

Memory Matters



A publication for the patients, families and friends of the Johns Hopkins Memory & Alzheimer's Treatment Center
Fall/Winter 2010

Staff Spotlight

Q & A with Joan Krason, RN, BSN
Nurse, Memory Clinic



Joan Krason, RN, BSN

What do you enjoy about working here at the Memory Center? I like the following quote to describe it: "It is not about waiting for the storm to pass, but learning to dance in the rain." We work with patients

and families, but I also think we learn from them how to "dance in the rain."

Have you been surprised by anything?

Yes, by how dedicated and devoted the family members are.

If you were not working here, what do you think you would be doing?

I would own a coffee shop/bakery with my husband. I like to bake cookies. My specialty is a nut crescent cookie, called Kolacky.

What might a reader be surprised to know about you?

I have an identical twin.

What do you think will change about the clinic and the field of memory research over the next five years?

I think we will continue to get more accurate diagnoses and increase ability to intervene earlier in the illness.

This is a newsletter for you. We encourage you and your family to share your comments and story ideas with us.

Feel free to call Annie Roche at 410-550-9024 or e-mail aroche3@jhmi.edu.

Managing Difficult Behaviors

Many caregivers and patients struggle with the changes in behavior that may occur in Alzheimer's disease and other types of dementia. These changes may include agitation, aggression, irritability, anxiety and sleep disturbances.

A thorough assessment of the change in behavior is important to determine the possible cause and treatment (medical and/or non-pharmacological). For example, if a person who otherwise slept well through the night began waking at odd hours, using the bathroom multiple times and showing confusion as to the time of day, an assessment should be made of the possible causes:

- Behavior prior to going to bed
- Caffeinated beverages after 7 p.m.
- Underlying medical condition (UTI or prostate issue)
- Recent changes in the environment
- Extreme temperatures (too hot or too cold)
- Discomfort
- Medication changes
- Other triggers for angry, agitated behavior may be:
 - Poor communication skills
 - Task too complicated
 - Feeling threatened or unsafe
 - Lack of structured activity
 - Loss of independence

At the Memory Center, we will evaluate these changes and provide the appropriate treatment through a team approach using non-pharmacological treatment, such as caregiver education (strategies to work with difficult behaviors, positive coping skills, structuring daily activities), and medical treatment. The clinic offers a variety of teaching materials on hoarding, sun downing, paranoia and hallucinations, anger and agitation, and sleep disturbance.

Tips for Caregivers

- Create a calm, peaceful environment
- Simplify tasks and routines
- Stick to a daily schedule
- Recognize when a rest is needed
- Important!—recognize and report any change in behavior to your health care provider immediately so that a prompt assessment can be made.



JOHNS HOPKINS
MEDICINE

JOHNS HOPKINS BAYVIEW MEDICAL CENTER



Calendar of Events

Nov. 3: Connected Conversations Telephone Seminar

Topic: Alzheimer's and the Holiday Season

12:30-1:30 p.m.

Info: At the time of the program, call 1-800-920-7487, then enter the Participant Code: 29-324-725#

Questions: 1-800-272-3900

Nov. 13: Pythias A. and Virginia I. Jones African American Community Forum on Memory Loss

9 a.m. to 2 p.m., Coppin State University

Free, but registration is required.

Info: 410-561-9099

Nov. 16: Educational Class for Caregivers of Patients with Dementia: Agitation and Anxiety

1-2 p.m., Johns Hopkins Bayview Medical Center

Register: Jen Mason at 410-550-5987. Seating is limited.

Nov. 17: An Evening with Dr. Ann Morrison:

Understanding Alzheimer's to Maximize Caregiving, Honoring National Alzheimer's Disease Awareness Month

5:30 to 7 p.m., Keswick Multi-Care Center Auditorium
700 West 40th Street, Baltimore, MD 21211

Free, refreshments provided. Free respite is available.

Register and to reserve respite: 410-662-4324 by Nov. 10

Flyer: www.alz.org/maryland/documents/11-17-10_Ann_Morrison_Keswick.pdf

Nov. 18: Coping with the Holidays

2-3 p.m., Wicomico Free Library, Salisbury, MD

Register: Amy Schine, 410-749-4940

Nov. 20: A Woman's Journey

Johns Hopkins' Annual Health Conference

Hilton Baltimore, Baltimore, MD

Info: 410-955-8660

Dec. 8: Connected Conversations Telephone Seminar

Topic: How to Prevent Caregiver Burnout

12:30 to 1:30 p.m.

Info: At the time of the program, call 1-800-920-7487 and dial the participant code: 29-324-725#

Questions: 1-800-272-3900

If you have any questions about an event, please call the phone number listed.

Importance of an Advance Directive

What would you do if your ability to make health care decisions was taken away from you by an accident or illness? Does your family or doctor know your values and priorities to make the treatment decisions you would prefer? The state of Maryland offers a "Maryland Advance Directive: Planning for Future Health Care Decisions" form as a way for you to plan for future health care decisions. This form allows your loved ones and doctors to know how you would like to be taken care of if you are not able to make those decisions for yourself.

The Advance Directive form is made up of three components. Part I, "Selection of Health Care Agent," allows you to pick someone you trust to make your health care decisions in your best interest. Part II, "Treatment Preferences," is a "living will" that allows you to decide ahead of time about life-sustaining procedures. However, you are not required to fill out Part II to submit the form and benefit from it. Part III, "Signature and Witnesses," requires two witnesses for your signature.

Life threatening illness is a complicated and difficult matter. Planning ahead now can help ensure that your choices are respected and represented in the future, and alleviate some of the burden on your loved ones.

