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### 介護家族のケア研修の効果に関する介入研究論文

[The Effect of a Disease Management Intervention on Quality and Outcomes of Dementia Care](#)

[Ann Intern Med. 2006;145:713-726.\(pdf400K\)](#)

[Enhancing the Quality of Life of Dementia Caregivers from Different Ethnic or Racial Groups](#)

[Ann Intern Med. 2006;145:727-738.\(pdf400K\)](#)

## Gardening

## Gardening Said to Improve Quality of Life for Alzheimer's Patients

Mar 06, 2009

Kenny Goldberg

<http://www.kpbs.org/>

There is no cure for Alzheimer's disease and other forms of dementia that affect the elderly. Mental health professionals believe there are activities that can enhance quality of life. One therapy uses gardening as a way to improve patient's moods and decrease problem behaviors. KPBS Health Reporter Kenny Goldberg has the story.



It's late morning on the senior behavioral health unit at UCSD Medical Center in Hillcrest. Horticulture therapist Kathleen Brand tries to gather her charges.

"Would you like to come with us to the garden?, " Brand says to a patient. "Outside, we're going to go for a walk. Uh huh, a walk. Would you like to come? I can help you? Go for a walk?"

Twice a week, patients on this unit are invited to go outside and do some gardening. Occupational therapist Elizabeth Refn says there are always some patients who don't really want to go.

"So sometimes we need to make a deal with people about going outside, says Refn.

"Sometimes juice or ice cream works quite well. Is that right? What would make you want to come with us today?"

Finally, Brand and Refn manage to convince patients to come along. The group shuffles to the elevator, goes down to the ground floor, and walks out into the sunshine. This outdoor patio has a number of small planters and raised flower beds. Brand lays out the agenda.

"All right," says Brand. "We have a couple of different projects we're gonna work on today, we have some planting, we have this empty planter here. Then we're gonna do some deadheading of any of our dead flowers, and then I also would like to make some plant markers."

Some patients just sit around blinking in the bright sun. One man takes a pen and starts to make some labels. Two patients eagerly grab some trowels and plants, and start to dig.

"Oh, this kills my wrist," says Alice.

Alice is small and frail. Doctors say she has dementia and short term memory loss. But when she touches the soil, old memories come flooding back.

"I had a huge yard," says Alice. "33 trees, 24 rose bushes, we had a big, big, big yard. Apricot, and a fig, and a lemon and a lime. And we were on a steep hill. I kept falling, but luckily it was dirt."

Horticulture therapy is not a new invention. It's been around for centuries. In fact, it's long been thought gardens have beneficial effects on people with mental illness.

Only recently has horticulture therapy been subject to the rigors of modern behavioral science.

Dr. Christina Gigliotti was one of the first to publish research on the effects of horticulture therapy on patients who have dementia.

"What we have found in our research," says Gigliotti, "is that people in horticulture activities compared to other types of activities that are traditionally offered, were more productively engaged, that is they engaged in the activity that was presented to them, rather than staring off into space, rather than wandering around the room, rather than doing some behaviors we would call self-stimulating behaviors."

Gigliotti says she found dementia patients reacted more positively to horticulture therapy than to other activities like coloring. She believes it's because gardening is inherently stimulating.

Plants are able to stimulate the sense of smell, the tactile experience as well as the visual interest," Gigliotti says. "So if somebody has deficits, there's still something for them in terms of the sensory experience. In addition, it's something that is able to capitalize on people's social histories."

UCSD staff say patients seem to sleep better and are less agitated after a session in the garden.

Gigliotti says her research has found some short term effects from horticulture therapy. The long term benefits, if any, have not been measured.

Kenny Goldberg, KPBS News.

"This is lantana, that's what this is called," Brand says. "It has these gorgeous little flower clusters. Butterflies like this plant. See how little it is? And now feel this leaf."

## Singing for the Brain SenseCam

### Advances for Alzheimer's, Outside the Lab

By Eben Harrell Monday, Feb. 23, 2009

<http://www.time.com/time/>

They sit demurely in rows of plastic chairs, hands in their laps, awaiting instructions. They have been dressed carefully by their spouses and relatives in ankle-long frocks or neat cardigans, with crisply knotted ties ? the overly formal style of the aged.

Organizing this unlikely choir is Chreanne Montgomery-Smith, who runs support groups for the Newbury branch of Britain's Alzheimer's Society. On cue, the 40 or so Alzheimer's and dementia patients join hands and begin singing in unison ? a tentative rendition of Amazing

Grace. They remember most of the words and their chorus fills the hall. Montgomery-Smith is certain that the music helps bring her patients' thoughts ? ravaged by dissonance and dislocation ? into harmony. (Read how secondhand smoke has been linked to dementia.)

"You can see how they become lucid when they sing," says Montgomery-Smith, who has witnessed improvements in sociability and communication during her musical meetings. "The research isn't there to support it at the moment but I'm confident these sessions will one day be shown to slow the progression of Alzheimer's. The benefit [of singing] as a hidden cognitive rehabilitation is evident. You can't keep a good idea down forever."

For now though, Montgomery-Smith has been asked by the Alzheimer's Society not to describe this activity ? called Singing for the Brain ? as "treatment." The scientific data doesn't even support the term "therapeutic." But there are few other dementia therapies that the evidence can validate ? currently only two types of drugs have received government approval in the U.S. to slow the progression of Alzheimer's, but both offer only limited benefits ? and many caregivers, desperate to better the lives of their patients, resort to such low-tech, behavior-based solutions as singing. (Read "Ginko Biloba Does Not Prevent Alzheimer's.")

Medicine has long fought two fronts in the battle against disease ? in the research lab and at the bedside. The race toward a treatment for Alzheimer's has focused almost exclusively on research in psychopharmacology, immunology and gene therapy. But as patients and caregivers wait for a cure, the progressive, fatal condition continues to affect some 5 million Americans. Meanwhile, low-tech memory-enhancing devices like diaries, Post-It notes and portable cameras are used increasingly by Alzheimer's caregivers, leading some researchers to contemplate whether the consistent and comprehensive use of bedside solutions may actually slow the progression of the disease. If rudimentary tools have any chance of inhibiting the disease, health-care workers are interested. When it comes to Alzheimer's, even incremental improvements can have a profound effect: a 2004 Australian study found that delaying the onset of dementia by five years would eventually halve the number of people living with the condition.

At Cambridge University's Addenbrooke's Hospital, one pilot program has generated a lot more excitement than any new drug or gene discoveries made at the high-tech labs there. (GlaxoSmithKline and other pharmaceutical companies conduct dementia-related research at Addenbrooke's.) Led by a team of clinical psychologists who specialize in rehabilitating brain-injured patients, the program involves using SenseCam, a digital camera, developed by the nearby Microsoft Research Lab, that hangs from the neck and passively takes photographs every 30 seconds. The pictures can then be played back in sequence.

Addenbrooke's psychologists decided to try the device with their patients with memory loss. They found surprising results. While memory-impaired patients who take pictures with traditional cameras often fail to remember the photographed events or activities, those who used SenseCam, which has a wide-angle lens and takes impromptu rather than staged pictures, found their recall to be greatly enhanced. "This isn't rocket science and the device

is quite simple but there's something about its spontaneous, wide-angle photographs that seem to mimic the brain's own episodic memory," says Emma Berry, a neuropsychologist working on the project. In the past few years, several studies conducted at the hospital have shown that, after reviewing the photographs for an hour every other day for two weeks, dementia patients are able to recall photographed activity months later ? even without the help of the camera's playback function. (See the top 10 gadgets of 2008.)

"That's what we find so exciting. Their recall improved by up to 80%, not only when looking at the photos but months after studying the sequence. It raises the possibility of firing up parts of the brain that have become inactive because of the disease," Berry says.

Humans store memories in various regions of the brain, but neuroscientists have pinpointed one section deep within, a seahorse-shaped structure called the hippocampus, as particularly crucial to memory. Studies of patients with brain injury or disease have shown that the hippocampus is where new memories are formed and where recent ones are retrieved; like a librarian, it scans the brain's catalog of bygone information and brings appropriate material to the fore. (But a recent brain-scan study of 15 healthy adults at the University of California, San Diego, found that the hippocampus has less to do with memories from the distant past. It is vital to the recall of recent events, from a year or two ago, but when study participants were asked to recall memories five or 10 years old, scientists recorded less activity in the hippocampus and more in the cerebral cortex.)

In Alzheimer's, the hallmark plaques of the disease are known to target and clog the hippocampus and nearby regions first, which explains why the initial symptoms of the disease involve memory loss ? and why early stage patients may have trouble remembering whether they ate breakfast that morning, but can still recognize friends from childhood. Though Berry does not yet have scientific evidence, she strongly believes that low-tech treatments like episodic photography can spark specific and targeted activity in the hippocampus, keeping it active for longer or even regenerating it ? and perhaps allowing patients to hold on to new memories.

The Alzheimer's Society's Montgomery-Smith thinks singing sessions may work similarly, by dredging up distant memories associated with the music and stimulating memory-retrieval mechanisms in the brain. But many other Alzheimer's activists warn that putting too much hope in claims of so-called "hidden cognitive rehabilitation" will only distract from the urgent need to find a cure. "There are so many things that you can't overcome with Alzheimer's ? we can't get too excited by these low-tech treatments. They can help patient care but they will never deliver a solution," says Susanne Sorensen, head of research for the Alzheimer's Society U.K. "We need more clinical trials [for vaccines and drugs]. There's no substitute." (Read "The Year in Medicine 2008: From A to Z.")

No one disagrees that more research is necessary. But even if activities such as singing or taking pictures cannot treat Alzheimer's, they may still improve patients' mood and social skills and, at least for a time, raise their quality of life. When the Alzheimer's Association, based in Chicago, surveyed 350 Americans diagnosed with dementia in 2008, many

respondents said they felt abandoned by the medical community after diagnosis, and most wished for a greater range of treatment options other than just pills. "Their impression was that the doctor felt their job was done as soon as the diagnoses was made and the prescriptions written," says Shelley Bluethmann of the Alzheimer's Association.

Responding to these concerns, Bluethmann's organization has commissioned various projects in hospitals and rehabilitation centers across the U.S. that are intended to supplement pharmacological treatment ? from art and music classes to the development of a board game called "Make Memory Together," designed by Gene Cohen at George Washington University. "Our vision is to work for a cure, but we also have an obligation to support the best quality of life for patients living with the disease now," Bluethmann says.

Bluethmann adds that low-tech activities offer another "hidden" benefit: helping spouses and relatives who care for Alzheimer's patients. Often, caregivers describe the distress and frustration that result from watching a disease slowly rob them of their loved ones as unbearable. They say any reprieve is a godsend. In Newbury, as the group shuffled out after two hours of singing, I asked one man whether he had enjoyed himself. "I liked it very much," he responded. His wife gasped. "He said five words," she said, placing her hand tenderly on his arm, and peering hopefully into his eyes. "He hasn't strung together five words like that in months."

## Art Museum

### **Art Cuts Through the Fog of Alzheimer's**

Alzheimers Weekly

Week of February 22 - February 28, 2009

FORT WORTH, TEXAS-- The minute he walked into the Amon Carter Museum gallery, Bill Smith recognized the lithograph hanging directly in front of him.

"That one's called Stag at Sharkey's," he said with confidence as he pointed to the image of a boxer knocking his opponent out of the ring.

The retired Texas Christian University chemistry professor had the right artist, George Bellows, but the wrong lithograph. The one hanging in the Amon, called Dempsey and Firpo, is very similar to the one that Smith remembered.

But more importantly, the art kindled something inside him, jostling Smith out of the fog of Alzheimer's disease.

He spent the next 10 minutes talking about everything from the rules of boxing to the laws of gravity.

When Stacy Fuller, the museum's head of education, developed the Sharing the Past Through Art program, she hoped to help people who have Alzheimer's disease connect with the artwork and ultimately their community.

"These are people who often don't communicate much at all, but when they come here, there's something about the experience that encourages them to share," she said. "Some truly open up when they come to this space."

The museum's program is one of a handful around the country that makes art accessible to people with Alzheimer's disease. Two years ago, the Museum of Modern Art in New York launched one of the first such projects in the country. It and others have revealed that despite short-term memory problems, people with Alzheimer's can do more than expected.

There are memories inside the person that are trying to find a way out, said Dr. Janice Knebl, who holds the Dallas Southwest Osteopathic Physician Endowed Chair for Clinical Geriatrics at the University of North Texas Health Science Center.

"It's really all about the moment and bringing out of the person what still may be there," she said. "This program looks for those opportunities."

#### Second Thursday

On the second Thursday of each month, Fuller introduces the mostly white-haired group to a small sampling of art.

Some days it's Frederic Remington's American Western art. Other days, it's Georgia O'Keeffe's abstract images. By limiting the number of paintings participants view, Fuller is able to engage them in a lively conversation.

"They see things we often don't take time to see or we just haven't observed," she said. "They really surprise me by the depth of their observations."

When residents from the James L. West Alzheimer Center toured the Bellows exhibit Thursday, Fuller asked them about the colors he used in his lithographs.

The group responded enthusiastically, lecturing Fuller about the absence of color in the black and white lithograph.

Then retired principal Loraine McMillon revealed what the lithograph meant to her.

"Total action," she said. "You can almost hear him fall with a great big thump."

Smith immediately joined in with his opinion: "The crowd is going wild."

'A comfort level'

The group circled around two lithographs: one a family portrait, the other of the same people riding in a vehicle.

"Must be a Model-T Ford," Ross Daniel said.

Then someone noticed a tail in the corner of the lithograph.

"Is that a horse?" he asked.

Another person thought the man looked like Winston Churchill.

Fuller explained that Bellows' lithograph of a horse-drawn surrey was a scene from New York City life.

She barely got out the explanation when everyone's attention turned to a nearby image of Christ on a cross.

"That didn't occur in New York City," Daniel said matter of factly.

Fuller welcomed the frank discussion.

"They're not afraid to say anything," she said. "I think the program gives them a comfort level so they can express themselves."

## Memories

Participants enjoy the stimulating environment and being asked questions, said Theresa Hocker, executive director of the Alzheimer's Association, North Central Texas chapter.

"It makes them feel important," she said.

Seeing the art also gives them the chance to reminisce, said Gail Phills, a caseworker with the Alzheimer's Association.

