. If the person is rubbing his or her hand across the table, provide a cloth and ask for help with dusting.

Stay calm, and be patient. Reassure the person with a calm voice and gentle touch.

Provide an answer. Give the person the answer that he or she is looking for, even if you have to repeat it several times.

Engage the person in an activity. The individual may simply be bored and need something to do. Provide structure and engage the person in a pleasant activity.

Use memory aids. If the person asks the same questions over and over again, offer reminders by using notes, clocks, calendars or photographs, if these items are still meaningful to the individual.

Accept the behavior, and work with it. If it isn't harmful, let it be. Find ways to work with it.

### Sleeplessness and Sundowning

Sleeping problems experienced by individuals with Alzheimer's and caregiver exhaustion are two of the most common reasons people with Alzheimer's are eventually placed in nursing homes. Some studies indicate that as many as 20 percent of persons with Alzheimer's will, at some point, experience periods of increased confusion, anxiety, agitation and disorientation beginning at dusk and continuing throughout the night.

While experts are not certain how or why these behaviors occur, many attribute them to late-day confusion, or "sundowning," caused by the following factors:

- end-of-day exhaustion (mental and physical)
- an upset in the "internal body clock," causing a biological mix-up between day and night
- reduced lighting and increased shadows
- disorientation due to the inability to separate dreams from reality when sleeping
- less need for sleep, which is common among older adults

### Tips for reducing evening agitation and nighttime sleeplessness

Plan more active days. A person who rests most of the day is likely to be awake at night. Discourage afternoon napping and plan activities, such as taking a walk, throughout the day.

Monitor diet. Restrict sweets and caffeine consumption to the morning hours. Serve dinner early, and offer only a light meal before bedtime.

Seek medical advice. Physical ailments, such as bladder or incontinence problems, could be making it difficult to sleep. Your doctor may also be able to prescribe medication to help the person relax at night.

Change sleeping arrangements. Allow the person to sleep in a different bedroom, in a favorite chair or wherever it's most comfortable. Also, keep the room partially lit to reduce agitation that occurs when surroundings are dark or unfamiliar.

Nighttime restlessness doesn't last forever. It typically peaks in the middle stages, then diminishes as the disease progresses. In the meantime, caregivers should make sure their home is safe and secure, especially if the person with Alzheimer's wanders. Restrict access to certain rooms or levels by closing and locking doors, and install tall safety gates between rooms. Door sensors and motion detectors can be used to alert family members when a person is wandering.

Once the person is awake and upset, experts suggest that caregivers:

approach their loved one in a calm manner  
find out if there is something he or she needs  
gently remind him or her of the time  
avoid arguing or asking for explanations  
offer reassurance that everything is all right and everyone is safe

#### Related information

[Sleep changes in Alzheimer's fact sheet \(PDF\)](#)

#### Suspicion

Memory loss and confusion may cause the person with Alzheimer's to perceive things in new, unusual ways. Individuals may become suspicious of those around them, even accusing others of theft, infidelity or other improper behavior. Sometimes the person may also misinterpret what he or she sees and hears.

#### How to respond

Don't take offense. Listen to what is troubling the person, and try to understand that reality. Then be reassuring, and let the person know you care.

Don't argue or try to convince. Allow the individual to express ideas. Acknowledge his or her opinions.

Offer a simple answer. Share your thoughts with the individual, but keep it simple. Don't overwhelm the person with lengthy explanations or reasons.

Switch the focus to another activity. Engage the individual in an activity, or ask for help with a chore.

Duplicate any lost item. If the person is often searching for a specific item, have several available. For example, if the individual is always looking for his or her wallet, purchase two of the same kind.

#### Related information

[Behavioral and psychiatric Alzheimer symptoms fact sheet \(PDF\)](#)

[Behaviors brochure \(PDF\)](#)

[Behaviors: understanding and responding to behaviors in Alzheimer's resource list](#)

#### Unpredictable Situations

People with Alzheimer's disease can act in different and unpredictable ways. It is important to remember that the person is not acting this way on purpose. Whatever the behavior, try to identify the cause and possible solution.

### Bold behavior

Individuals with Alzheimer's disease may forget that they are married and begin to flirt or make inappropriate advances toward others.

