Mood Changes and Agitation

Although dementia is a memory disorder, many people with dementia develop mood changes, anxiety, depression and agitation. Agitation can take many forms. As the disease progresses, symptoms can include delusions, hallucinations, restlessness, wandering and sleep disturbances.

Persons with dementia often experience emotional distress, general anxiety or behavioral changes that are called “agitation”. In its mild forms it may look like the person is just nervous, worried or stubborn. These slight personality changes are usually not difficult for the caregiver to handle. In its more severe form, a loved one might become an exit-seeker, disruptive or even dangerous. They may become unusually angry or frustrated or refuse to cooperate with care.

A person with dementia is more easily agitated because their brain has been damaged and no longer functions in a healthy manner. A caregiver should look for the cause of the agitation and consult a physician as needed. Some causes include:

- **Physical/medical problems** such as sudden illness may weaken the brain and worsen agitation. An undiagnosed illness or pain is often an underlying cause of agitation. They are usually short in duration and improve when the medical problem improves.
- **Psychiatric problems** such as depression, anxiety, psychosis and anger are common in certain stages of the progression of Alzheimer’s disease persons. None of these symptoms should be ignored.
- **Environmental stresses** or changes can also cause problems. The ideal environment for persons with dementia is calm, structured and comforting.
- **Sleep problems** are also common. A structured, active day, limited caffeine and alcohol, and fluids in general around bedtime can improve this problem.

Agitation should be identified and treated early. Both the caregiver and their loved one will benefit from early identification and treatment of symptoms. The key is to identify the factors that act as triggers to the behaviors and avoid or modify activities to reduce the likelihood of occurrence.
Geriatric Care Managers Can Help

A geriatric care manager is a professional who develops and implements a care plan to assist older people and their families in meeting their long term care needs. Developing a care plan and putting it into place can be a short term process if there is family willing and available to do the follow up work. However, if there is no family in the area, the care manager can provide long term assistance.

Services include:

- Conducting a care-planning assessment to identify problems and service needs. A plan will be developed based on the requirements of the person, financial constraints and personal preferences. Arrangements can also be made to implement that plan.
- Evaluation of physical, functional and emotional state and current living arrangements, as well as coordinate all services to ensure the persons health and safety.
- Identification and recommending community and private resources. Arrange for and monitor services as needed.
- Review of financial or legal issues to avoid future problems and conserve assets.
- Act as the liaison to local and long distance caregivers.
- Offer counseling and support.

Before hiring a care manager, interview several. Also have clear expectations regarding the type of services needed. Each care manager may charge differently for their services. Some may be affiliated with specific service providers. Make an effort to know what you are paying for. A responsible care manager can be an important part of a comprehensive plan to live independently.

Combativeness and the Caregiver

The decision to take on the responsibility of being the primary caregiver for a person with Alzheimer’s disease may be difficult. Caring for a person with Alzheimer’s disease at home is a demanding task and can become overwhelming at times.

Each day brings new challenges as the caregiver copes with changing levels of ability and new patterns of behavior. One of the biggest struggles caregivers face is dealing with difficult behaviors of the person they are caring for.

Alzheimer’s disease and other dementing illness can cause behavioral changes, severe at times with violent outbursts. When a person with Alzheimer’s disease is frustrated, scared, or unable to communicate, he or she may become aggressive and even combative.

Combativeness can be caused by many factors, including physical discomfort, environmental factors and poor communication.

Understanding why aggression occurs is usually not enough to prevent it. Try to avoid direct confrontation. Many times, waiting a few minutes before pressing on can make the task such as personal care or dressing easier to accomplish. Communicate directly with the person. Avoid expressing anger or impatience in your voice or physical action. Instead use positive, accepting expressions, such as “don’t worry” or “thank you”. Also use touch to reassure and comfort the person.

Keep explanations as simple as possible. Cognitively impaired individuals may have problems with lengthy, complex conversations. The better you know the individual likes and dislikes of the person, the less likely aggressive behavior will develop.
**MindSet**

FREE CLASSES

for individuals with early stage memory loss and their care partners.