"A lot of them have lost their short-term memory, but they still are able to recall things that happened 30 years ago," she said.

This isn't a scientific study, but it is working, Fuller said. During a recent visit to the museum, McMillon asked her about the Bror Utter exhibit the group had seen.

"She was recalling watercolors from the spring," Fuller said. "That's a wonderful connection she is making with the art."



## real-time location system (RTLS)

### RTLS Offers Novel Approach to Dementia Research

Wednesday February 11th, 2009 <http://www.rfidupdate.com/>

By John Burnell

Researchers are using real-time location system (RTLS) technology to try to improve early detection of dementia and the safety for patients afflicted by it. Patients with advanced cases of dementia often see two-dimensional objects in three dimensions, and are prone to wander. Researchers at the University of South Florida (USF) have outfitted dementia patients at two assisted living facilities with RTLS wristbands to collect data on their movements. The researchers will use the data to see how movement patterns correlate to dementia, and how patients react to 2D visual cues.

"To a person with dementia, a black floor mat may appear as a hole, so the person won't cross it. An assisted living facility may put down a mat to deter patients from exiting an area. There is also a pattern of wallpaper that makes a door appear as a bookcase, so a dementia patient won't attempt to leave through the door," Dr. Bill Kearns, an assistant professor and researcher at USF told RFID Update. "Our problem was how to estimate the relative contributions of these two techniques, compared to an alarm or other system. RTLS was brought in as a new microscope to study the problem."

Kearns and his team have installed ultra-wideband (UWB) RTLS readers at two assisted living facilities that use visual cues like the mats and special wallpaper. The readers cover a common area at each facility, and a total of 75 residents wear wristwatch-style RTLS tags. The RTLS system provides data about how often doorways, corridors and other locations were approached, and how many times residents attempted to exit. The data is analyzed to measure the effectiveness of the visual cues used to deter exits.

Patient movement data is also analyzed to see if patterns change over time. Kearns found there is a correlation between movement patterns and the loss of cognitive function. He is hopeful that the research can lead to earlier detection of dementia. As dementia advances the risk of falling increases, so monitoring the progression of the disease is important for patient safety.

USF and the facilities plan to keep the RTLS systems in place indefinitely. So far approximately 2.4 million movement records have been collected. The study may expand to see if movement data is a predictor of falls, Kearns said.

He selected ultra-wideband RTLS technology primarily because of its accuracy. The system, from Ubisense, is accurate to within about 10 inches, which is acceptable for purposes of the research. The system covers approximately 250 square meters at each facility. About a dozen patients use wheelchairs or walkers, which have not caused interference. Kearns said there have been no reading problems and the systems are very reliable. They have been running since last March and he has yet to replace a battery in an RTLS tag.

"We needed the systems to be as maintenance-free as possible," Kearns said. "They are running in real, working assisted living facilities."

Many hospitals and nursing homes use wireless wristbands and ID badges to monitor patient locations and trigger alarms if wandering or abduction is suspected. The assisted living facilities working with USF haven't incorporated the RTLS system into their own patient monitoring operations, but are considering doing so, according to Kearns. RTLS is even more widely used in healthcare facilities for asset and equipment tracking, and adoption continues to grow (see RTLS Goes Mainstream with New

Ekahau Deal).

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## COACH

### **Camera that talks to patients could help lighten dementia burden**

THERESA DEVEREUX

Last updated at 8:06 AM on 03rd February 2009

<http://www.dailymail.co.uk/home/index.html>

A computerised device which interacts with and talks to patients could help dementia sufferers become less dependent on their carers.

The device, known as COACH, is being developed by scientists in Canada and Scotland.

Around 700,000 people in the UK have dementia, caused by diseases that slowly destroy the brain and leading to symptoms such as memory loss, confusion and problems with speech and understanding.

'One common problem is difficulty in remembering the steps involved in doing simple, everyday activities such as washing their hands,' says researcher Dr Jesse Hoey from The School of Computing at the University of Dundee.

COACH helps patients to do just that and consists of a camera and video screen, linked to a computer, attached to an area above a sink where a patient might wash their hands.

Information from the camera is fed to the computer, which analyses what the patient is doing, detects when something goes wrong and gives help.

'If the patient doesn't pick up the soap, for example, the system may sound out a verbal prompt like: "Now pick up the soap,"' says Dr Hoey.

But it could also choose a more detailed instruction or run a video demonstration. The system can also call the carer if required.

The team has been working on the project for ten years, and although it will not be ready for widespread use for several years, early tests have been promising, says Dr Hoey: 'We are also looking at the possibility of the system being applied to patients with brain injuries or autism.'

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## 'Sweetie' and 'Dear,'

### **In 'Sweetie' and 'Dear,' a Hurt for the Elderly**

Published: October 6, 2008 NYT

Professionals call it elderspeak, the sweetly belittling form of address that has always rankled older people: the doctor who talks to their child rather than to them about their health; the store clerk who assumes that an older person does not know how to work a computer, or needs to be addressed slowly or

in a loud voice. Then there are those who address any elderly person as "dear."

"People think they're being nice," said Elvira Nagle, 83, of Dublin, Calif., "but when I hear it, it raises my hackles."

Now studies are finding that the insults can have health consequences, especially if people mutely accept the attitudes behind them, said Becca Levy, an associate professor of epidemiology and psychology at Yale University, who studies the health effects of such messages on elderly people.

"Those little insults can lead to more negative images of aging," Dr. Levy said. "And those who have more negative images of aging have worse functional health over time, including lower rates of survival."

In a long-term survey of 660 people over age 50 in a small Ohio town, published in 2002, Dr. Levy and her fellow researchers found that those who had positive perceptions of aging lived an average of 7.5 years longer, a bigger increase than that associated with exercising or not smoking. The findings held up even when the researchers controlled for differences in the participants' health conditions.

In her forthcoming study, Dr. Levy found that older people exposed to negative images of aging, including words like "forgetful," "feeble" and "shaky," performed significantly worse on memory and balance tests; in previous experiments, they also showed higher levels of stress.

Despite such research, the worst offenders are often health care workers, said Kristine Williams, a nurse gerontologist and associate professor at the University of Kansas School of Nursing.

To study the effects of elderspeak on people with mild to moderate dementia, Dr. Williams and a team of researchers videotaped interactions in a nursing home between 20 residents and staff members. They found that when nurses used phrases like "good girl" or "How are we feeling?" patients were more aggressive and less cooperative or receptive to care. If addressed as infants, some showed their irritation by grimacing, screaming or refusing to do what staff members asked of them.

The researchers, who will publish their findings in *The American Journal of Alzheimer's Disease and Other Dementias*, concluded that elderspeak sent a message that the patient was incompetent and "begins a negative downward spiral for older persons, who react with decreased self-esteem, depression, withdrawal and the assumption of dependent behaviors."

Dr. Williams said health care workers often thought that using words like "dear" or "sweetie" conveyed that they cared and made them easier to understand. "But they don't realize the implications," she said, "that it's also giving messages to older adults that they're incompetent."

"The main task for a person with Alzheimer's is to maintain a sense of self or personhood," Dr. Williams said. "If you know you're losing your cognitive abilities and trying to maintain your personhood, and someone talks to you like a baby, it's upsetting to you."

She added that patients who reacted aggressively against elderspeak might receive less care.

For people without cognitive problems, elderspeak can sometimes make them livid. When Sarah Plummer's pharmacy changed her monthly prescription for cancer drugs from a vial to a contraption she could not open, she said, the pharmacist explained that the packaging was intended to help her remember her daily dose.

"I exploded," Ms. Plummer wrote to a New York Times blog, *The New Old Age*, which asked readers about how they were treated in their daily life.

"Who says I don't take my medicine as prescribed?" wrote Ms. Plummer, 61, who lives in Champaign, Ill. "I am alive right now because I take these pills! What am I supposed to do? Hold it with vice grips and cut it with a hack saw?"

She added, "I believed my dignity and integrity were being assaulted."

Health care workers are often not trained to avoid elderspeak, said Vicki Rosebrook, the executive director of the Macklin Intergenerational Institute in Findlay, Ohio, a combined facility for elderly people and children that is part of a retirement community.

Dr. Rosebrook said that even in her facility, "we have 300 elders who are 'sweetie'd' here. Our kids talk to elders with more respect than some of our professional care providers."

She said she considered elderspeak a form of bullying. "It's talking down to them," she said. "We do it to children so well. And it's natural for the sandwich generation, since they address children that way."

Not all older people object to being called sweetie or dear, and some, like Jan Rowell, 61, of West Linn, Ore., say they appreciate the underlying warmth. "We're all reaching across the chasm," Ms. Rowell said. "If someone calls us sweetie or honey, it's not diminishing us; it's just their way to connect, in a positive way."

She added, "What would reinforce negative stereotypes is the idea that old people are filled with pet peeves, taking offense at innocent attempts to be friendly."

But Ellen Kirschman, 68, a police psychologist in Northern California, said she objected to people calling her "young lady," which she called "mocking and disingenuous." She added: "As I get older, I don't want to be recognized for my age. I want to be recognized for my accomplishments, for my wisdom."

To avoid stereotyping, Ms. Kirschman said, she often sprinkles her conversation with profanities when she is among people who do not know her. "That makes them think, This is someone to be reckoned with," she said. "A little sharpness seems to help."

Bea Howard, 77, a retired teacher in Berkeley, Calif., said she objected less to the ways people addressed her than to their ignoring her altogether. At recent meals with a younger friend, Ms. Howard said, the restaurant's staff spoke only to the friend.

"They ask my friend, 'How are you; how are you feeling?' just turning on the charm to my partner," Ms. Howard said. "Then they ask for my order. I say: 'I feel you're ignoring me; I'm at this table, too.' And they immediately deny it. They say, no, not at all. And they may not even know they're doing it."

Dr. Levy of Yale said that even among professionals, there appeared to be little movement to reduce elderspeak. Words like "dear," she said, have a life of their own. "It's harder to change," Dr. Levy said, "because people spend so much of their lives observing it without having a stake in it, not realizing it's belittling to call someone that."

In the meantime, people who are offended might do well to follow the advice of Warren Cassell of

Portland, Ore., who said it irritated him when "teenage store clerks and about 95 percent of the rest of society" called him by his first name. "It's the faux familiarity," said Mr. Cassell, 78.

But he mostly shrugs it off, he said. "I'm irked by it, but I can't think about it that much," he said. "There are too many more important things to think about."

## Yoga

### Breath, lives, memory

Yoga classes stretch mind, as well as body, of Alzheimer's patients

<http://www.boston.com/>

By Johnny Diaz

Globe Staff / September 30, 2008

"We are going to play a fun little game, and it requires concentration," Patrice Flesch told her yoga students. Holding up her hands, she quickly extended and retracted her fingers. Her students repeated the motion.

When Flesch pressed her palms together and sat cross-legged, she asked, "Does anyone remember this pose?"

One student blurted out the answer: "The goddess pose!"

Words like "concentration," "focus," and "recall" figure highly into Flesch's class: yoga for the memory-challenged. Twice a month, Flesch tailors breathing and exercises for people with Alzheimer's, dementia, and other conditions involving memory loss.

Her thinking: By stretching the body, you relax the mind, which in turn makes it easier to concentrate and remember tasks at hand. The class also serves as a social gathering, providing a place to meet other patients, even if they may not remember one another.

Although variations of yoga have been used to relax the sick and frail, Flesch's holistic approach is unique. She treats her students in a way that lends them grace, dignity, and a sense of control over a disease that can often make them feel powerless.

"It's very grounding. It makes you pay attention, which relates to memory," said Flesch, a commercial photographer and yoga instructor for 35 years. "The yoga trains your mind to focus. Removing stress helps you be able to concentrate more."

Flesch owns South End Yoga studio, but her memory classes are held at the Rogerson House, an adult day care and residential facility in Jamaica Plain. Each class enrolls fewer than 10 people, most of whom are elderly.

Yoga has played a role in relaxation and gentle exercise for some people with Alzheimer's, according to



the Alzheimer's Association Massachusetts/New Hampshire chapter. In some cases, a caregiver participates with the person. In others, people with early stage Alzheimer's continue their own practice of yoga.

Similar classes have launched recently. In Pensacola, Fla., a class called "Super Brain Yoga" combines movement with breath to energize brain activity for adults with memory loss. In Australia, an Alzheimer's and memory community center began a free yoga class for caregivers and people with memory issues.

A study released last year during the Alzheimer's Association's International Conference on the Prevention of Dementia in Washington, D.C., found that regular meditation can bolster cognitive function for people with memory loss.

Whether they meditate alone or in a yoga class, patients will reap benefits, said Dr. Paula Raia, director of patient care and family support at the Alzheimer's Association's local chapter. As Alzheimer's and dementia ravage the brain, sufferers can become agitated and prone to anxiety. Gradually they experience a loss of memory, intellect, and social skills. Their grip on reality progressively slips away.

"The yoga could help the person remain mobile for periods of time," Raia said. "That relaxation reaction, as a result of the mindfulness that the yoga promotes, will cause the person to sleep better, be less agitated and more calmer. It's also a social opportunity. They are getting opportunities to meet other people with Alzheimer's so they feel they are not alone. So it's killing several birds with one stone."

'You have the power'

Flesch began teaching these specialized classes 11 years ago after photographing Rogerson House seniors for promotional brochures. She believed that yoga might keep them active, both physically and mentally.

"I thought, 'Wouldn't it be interesting to try and work with Alzheimer's,' " she recalled. "I went online to research it, and there was absolutely nothing. That made me want to do it even more."

Flesch alters poses and movements from her traditional yoga to make them more cognitive. She emphasizes hand movements, repetition, and chanting. At a recent class, eight people - two in wheelchairs - sat in a circle as soothing music played. Lanky and barefoot, Flesch led the class in a series of poses.

Like a patient schoolteacher, she cheerily nudged the students to stretch their fingers wide and make a fist. "This pumps blood into the wrists and gets your circulation going," she explained. "We are all following a sequence."

The class performed a gamut of exercises. They rotated their wrists and looped their arms like backstrokes. They also stretched their legs while rotating their ankles. All smiles, the students eagerly followed along.

Near the end of the class, the group executed the yoga warrior pose. They lunged forward, hands pointed skyward.

"Get in touch with all that strength and power inside you!" Flesch roared. "You have the power! You have the courage! You are in control!"

