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In Touch for Caregivers electronic version

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Safety

Safety is one of the most important issues when caring for a person with dementia. As the disease progresses, the caregiver must adapt to ongoing changes in their family member's abilities. Not only will the person have memory problems but they may become confused, experience a loss of judgment, and may even wander. Predicting what the person will do can be challenging especially when they lose the ability to communicate the reasons for their actions. In this issue, we will identify some safety risks and discuss some precautions that you can take to minimize potential dangers.

Dealing with Wandering

Of all of the symptoms of dementia, wandering is possibly one of the most frightening and stressful aspects of the disease both for the person and the caregiver.

Wandering can occur at any time of the day or night and can lead to serious safety concerns. The person with dementia can become lost day or night. They may be inappropriately dressed for the weather, unable to take steps to ensure personal safety and unable to find their way home.



Not knowing the whereabouts of their family member can be terrifying for the caregiver. Wandering can also cause anxiety for the person with dementia who may become lost, frightened, and disoriented. Reflecting on her mother's tendency to wander, one caregiver says, "It was really scary and frustrating, especially for her. Once she was found, she would be shaking."

Changes in the brain cause the person to become confused in once-familiar environments. Reasons for wandering can vary and may be unique to the person. For example, people may wander because they:

- are too hot or too cold in their current location

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- are agitated due to medication, too much noise, or other forms of over-stimulation
- are hungry or in pain
- are living in the past and believe they need to leave the house in order to go to work or take care of their children
- unable to recognize their own home, and may want to go somewhere that is more familiar
- are seeking relief from boredom
- have extra energy and have a desire to exercise
- are disoriented by a new environment (for example, moving to a new neighbourhood may increase someone's wandering risk)

There are different options caregivers can consider to keep the person with dementia safe. Each option has positive and negative impacts and it is important to weigh the benefits with the wishes of the person with dementia.

Tracking Devices

Personal tracking devices often use GPS (Global Positioning System) technology where a chip is embedded into a product such as a watch and transmits information to a satellite. That is then beamed back to a receiver (such as a cell phone or computer). Although technologies seem positive, there are also ethical issues to consider. One major concern regards personal privacy issues. Tracking devices can be viewed as a form of surveillance. Sometimes the wishes of the person with dementia may not be considered when tracking devices are involved.

Other concerns include: the limit on independence, the loss of freedom, costs, and legal concerns. Tracking devices may also decrease the amount of interaction between the person with dementia and their caregiver. As with a lot of technology, tracking devices are not completely reliable. Technological glitches can occur such as batteries wearing down, devices not working properly or the person with dementia removing the device.

For more information on tracking devices, go to the

Alzheimer Society of Canada website: www.alzheimer.ca/english/care/dailyliving-locatingdevices.htm.

Restraints

A restraint is a device or medication used to restrict or control a person's movements or behaviour. Restraints can be physical, chemical (such as medications) or environmental (a locked door). While restraints may keep the person with dementia from wandering, they can also cause physical and emotional discomfort.

Restraints can supersede a person's independence and self-esteem. The person with dementia may become depressed, feel physical discomfort, or become frustrated and restless. For example, if the person with dementia is restrained to the bed, they may not be able to go to the washroom in the middle of the night.

Rather than use restraints, it may be preferable to consider making adjustments to the environment and implement strategies that deter the person from wandering. For a fact sheet on restraints, contact your local resource centre or go to www.alzheimer.ca/english/care/ethics-restraints.htm.

Coping Strategies

Sometimes, a little creativity can go a long way when dealing with wandering. A care facility in Germany replicated a mock bus stop in front of the building. Buses do not use this stop, however, residents of the facility sit at the stop as if to wait for a bus. Resident staff then approach the residents who are waiting at the bus stop and ask them if they would like to come inside for something to drink. The residents eventually forget about their desire to leave. Instead of trying to prevent the residents from wandering, the facility addressed the issue by allowing them to wander within a safe environment.

Here are some things to consider:

- Review the person's medications with their doctor. It may be possible to switch to drugs which are less likely to cause confusion or delusions.
- Keep a diary of when and where the person tends

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to wander. Look for a pattern - this may give you clues as to what is triggering the behaviour.

- Relocate locks on doors (for example, install above eye level or near the ground where the person may not look).
- Try camouflaging doors with posters, wall hangings, or mirrors.
- Consider purchasing alarms which will alert you when a door or window has been opened.
- If night wandering is a problem, make sure the person has restricted fluids in the evening and has gone to the bathroom before bed.
- Tell neighbours, nearby businesses, and your local police or RCMP detachment about the situation. They may notice if your family member appears disoriented and be able to help.
- Keep a recent photo of the person on hand.
- To reduce agitation and use up extra energy, encourage the person to engage in regular physical activity.
- Provide a safe area for pacing, such as an outdoor garden.