This innovative curriculum is based on research by Dr. David Loewenstein. Classes will teach skills that help exercise your brain, create healthy habits, and improve communication. These classes offer an organized approach to everyday living and will provide activities to stimulate memory and thinking. The research-based exercises that you will learn can be used at home and will help to improve memory, thinking, and behavior. Ongoing classes will be held throughout the year.

To see if you are a candidate for the next session contact Jennifer Alexander, LCSW at 321-768-9575, option 6.

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**Research Review**

Validation of a 10-Item List-Learning Test for Use in Differentiating Normal Cognition, Mild Cognitive Impairment and Alzheimer’s disease

A test of verbal learning and memory has been developed at the East Central Florida Memory Disorder Clinic. The purpose of this project is to publish test scores to assist in differentiating between diagnostic groups and aid in interpretation.

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Portions of this newsletter were adapted from the Sarasota Memorial Hospital Memory Disorder Clinic newsletter.

**Holiday Tips:**

Alzheimer’s assoc. reports that planning ahead and adjusting expectations can add to the joys of the holiday season.

Give yourself permission to do only what you can reasonably manage

Choose holiday activities and traditions that are the most important to you.

Love to decorate? Use a minimalist perspective. Less is more and more elegant too!

Host a small intimate family dinner instead of throwing a big party. How about buying a Publix pre-cooked meal or side items to take some of the pressure off. What about a potluck? each guest can bring a side or a dessert and you be responsible for the ham or turkey (pick one up from Honey Baked Ham)

Take this special time to reach out to those with whom you may have lost contact with. Keep in mind that the holiday might provide an opportunity to talk with other family members about the progression of your loved one’s condition.

This may also be an opportunity to let other family members take over some of the previously held traditions such as hosting the holiday meal.

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**East Central Florida Memory Disorder Clinic**

3661 S. Babcock St.
Melbourne, FL  32901
(321) 768-9575  http://ecfmdc.org
Mark Your Calendars!

Caregiving for Seniors
9th Annual Conference
January 21, 2012
Melbourne Hilton Rialto
8:30 a.m. – 3:30 p.m.

A day filled with Educational Topics for Family Caregivers, an Expert Q and A Panel, Guest Speakers, Informational Exhibits, Complimentary Lunch...and much more!

2012 Conference Partners
Health First Aging Institute
East Central Florida
Memory Disorder Clinic
Health First Leeza’s Place

Caregiver Education:
♥ “Sensitivity and Sensibility” ~ Can they go hand-in-hand? Visa Srinivasan, MD
♥ Confident Caregiving ~ a toolkit of information, options and support! Our panel of experts will present the key essentials you need to know to make the decisions that will lighten your burden and give you hope.
♥ Dessert with Dr. Laird ~ Medical Director,
Health First Aging Institute “Sweet Inspiration for Caregiver Success”
♥ Valuable Community Resource

REGISTER EARLY! Limited to the First 250 Caregivers
You may register at www.eldercare.health-first.org or www.centerforfamilycaregivers.org

Live near Merritt Island?

Attend our Caregiver Support Group at Sunflower House, 777 E. Merritt Island Causeway, Merritt Island

When: 1st and 3rd Wednesday monthly from 1:30 – 3:00 pm.
Dec. 7th & 21st

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For updates on Memory Clinic and Center for Family Caregivers classes and events register on the Health-First ElderCARE website: http://www.eldercare.health-first.org/

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Monthly Support/Education Group for people with Mild Cognitive Impairment/Early Alzheimer’s disease and family care partner - please call Jennifer Alexander, LCSW at the Memory Clinic (321) 768-9575, option 6 for more information.

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Early Alzheimer’s Support and Education (EASE) – Melbourne class will start in January 2012 - for more information please call the Alzheimer’s Association at (800) 272-3900 or DeAnn Collins at the Memory Clinic (321) 768-9575, option 6 to learn more about the class.