Her students repeated her mantras. Sister Brigid Courtney, 64, was one of them.



"It's very good to relax and be totally focused on what you are doing," said Courtney, a member of the Sisters of the Episcopal Society of St. Margaret's Convent in Roxbury.

Like some of her yoga classmates, her memory loss began with everyday things. She misplaced keys in her bedroom. She tried to brew coffee in the laundry room instead of the kitchen. She forgot why she visited certain rooms in her convent.

"It's kind of nerve-wracking and frustrating. It takes so long to put yourself together," said Courtney, her house keys attached to a wristband key chain so she won't lose them.

"I may put something down and not remember where I put it. Sometimes I can't get the right word out of my mouth. I will mix up letters."

Courtney said yoga has given her some solace. "It keeps you in touch with your body," she said during stretches. "It's a refreshing thing."

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## A healing touch

Auburndale man uses hugs, kisses to cope, help bring his wife back from the grip of Alzheimer's

By Neil Munshi  
Boston Globe  
Correspondent /  
August 10, 2008  
Every day, Sol Rogers asks the aides to make room for him on his wife's bed. He removes his glasses and puts them on the table next to the door. Slowly, he takes off his shoes and swings his 89-year-old frame onto the tiny twin hospital bed.



He cuddles up to Rita -- his wife of 61 years -- wraps his thin leg over hers, and squeezes her shoulder. He presses his face into hers and kisses her.

"I love you, Rita, I love you," he says. "Do you love me?"

"Yes."

"I love you more."

"No...", says Rita, 85, her voice slurred by advanced Alzheimer's disease.

He laughs.

Sol, of Auburndale, spends about three hours a day at the Briarwood Healthcare and Rehabilitation Center in Needham, singing Rita old songs, taking her out to the garden, or simply lying in bed with her, telling her how much he cares.

There is not much scientific evidence to support touch therapy for Alzheimer's patients, but it has clearly improved Rita's behavior - she's calmer now, communicates better, and has regained some mobility. And it's boosted Sol's ability to cope with her decline.

"We all need touch; we all deserve some kind of intimacy. And there is all kinds of research out there that the body and mind respond to touch in very positive ways," said Dr. Robert Stern, co-director of Boston University's Alzheimer's Disease Clinical and Research Program. "Whether it will actually have an impact on the progression of this degenerative disease is very unlikely, but providing someone with a connection . . . can only be positive for both."

Rita's agitated behavior may be improving because Sol's touch is decreasing her levels of cortisol - a stress-related hormone, said Lynn Woods, an assistant professor at the University of California, Los Angeles School of Nursing.

"Holding his wife . . . her old memory would remember his presence, because that's not affected in Alzheimer's," said Woods, who has published two papers on the effects of therapeutic touch on patients with dementia. "So it would be comforting to her and decrease her stress and anxiety, and hopefully her agitation."

When Rita first got to Briarwood five months ago, she could barely move her legs or arms. Seven years since she began showing signs of the disease, she was irritable and agitated; she screamed and yelled instead of talking.

Worse, she didn't even recognize Sol.

"I was so depressed from it that I was shaking all over and I thought I was about to have a nervous breakdown," he said.

He would call his son, Ron, six times a day because he was lonely and depressed. Ron, 58, a financial services professional, said people would ask him how his mother was doing: "I said, 'It's not so much my mother; it's my dad.' "

Then, Sol had an idea - he says it must have come from God.

"I got in bed with her and loved her up and I got rid of all my depression," he said.

Now, he's preaching the gospel of hugging, though none of the spouses he's told at Briarwood has yet taken his advice.



"I would like to press everybody - if they have a spouse in a nursing home, a hospital or rehabilitation center - to try to get into bed with them," Sol said. "And if you have another person in the room, don't feel bashful - that's why they have curtains."

Faith Higgins, Rita's primary aide, is convinced that Sol has been Rita's salvation (though he gives Higgins some of the credit).

"Whatever he did, he did something good," Higgins said. "She couldn't move at one point, and now she gets up looking for him - every guy that passes by, she says 'Sol!' "

While Higgins said she didn't think twice about clearing a place for Sol in Rita's bed, many nursing homes don't allow it, said Paul Raia, head of patient care and family support for the Alzheimer's Association of Massachusetts/New Hampshire.

"What we should be doing, and what not enough places are doing, is to encourage family members to do what Sol is doing - to have physical contact," Raia said.

Back in Rita's room on a recent afternoon, Sol locked his fingers in Rita's, between their frail bodies. Her left hand shook, and she wore a distant smile - not quite as firm as the one in the faded black-and-white pictures on the bedside table - but a smile nonetheless.

Sol knows his efforts will not ultimately save the woman he loves.

"She's got advanced Alzheimer's, I know she's not going to recover from that," he said.

"But while she's with me, I want to enjoy every minute of it."

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## Connecting with Alzheimer's

Week of June 8 - June 14, 2008

Alzheimer's Weekly

### **Connecting with an Alzheimer's patient**

Caring for an elder with Alzheimer's may be challenging. Communication is impaired and most older adults with dementia experience and demonstrate unusual behaviors. The way in which the caregiver acts or reacts to their behavior can make the difference between the elder being calm or agitated.

Whether they are resisting care or showing apathy or aggression, the person with dementia is attempting communication. Caregivers must try to "hear" their language and consider the person's environment, personality, history, likes, dislikes, and potential unmet needs. Caregiver actions which emphasize understanding and accommodate the persons' needs are much more successful than those which emphasize control. The overall goal should be to enhance self-respect by promoting comfort and dignity.

During a recent caregiver's conference, Gerontological Nurse Practitioner Merritt Andruss taught the following principles:

## 1. Let Go

The first golden rule of dementia care is this: If the person is not doing anything to hurt themselves or others, let them do it.

## 2. Embrace Change

The person with dementia can't change; therefore, you (the caregiver) must change or change the environment.

## 3. The Three "Cs" of Communication

The three "Cs" of communication are very effective toward making a pleasant experience for both the elder and the caregiver. Always be:

1. Consistent
2. Concise
3. Calm.

Consistency builds trust and comfort. Since it takes time together to understand someone, people with dementia should have consistent caregivers. A consistent routine and environment lessens confusion, anxiety and agitation.

Speak in concise, short and clear sentences. Speak slowly and keep it simple, focusing on one subject at a time. Avoid commands that include the word "don't" and avoid asking questions, as these provoke feelings of being reprimanded or tested.

Use a calm voice to reassure. Accept the person's reality to preserve their dignity. If they say something that isn't true, do not correct them. For example, a man may say he has to go to work (after having been retired for 20 years). If needed, redirect their attention to something else rather than confront them. Be tolerant of repetitive questions or behavior.

## 4. Respect

Convey respect by talking directly to the person rather than their attendant or family member. Care and recreational activities should emphasize the individual's abilities, strengths, preferences, and stress their capability. Respect is also conveyed by not reminding the person of their disability. Focusing on the person's successes is likely to make them feel better and decrease challenging behaviors.

## 5. Intuition

Nonverbal communication becomes more important since persons gain intuition as they lose their cognitive abilities. The caregivers should pay attention to their own tone of voice, facial expressions, gestures, feelings, touch-a gentle touch on the arm can be very comforting. The person with dementia can sense when one is angry or frustrated, so it may be best to take a break, if possible, until those feelings have subsided.

In Summary, Always Play Detective

Observing the experience from the point of view of the elder is important. If the person seems upset, wonder: Is the environment noisy? Has there been a change in routine, caregiver or environment? Could

there be a medical problem such as an infection causing discomfort? Acting as a detective and advocate on the person's behalf can prevent the challenging behaviors that result from ignoring the source of their discomfort.

BY:

Marianne Mills, M.S.W.

Edited by Peter Berger, Alzheimer's Weekly

Reviewed for medical accuracy by  
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#### MORE INFORMATION:

Marianne Mills is the program director of Southeast Senior Services, which offers home and community based services for older Alaskans throughout the region. SESS is a part of Catholic Community Service and assists all persons regardless of their faith.

#### SOURCES:

The Juneau Empire

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## 'Why do they do that?'



**'Why do they do that?': Alzheimer's expert Teepa Snow educates caregivers about interacting with dementia patients**  
Tuesday, May 27, 2008 9:37 AM <http://www.salisburypost.com/>

By Katie Scarvey

**The Salisbury Post**When Teepa Snow was 7, she had to make sure that supper was on the table for her grandfather promptly at 5 p.m. — meat loaf, macaroni, and green beans — or he'd get upset.

She knows now that her grandfather had dementia, although back then, she says, "we thought all old people got like that."

Friday, Snow spoke to a group of health care professionals at Abundant Living Adult Day Services. Snow has been in the dementia care field for 28 years.

"Tie 'em and dry 'em," she said, summing up the state of Alzheimer's care in her early years as a professional. "That's what we did all day long."

The "tie 'em" refers to the restraints that were typically used with dementia patients, who were often heavily drugged. The "dry 'em" refers to changing adult diapers.

Fortunately, care of those with dementia, Snow says, has changed dramatically since then.

Sponsored by Abundant Living and the Lutheran Home at Trinity Oaks, Snow's interactive training session was open to area nursing and assisted living facilities staff at no charge.

Snow, a well-known dementia care and training specialist, began by discussing the difference between the minor indignities of aging— normal forgetfulness, slowing of cognitive function — and the more serious symptoms of dementia.

An animated presenter, Snow engaged her audience frequently and dramatically by taking on the role of a person with dementia.

Snow grabbed her audience's attention early on, eliciting plenty of smiles as she shuffled around the room, smacking her lips.

Snow's ultimate goal, however, was not to entertain but to educate caregivers, to teach them positive ways to interact both emotionally and physically with patients, to give them practical ways to minimize stress and help patients maintain dignity.

"She is without doubt the most dynamic and awesome presenter I have ever seen," says Barbara Garwood, executive director of Abundant Living Adult Day Services.

As Snow took on the persona of someone with Alzheimer's, she mimicked the behaviors familiar to those who deal with the disease: confusion, paranoia, hostility, belligerence. Around the room, there were nods of recognition.

Snow didn't shy away from bringing the most difficult aspects of the disease to the forefront — like impulse control behavior caused by damage to the brain. That might include ugly racial slurs coming from the mouth of a person who never exhibited such behavior before.

Her advice for caregivers is based not only on practical experience but on an understanding of the organic changes that occur in the brain of someone with dementia. In her presentations, Snow shows her audience how the Alzheimer's brain differs dramatically from the normal brain — and how the damage wreaked by dementia cannot be fixed.

"They're doing the best they can," she says.

"We gotta stop yellin' and fussin' with people for what they can't help."

The daughter of an Alzheimer's patient should not pressure her mother to recognize her, saying, "Which one am I, Mama? Which one?"

"She's not holding out," Snow says. "This is brain failure."

If an Alzheimer's patient says that someone stole her purse — when the most likely scenario is that she misplaced it herself — arguing and reasoning and trying to yank her back to reality is not the approach to take.

**When an Alzheimer's patient asks a question, often, a caregiver's truth-based answer is simply not helpful, given the nature of the disease.**

**"You are used to answering questions," Snow told her audience.**

**"Stop answering questions and start meeting my (the patient's) needs."**

**Snow's approach: If a patient asks, "Have you seen my grandmother?" the most helpful response is not, "Your grandmother isn't here," or even "Let's go look for her," but simply to echo what she's told you.**

**Say: "You're looking for your grandmother," and follow up with: "Tell me about your grandmother."**

**Caregivers need to listen more, Snow said, so they can help patients fill in their memory gaps as the disease progresses.**

**Allowing patients to talk is important, she says. Patients may be confused, but they still need to feel connected to the people around them.**

**Don't try to correct — go with the flow, Snow said. Being "right" isn't necessarily helpful. Empathy, for Snow, is more important than trying to impose a reality that is long gone.**

**"We've got to get better and smarter at how we respond to these episodes," says Snow, who believes that when caregivers manage their actions and words, they can change for the better the outcome of interactions.**

**Snow also helped her audience understand how to physically approach patients with dementia — valuable information for nursing home staff who may have many such interactions in a day.**

**Caregivers need to respect a patient's personal space, just as they would do with anyone else, Snow said. Patients are easily startled and frightened by caregivers who are not aware of their needs.**

**"Greet before you treat," Snow said.**

**There are 70 different types of dementia, Snow said. Alzheimer's is by far the most common, accounting for 60 percent of all dementias. Alzheimer's has an average age of onset of 75 and a progression of 8-12 years.**

**Early onset dementia — Snow prefers the term "young onset" — can strike in a person's 30s or 40s. Snow spoke of a 37-year-old woman — a former gymnast with three children — who is in the middle stage of dementia. Young onset dementia is more aggressive, and those diagnosed can expect only 3-5 years, Snow said.**

**Dementia, she believes, is a thief that steals many things: memories, impulse control, the ability to use language and understand what others say, the ability to care for yourself and move around safely.**

**Although sometimes family members are in denial about the symptoms, it's important that dementia be diagnosed early, since some causes of dementia can be treated. However, only 20**

percent of dementia is diagnosed in the early stages, Snow said.

nnn

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## 認知症ケアの改善案

**MP speaks out on treatment of dementia patients**

Posted on May 16, 2008, 8:35 am

P. Klein

<http://www.inloughborough.com/index.php>

**David Taylor MP has introduced a Ten Minute Rule Bill in the House of Commons which aims to end the ‘chemical cosh’ approach to the prescription of anti-psychotic drugs for people with dementia in care homes.**

**The Bill seeks to implement the recommendations of a report Always a Last Resort by an all-party group (of which David was a member) which reached some startling conclusions and found consensus among patient and professional organisations, regulators and the care home sector that over-prescribing is currently a massive problem. It is estimated that these drugs are wrongly prescribed in an incredible 70% of cases.**

**Introducing the Bill, the North West Leicestershire MP said “The frail elderly in our population far too often have no-one to speak for them and are being disgracefully and unfairly treated when at their most vulnerable with some type of dementia. One third of all people over 65 will be suffering from dementia when they die, their condition will touch the lives of millions more families and friends, who will provide care and support to the victims of this cruel and relentless disease.**

**“We cannot continue to speed the decline of dementia patients through poor management with expensive and often inappropriate antipsychotic drugs in care homes. We know that the number of people with dementia in the UK is expected to reach 1 million in 2025. And last year, care homes spent ?60 million on antipsychotic drugs, even though they were not appropriate forms of treatment in most cases.**

