



2017 Alzheimer's Society Annual Conference Reflections by HMN Faith Community Nurses

Each year Health Ministries Network offers continuing education scholarships to Faith Community Nurses for the Alzheimer's Society Conference held annually in Whatcom County. These nurses reflect on the information and report to the HMN membership. In 2017 HMN sponsored seven nurses, and these are their reports.

Early Diagnosis of Dementia is Essential by Maridel Johnson, RN, FCN

The onset of memory loss is often hidden from other family members by the spouse and the individual because of their inability to admit that life changes are occurring. Denial results in time lost for an early diagnosis and, thus, in planning for treatment and care of inevitable progression of the disease.

Care for the caregivers is another aspect that can be addressed by an early diagnosis. It is essential at any time during progression of the disease to preserve the physical, mental and spiritual health of the caregiver/s. Information on the disease and of support groups in the area where the family lives can be beneficial to relieve the anguish felt by the family members and the caregiver which is caused by the condition.

Medical Research by LeAna Osterman, RN, FCN

Research of Alzheimer's disease has focused on the amyloid plaques and tangles which can now be scanned. New research is focusing on Tau (inside the cells), in attempts to interrupt the creation of plaque. Pre-symptomatic period ranges from 5-20 years; the mild cognitive impairment or prodromal period ranges from 1-10 years; and the period of progressive dementia ranges from 2-20 years.

Risk of dementia to the general population is 10%. Anti-amyloid medications help 30% of those with dementia. 50% are not helped. New medications are being developed. SNIFF is a current study in the use of intranasal insulin in the fight against "forgetfulness."

Dr. Rhoads, Memory and Brain Wellness Center, Harborview Medical Center and the Whatcom Alzheimer's Alliance offer recommendations to reduce dementia risk:

1. Treat hearing loss early to prevent individual isolation
2. Physical activity 20-30 minutes five times per week
3. "Yes, you can train an old dog to do new tricks"!
4. Mediterranean diet is best to decrease dementia.

Improvisation Lightens the Load by Pam Colyer, RN, Parish Nurse

I was blessed by the Improvisational Training from Upfront Theater. It made me realize that improvising while taking care of someone with dementia can be fun and so much easier if you do not take each step so seriously. It took a few of the exercises that he gave us for the idea to really sink in. I hope to use this

tool as I work with people that are taking care of someone with dementia and for myself when I work with those people that have dementia. See



<https://www.youtube.com/watch?v=3ETna2mX49M> for a sample of how improve works. **Yes, and . . .** It's one of the exercises from the conference. Try it!

The Changing Brain by Carol Ham, RN, FCN

Although I have been to many seminars on dementia, this day was still full of new and interesting information. The medical update by Dr. Kristoffer Rhoads was very informative. I was aware that the older we live the more likely we are to get dementia. However, I had not heard that individuals can be diagnosed pre-symptomatically 5-20 years before they start having the characteristic symptoms. Having other chronic diseases or surgery can bring the symptoms to light and lead to complications with hospitalizations and hasten the onset of dementia symptoms. Individuals can also have mild cognitive impairment or be prodromal for 1-10 years before the symptoms affect their lives. This is why early diagnosis is so important. It is amazing that x-rays can be used for diagnosis, and it is no longer necessary to wait for an autopsy for a definite diagnosis. Treatments are also improving and treating each type of dementia can bring much better results for the individual's quality of life. I look forward to further improvements in diagnosis and treatment in the future.

A Caretaking Challenge by Beverly Bishop, RN retired

Having been a caretaker of my mom for three years and noting the increasing number of persons Alzheimer's Disease (AD), it is important to review the care they receive, develop new aspects in care giving, and to support AD research.

Maria Wellisch presented the objectives of activities. Those with AD need:

- To be needed
- To have purpose
- A meaningful experience
- Appropriate challenge for the stage of disease
- Dignity
- Recognition of spirituality – important for everyone.

A new concept to me is that wandering is a purposeful activity for those AD. They could be looking for someone, have an unfulfilled need, or for other reasons. Recommended activities include looking at pictures of their life to stimulate their memory and providing the music they enjoy. And even trying their favorite music or music they haven't liked in the past!

Activities Central to Person-Centered Care by Lynn Hardaway, RN, FCN

All people, including those with dementia have the same needs: to be needed and to have a purpose for living. Activities are central to person-centered care. Specialized engagement provides a purposeful activity for those with dementia. These activities need to be specific to the stage of disease and abilities, e.g., hearing and visual problems will make it frustrating to play BINGO. TV should be carefully monitored due to the prevalence of disturbing images or stories.

Activities that promote self-esteem, provide intergenerational interaction, and improve sleep are considered restorative. Physical activity should be meaningful, functional and provide socialization. Try to stimulate multiple senses of smell, taste, touch, as well as sight and hearing. Check that glasses are clean and hearing aids are working. Co-morbidities include DM, cataracts, neurological problems that diminish senses and lead to isolation. The routine activities of daily living (washing, dressing, oral hygiene, eating, and fluids to avoid dehydration and promote healthy elimination) are important to maintain both health and self-esteem. Social activities that engage long-term memories and music help avoid isolation and avoid "cognitive retirement." Those with dementia lose peripheral vision, so always approach from the front, address them by name and state your name – every time!

Although there is no right or wrong for activities—the most successful ones are those things they used to do. Ask the family for ideas. Use materials that are easy to grip and won't cause injury, e.g., PVC pipe connectors instead of Legos.

Repetitive troublesome behavior indicates unmet needs. Find substitute activities, e.g., a large lollipop might calm a patient with constant verbal cries or calling. Do they need something for pain when agitated? Look for the emotions in their eyes! We need to go into their world, not try (in vain) to bring them back to ours.

Clinical Trials at UW Memory and Brain Wellness Center by Ellen Warren, RN, FCN

Dr. Kristoffer Rhoades, Harborview Medical Center spoke of the effectiveness of on-going clinical trials, treatments, activities, diet, and exams. He emphasized that meds do not restore memory, but that neuro and physical exams along with diet and exercise show results in slowing AD progression.

A key issue is the understanding the amyloid plaques and tangles observed in the brain. There are four areas of the brain affected impair ability to speak, judge spatial movement, solve problems, and recall

information. The plaques are located outside and the tangles are within the affected cells. Certain meds will bind with and/or remove some of the plaques. Medications traditionally used for treatment of cancer and high blood pressure are being re-purposed for treatment of AD.

The UW 10 day Boot Camp program utilizes Memory and Brain Wellness program with dietary, exercise and exam regimens. The Mediterranean Intervention for Neurodegenerative Delay (MIND) diet combined with the Dietary Approaches to Stop Hypertension (DASH) diet along with daily moderate exercise has proven scientifically helpful. Amyloid and PET scans are vital for detection and ongoing comprehensive physical exams are necessary for accurate diagnosis, progress assessment, and effectiveness of treatments and management of each client.