When there is unusual, inappropriate behavior, try to distract the person with another activity or lead him or her into a private place. Avoid getting angry or laughing at the person.

### Inappropriate dressing

The person may forget how to dress or take clothes off at inappropriate times and in unusual settings. For example, a woman may remove a blouse or skirt simply because it is too tight or uncomfortable.

Help the person dress by laying out clothes in the order they need to be put on. Choose clothing that is simple and comfortable.

### Shoplifting

The person with Alzheimer's may not understand or remember that merchandise must be paid for. He or she may casually walk out of the store without paying — unaware of any wrongdoing.

Have your loved one carry a wallet-size card that states that he or she is memory-impaired. This may prevent the person with Alzheimer's disease from feeling embarrassed.

### Wandering

It is common for a person with dementia to wander and become lost; many do repeatedly. In fact, over 60 percent of those with dementia will wander at some point.

Wandering can be dangerous - even life threatening - for the person who wanders. The stress can weigh heavily on caregivers and family.

Keep your loved one safe by knowing the risk factors for wandering and enrolling in the Alzheimer's Association Safe Return® program. You can't know when wandering will happen, but you'll know what to do when it does.

### What is wandering?

Many people with dementia do not fit the textbook definition of wandering, "To move about without a definite destination or purpose."

People with dementia who wander often have a purpose or goal in mind. They may be searching for something that is lost or trying to fulfill a former job responsibility.

Who's at risk?

Everyone is at risk for wandering. However, a person may be at risk for wandering if he or she:

Returns from a regular walk or drive later than usual

Tries to fulfill former obligations, such as going to work

Tries or wants to "go home" even when at home

Is restless, paces or makes repetitive movements

Has difficulty locating familiar places like the bathroom, bedroom or dining room

Checks the whereabouts of familiar people

Acts as if doing a hobby or chore, but nothing gets done (moves around pots and dirt without actually planting anything)

Appears lost in a new or changed environment

Causes

Wandering can be caused by several factors, including:

Medication side effects

Stress

Confusion related to time

Restlessness

Agitation

Anxiety

Inability to recognize familiar people, places and objects

Fear arising from the misinterpretation of sights and sounds

Desire to fulfill former obligations, such as going to work or looking after a child

Tips to reduce wandering

Encourage movement and exercise to reduce anxiety, agitation and restlessness

Ensure all basic needs are met (toileting, nutrition, thirst)

Involve the person in daily activities, such as folding laundry or preparing dinner

Place color-matching cloth over doorknobs to camouflage

Redirect pacing or restless behavior

Place a mirror near doorways. The reflection of a person's own face will often stop him or her from exiting the door.

Reassure the person if he or she feels lost, abandoned or disoriented

Tips to protect a loved one from wandering and getting lost

Enroll the person in Alzheimer's Association's Safe Return®, a nationwide identification system designed to assist in the safe return of people who become lost when wandering

Inform your neighbors and local emergency responders of the person's condition and keep a list of their names and telephone numbers

Keep your home safe and secure by installing deadbolt or slide-bolt locks on exterior doors and limiting access to potentially dangerous areas. Never lock the person with dementia in a home without supervision.

Be aware that the person may not only wander by foot but also by car or by other modes of transportation

Tips for preparing for emergencies

Keep a list of emergency phone numbers and addresses of the local police and fire departments, hospitals, and poison control as well as the Safe Return 24/7 incident line 1.800.572.1122

Keep a list of physicians phone numbers and current medications (with dosages)

Keep copies of legal documents (living will, power of attorney, etc.)

Check fire extinguishers and smoke alarms

More information

About wandering behavior - preparing for and preventing it (PDF)

Safety Issues

Aging safely in our home is a goal many of us would like to achieve.

A person with Alzheimer's disease or another dementia can live in the comfort of their own home or caregiver's home provided that safety measures are in place.

The tips in this section will help you and the person prepare to live safely each day.

Home Safety

Wandering

Driving

Disaster Preparedness

Safe Return

Home Safety

When caring for a person with Alzheimer's disease, having a safe and supportive home is important. There are steps you can take to adapt the home to the person's changing needs.

Limit access to dangerous places

The person with dementia may be at risk if he or she can reach certain areas of the home or outdoors.