**“As the dementia population continues to grow, we must equip care home staff with the skills necessary to identify different forms of behaviour amongst dementia residents.**

**“Care homes have a large and increasing amount of responsibility for caring for our population of dementia patients. Two-thirds of the care home population suffer from a form of dementia, and dementia sufferers in care homes are more likely to be in the advanced stages of the disease.**

**“Too often and too quickly it seems antipsychotics are prescribed to manage behaviour that is neither distressing or threatening, such as restlessness or being vocal ? often basic expressions of need.**

**“The Under-Secretary of State for Health has said that he wants to bring dementia out of the shadows. I hope that the Bill and our report will pierce the Stygian gloom and illuminate one of the bleakest and darkest recesses of that dire and degenerative chamber that faces one in three of us. There is much good practice out there in dealing with the behavioural symptoms of dementia in a non-pharmacological manner. We need to spread and entrench that in all care home settings. That is currently happening at far too slow a rate and demands urgent action now.**

**“The 1,000 or more people with dementia here in North West Leicestershire - and in every constituency - deserve better. In the interests of those hundreds of thousands of our fellow citizens, my Bill, like our all-party group report, aims to flag up some suggestions on the way ahead for the crucial national dementia strategy in a few months.**

**“The use of anti-psychotics should always be the course of last resort. “**

### **Further Information**

**The key aims of the Bill are:**

- ? Dementia training to be mandatory for all care home staff.**
- ? Care homes to be properly supported by external services, including GPs, community psychiatric nurses, psychologists and psychiatrists, involving regular visits to the care home and its residents.**
- ? The use of antipsychotics for people with dementia must be included in Mental Capacity Act training for all care home staff.**
- ? Protocols for the prescribing, monitoring and review of antipsychotic medication for people with dementia must be introduced.**
- ? The regulation and audit of antipsychotic drugs for people with dementia should be compulsory.**

## **Technology Gives South Bay Couple Advantage Over Alzheimer's**

POSTED: 8:33 am PDT April 22, 2008

UPDATED: 4:11 pm PDT April 23, 2008

<http://www.nbc11.com/index.html>

When someone learns a parent has been diagnosed with Alzheimer's, it's devastating. But there are things that can be done to keep the parent safe and happy and living at home. Some of them come from thinking creatively in both high tech and low tech ways.

Arming a cabinet door with an alert device that triggers an e-mail, strategically placing a live camera in the kitchen and writing notes that give instruction to take pills are all part of an effort to care for a person living with Alzheimer's for one South Bay couple.

NBC11.com managing editor Lori Preuitt and her husband, Joe, care for Lori's 82-year-old mother,

Shirley.

Diagnosed with Alzheimer's two years ago, Shirley is now at a point where she can't be alone for more than an hour or so.

Caring for Shirley is quite a juggling act, but thanks to a few little-known devices, the couple said they are making it work.

Both Lori and Joe have jobs that are within a few miles of their Santa Clara home. This allows them to take quick breaks from work in order to manage Shirley's transitions through the day.

They rely on notes to help Shirley know what to do next. She is greeted in the morning with an empty coffee cup, a glass and a cereal bowl with a note explaining what day it is and what she is going to do on that day.

Most mornings Lori gives Shirley a "wake up call." There is a phone next to Shirley's bed and its ring serves as an alarm. It can take Shirley as long as 20 minutes to actually get up and go downstairs for breakfast.

Lori and Joe needed to find a way to know when Shirley was up and moving around the house, so the couple turned to technology.

They use a device from AT&T called Remote Monitor that sends an e-mail when a door is opened or closed.

They attached it to a kitchen cabinet door and it sends an e-mail the moment it's triggered -- when Shirley opens the cabinet door to get her morning bowl of Grape Nuts.

They also attached it to the back door and in one case, when Shirley used to be able go on walks alone, it helped make them aware she had locked herself out of the house. Lori got an e-mail that informed her the door had opened when Shirley left for a walk, but it did not send another e-mail to say she had returned in the normal time period. Lori found Shirley quietly sitting on the back patio.

The remote monitoring package also came with a Web-enabled camera, which Lori and Joe placed on top of the kitchen cabinets. It shows both the kitchen and living room and gives Lori a way to keep an eye on Shirley while Lori's at work.

The couple also purchased a cellular phone equipped with a GPS tracking device called Whereifone. Shirley took it with her when she was still able to go on walks alone.

The Whereifone has three buttons. One button dialed Lori, the second dialed Joe and the third red button dialed 911. The phone was never needed, but it gave everyone some peace of mind.

The one time there was concern that Shirley was lost, the tracking option found the phone inside her coat pocket, which was hanging in the front closet of the house. Shirley was safe, resting in her room at the time.

Shirley goes to an adult day care facility called Sarah Care in Campbell three days a week. She spends the other two work days with a lifelong artist friend in Los Gatos.

All of the devices Lori and Joe use were created for another purpose, but they have transformed them to



work for their needs.

### Cost Break Down

AT&T Remote Monitor -- \$199 plus \$10 a month Link

Sarah Care -- \$75 a day Link

GPS Phone -- \$19.95 a month Link

The couple also uses low-tech methods to help Shirley get through the day. Along with the handwritten notes, they place Post-its around the house identifying everything thing from the silverware drawer to which channel is CNN.

They also subscribe to Netflix so that there is always an old movie to watch.

They don't know what will come next for Shirley, but they are confident they will find a way to make it work.

More: Alzheimer's Association Link

## Electronic tag

### **Electronic tag hope for Alzheimer's patients**

By Kate Devlin, Medical Correspondent

Last Updated: 2:03am BST 31/03/2008

<http://www.telegraph.co.uk/>

Electronic tags are being tried out for Alzheimer's patients, which could prolong the time sufferers are able to remain living in their own homes.

Scientists believe the devices, similar to those used to monitor offenders, could offer greater independence to the more than 700,000 people in Britain diagnosed with dementia.

Alzheimer's groups have backed the idea, believing the tags could offer greater independence for those with the condition and peace of mind for their carers.

The devices allow patients to send a distress signal to carers if they become confused or disorientated. Systems being tested include sending a signal to a mobile phone or interrupting television programmes to register the alert. Relatives can use the satellite navigation technology to identify a location and find their loved one.

One prototype, designed for keen sport players, is small enough to fit into an armband. The other, for independent shoppers, is hidden within a leather-bound notebook, which can fit inside a glove compartment or handbag.

Alzheimer's charities estimate at least four in 10 people with the disease have become lost at some stage.

Stuart Colmer, from the Cels, Centre of Excellence for Life Sciences, in the North East, which designed and funded the Kite (Keeping In Touch Everyday) project, said that most of the dementia patients

approached about the tags saw their potential.

"Although some just clearly didn't like the idea, many were quite excited about the benefits the technology offered," he said.

## Certified Dementia Practitioner

### **Certified Dementia Practitioner**

February 04, 2008 ONLINE EDITION

<http://www.siouxcityjournal.com/>

Kim Baier has earned the credential of Certified Dementia Practitioner from the National Council of Certified Dementia Practitioners in West Des Moines.

The eight-hour certification process included education in key aspects of dementia care, including communication techniques, disruptive behaviors interventions and tools for addressing concerns such as wandering, aggressive behaviors, poor nutrition and sexuality.

Baier has been with Sunrise since 2000, spending the majority of her time in memory care. She began her career as an LPN and currently is the RN neighborhood manager for both the Sunlight and Bernstein Memory Care Centers. As manager, she is the MDA coordinator, and is responsible for the direct oversight of 34 residents and the staff of both centers.

## Wii therapy

### **Wii therapy scores a strike**

VA med center among agencies employing Wii for exercise and rehab

By Sarah Bruyn Jones  
Staff Writer  
Dateline Alabama Home

January 10, 2008

With a slight swing of his arm and a flip of his wrist, Willie Benison picked up the last pin for a spare. He broke into a smile.

With a slight swing of his arm and a flip of his wrist, Willie Benison picked up the last pin for a spare. He broke into a smile.

"I think I like it better now than I did when I could go to the bowling alley," he said. "It keeps my mind off my legs. I think I could do this most of the day."

Benison, 49, uses a wheelchair. He has been living at the Veterans Affairs nursing home in Tuscaloosa since 2004, when spinal surgery left him unable to walk.

On Tuesday, he played a video game for the first time in a couple of decades. His game then was Pac-

Man.

Now, it's part of his therapy.

The Tuscaloosa VA Medical Center purchased two Nintendo Wii video game consoles last fall and is awaiting 10 that are back-ordered.

While Wii, pronounced "we," may have been a highly sought Christmas gift for children and teenagers last month, grandparents living in retirement communities and nursing homes are also catching on to the craze. Reports throughout the country have touted the game as a fun ? and, in some cases, therapeutic ? way for people to stay active.

The slender Wii remote, a motion-sensing wireless controller, is held by a player and turns arm movements into game moves. So when a player like Benison makes a motion simulating rolling a bowling ball with the remote in his hand, the computer image follows that motion.

The Dallas Morning News recently reported that Nintendo has set up exhibits at AARP conferences and senior-living industry conventions. Nintendo has made an effort to market the game, which retails for \$250, within families, across generations.

While the Tuscaloosa VA initially purchased the Wii consoles for its younger veterans returning from the wars in Afghanistan and Iraq, administrators quickly found that the game had benefits for everyone.

Following Benison's spare, it was fellow resident Ezra Grant's turn. Grant, 79, has been living at the nursing home since he fell and hurt his hip nearly eight weeks ago. He also has a bad rotator cuff. Both injuries have kept him away from the bowling alley, but he was happy to bowl from his wheelchair.

Grant watched his moves projected on a 50-inch flat-screen television as he rolled the ball, knocking over four pins.

"I'm starting to get the hang of this," he said. "It certainly keeps you sharp in the mind. And it's kind of fascinating."

While Grant said his favorite Wii game is bowling, the therapists at the nursing home are encouraging him to play more baseball. That game requires him to use his injured shoulder when he makes an overhand motion to pitch the ball.

"It really helps strengthen that rotator cuff," said Ann Harris-Johnson, one of the recreation therapists and a licensed practical nurse at the VA. "It has benefits for everyone. In our dementia patients, it can help with their cognitive abilities, although some have problems with the hand-eye coordination."

Even for younger veterans with post-traumatic stress syndrome, and those in the homeless domiciliary program, VA officials are touting the game as a good way help veterans unwind.

"We really think it can be used with all our age groups," said Damon Stevenson, spokesman for the Tuscaloosa VA. "For the younger vets who have more dexterity it becomes a good leisure activity, something positive and healthy for them to do."

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## 抗精神病薬からの離脱

### ALTERNATIVE MEDICINE

#### Nursing Homes Struggle To Kick Drug Habit

New Therapies Sought  
For Dementia Sufferers;  
Music and Massages

By LUCETTE LAGNADO

December 20, 2007; Page A1

BROOKLYN, N.Y. -- It is lunchtime at Cobble Hill Health Center and Elizabeth Johnson is busy helping patients in the Alzheimer's unit -- tying plastic aprons around their waists, passing out salt and pepper shakers, paper cups, straws and little containers of milk.

"You have to sit and eat," Mrs. Johnson tells one resident. "There is a spoon if you need a spoon," she says to another.



**Elizabeth Johnson**

In her print dress and coral lipstick, Mrs. Johnson, 71 years old, can almost pass for a staffer on some days, or even the manager she used to be at a local city hospital. In fact, she is a patient here, stricken with an advanced form of dementia that sometimes renders her confused, fretful -- even combative. Not long ago, Cobble Hill's staff would respond to Mrs. Johnson's unruly episodes by putting her on a powerful antipsychotic drug.

Use of a new generation of antipsychotic drugs to control the behavior of dementia patients has surged in recent years, despite the Food and Drug Administration's "black box" warning labels that these drugs can increase the risk of death for elderly dementia sufferers. About 30% of nursing-home residents are on antipsychotic drugs, according to the Centers for Medicare & Medicaid Services, most of them on newer ones called atypical antipsychotics.

Mrs. Johnson, however, is now part of an experiment at the Cobble Hill nursing home to wean patients off antipsychotics. In her case, the staff has figured out that when she becomes distraught, the best way to calm her down is to have her do what she loved to do when she was well: work. Simple tasks such as setting the table, they say, give Mrs. Johnson a renewed sense of purpose and calm.

The challenge of caring for rising numbers of seniors who suffer from dementia and the behavior problems that can stem from it has provoked a wrenching debate among nursing-home operators, regulators and families. There are few effective medicines to manage the outbursts of Alzheimer's patients -- behavior that can overwhelm family members trying to care for a loved one at home, and strain the resources of those trying to maintain order in nursing facilities.

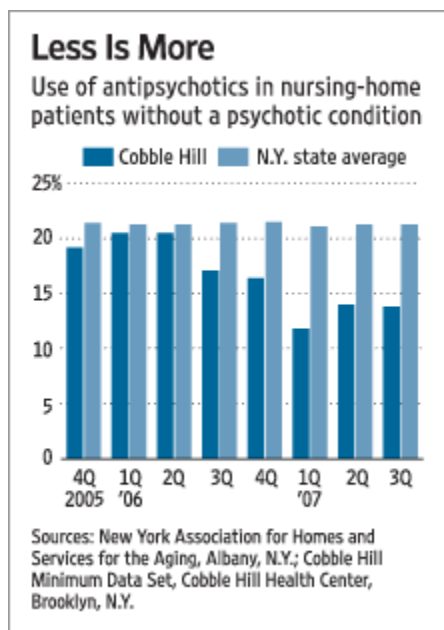
Federal law strongly discourages nursing homes from physically tying down unruly patients. But federal health-care programs such as Medicaid do pay for drugs that may help calm aggressive behavior and agitation associated with Alzheimer's.

Medicaid in 2005 spent \$5.4 billion on atypical antipsychotic medicines -- more than it spent on any other class of drugs, including antibiotics, AIDS drugs or medicines to treat high blood pressure. Atypical antipsychotics are approved for schizophrenia and bipolar disorder. But in what is known as "off label" use, doctors often prescribe the drugs to elderly people with dementia.