The precautions you take will depend on what is appropriate for the individual you are caring for, as well as on the features of the person's physical environment. Preventing people from becoming lost in the first place is the ideal solution. Sometimes, simply knowing what to do to limit wandering can protect the person from becoming lost. In any case, it is important to consider the person's dignity and honour the person's independence and freedom when considering their safety.

For more information about wandering, visit our website: www.alzheimerbc.org.

Household Safety

A safe home can reduce stress for the person with dementia and for their caregiver. The home can help to connect a person with the past and help to maintain a sense of self. Balancing comfort and safety should be a priority. Consider going through each room to determine what safety measures should be taken. Below are some general tips to help make your home safe for the person with dementia.



- Buy appliances with automatic shut offs (coffee makers, irons, and toasters have this feature).
- Store household cleaners, chemicals, and matches in a locked cabinet.
- Remove locks from bathroom doors to prevent the person from locking him or herself inside
- Keep high traffic areas clear of clutter and furniture.
- Remove all loose carpeting to prevent falls.
- Cover all unused power outlets with plastic plugs.
- Ensure that smoke detectors are in working order.
- Make sure that the home is well-lit. Install night lights to make nighttime bathroom trips safe.
- Remove all poisonous plants.
- Put decals at eye-level on sliding glass doors so that the person with dementia is aware that there is a window pane.
- If appropriate, place locks on doors and windows in unusual places (such as at the top of doors, above the normal line of vision) to prevent the person from leaving the home unattended.
- Use contrasting tape along the edge of stairs or along the bathtub.
- Secure all potentially dangerous items such as power tools, sharp knives, firearms, etc.

If you would like more tips on home safety, you can download the booklet from the Canada Mortgage and Housing Corporation, "At Home with Alzheimer's Disease: Useful Adaptations to the Home Environment" www.cmhc-schl.gc.ca/en/co/maho/adse/athoaldi/index.cfm You can also contact your local Alzheimer Society resource centre.

Driving and Dementia

This article is part of an educational series produced by the Alzheimer Society of B.C.

The subject of safe driving is a growing one, especially with B.C.'s aging population and the growing number of people developing cognitive disease. One in 11 Canadians has Alzheimer's disease or another form of dementia, and deciding when to stop driving can be a difficult conversation. In conversation with the Alzheimer Society of B.C. (ASBC), Dr. Bonnie Dobbs (BD) discussed the issue.

ASBC There is a lot of negative talk about older drivers. But being old does not make someone unfit to drive. What's the real issue?

BD There is a major myth that Canada has an 'older driver' problem, when in reality, the majority of crashes in the older age group can be attributed to medical conditions – like dementia.

It's true that we are more likely to have these conditions as we age, but if we compare

the crash rates of older drivers with dementia to those without, we find that those with a dementia have crash rates that are two to seven times higher.

Rather than an 'older driver' problem, we should be talking about a 'medically at-risk driver' problem. This distinction allows us to properly identify, assess, and support people whose driving is not safe.

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Hard to Hang Up the Keys Gord's Story

“Although I seemed to make a full physical recovery from the stroke I had a few years ago, I started to notice problems with my memory and my ability to organize things. It got so bad that I eventually had to retire from my job with CPR. The next loss I'm dreading is driving.

“I am married to my high-school sweetheart, Claudia, and I have had a real heart-to-heart with her about this. I am very clear that if someone cannot pass a safe driving test, I would not want them driving on the street where my grandchildren go to school. Claudia says it will be hard for her to see another blow to my confidence – I know she worries about me.

“I love taking trips to the local coffee shop to meet with my buddies. It helps me feel normal. Luckily, I have passed a safe driving test and so I can feel secure that, for now, I am ok to drive.”

*Gord's story was one of five told through **Beyond Memory**, a documentary that explores issues around Alzheimer's disease and other forms of dementia – including driving. Go to www.knowledgenetwork.ca/beyondmemory to learn more about this documentary or to watch it online.*

Driving and Dementia

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ASBC Why is driving with dementia a problem?

BD In the early stages of a progressive dementia such as Alzheimer's disease, about one third of drivers remain capable of driving. However, anyone with a progressive dementia will eventually have to stop driving.

Not only does the dementia affect memory, it also damages a person's ability to judge distances and manage the complex coordination involved in driving.

At some point during the disease, a person's insight and ability to judge whether what they are doing is appropriate will be affected. As a result, they will be less likely to recognize unsafe driving. This lack of insight is what makes having discussions about driving so difficult for families.