Lock or disguise hazardous areas. Cover doors and locks with a painted mural or cloth. Use swinging or folding doors to hide entrances to the kitchen, stairwell or garage.

Install locks out of sight. Place deadbolts either high or low on exterior doors to make it difficult for the person to wander out of the house.

Remove locks in bathrooms or bedrooms so the person cannot get locked inside.

Use child-proof locks and door knob covers to limit access to places where knives, appliances and poisonous cleaning fluids are stored.

Use appliances that have an auto shut-off feature. Some brands of irons, toaster ovens and coffee makers have this feature.

Adapt to vision limitations

The person may not be able to distinguish colors and understand what is being seen because of changes in his or her vision.

Diffuse glare and bright light by removing mirrors and glass tops. Block bright sunlight by covering windows with blinds, shades or sheer draperies.

Create an even level of lighting by adding extra lighting in entries, outside landings, areas between rooms, stairways and bathrooms. Changes in levels of light can be disorienting to a person with dementia.

Use contrasting colored rugs in front of doors or steps to help the individual anticipate staircases and room entrances. Avoid using a dark-colored rug because it may appear to be a "hole."

Use night lights in hallways, bedrooms and bathrooms to prevent accidents and reduce disorientation.

Avoid injury during daily activities

Most accidents in the home occur during daily activities such as eating, bathing and using the bathroom. Take special precautions at these times.

Watch the temperature of water and food because the person may not know the difference between hot and cold.

Install walk-in showers and grab bars in the shower or tub and at the edge of the vanity to allow the person to move around independently and safely.

Add textured stickers to slippery surfaces. Apply adhesives to keep throw rugs and carpeting in place – or remove rugs completely.

Supervise the person while taking medications. Use a locked pill dispenser that works on a self-timer if the person can understand its use. Install locks to limit access to cabinets containing prescription and over-the-counter drugs.

Beware of dangerous objects and substances

Even the most basic appliance or household object can become dangerous for the person with dementia.

Remove electrical appliances from the bathroom, such as electric razors or hair dryers, to reduce the risk of electrical shock.

Put away dangerous appliances and utensils like mixers and knives.

Remove the knobs from stove burners. Install a hidden gas valve or circuit breaker so the person cannot turn on the stove.

Put away grills, lawn mowers, power tools and guns. The person may not recall how to safely use these items.

Supervise smoking and the use of alcohol.

Clean out the refrigerator regularly, throwing out any old food. The person with dementia may be unable to tell the difference between fresh and rotten food.

Keep walking areas clear by removing magazine racks, coffee tables and floor lamps.

Creating a supportive home

Make sure your home supports the person's changing needs, which is just as important as safety.

Enroll the person in the Alzheimer's Association Safe Return® program, a nationwide system designed to identify, locate and return to safety people who are memory impaired. Learn more about Safe Return.

Encourage independent movement by moving furniture or other obstructions to create more space for wheelchairs or walkers.

Help the person reminisce. In key locations, place scrapbooks, photo albums or old magazines and encourage conversation about them.

Play music to prompt dancing, clapping or other kinds of exercise. Keep noise level low – loud, distracting sounds could overwhelm the person.

Enjoy supervised outdoor activities like gardening or walking.

Keep a list of emergency phone numbers and addresses for Safe Return, local police and fire departments, hospitals and poison control help lines.

Check fire extinguishers and smoke alarms.

## Driving

Driving demands good judgment, quick reaction times and split-second decision making. For a person with Alzheimer's, driving inevitably becomes difficult, and he or she may become unsafe on the roads.

Families struggle with the decision to limit or stop the person from driving. The person may be upset by the loss of independence and the need to rely on others for going places. This sense of dependence may prevent people with dementia from giving up the car keys.

A diagnosis of Alzheimer's disease alone is not a reason to take away driving privileges. However, caregivers are not always best at determining if it is safe for a person with dementia to continue driving. According to the Quality Standard Subcommittee of the American Academy of Neurology, driving evaluations should be conducted every six months.

### Warning signs of unsafe driving

Forgetting how to locate familiar places

Failing to observe traffic signals

Making slow or poor decisions

Driving at inappropriate speeds

Becoming angry and confused while driving

Hitting curbs

Poor lane control

Confusing the brake and gas pedals

Returning from a routine drive later than usual. The person may be wandering and getting lost in the car.