The widespread use of antipsychotics among the elderly has begun to draw criticism from regulators, researchers, lawmakers and some in the nursing-home industry. Sen. Charles Grassley, the ranking Republican on the Senate Finance Committee, this month asked several drug manufacturers for records on how they may have marketed these drugs for use in geriatric patients. He also has asked the Inspector General of the Department of Health and Human Services to investigate use of the drugs in nursing homes.

The \$122 billion nursing-home industry has evolved toward large, often understaffed institutions. A law signed by President Reagan in 1987 sought to limit physical and chemical restraints in nursing homes. But in the late 1990s, with the introduction of new medicines called atypical antipsychotics, use of psychotropic drugs among the elderly began to creep up.

According to CMS, nearly 21% of nursing-home patients who don't have a psychosis diagnosis are on antipsychotic drugs. A 2005 study, published in the Archives of Internal Medicine, found antipsychotics were prescribed not only for psychosis, but for depression, confusion, memory loss and feelings of isolation, says the study's author Becky Briesacher.



Last year, CMS instituted new guidelines to limit the use of antipsychotics. Even so, under federal rules, it's still easier for nursing homes to get reimbursed for giving patients extra pills than it is for hiring extra staff.

An elderly person with Alzheimer's often isn't able to refuse antipsychotic drugs, says Cynthia Rudder, of the Long-Term Care Community Coalition, a New York patient-advocacy group. "You are basically quieting them against their will, and it is absolutely horrendous," she says.

Family members can object to the use of such drugs. But they risk having the facility threaten to discharge their relative on grounds that they pose a danger to themselves or others.

At CMS, officials stress the need to shift to smaller, less-rigid facilities as a way to reduce antipsychotic usage. Dennis Smith, director of the Center for Medicaid and State Operations, says

nursing homes should seek "a different model" of care, so that when dealing with patients in distress, the solution isn't only "unlocking the drug cabinet." His agency is pursuing a twofold approach, offering alternatives to nursing homes -- such as the option to live in the community -- and trying to improve nursing homes by letting them know "they will be open to scrutiny."

Some nursing-home-industry officials agree change is needed. "We cannot treat people by simply throwing psychotropic drugs at them for our convenience," says Larry Minnix, president of the American Association of Homes and Services for the Aging. While there are "really good places where physicians and nurses monitor this carefully, that is the exception not the rule," he says.

Yet replacing drugs with approaches that require a more human touch is easier said than done. Staffing remains an issue: According to CMS, nursing-home patients, on average, receive a half-hour of care per day from a registered nurse, plus 48 minutes from a licensed practical nurse and two hours and 18 minutes from an aide.

There are some Alzheimer's patients for whom nonpharmacological approaches simply don't work, says William Thies, a vice president at the Alzheimer's Association in Chicago, and in these cases antipsychotics may be warranted. But the drugs need to be used very carefully, at the lowest dose and after ruling out a medical problem, says Dr. Thies, who has a doctorate in pharmacology.

Still some nursing homes are trying alternatives. At Providence Rest Nursing Home in the Bronx, distraught Alzheimer's patients are given massages and aromatherapy. Providence, a facility with 200 patients run by an order of nuns, has brought its overall reliance on antipsychotics down to 2% over the last few years -- and down to zero among patients who are not psychotic. At Bishop Wicke Care Center, a 120-bed facility in Shelton, Conn., the emphasis is on giving patients consistent caregivers -- avoiding staff turnover that can make life trying for residents. The home has also undertaken a project to get to know what patients were like when they were young, as a key to dealing with their angst.



**Louis Mudannayake**

At Cobble Hill in Brooklyn, the effort to wean Mrs. Johnson off antipsychotics is part of a broader effort by the facility's Chief Executive Officer Olga Lipschitz to make the facility more "homelike." Mrs. Lipschitz, who at 74 is the age of some of her patients, took over Cobble Hill in the 1970s following a scandal over conditions in New York nursing homes. "I have been at this for 35 years," she says. "Reform is constantly needed."

Some patients are responding well to alternative approaches. Others still need drugs.

After she retired, Mrs. Johnson lived on her own in Brooklyn. But she began to wander from her house. "Strangers were bringing her home," recalls her daughter, Shirlyn Breeden.

One day, a bruised Mrs. Johnson showed up at her church, unable to explain what had happened.

She was taken from one medical facility to another and given antipsychotics, her daughter says. Mrs. Johnson was on antipsychotics when transferred to Cobble Hill in May 2005 and the staff kept her on the medication. She was "combative with other residents at times," say her case notes.

"My mother thought this was her apartment and these strangers were living there. She would tell them to get their feet off the bed," Ms. Breeden recalls. "I would tell her, 'You're being mean to them,' but she would say, 'They know that you are not supposed to put your feet on the bed.'"

Ms. Breeden worried about her mom. "Her eyes were weak, she was incoherent, she couldn't complete a full sentence," she says. "That wasn't my mother -- she was never like that." Her mother was the kind of woman, she says, who never left the house without putting on lipstick.

The medication didn't halt her outbursts. Her daughter recalls a terrifying day when Mrs. Johnson moved her bed to block the door of her room, convinced strangers wanted to come in.

In 2005, Louis Mudannayake, Cobble Hill's medical director, decided the facility had too many patients on antipsychotic drugs.

"They were chemically 'shlogged,'" he says. "A patient who had had some quality of life earlier, who was able to interact and smile at her relatives and put a fork to her tuna fish, was no longer able to do that."

He began a chart-by-chart review of every patient on any type of antipsychotic. He formed a team -- including a psychiatrist, pharmacy consultant, a nurse, social worker, recreational therapist and nurse's aide -- that met roughly once a month. They determined which patients could be taken off the drugs and which ones could have doses reduced.

Initially, there was skepticism from the staff. Some nurses warned patients would run amok if taken off the drugs. Doctors balked, persuaded the drugs worked.

Ravi Amin, a psychiatrist who works at Cobble Hill and other facilities, says he has given orders at some of the other nursing homes to have a patient taken off antipsychotics only to find them countermanded by the unit nurse and the facility's on-site internist. "Doctors would be called to restart the medicine so that by the time I made the second visit, some patients were back on it," he says.

Mrs. Johnson had been on an antipsychotic called Seroquel for about a year and a half. In May, the team concluded she was a candidate for "environmental redirection." This meant that if she became upset, the staff wasn't to automatically reach for Seroquel, but try other ways to calm her.

Within a month, she was taken off the antipsychotic entirely.

"We began to give her little tasks -- pre-packaged spoons to give out, aprons to put on other residents," says Liza Long, a nurse who is the unit's community director. "She still thinks she's at work."

To her daughter, a telling change in Mrs. Johnson's life since stopping the antipsychotics is cosmetic: These days, she says, Mrs. Johnson rarely leaves her room without her lipstick on.

A spokesman for AstraZeneca Pharmaceuticals LP, maker of Seroquel, says "decisions about medical treatment are made by physicians" and the company doesn't recommend the drug "for uses other than its approved indications in schizophrenia and bipolar disorder." He says the boxed warning "contained in all labels for this class of drugs states there is 'increased mortality in elderly patients with dementia-related psychosis.'" He adds that the labels also state the drugs aren't approved for treatment of patients with dementia-related psychosis.

Some caretakers say that antipsychotics can be effective in helping an elderly loved one at home.

Serena Ferguson, 56, a physician, took care of her mother at home for years. In the throes of dementia, her mother would pace and wander and try to leave the apartment, she recalls. It was hard to get her to fall asleep and Dr. Ferguson had to place herself by the door to make sure her mom wouldn't slip out.

Dr. Ferguson says atypical antipsychotics were the only way to keep her mother safe at home. "They would calm her down," she says. "Those medications will make you drowsy, and she would go to sleep, and that is good, because I would go to sleep," she says.

Last year, her mother was admitted to Cobble Hill, where she remained on the antipsychotic drug Seroquel. But when the nursing home told her they wanted to wean her mom off the drug, Dr. Ferguson agreed.

Her mother has been off antipsychotics for about 11 months. Instead, she has been getting stimulation, her daughter says, including music and dancing.

When her 92-year-old mother, Mae, was young, she loved to go dancing at the Savoy Ballroom in Harlem. Mrs. Ferguson worked as a presser at a dry cleaner's to support herself and her only child.

On a recent Friday, Mrs. Ferguson sat motionless at the dining room table. She wasn't smiling; she had not eaten much.

Then a staffer put on a CD of Nat King Cole singing "Almost Like Being in Love." Mrs. Ferguson's eyes widened and she started to smile. With help from an aide, she rose and began swaying to the music, snapping her fingers. "Dance with me," she said to Dr. Mudannayake, the medical director. "I'd like to dance with all of you," she said to the staff.

Not all cases work out. Some patients relapse. Some receive reduced doses of antipsychotics, but show signs of distress. Others are taken off drugs and still suffer from symptoms of their brain disorder.

In 2003, the rate of antipsychotic use among Cobble Hill patients who didn't have a psychotic disorder was nearly 24%. Earlier this year, it had fallen to about 12%. But lately, the rate has crept up again, showing the constant struggle.

Sometimes little seems to work. After Cobble Hill patient Mary Goldman, a former college professor, suffered yet another stroke this year, she was no longer able to speak clearly. She began to scream uncontrollably, tugging at nurses. In an effort to calm her, the staff administered 75 milligrams of Seroquel, twice a day.

But Mrs. Goldman screamed even more loudly, sometimes for as long as an hour and a half, the medical director says.

When her case was reviewed earlier this year, the team recommended trying to taper her off the antipsychotic.

Now, Mrs. Goldman is off the drug. She still screams and cries out, her husband says, though not for as long. When his wife becomes distraught, he tries to soothe her by speaking gently, holding her arm, and stroking her hand.

"Sometimes it works and sometimes it doesn't," he says. "It does not diminish agitation completely but it does diminish it."

Lately, Cobble Hill has tried bringing books and magazines to Mrs. Goldman's bedside. "She is not really reading," says Dr. Mudannayake, "but they seem to comfort her and she yells and screams less."

Often she will merely fling them to the ground. Her husband bends down and picks them up.

Write to Lucette Lagnado at [lucette.lagnado@wsj.com](mailto:lucette.lagnado@wsj.com)

## Miraculous

### **Dementia is Tragic, but Sometimes Also Miraculous**

by Rona S. Bartelstone, LCSW, BCD, CMC, C-ASWCM  
<http://www.rbacare.com/index.htm>



12/12/2007

As my mother's dementia becomes more apparent, a miracle is happening!

It is sad to watch my smart mother become less capable of managing her own life and more confused about things that used to be automatic. Each time there is a major decline in her ability to function or express herself, I feel a sickness in my stomach and I sometimes want to cry for the part of her that is lost.

On the other hand, there is a transformation occurring that is simply remarkable. My mother, who used to be very reserved and quiet, is now more talkative and open. For a time, this just felt like she was making up for all the years that my father was the "voice" of the family. Her stories took the most improbable turns and her ramblings went on and on. It was hard to pay attention and even show interest.

Recently, however, there is a new element to her sharing. My stoic mother is actually sharing her emotions, her feelings, her fears and even her anxieties.

Now, this new behavior of sharing could feel like a burden. But remarkably it doesn't. Instead it feels like the innocent, honest sharing of someone who is trusting enough to tell me how she is really doing. This is new and in a way it is delightful. Now when she tells a story, she doesn't just tell me about events, but she actually let's me know how she feels about those events. I am learning about her inner life in a way that was never accessible before.

Another thing that is remarkable about this change is that my mother is learning to nurture me back. I experienced this with my father in the later stages of his struggle with cancer, but it is different with a person with dementia because it seems somehow more natural and not because the person is conscious of coming to the end of life and needing to come to terms.

In the past, if I dared to tell my mother that I loved her, she would respond with something like, "I could say the same thing." Recently, at the end of a phone conversation when I finished with "I love you," the response back was an emphatic, "well, I adore you!" It was such a surprise that I giggled and thanked her. This came from a mother who once signed a greeting card to me with "Fondly, Mom & Dad (Hazel & Herb)" ? as if I wouldn't know who mom and dad were?

Recently, we were at a family wedding and my job was to help my mother get dressed, including helping with her make-up (in addition to the dementia she is partially blind). She came to my room at the appointed time (her sister sent her), but she didn't bring her make-up or the top part of her outfit. In her frustration, she stated that she was "loosing herself." I took her in my arms and promised that we would always be there to keep her from getting really lost. She smiled, seemed reassured and was ready to get on with the business of dressing.

In my mother's experience of "loosing herself," she and I are finding a new and more joyful way to find one another in a manner that was impossible in the past. We are able to speak more honestly about feelings. My mother has a quicker, more relaxed sense of humor now. The critical edge and the judgment are gone. There is more true delight in an event, a joke, a song or a dance. She is more open to hearing from me, as well. I can be more open with her without fear that she will be critical or dismissive.

This is a painful and bittersweet process. I miss the person she was. I grieve that she has lost intellect, judgment, reason and even the ability to sign her name. I fret about her shrinking, her hygiene and confusion about medications. The sweet part is that we have come to an acceptance of one another, as

we are...warts and all. The sweet part is that we can talk and hug and be finally at ease with one another. There is trust and honesty after 56 years and it finally feels like home. For this, I am grateful.

Tips for caregivers of persons with dementing illnesses:

Enter their world and accept their reality, even if it is not real.

Don't just listen to the words, listen and respond to the feelings behind the words.

Provide comfort instead of confrontation.

Work at being less self conscious of behaviors that can be uncomfortable.

Since everything takes twice as long as it takes, give yourself and your loved one twice as much time to accomplish each task.

Don't criticize the person for their losses, instead reassure him/her that things are being taken care of and are under control.

Accept humor, music, nature as reassuring and familiar ways of connecting with the past and the larger world.

Leave when you run out of patience.

Be sure to spend time with people who love you and fill you up instead of just taking from you.

Express love and gratitude, it helps to get over the hard spots, of which there are way too many.

## More Resource

### More Resources Help Caregivers Help Themselves

<http://online.wsj.com/public/us>

November 28, 2007; Page D1

When his wife, Chris, was diagnosed with breast cancer, southern California software developer Dave Balch took on a new full-time job: caregiver. During nine months of surgeries, chemotherapy and radiation, he changed her wound dressings, emptied surgical drains, administered medications, and washed his wife's hair until it fell out, often struggling himself with fatigue and mood swings, and finding little time for work.

WSJ's Laura Landro offers clips from Dave Balch's lectures for caregivers of cancer patients.