ASBC It can be difficult to know when someone becomes medically unfit to drive. What are the rules?

BD Doctors have an important role in both identifying and letting people know when they are medically unfit to drive. In Canada, doctors do not 'revoke' licenses. In B.C., it's the Office of the Superintendent of Motor Vehicles that has this responsibility.

Physicians in this Province must report drivers who are medically unfit if they continue to drive after they have been advised by a doctor that it is unsafe. Individuals then have an opportunity to prove that they can drive safely if they wish.

ASBC What words of advice would you offer to families facing this issue?

BD Recognize that driving is not just about getting from A to B. It's important to feelings of independence and self-esteem. Our research shows that over 70% of people caring for someone with dementia identified driving as one of the most difficult aspects of the illness for the person with dementia. More than one third indicated that this loss of driving made caregiving tougher.

It is important to have conversations about driving in the early stages of the illness. It is difficult, but less so than later conversations that would arise due to crashes, injury or death.

Dr. Bonnie Dobbs a gerontologist at the University of Alberta, specializing in Psychology, Medicine, and Human Ecology. She is the Director of the Medically At-Risk Driver Centre; the Director of Research, Division of the Care of the Elderly; an Associate Professor in the Department of Family Medicine, Faculty of Medicine; and an Adjunct Professor in the Department of Psychology.

DEMENTIA HELPLINE

Alzheimer Society
BRITISH COLUMBIA

1-800-936-6033

(Lower Mainland 604-681-8651)

Helping people with dementia, their friends, and their family members to build the confidence to maintain quality of life when facing dementia.

Call us for information about:

- Alzheimer's disease and dementia
- Getting a diagnosis
- Future planning
- Maintaining independence
- Caregiving
- Support groups
- Workshops and seminars
- Resources in your community



Medication Safety

People with dementia often take a number of different prescription medications including Alzheimer's medication. Caregivers need to take proactive steps when assisting the person with dementia manage their medications safely. Caregivers

can educate themselves to help prevent allergic reactions, crossover reactions, adverse drug reactions and overdoses. Below are some things you can do to help keep the person with dementia safe when they are taking medication.

Keep records

- Keep a list of all medication and dosage information (including prescription drugs, herbal medication, vitamins, non-prescription drugs). Keep one copy with you and another copy at home.
- Keep a list of the person's allergies, health conditions (past and present), immunization and vaccination history.
- Be sure to update the list each time there is a change. If there are unexpected side effects, contact your doctor as soon as possible.
- Keep emergency numbers by the phone and with you. Emergency numbers should include your doctor, pharmacist and poison control.

Storing medication

- Heat, humidity, and sunlight can alter the effectiveness of medications. Therefore, it is important to avoid storing them in the bathroom, next to stoves, on fridges or on windowsills. Instead, keep medication stored in a dry, cool place away from sunlight.
- Keep medicines in original dispensers (this way, you can easily identify the medicine and have instructions on how to take medicine).
- Check the medication periodically for expiry dates and discard outdated medicine. (You can take old

medicine to your local pharmacist and they will be able to safely dispose of it).

- Store medications out of reach of children who may come to visit.
- If the person takes several different pills a day, consider getting a 7-day pill organizer to keep track of pills taken and when to take them.

Refilling prescriptions

- Try to use the same pharmacy when filling prescriptions. Because pharmacies keep entire lists of a patient's prescriptions on computers, they will be able to alert you to the possibility of unsafe drug interactions.
- If refilling a prescription, keep the old container until you receive the refill so you can compare the drug name, manufacturer, dosage and instructions. Notify your doctor if you do not understand why something has changed.
- Read labels carefully to make sure that medicine from the pharmacy is the same medicine your doctor prescribed.
- If the instructions on the bottle are hard to read, invest in a magnifying glass so you are able to see the instructions and precautions.

Medication and travelling

- If travelling, keep your medications in a carry-on bag with you so that you have access to them whenever necessary.
- Bring more medication than the number of days you plan to be away. This will ensure that you have enough medication if your travel arrangements are delayed.
- If travelling across different time zones, consult a doctor about the best way to adjust the timing of medication.
- Bring a list of medications, as well as contact information for your doctor and pharmacist. Consider bringing a photocopy of your prescriptions in case customs needs to review it.

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- Have an emergency plan in place in case the person with dementia or yourself requires medical assistance.

