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Cindy Keith, RN, BS, Certified Dementia Practitioner

Expertise

As a nurse and dementia consultant, I can answer most questions on all types of dementia. If I cannot answer your question, I will attempt to find someone who can. My passion is to help caregivers of people with dementia, which in turn helps all those wonderful elders with dementia live better lives. When caregivers are better educated, they are able to better care for themselves and their loved ones, so education is key to decreased stress levels and healthier, happier families.

Experience

I have worked as a nurse in various disciplines of nursing for over 20 years, most of which was with the elderly. I was a health care coordinator in a dementia dedicated assisted living facility for 4 years before I started my

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Lushki Leonard wrote at 2012-04-28 23:25:05

Hello. I am in a very similar situation with my 81 year old father. He hasn't yet started dialysis, but he has had the fistula placed and could need dialysis anytime. As we have moved forward from the short time ago when he made the choice for dialysis, when he was really not fully competent to have made the choice to begin with, he is now even less competent as a consequence of advancing age, dementia and disease. I know that dialysis will not make him young again. It will not bring back his normal mental health.

It is important to remember that dialysis is an extraordinary medical treatment and it is not appropriate for all individuals with renal failure. The morbidity and mortality to individuals in their 80's on dialysis is very high (I have heard 50% die in a year) and it is even higher for those with dementia. What do we really gain by pushing them forward to dialysis, especially when they are too debilitated to seek it themselves?

When an individual is only marginally competent to make the choice for dialysis, as treatment logistics become more difficult, I think it is appropriate for all caregivers to consider that changes in treatment goals may be appropriate. Perhaps the logistics of going to dialysis do not bring additional quality of life in contrast to the peace in the ability to stay home and control one's own short term day to day activities. Perhaps the cost to the individual, even if it means death at old age from renal failure, is not too high, when making the choice to NOT pursue dialysis.

It is a difficult place to be, as a care giver, when dealing with a loved one who made a choice for dialysis but then whose mental competency status changes/ deteriorates over time, as we are both in. I think we do our loved ones a disservice in forcing them to continue dialysis without considering the total picture of their life choices/ advance care values for end of life management.

I am taking this day to day with my dad who has left me to make his medical decisions in the event he can't make them for himself. I still wrestle every day as to where the future will take us. But more and more, I feel that As he understands less and less why we would go to dialysis, and as he cherishes more his life at home, I expect I will advocate to not pursue the dialysis further. This may occur before we ever start the dialysis, or it may occur after we start. Either way, I see the dialysis as a significant treatment, akin to keeping one alive with other machines. This choice is appropriate only for those who understand and continue to choose it daily or for younger individuals who have an expectation of return to a more normal baseline life, but I don't think it is right for demented geriatric individuals, who might do much better with a loving hospice environment.

own business (M.I.N.D. in Memory Care) as a dementia consultant six years ago. As a dementia consultant, I help families nationwide through phone conference calls as they struggle to care for their loved ones with dementia.

Organizations

Alzheimer's Foundation of America Geriatric Interest Network Sigma Theta Tau International

Publications

Published "Love, Laughter, & Mayhem - Caregiver Survival Manual For Living With A Person With Dementia" which is a collection of stories about people with dementia I have known, loved and worked with. Every story has a lesson to teach and this book gently teaches family caregivers lessons about how to better care for their loved one, as well as themselves during their caregiving journey. Published "Love, Laughter, & Mayhem In Eldercare Facilities: The Master Key For Dementia Training" Created "Bringing Nurturing To Memory Care" staff dementia training video Created Ebook: "Hair Stylist's Helpful Tips For Working With People With Alzheimer's & Other Dementias"

Education/Credentials

Registered Nurse with Bachelor's degree in Nursing; Certified Dementia Practitioner; Author of 2 books and an ebook

Awards and Honors

Sigma Theta Tau National Honor Society of Nursing

dibro wrote at 2012-05-10 06:24:33

Dementia doesn't get better nor will it improve over time.

End stage renal failure never reverses itself.

The average life span for a senior with A.D seems to be about seven years.

From my personal experience dementia patients/Alzheimer's disease(A.D) with kidney failure is a terrible combination.

Whats to even question? With severe A.D/dementia.And i'm speaking of advanced A/D. The 4 hours of dialysis being confined to a chair 3x per week is pure Hell.

Again from experience with both I would never even consider it.

Whats the point and wheres the glory when the patient is confused and no longer able to identify loved ones.

They curse and they cry.No amount of medication helps.It's not humane.

So if seeking quality of life and not quantity the answer is clear.

I would never consider keeping an elderly loved one trapped in a body that has long been deserted by it's brain memory and soon to be what remains of functional dignity.

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