Mr. Balch, 59 years old, is one of the estimated 45 million people who provide care for a loved one, including those with the most devastating diseases such as cancer, Alzheimer's and Parkinson's. Studies are increasingly showing that caregiving responsibilities can exact a drastic emotional, physical and financial toll, with caregivers experiencing high rates of depression, stress and other physical and mental health problems.

But evidence is also mounting that caregivers can cope better when they receive counseling sessions, in-home skills training, support groups, and assistance juggling care responsibilities. For example, researchers at New York University School of Medicine who studied a group of caregivers between 1987 and 2006 reported recently that even a short period of counseling can have a long-term beneficial impact on the emotional well-being of people caring for spouses with Alzheimer's disease.

Mary Mittelman, a research professor at NYU who led the study is conducting two studies for people caring for a parent with Alzheimer's and a third that will provide couples counseling for people dealing with early-stage Alzheimer's. Groups such as the Alzheimer's Association ([alz.org](http://alz.org)) provide caregiver resources, including tips on how to cope with depression.

Experts say the burdens of care can often seem most trying during the holidays, when everyone else seems to be celebrating, and meeting the expectations of family gatherings can just add to the stress. A number of groups are offering advice on how to cope during the holidays; the Web site CancerCare.org, for example, offers a podcast of a workshop on coping with a loved one's cancer, including advice on scaling down family gatherings, inventing new and less elaborate celebrations, or exchanging holiday wishes via phone, email or videoconferences.

Mr. Balch, whose wife is still fighting recurrences of her cancer, has tapped his own experience to help other caregivers. He is writing and publishing a book, "Cancer for Two," and launching a Web site, thePatientPartnerProject.org, which allows caregivers to set up their own Web pages where friends and families can log on to read a single report with updates on the patient's progress. Mr. Balch says the Web site enabled him to eliminate time-consuming and stressful phone calls conveying the same details over and over again. Other groups, such as Carepages.com, offer similar services.

One of the most important lessons for caregivers is to keep one's own stress manageable, says Mr. Balch, who speaks about caregiving around the country in a program sponsored by biotech firm Amgen Inc. "It's like they say on the airlines," says Mr. Balch. "You need to secure your own oxygen mask before attempting to help others."

Last week, AARP, the Washington-based advocacy group, and the nonprofit coalition National Alliance for Caregiving released a survey of caregivers with Evercare, a unit of insurer UnitedHealth Group. Respondents reported that more than half of those caring for a loved one 50 or older are spending more than 10% of their annual income, sacrificing their savings, reducing personal care, and often quitting their jobs. A study last year estimated the total annual cost to employers for full-time employees with intense caregiving responsibilities at \$17.1 billion.

A number of lobbying efforts are under way to secure more funding from the federal government for programs to help caregivers, and some experts are calling for formal assessment programs that could be used by health-care organizations to determine what kind of support caregivers may need. In the meantime, a number of Web sites offer links to agencies and organizations with free resources for caregivers.

More hospitals are providing services directly to families who will have to care for loved ones once they go home. Northern Westchester Hospital in Mount Kisco, N.Y., is dedicating a new caregivers' center Friday that will be used for individual and group counseling. A new program will include 15 volunteer Caregiver Coaches -- people with firsthand experience with caregiving will team up with social workers to help family caregivers coordinate friends, relatives and neighbors to assist with shopping, carpooling and everyday duties.

Hospital administrators say caregivers can help educate medical staff about the challenges family caregivers face. Catherine Lyons, associate director of clinical services at the University of Rochester Medical Center's cancer center, says she invited Mr. Balch to speak to 150 nurses about the ordeal he went through with his wife, "and you could have heard a pin drop," she says. "The nurses may be used to dealing with the complications from chemotherapy or infections, but it really helped them understand the burden that is on the family."

Experienced caregivers are also being tapped to help others new to the role. Dave Rodgers, a retired Kodak corporate finance staffer, agreed to join the patient and family council at Rochester after caring for his wife during her two bouts with cancer. Volunteering 20 hours a week, he makes the rounds of rooms where patients are receiving treatment and, with some guidance from the nurses, offers assistance to patients and families. Often, family caregivers will only talk to him when the patient gets called into

an area such as radiation where they can't follow.

"They don't want to show how afraid they are around the patient, but as soon as they open up, it's so clear there's a real need to address their issues," says Mr. Rodgers.

? Email: [informedpatient@wsj.com](mailto:informedpatient@wsj.com).

## アルツハイマー病の人を助ける補助犬

### Helpers with four paws, wagging tails

Santa Rosa nonprofit changes lives as it trains dogs to aid people with mental, physical disabilities

Eileen Mitchell

<http://www.sfgate.com/>

Saturday, November 17, 2007

A man in the early stages of Alzheimer's is accompanied by a Labrador retriever as he strolls through his once-familiar neighborhood. He feels safe because he knows if he becomes lost or confused, his dog will lead him back home upon hearing the command "Home." In a classroom, a young girl in a wheelchair drops her ruler, and the dog sitting nearby promptly retrieves it. Seated in a funeral home, a grieving widower takes comfort from a gentle Lab who nestles her head against his leg.

In a month that celebrates giving thanks, how fitting to pay tribute to assistance dogs and the organization that supplies them, Canine Companions for Independence (CCI). Headquartered in Santa Rosa, this nonprofit organization with five regional training centers has trained and supplied more than 2,600 assistance dogs since 1975, enhancing the lives of an equal number of people with physical and developmental disabilities.

CCI provides four types of assistance dogs. Service dogs help with physical tasks such as pulling wheelchairs, opening doors and offering payment at cash registers. Hearing dogs provide their hard-of-hearing partners with greater independence and security by alerting them to sounds such as sirens and doorbells. Skilled companion dogs work as part of a three-part team with an able-bodied adult, offering a sense of security to people with physical or developmental disabilities such as autism and early-onset Alzheimer's. And facility dogs help support the mental, physical or emotional health of people in stressful settings such as physical therapy, rehab centers, counseling centers and courtrooms. Educators and occupational, physical and speech therapists also use facility dogs in their work.

A single mom shared the impact a skilled companion has on her daughter, who has cerebral palsy.

"Painful muscle spasms would awaken Stefanie several times a night, and she lacked the self-soothing skills needed to get back to sleep on her own," her mother said in an e-mail correspondence. "On rough nights, I was awakened by Stefanie up to eight times. Each time I'd hold her until she fell asleep."

But sleepless nights became a thing of the past in 2001 when Alette, a 2-year-old golden-Lab mix from CCI, joined the family. "Alette sleeps with Stefanie, snuggling as close as she can. She burrows her soft face under Stefanie's legs, or lays her chin on Stefanie's hip, one paw thrown over her knees. Stefanie's spasms continue to awaken her; however, a nudge from Alette, or curling herself up next to the dog's warm body, is often enough to help her get back to sleep. This dog is the best thing to ever happen to our family."

Child life specialist Jennifer Johnson and facility dog Millie II are one of three CCI Facility Dog graduate teams working in the Children's Center at Sutter Medical Center in Sacramento. From rehabilitation and psychiatry programs to schools and physical therapy centers, it has been found that the mere presence of a specially trained dog can have a soothing affect. Together, Johnson and Millie help children with cancer cope with life in the hospital, which can be scary and overwhelming.

"Millie has a huge impact on all of the people around her," said Johnson, who graduated with Millie in 2001. "She gives them a sense of well-being, a connection to their home life, a bridge to trusting hospital staff and motivation to get out of bed."

The journey for any assistance dog begins at the age of 8 weeks when they are placed with volunteer "puppy raisers." CCI uses golden retrievers, Labradors and retriever-Lab mixes because of their gentle temperament, intelligence and strong willingness to work and please others.

Over the next 16 to 18 months, the pups learn basic house training, obedience commands and socialization skills. Then they return to CCI, where they undergo a thorough screening that includes medical tests. At this point, dogs may be released for temperament or medical reasons. While many released dogs are adopted, many more are used for services better suited to their skills. These include careers in drug- and bomb-searching, customs, border patrol and therapy.

Upon passing the initial screening, the young dogs begin training with professional CCI instructors for six to nine months. Off-site field trips examine each dog's ability to adapt to different environments. On the CCI campus, they learn how to flip light switches and open drawers.

These deceptively simple chores are often challenging for people with disabilities. "With my service dog, I can go the bathroom by myself," a young man who uses a wheelchair said. He sometimes leans upon the dog's strong shoulders for support. "He picks up things when I drop them. This may sound easy, but it's not."

Dogs that complete the training are matched with a recipient. CCI candidates are not charged for their dogs but must have physical or developmental disabilities and demonstrate that an assistance dog will enhance their quality of life.

"Most candidates receive a dog within one year," said Jeanine Konopelski, director of marketing at CCI in Santa Rosa. "The list doesn't move in a strict chronological fashion, as we match dogs to the particular needs of people with disabilities. Certain individuals have the potential to work with a broad range of our dogs, while with others, only a very unique dog will be appropriate."

For two weeks, recipients and their new dogs live together at a CCI campus in a cozy dormlike setting. While participants are educated in the proper care of their canine, the dogs begin working in their new capacity. Each is getting to know the other.

The two weeks are capped with graduation ceremonies, held four times a year at each of the training centers nationwide. These poignant events include a final and often emotional reunion between the canine graduates and their original puppy raisers. Then, to "Pomp and Circumstance," the puppy raisers bid their pups adieu as they hand the leash to the CCI recipient.

One puppy raiser fought back tears as she observed her former charge, a young black Lab, nuzzling the hand of her new guardian, a man with Alzheimer's.

"It's a natural progression of love," she smiled.

Resource

Learn more about Canine Companions for Independence at [www.cci.org](http://www.cci.org).

Ask the vet

This month's guest is Dr. Stephen Atwater. He is the boarded veterinary oncologist at East Bay Veterinary Specialists and Emergency, 2803 Ygnacio Valley Road, Walnut Creek; (925) 937-5001.

**Q:** My dog is due for his annual distemper and rabies vaccinations, but lately I've been hearing concerns that vaccines of any kind could be tied to cancer. Is there any truth to this, and are yearly vaccines really necessary?

**A:** Vaccines have various durations of immunity based on the type. For example, most rabies vaccines offer three years of protection. Most combination vaccines for respiratory and intestinal viruses protect at least three years but were given annually based upon manufacturers' recommendation. Bordetella (kennel cough) vaccine should be given every nine to 12 months to provide continuous protection.

When it became apparent that some vaccines could lead to disease, efforts were made to evaluate the duration of immunity. Evidence suggested that some vaccines can be given less frequently. However, controversy still exists in the veterinary community.

Vaccines have been associated with causing disease. Tumors (specifically sarcomas in cats) and immune-mediated disease (in which the body's immune system is stimulated to attack itself) have been linked to vaccines.

Consult with your veterinarian. In general, the benefits of vaccines are greater than the risks associated with them. Judicious administration of vaccines lessens the risks and increases the benefits of vaccination.

Send your pet concern questions to [home@sfchronicle.com](mailto:home@sfchronicle.com) with "Ask the Vet" in the subject line, and each month a guest veterinarian will address a different subject. Ask the Vet is for informational purposes only. Readers should not act on information seen in this column without seeking professional veterinary advice.

E-mail freelance writer Eileen Mitchell at [home@sfchronicle.com](mailto:home@sfchronicle.com).

This article appeared on page F - 3 of the San Francisco Chronicle

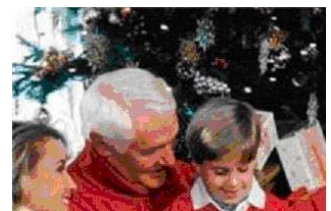
## 'Talking Mats'

### 'Talking Mats' useful for people with dementia

08 November 2007

<http://www.craegmoor.co.uk/>

'Talking Mats' can help people with most stages of dementia communicate better than ordinary conversations, a new study has found.



Talking Mats are textured mats which people use to communicate by placing picture symbols on a scale to indicate their feelings about subjects. Research by the University of Stirling found that people with dementia were less distracted when using the mats than when they were asked questions on various topics, and they seemed more likely to understand and engage with the conversation.

People who used talking mats displayed less repetitive behaviour, provided more accurate information and could express themselves for longer than in ordinary conversations.

Although all people with early and middle-stage dementia were able to use the mats and some people with late-stage dementia had better responses when communicating using Talking Mats, not everyone with advanced dementia found them accessible, although those that did produced much more reliable information.

Communication problems caused by dementia can often mean that carers and staff at care homes are unable to understand what an affected patient means or needs. Yet Talking Mats could provide a partial solution, the researchers concluded.

It is believed that by allowing patients to process information in small parts through the use of symbols, they are allowed greater time and space to think and can easily record their views in a simple, visual way. In practical terms, Talking Mats could be invaluable in allowing people with dementia to make choices as well as the mats providing a visual record of what they have said.

## 思い出の品

### **Alzheimer's: Mementos help preserve memories**

Alzheimer's steals away memories, but tangible mementos can help people remember their past.

Your life is like a tapestry, woven from your memories of people and events. Some threads are dark, while others are bright. Your individual tapestry shines vividly in your mind, reminding you of who you are, where you've been and what you've done.

Alzheimer's disease gradually robs people of the memories that make up their tapestries. You can help mend these holes by creating a tangible repository of memories ? in a scrapbook, videotape or audiotape.

"Caregivers become the memory for their loved one with Alzheimer's disease," says Glenn Smith, Ph.D., a neuropsychologist at Mayo Clinic, Rochester, Minn. "By gathering memories, you can bring important events and experiences from your loved one's past into the present. You're the link to his or her life history."

Store memories externally

Memories can be preserved in many ways. You can:

Write them in a journal

Create a scrapbook with photos, newspaper clippings, letters and postcards, greeting cards, sketches, poetry and musical verses

Store mementos in a special box or chest

Create a video or audio recording of personal stories

### Interview your loved one

You may want to start by interviewing your relative or friend about his or her family history, nationality, heritage, traditions and celebrations. Ask about favorite sports, books, music and hobbies. You may want to ask about cultural and historical events. Go all the way back to childhood. Childhood games, homes and pets are good starting topics. As Alzheimer's progresses, your loved one will be less able to remember more recent events.

This is a great opportunity to reminisce, an activity that most people with Alzheimer's enjoy tremendously. Depending on the status of your relative's or friend's memory, you may also want to interview neighbors, co-workers, old friends and other family members and record their memories of your loved one.