- If you decide to make an Advance Directive, it is recommended that you speak to your friends, family and doctor during this process.
- These forms are not required by law and different forms may be used in their place.
- Be sure to review your completed Advance Directive every so often in case your opinions or attitudes change. Once you make an Advance Directive it remains in effect unless you change or revoke it.
- These forms do not expire and only can be changed by you.
- If you have any financial concerns, your best option is to speak to a lawyer because Advance Directive forms do not deal with financial matters.
- The Memory Clinic also has Advance Directive forms. Just ask one of our nurses for a copy at your next visit.
- Additional information can be found online at: www.oag.state.md.us/healthpol/advancedirectives.htm



Caregiver Corner with Dr. Ann Morrison

Bathing is one of the most personal activities of daily living. It's also a complex activity requiring cognition, coordination, flexibility, balance and a certain level of strength. Across time, people with Alzheimer's disease experience declines in these abilities. However, there are ways to keep improving the bathing experience as challenges begin to present.

When it's time to bathe, what can a caregiver do to help a person with mild to moderate dementia?

People with dementia can do a lot for themselves. Sometimes, cueing them and making helpful suggestions is all that is needed. Make sure the water is at a comfortable temperature. If a bath is being taken, use a protective mat and fill the tub just a few inches. This low water level helps the person feel more secure and is safer in case of slips in the bathtub.



Ann Morrison, RN, Ph.D.

Close the bathroom door to ensure privacy. Be sure the room is warm and free from drafts. If the care recipient mentions that people are watching, cover up the mirror so that your reflection is not mistaken as a stranger in the room.

In moderate stages of dementia, you will have to offer more suggestions and participate more actively in bathing. Get everything ready before the care recipient enters the bathroom, especially if the person happens to be a bit resistant. Lay out the soap, towel, and robe or clothing to be worn after bathing. This ensures that you do not have to leave the bathroom and disrupt the bathing process.

Which is better for someone with dementia: bath or shower?

That depends on a variety of factors. If a person has mild dementia, a shower is fine if that is how they were used to washing before their illness. You can coach the person into the shower, set the water for them if they need help and stand outside in case any further help is needed. If some assistance is needed, a hand-held showerhead is really useful. Have your loved one sit on the shower chair or bench in the shower and help bathe him or her that way.

When a person needs more physical assistance, however, it's better to help him or her take a bath. The bathtub is one of the most common places where people fall or trip. Be aware that slippery surfaces, difficulty with coordination or balance, as well as tripping while entering the bathtub are common causes of falls. Not only are these accidents common, but sometimes they may require medical attention.

What is the best way to handle a resistant patient who disagrees with all attempts at bathing?

First, remain calm and carefully examine the situation. If a person has mild to moderate dementia, he or she still has the ability to listen, think and make decisions for himself/herself. So, make good use of reasoning. Consider other factors that could be contributing to the resistance, such as pain from arthritis or feeling exposed. Take steps to correct the concerns, such as giving medicine for pain or handing them a small towel so that they can cover themselves during bathing. If that doesn't help, try bathing at the sink and distract the care recipient with conversation or music while washing. And if that fails, wash the care recipient in very short bursts. Wash hands with a cloth at one point. Wash the face later. Wash underarms while changing clothes. Use wipes while assisting when toileting.

Helpful Tips for Bathroom Safety

- Amend the tub area physically by installing safety rails and grab bars.
- Use a shower seat or chair, which allows the recipient to sit down and lowers the chance of slipping or falls.
- Use a transfer bench.
- Give a sponge bath. Fill the sink with warm water and give the care recipient a sponge bath with a washcloth.



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Contact us!

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Clinic Information

410-550-6337

Research Clinical Trials

410-550-6493

Community Outreach

410-550-9026

Patient and Family Support Groups

Support groups offer patients and loved ones a safe place to speak with others who have similar concerns and questions about coping with memory loss or related disorders. They provide mutual support, practical information and help members learn more about living with memory loss. They are free and open to the public.

Alzheimer's Disease and Related Disorders Support Group (ADCSDG)

Third Wednesday of every month, 6-7:15 p.m.

For families and friends of persons with memory problems to provide support and education

Johns Hopkins Bayview, John R. Burton Pavilion, Plaza Level 01, Main Conference Room, 410-550-0925

Caregiver Support Group

Second Wednesday of every month, 6-7 p.m.

Group provides education and resource information for caregivers

Johns Hopkins Bayview, John R. Burton Pavilion, first floor conference room, 410-550-0270

Frontotemporal Dementia Support Group

Second Wednesday of every month, 11 a.m.-12:30 p.m.

Alzheimer's Association, 1850 York Rd., Timonium, MD, 410-502-2981

Hopkins ElderPlus Caregivers Support Group

Second Thursday of every month, 12:30-1:30 p.m.

Johns Hopkins Bayview, Mason F. Lord Building, East Tower, 410-550-7044

Current Research Studies

- Memory training
- Medication trials for memory loss, agitation and other symptoms
- Brain imaging (MRI and PET scans)
- Yearly memory evaluations

For more information about research, call 410-550-9053 or 410-550-9054, or visit www.alzresearch.org

Caring for a Loved One with Alzheimer's Disease: A Guide for the Home Caregiver

For more information about caregiving, Peter Rabins, M.D., MPH, and Ann Morrison, RN, Ph.D., have written *Caring for a Loved One with Alzheimer's Disease: A Guide for the Home Caregiver*.

Available for purchase at:

www.johnshopkinshealthalerts.com/special_reports/memory_reports/HomeCaregiver_landing.html