Visiting the doctor

- Bring the list of medications with you each time you visit the doctor to review together.
- Try to learn the names of the drugs and know why the person with dementia is taking them and what the medication is doing.
- Be sure to tell the doctor of any over-the-counter medication that has been taken.
- Ask the doctor if certain foods or alcohol should be avoided when taking the prescribed medication.
- If necessary, ask the doctor or pharmacist for written instructions on how to take the medication.
- Ask the doctor what to do in the event of a missed dosage.
- Don't be afraid to ask questions.

Foster Independence

Although you want to be sure that the person with dementia is taking their medication, you also want them to be independent for as long as possible. The following can help a person manage their own medication:

- Use a pill organizer with a timer.
- Consider getting a notice board, which could serve as a visual reminder for the person with dementia to take their pills.
- Make sure that medication is always kept in the same place.

The information provided above is for information only and should not be used in place of medical advice. If you have any questions regarding medication, consult your doctor or pharmacist.

Reducing the Risk of Falls

courtesy of the BC Injury Research and Prevention Unit

Approximately one-third of people over the age of 65 fall once or more each year. A majority of these falls occur in homes while doing everyday activities.

Falls are caused by a lack of balance or inability to recover balance. There are different factors that influence balance including problems related to age (sensory changes such as poor eye sight), physical changes (some medications may increase the risk for falls), mobility problems (slower reflexes) or social situations (living alone combined with poor eating habits).

For the person with dementia, the risk of falls can increase with the progression of dementia. They may have the inability to see objects of a similar colour and their sense of spatial awareness may decrease. Shadows, darkness, or shine can increase the risk of a fall.

Here are some tips to help the person with dementia:

- help them to maintain an active and healthy lifestyle through regular exercise and good nutrition
- incorporate regular checkups with the doctor
- avoid rushing – give yourself and the person with dementia enough time to go to appointments
- place frequently used items in an easy-to-reach location
- use a shower mat or a non-slip surface in your shower or tub
- install grab bars in the bathroom next to the toilet and in the bathtub
- remove raised door sills where possible
- consult physiotherapists on appropriate use of safety and mobility aids such as canes with spike ends, or shoes with ice grips
- ensure that the person with dementia wears footwear that provides good support and non-slip treads that are not too thick
- if the person does fall, do not ignore it, rather speak to a doctor about the circumstances of the fall to rule out any medical problems

For more tips on decreasing your risk on falling, go to www.injuryresearch.bc.ca.

Final Notes



Take on a personal challenge and summit Mount Kilimanjaro in Tanzania, Africa while raising money to fight Alzheimer's.

More than 130 Canadians have literally climbed mountains in the fight against Alzheimer's, reaching for the summit of Mount Kilimanjaro as part of *Ascent for Alzheimer's*. Some trek for a family member or friend with the disease, and some for a life-changing challenge.

Learn more at www.alzheimerbc.org and click on **Get Involved** or contact Sandra Girard at sgirard@alzheimerbc.org or 604-742-4920.

Free Tele-Workshops



Alzheimer's disease:

The Connection Between Brain and Behaviour October 29, 2009 7:00 PM (PST)

This workshop for family caregivers explains the connection between brain and behaviour. Understanding what is happening in the brain is the foundation needed to cope with dementia. Participation in this tele-workshop is limited to family caregivers who are residents of B.C. and the Yukon.

To see a list of the upcoming workshops or to register, go to www.alzheimerbc.org and click on **We Can Help**. You can also register toll-free at 1-866-396-2433 (Mon-Fri, 6am to 2pm P.S.T.)



Our Vision

Our ultimate vision is to create a world without Alzheimer's disease and related dementia.

Our Mission

The Alzheimer Society of B.C. exists to alleviate the personal and social consequences of Alzheimer's disease and related dementias, to promote public awareness and to search for the causes and the cure.

Alzheimer Society BRITISH COLUMBIA

For information about our programs and services, check out www.alzheimerbc.org.

- Education programs:
- Information Services
- Support Groups for caregivers and people in the early stages of dementia
- *Insight*—a newsletter for and by people with dementia
- *Safely Home*/B.C. Photo Registry
- Dementia Helpline

The Alzheimer Society of B.C. relies on the generosity of individuals and the community to ensure families have access to the knowledge, skills and tools they need to live well with dementia. Your donation will help make the journey easier for families impacted by Alzheimer's disease or related dementias. To make a donation call 1-800-667-3742, visit us online at www.alzheimerbc.org or contact your local resource centre.

The Alzheimer Society of B.C. is committed to protecting the privacy of people whose personal information is collected and held by the Society and we adhere to all legislative requirements with respect to protecting privacy. If at any time you wish to have your name removed from this or another mailing, contact us by phone at 604-681-6530, toll free at 1-800-667-3742 or via email at info@alzheimerbc.org.