### Documents also help

Other sources of information can include old documents, important papers or personal correspondence. You may want to make copies of precious photos and documents so that they won't get lost or ruined. These types of scrapbooks typically get a lot of use.

"By creating a life story, you affirm for your loved one all the positive things he or she has done in life and can still do," says Dr. Smith. "Even after your relative's memories start to fade, creating a life story shows that you value and respect his or her legacy. It also reminds you who your loved one was before Alzheimer's disease."

## アルツハイマー病の人が作詩

### A POETIC INSIGHT INTO LIFE WITH ALZHEIMER'S

<http://www.thisisbath.co.uk/>  
08:00 - 25 August 2007

An Insight into daily lives without rhyme nor reason is being offered in a new book.

Clients of the Peggy Dodd Centre, in Combe Down, worked with poet Karen Hayes to capture their lives in words.

The amateur poets, some of whom have Alzheimer's disease and all of whom suffer from some memory loss, have written about everything from memories of their earlier life to their present difficulties.

Nurse manager Pat Lysaght said: "It was Karen's idea to do a creative writing project at the centre.

"Creating the poetry book with them was very insightful as was the opportunity to work on a one-to-one basis with people. They enjoyed telling us their life stories."

She added that the book, *The Edges Of Everywhere*, had been put together after staff encouraged the centre's clients to talk about themselves and their experiences.

"Karen has read people's poems back to them since the book was produced and people do recognise their own poems," said Ms Lysaght, who has been nurse manager at the Summer Lane centre for 13 years.



"It's created great discussions as well."

The poems touch on the ideas of confusion and remembering, as well as anecdotes about the past.

More than 20 clients took part, with the majority finishing up with more than one published poem.

The book also contains poems from three care assistants about their work at the centre and the people they help care for.

Ms Lysaght said: "It's been a brilliant project. All the staff have loved it."

Funded by the Heritage Lottery Awards for All, the book costs ?4.99.

The Edges Of Everywhere, published by City Chameleon, will be officially launched at an event on Saturday, September 8, from 2-4pm, at the Peggy Dodd Centre.

Poet, author and broadcaster John Killick, associate research fellow for the Dementia Services Development Centre at the University of Stirling, will attend the event and read some of the poems.

The launch is open to the public.

n.stone@bathchron.co.uk

## 戸外の活動がよい

### Fresh air the best medicine

24.08.2007

<http://www.cphpost.dk>

A project at St. Kjeldsg?rden care centre in the Jutland town of Viborg has improved both the physical and mental welfare of its older dementia and Alzheimer's patients through picnics, outings and garden work.

Inspired by the project's results, Eva Kjer Hansen, the social affairs minister, has set aside DKK 7 million over the next two years to support creative activities for patients suffering from dementia.

'I want to push for giving the elderly stricken with dementia a boost in their everyday lives,' Hansen said. 'In addition, these kinds of initiatives ensure that the employees who have such a demanding job working with the patients have a better working environment and enjoy their work more.'

While the idea of taking patients on outings is not in itself a new one, the 18-month project has demonstrated that routinely taking the patients out to particular sites significantly helps their memories. Other tasks that break everyday conventions, such as fishing expeditions and gardening activities, have also shown to improve the patients' memories and overall well-being.

'It's our belief that these outings are more than just here-and-now experiences,' said Annie Mejdahl,

superintendent at St. Kjeldsgaarden and head of the project. ‘We’ve found that four out of six patients recognise the places we return to and their conversations and experiences with each other bring many other memories back as well.’

Other care centres across the country have also begun to follow St. Kjeldsgaarden’s example. Mejdahl, who often takes her groups to a special scout hut outside the city, said the new funding can go a long way.

‘We can make a big difference using relatively little money,’ she said. ‘The patients talk to one another, they get to experience nature, and even play ball games. The weekly trips give the patients a lot to talk about and it also allows the employees to get closer to the residents.’

The DKK 7 million in funding will be available to all elderly care centres across the country.

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## 夏季休暇の過ごし方22か条

### How to enjoy the rest of the summer with someone who has dementia

<http://www.healthnews-stat.com/>

Publish Date: 08/09/2007

Susan Berg author of “Adorable Photographs of Our Baby, Meaningful Mind Stimulating, Activities and More for the Memory Challenged, Their Loved Ones and Involved Professionals” offers excellent strategies.

We are in the midst of summertime. Everyone wants to go outdoors to enjoy the warm weather and outside activities. What if your loved one has dementia? Or worse, what if he displays agitated behavior? Several strategies will help you to enjoy the summer season together.

Over 5 million people in the US now have AD/DRD. We all benefit from being out in the great outdoors. The sunshine, the smells, the sounds, usually brings back happy memories. People with dementia should have this opportunity too.

Following these tips will ensure you and your loved one with AD/DRD will have a pleasurable summer.

1. Structure and routine. Try to follow regular predictable routines that include pleasant, familiar activities. Remind the person that everything is going according to plan. Designate a certain time to go for a walk or sit in the backyard together.
2. Pleasant outdoor and indoor activities. Make time for simple pleasant activities the person knows and enjoys---listening to music, watching a movie or sporting event, sorting coins, playing simple card games, walking the dog, playing catch, or dancing can all make a big difference.
3. Keep things simple. Break down complex tasks into many small, simple steps that the person can handle (e.g., stirring; folding towels while doing the laundry). Allow time for frequent rests.
4. Redirect. Sometimes the simplest way to deal with agitated behavior is to get the person to do something else as a substitute. For example, a person who is restless and fidgety can be asked to sweep, rake cut grass, dust, fold clothes, or take a walk with the caregiver. Someone who is rummaging can be

given a collection of items to sort and arrange. Have a box of items for outside too.

5. Refocus. Sometimes it is enough to offer a snack or put on a favorite videotape or some familiar music to interrupt behaviors that are becoming difficult.

6. Be flexible. Your loved one might want to do some activity or behave in a way that at first troubles you, or may refuse to do something you have planned, like taking a bath. Before trying to interfere with a particular behavior, it is important to ask yourself if it is important to do so. Even if the behavior is bizarre, it may not be a problem, especially in the privacy of your own home.

7. Soothe. When the person is agitated, it may help to do simple, repetitive activities such as a massage or hair-brushing.

8. No crowds or confusion. Sit in the backyard. Take short trips. Go to less traveled areas. Go at off peak times. Bring the outdoors indoors-open windows, Let the sunshine in.

9. Compensate. Help the person with tasks that are too demanding. Don't put the person in a position where demands will be made that he or she cannot handle.

10. Reassure. Let the person know that you are there and will keep him or her safe. Try to understand that fear and insecurity are the reasons the person may "shadow" you around and ask for constant reassurance

It is understandable that you may feel angry; but showing your anger can make the agitation worse. If you are about to lose your temper try "counting to ten," remembering that the person has a disease and is not deliberately trying to make things difficult for you.

11. Try to talk about feelings rather than arguing over facts. For example, if the person with dementia thinks it is 1960 and she is 60 years old, go along with her. Have a discussion about the sixties

12. Identify yourself by name and call the person by name. The person may not always remember who you are. Never ask "Don't you remember me?"

13 Approach the person slowly from the front. Give him or her time to get used to your presence. Maintain eye contact. A gentle touch may help.

14 Speak slowly and distinctly. Use familiar words and short sentences.

15 Keep things positive. Offer positive choices like "Let's go out now," or "Would you like to wear your green or orange coat?"

16 Ask simple questions If the person seems frustrated and you don't know what he or she wants. Ask simple questions that can be answered with yes or no or one-word answers.

17 Use gestures, visual cues, and verbal prompts to help. Try to break up complicated tasks into simple segments; physically start doing what you want to happen. For example, before going for a walk get out the coats, open the door, and say "Time for a walk." Set up needed supplies in advance for tasks such as bathing and getting dressed; have a special signal for needing to go to the bathroom.

18 If a subject of conversation makes a person more agitated or frustrated, it may help more if you drop the issue rather than keep on trying to correct a specific misunderstanding. He or she will probably forget the issue and be able to relax in a short while.

19 Most of all, take care of yourself. Look into, adult day care, respite care or have a trusted friend or relative stay with your loved one for a while so you can do something for yourself.

20 Eat healthy foods and encourage your loved one to do the same. During the summer season, many fresh fruits and vegetables are available. Visit local markets during off peak hours. After buying some fresh produce, .make some old family recipes However, do not start an argument over food.

21 Make sure to attend a support group. There is one in your area. Contact your local Alzheimer's Association if you need help finding one.

22 Join an online support group. Yahoo and MSN have them. Here is one you can join <http://health.groups.yahoo.com/group/AlzheimersCaregiving/> or search for another one more to your liking. You will get a lot of support from people who are going through the same thing as you, .and you do not have to leave home

If you have a loved one with dementia, following these tips will make your summer more pleasant and less stressful.

Have a great rest of the summer!

By Susan Berg author of “Adorable Photographs of Our Baby, Meaningful Mind Stimulating, Activities and More for the Memory Challenged, Their Loved Ones and Involved Professionals”

<http://www.alzheimersideas.com>

## 介護会社とアルツハイマー病協会と連携してケア研修(オーストラリア)

### Dementia Care in Australia to Receive Boost

<http://www.franchisewire.com/index.php>

July 20, 2007 - AUSTRALIA'S ageing population will receive improved dementia care under a groundbreaking partnership between Alzheimer's Australia (Qld) and leading home care services provider Home Instead Senior Care.

Home Instead Senior Care has partnered with Alzheimer's Australia (Qld) in an Australia first to establish a new dementia care training program for Home Instead CAREGivers.

Home Instead Senior Care Director Martin Warner said many of the company's clients had dementia and it was important to provide them with the appropriate support and care.

“No one knows dementia as well as Alzheimer's Australia (Qld) and we recognise the expertise and the value they can add to our organisation,” he said.

“This training program will not only develop the skills of Home Instead CAREGivers, but clients' families will have peace of mind knowing that their loved ones are receiving trusted care in the safety and security of their own home.

“More and more people are being diagnosed with dementia every year, and it’s important that we offer a high standard of services to cope with this very real issue.”

According to the National Dementia Manifesto 2007-2010, more than 240,000 people will be living with dementia by 2010, and 730,000 people by 2050. There are currently more than 1000 cases of dementia being diagnosed each week.

Alzheimer’s Australia (Qld) Chief Executive Officer Jan Samuels said caring for people with dementia required specialised knowledge and understanding.

“Support is vital for people with dementia and the help of trained carers can make a positive difference to managing the condition,” she said.

“The CAREGiver Dementia Training Programme covers three key areas in dementia care: identifying types of dementia; effective communication with clients with dementia; and understanding behaviours of concern.

“We congratulate Home Instead Senior Care for the pro-active approach it has taken to improving dementia care in Australia.”

As a provider of home care services, Home Instead Senior Care supports its clients to live an independent lifestyle in their own home for as long as possible.

Home Instead CAREGivers are screened, trained and fully insured to assist older people ? from a few hours a day to up to 24 hours a day - with a range of non-medical services including personal care, companionship, light housekeeping, meal preparation, medication reminders, transport for appointments, shopping and errands; respite and convalescence care; early stage dementia and Alzheimer’s care.

## 食事

### **Beyond food: mealtimes provide familiarity, comfort to people with dementia**

Monday, 16 July 2007, 05:58 PST

<http://princegeorgecitizen.com/>

by Lauren La Rose

Budget

See Photos CPT300-301

TORONTO (CP) - Preparing fancy feasts had once been a staple of Brenda Hounman's life - one now etched in the fabric of her past.

The mother of two can still whip up the odd meat-and-potatoes dish or pot of chili. But since being diagnosed with early onset Alzheimer's disease in 2000, baking has been put on the back burner, and preparing meals has become an increasingly difficult and, at times, potentially dangerous exercise, following two stovetop fires in her kitchen.

“We realized very quickly the heat of the stove is one of my triggers, and if I get too hot, my thinking and perceiving goes downhill, so we learned very quickly I'm not safe to use the stove unless I am supervised,” Hounman said from her home in Paris, Ont., about 110 kilometres southwest of Toronto.

“It's just very simple, basic meals that I prepare now, and that's enough for me. Anything too complex or that's too involved is too stressful for me.”

Hounman, 60, still makes lunches, but her son, Heath, now prepares the majority of the meals in the home they share with his wife and daughter.

Her appetite for enjoying mealtimes with loved ones is hardly diminishing. In fact, in the wake of her diagnosis, it's thriving.

“I always thought that was one of the most important parts of the day for any family. I've come from a family that that's how I was raised,” she said. “You sat down as a family to eat a meal. That was the time when communication flowed more freely.”

“Mealtimes now are even more important for me than they were before because that is a time when we are all sitting down together and we are together in the same place.”

Heather Keller, an associate professor in the family relations and applied nutrition department at the University of Guelph, is spearheading a project examining mealtimes, individuals living with dementia and their caregivers.

She was flanked by fellow researchers at the recent Festival of International Conferences on Caregiving, Disability, Aging and Technology in Toronto, to present findings of “Eating Together in Families with Dementia: A Longitudinal Analysis.”

The first part in what will be a three-year study examines more than two dozen families in southwestern Ontario exploring a range of eating conduct changes in people with dementia - areas where previous research had been lacking.

“A lot of the research was going to the sides of looking at how to fix malnutrition from the side of malnutrition interventions that can be done that didn't consider this social side of eating . . . realizing that meals and eating together are actually as important, the way we eat is actually as important as what we eat,” she said.

“This research is trying to re-emphasize that mealtimes as an activity are as important as perhaps Ensure (meal replacement shake) or whatever else is being put in front of the person to consume in terms of feeding them and preventing undernutrition.”

That philosophy extends to pitching in with preparing the meal itself, imbuing individuals living with dementia with a sense of purpose, said research assistant Rebecca Genoe.

“When you're dealing with a great deal of loss, people still want to have control and autonomy over their lives and they can make decisions about what they want to eat and what roles they want to have around mealtime,” Genoe said.

“Cutting up vegetables or setting the table and that sort of thing was highly valued.”

“What is so much more important to me is still having control over my life, no matter how little that control is,” one study participant living with dementia is quoted as saying.

On the flip side, it can also create a greater burden for caregivers - sometimes called partners in care - to ensure their loved one isn't put in harm's way, Genoe said.