### Tips to limit driving

Ask a doctor to write the person a "do not drive" prescription

Control access to the car keys

Disable the car by removing the distributor cap or battery

Park the car on another block or in a neighbor's driveway

Have the person tested by the Department of Motor Vehicles

Arrange for other mode of transportation

Substitute the person's driver's license with a photo identification card (in addition to making the car inaccessible)

More information; [Driving fact sheet \(PDF\)](#)

[A Practical Guide to Alzheimer's, Dementia and Driving.](#)

[www.thehartford.com/alzheimers](http://www.thehartford.com/alzheimers)

The Hartford has developed a guide to help individuals with Alzheimer's and their caregivers determine when it is time to stop driving.

We Need to Talk ... Family Conversations With Older Drivers.

[www.thehartford.com/talkwitholderdrivers/](http://www.thehartford.com/talkwitholderdrivers/)

The Hartford has developed a guide to help families initiate productive and caring conversations with older adults about driving safety.

## Disaster Preparedness

A disaster situation, such as a hurricane or forest fire, can significantly add to the stress and confusion of someone with Alzheimer's. This can lead to unsafe and distressing behaviors, such as wandering or agitation.

Here are some disaster preparedness tips to help you keep your loved one safe during an emergency.

### Advance preparations

Enroll the person in the Alzheimer's Association Safe Return® program, a nationwide program that assists in the safe return of individuals who wander and become lost.

If your loved one lives in a residential facility, find out about its disaster and evacuation plans. Ask if you will be responsible for evacuating your loved one.

Whether your loved one lives with you, or you are a long-distance caregiver, make sure evacuation plans include his or her specific needs.

Check your local Alzheimer's Association to see if help is available.

Prepare an emergency kit (see below for suggestions).

If you know a pending disaster is about to occur

Get yourself and the person with Alzheimer's to a safe place.

If the need to evacuate is likely, do not delay. Try to leave as early as possible to minimize long delays in heavy traffic.

Alert others (family, friends, medical personnel) that you are changing locations, and give them your contact information. Contact them regularly as you move.

Be sure there are people other than the primary caregiver who have copies of the person with dementia's medical history, medications, physician information and family contacts.

Purchase extra medications.

If your loved one uses oxygen, be sure to obtain portable tanks.

Prepare an emergency kit

Keep your emergency kit in a watertight container and store it in an easily accessible location. Here are some items to put in it:

A couple of sets of easy on/off clothes

Supplies of medication

Incontinence products

Extra identification items for the person, such as an ID bracelet and clothing tags

Copies of legal and medical documents

Information about the person's doctor, including name, address, office phone numbers and cell phone number

A recent picture of the person with dementia

Hand lotion or other items to promote comfort

Bottled water

Favorite items or foods. Liquid meals.

A pillow, toy or something else to hug

During an evacuation

When appropriate, inform others (hotel or shelter staff, family members, airline attendants) that your loved one has dementia and may not understand what is happening.

Do not leave the person alone. It only takes a few minutes to wander away and get lost.

Changes in routine, traveling and new environments can cause:

Agitation

Wandering

Increase in behavioral symptoms, including hallucinations, delusions and sleep disturbance.

Do your best to remain calm. The person with dementia will respond to the emotional tone you set.

### Tips for preventing agitation

Reassure the person. Hold hands or put your arm on his or her shoulder. Say things are going to be fine.

Find outlets for anxious energy. Take a walk together or engage the person in simple tasks.

Avoid elaborate or detailed explanations. Provide information using concrete terms. Follow brief explanations with reassurance.

Make sure the person takes medications as scheduled.

Pay attention to cues that the person may be over-whelmed (fidgeting, pacing).

Remind the person that he or she is in the right place.

Learn more about responding to agitation >>

More information; Disaster Preparedness fact sheet (PDF)

American Red Cross

[www.redcross.org](http://www.redcross.org)

Information on how to prepare for natural disasters such as hurricanes, floods and earthquakes.

National Hurricane Center

[www.nhc.noaa.gov](http://www.nhc.noaa.gov)

Learn about hurricane hazards and what you can do to help protect yourself, your family and your property.