Graduate student Carly Cook said eating out provided both caregivers and people with dementia with a break from cooking - but there were obstacles.

“One challenge would be interacting in a social group or withdrawing, so the caregivers would kind of just include the person with dementia, and if they didn't know someone's name they would cue them as to the names of the people in the group,” she said.

“There was some experience with recognizing food and deciphering from the menu, so the partner in care would narrow down the choices so they would just say like ‘Chicken or beef?’ rather than having to read the whole menu.”

But overall, participants reported favourable experiences dining out, Cook said.

“As long as the strategies were in place to deal with the challenges it was a positive experience.”

Hounman said she now finds dining out is “not a real big comfort zone.”

“For me to order off a menu is difficult, so if I'm going out to eat I like to go with somebody that really knows my eating habits and can almost order for me or can offer two suggestions.”

“To read over a menu, by the time I'm on the third item of the menu, I've already forgotten what I've read.”

For individuals experiencing a form of dementia, the way their emotional memory works remains intact, said Mary Schulz, senior education manager with the Alzheimer Society of Canada.

“Although someone's cognitive abilities change, their emotional abilities and their emotional sensitivity does not change, and so things around rituals and habits and lifelong patterns tend to stay very much intact for a very long time.”

“The notion of sitting down together around a table and sharing a meal or a cup of coffee is something that can often feel very reassuring and comforting to someone who is, in other ways, losing their abilities.”

09:58ET 16-07-07

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## Memory boxes

June 19, 2007

<http://www.news-journalonline.com/index.htm>

**Memory boxes a glimpse of patients before Alzheimer's**

By RAY WEISS  
Staff Writer

ORMOND BEACH -- A steady rain fell outside the small assisted-living facility. Inside, the gray-haired residents sat in silence, disengaged in the mental fog of Alzheimer's disease and dementia.

The lives they knew are gone or fading, as are the memories of a lifetime. Most are old and unresponsive now, no longer capable of clear thought or conversation.

The stories of who they were easily could have been deemed unimportant and inconsequential, except for the inquisitive nature of Lisa Fischer, the woman who oversees the activities for the 28 full-time residents at Seasons by Riviera.

Earlier this year, she started interviewing and requesting photos from wives and husbands, sons and daughters. Most responded favorably. A few didn't, refusing to let go of the life that was.

But now, colorful glimpses of those lives are displayed in clear plastic "memory boxes" that hang outside each bedroom. They are filled with images of weddings and children from decades past, back when growing old and emotionally empty seemed so implausible and far in the distance.

"Many people only see the person on the outside, and discount them," Fischer said, as she walked through a hall, greeting residents and glancing at the photos and short biographies she compiled. "But there's so much more behind the person. They're all amazing."

They were college professors, big-city transit system supervisors and journalists. They were artists, athletes and musicians. And they were schoolteachers, comptrollers and housewives.

One resident's husband was President Eisenhower's bodyguard.

"It's like watching our own moms and dads, grandpas and grandmas," Fischer said of the losing battle each resident faces against the spirit-sapping disease.

She said the "corporate office" came up with the basic idea for the memory boxes, to which she gave her own personal touch. She said they are providing valuable information for staff members.

Knowing a little history about a resident can go a long way to ease nerves and anxiety, as well as plan activities that better fit individual tastes.

"It's a good training tool. Learning where they come from can help settle and divert an agitated resident," Fischer said. "We can get them to talk about themselves or a family photo."

Helen Galdi, who will turn 78 in August, stepped from her room as Fischer passed by. The women greeted each other with a hug and smiles. Born in Brooklyn, Galdi's short biography mentioned her working as a high school treasurer, her love of hosting "fancy parties" with her husband and making a national amateur tournament in doubles tennis.

"They're nice, I like them," she said, unable to recall where or when two old photographs, one in front of a mountain lake, were taken.

Fischer said many families took pride in helping create the boxes. Others avoided taking part for a while. With dementia and Alzheimer's, there can be denial regarding the irreversible nature of the



illness. It's painful watching a loved one mentally slip away. And the memory boxes can be perceived by some as a living obituary.

"I had to pull teeth with some families; they are so heartbroken," Fischer said. "They didn't feel like it was worth sharing."

That wasn't the case for Edna Norcross of Port Orange. Her husband, Richard, was a New York City firefighter and later an IBM tax analyst.

He's 85, a shell of who he once was.

She was glad to provide photos and information about her husband for his memory box.

"I thought it was a great idea. I'm proud of his," Norcross said, as she sat next to her silent husband. "I know I went around and read everyone else's."

Each of the boxes honor the distinct differences in each resident's life in a place where, otherwise, these men and women share the same bleak prognosis.

"I didn't want it to be fill in the blanks, formulaic," Fischer said of her creations . "I wanted it to be personal. I wanted to capture them. Each one of them."

ray.weiss@news-jrnl.com

## A SAMPLING OF MEMORY BOXES

These are the stories of four residents at Seasons by Riviera, edited down from their original:

### Richard Norcross

Richard worked as a New York City firefighter before going to work for IBM as a tax analyst. Somewhere in the middle of his busy life, he managed to earn a two-year degree from Queens College in New York. The three sons of Richard and his wife, Edna, took after their father and have also gone to work as NYC firefighters and IBM employees.

### Virginia McKay

Virginia was born Dec. 19, 1922, in Farmville, Va. In 1946, Virginia married Robert McKay. Robert had an extraordinary military career. He was the bodyguard for President Eisenhower and the two were golf buddies. Later, Robert worked as a criminal investigator for the Army. Virginia worked as a secretary during World War II in Washington, D.C.

They traveled frequently because of Robert's career. On one trip to Ireland, the airplane the family was traveling in was struck by lightning and crash-landed. Thankfully, no one was hurt, but Virginia refused to get off the plane without her son Bobby's Howdy Doody doll. All these years later, Bobby still has that doll with bandages on its head.

### Rosa Calvi

Rosa was born May 11, 1936, in a small impoverished Italian town. When she was between 4 and 6 years old, her father went off to fight in World War II, and died as a prisoner of war.

Rosa married Giuseppe "Joe" Calvi at a young age. The two immigrated to New York when Rosa was 28. They had four children. Rosa worked for more than 20 years as a seamstress.

Elizabeth "Betty" Preston

Betty was born Feb. 19, 1925. She married Len Preston. Together, they raised six children. To help support the family, Betty worked as a registered nurse. When not busy with work or the family, she had several hobbies such as making and repairing bisque dolls, playing in a hand bell choir at her church, as well as sewing, quilting and knitting.

DID YOU KNOW?

In 1995, William Utermohlen, an American artist living in London, was diagnosed with Alzheimer's disease. He responded by beginning a series of self-portraits that, over time, starkly reveal his descent into dementia.

- The paintings, exhibited in several cities, powerfully illustrate a world beginning to tilt, with details melting away. According to one psychoanalyst, the paintings depict sadness, anxiety and feelings of shame.
- Utermohlen died in March at the age of 73. His wife, Patricia, finds the interest in his paintings bittersweet, exceeding the recognition he received throughout his career.

Compiled by News Researcher Janice Cahill from the Los Angeles Times and The New York Times.

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## Montessori method

### Montessori for Dementia

MedStarSource

<http://www.kimt.com/home>

14/06/2007

A century ago, Maria Montessori started an alternative way to educate children.

Today, the montessori method is still going strong in schools across the country.

but, it's not just for kids anymore.

Some older adults with memory problems aren't letting her memory slip away without a fight.

Twice a week they plays bingo.

The game is part of an innovative program to enrich the lives of patients with memory loss.

The program is based on the Montessori method for school children.

Activities are hands-on and individually-paced so there's less room for frustration and failure.

Doctors have witnessed the positive effects of the program.

Medical Director, Donna Miller says, "people are more engaged, they are less agitated with the staff and with others. sleep patterns seem to be better. you can see that in people's faces. and it's just such a positive spin off."

There are currently about 100 facilities using the Montessori-based dementia program.

To find out more about it, check out [www.myersresearch.org](http://www.myersresearch.org).

[マリア・モンテッソーリ](#)

出典:フリー百科事典『ウィキペディア (Wikipedia)』

マリア・モンテッソーリマリア・モンテッソーリ (Maria Montessori, 1870年8月31日キアラヴァッレ - 1952年5月6日ノールドバイク) は、イタリアの医学博士、幼児教育者、科学者、フェミニスト。モンテッソーリ教育法の開発者。

[編集] マリア・モンテッソーリの生涯

[編集] イタリア初の女性医師

19世紀のイタリアで女性として初めてローマ大学医学部に入学する。医学生時代は、男子学生と同室の解剖が許されず、一人別室で死体に向かいメスを取らざるを得ない差別的処遇などを受けたが、それらの逆境をのりこえ、1896年、イタリア初の女性の医学博士号を取得する。卒業後、封建的な風潮が残る医学界で、彼女はローマ大学付属の精神病院に職を得た。当時の精神病院は治療らしい治療が行われず、患者たちは鉄格子に囲まれた暗い部屋にただ監禁される劣悪な環境にあった。医師として絶望的と言えるこの職場で、マリアはある知能遅れとされる幼児が床に落ちたパン屑でしきりに遊ぶことに目を留めた。注意深く観察を続け、その子に知的な刺激への渴望があると認識。玩具を与え、教育することに着手する。この試みは感覚を刺激することが知能獲得に寄与するという確信を彼女にもたらし、さらに他の障害児たちにも同様の教育を施した。マリアがこの障害児たちに知能テストを受けさせると、彼らの知能が健常児たちの知能を上回るという結果が得られ、イタリア教育界、医学界に衝撃を与える。

[編集] モンテッソーリ教育の誕生

障害児の治療教育で成果を挙げた感覚教育法を、1907年にはローマの貧困家庭の子供たちに応用する機会を得る。ここでも知能向上において一定の結果を得、その方法をさらに研究するため、マリアは医師を辞め、ローマ大学に再入学する。ローマ大学で哲学を学び、その後、感覚教育の先駆者ジャン・イタルの著書の研究や知的発達障害者教育の先駆者エドワード・セガン医師に学んだ。さらに、生理学、精神医学の研究にも没頭。のちに「モンテッソーリ教育」と呼ばれる独自の幼児教育法を確立する。

[編集] モンテッソーリ教育の発展

モンテッソーリ教育が確立されると、その方法は世界各国で支持されるようになり、世界各地に次々とモンテッソーリ教育を専門に行う「子供の家」が設立された。モンテッソーリ教育が急速に普及していく中、マリアは教師の質の重要性を認識、教員養成コースと1929年には国際モンテッソーリ協会を開設、資格取得制度を整備した。現在でも、モンテッソーリ教員養成は厳密なことで有名であり、養成を受けて教員資格を得た教師のみによる教育システムが維持されている。

[編集] 先駆的女性とその晩年

教育者としてのみならず、マリアは一人の女性としても多くの足跡を遺した。20世紀初頭における女性の社会進出の最先鋒として男性に台頭する地位を獲得したほか、私生活ではシングルマザーの先駆けともなった。一人息子マリオは幼少時、養父母に預けられたが、10代でマリアに引き取られたのちは、彼女の教育事業を手伝い、モンテッソーリ協会会長として、モンテッソーリ教育の普及に専心した。また、マリアは晩年、世界平和と子供の尊厳を訴える運動を世界各国で展開。その功績が認められ、1950年、ノーベル平和賞の候補にもあげられた。1952年、イタリアのファシズムを逃れて移住したオランダで81歳の生涯を閉じる。現在、オランダの北海沿岸の町、ノールドバイクのカトリック教会墓地にて永眠する。

[編集] モンテッソーリ教育法

[編集] 子供の家

1907年、イタリア・ローマに最初に誕生した「子供の家 (Casa dei bambini)」は、瞬く間に欧米を中心に世界各国に広がった。特にアメリカでは2度にわたってモンテッソーリ・ブームが起こり、アメリカ全土にその教育法が普及した。現在、アメリカの数百の公立学校でそのプログラムが導入され、3000ヶ所のモンテッソーリ・子供の家があるといわれる。日本には1960年代に紹介され、モンテッソーリ・プログラムを導入する幼稚園やモンテッソーリ教育を専門に行う「子供の家」が創設され、また、上智大学に付設する「上智モンテッソーリ教員養成コース」を始めとするいくつかの研究機関で教員養成コースが設立されている。

[編集] モンテッソーリ教具と感覚教育

モンテッソーリ「子供の家」の教室に入ると、整然と並ぶ色とりどりの「教具」と呼ばれる木製玩具が目

に飛び込んでくる。これらはモンテッソーリの感覚教育法に基づく教材で、マリアとその助手たちが開発した。モンテッソーリ教育法では教具の形、大きさは無論、手触り、重さ、材質にまでこだわり、子供たちの繊細な五感をやわらかく刺激するよう配慮がなされている。また、教具を通し、暗記でなく経験に基づいて質量や数量の感覚を養うことと、同時に教具を通して感じ取れる形容詞などの言語教育もプログラムされている。

#### [編集] 自発性と「敏感期」

常に子供を観察し、そこから学ぶ姿勢を貫いたマリアは、感覚教育と同様に重要と説いたのは、子供の中の自発性を重んじることである。どの子供にもある知的好奇心は、何よりその自発性が尊重されるべきで、周囲の大人はこの知的好奇心が自発的に現われるよう、子供に「自由な環境」を提供することを重要視した。また、子供を観察するうち月齢、年齢ごとに子供たちの興味の対象がつぎつぎ移り変わる点に着目し、脳生理学に基づき、さまざまな能力の獲得には、それぞれ最適な時期があると結論付け、これを「敏感期」と名づけた。モンテッソーリ教育の特徴の一面とされる一斉教育を行わない教育形態は、この子供たちの「自由」の保証と「敏感期」を育むモンテッソーリ理論の視点に立つものである。

#### [編集] 「整えられた環境」と教員養成

モンテッソーリ教育では、子供たちが安心して自由に遊び、作業のできる環境整備が重視される。教室が清潔に保たれ、子供の目線で教室を見渡せることにも配慮が求められる。また、モンテッソーリ教育法における教師の存在は、教室や教具と同様、整えられた環境の担い手の一つと考えられている。彼らには、教具などを扱う技術や管理する能力も要求されるが、何より子供を注意深く観察する態度が要求され、各々の子供たちの欲求に沿ってその教育を提供する注意深さが求められる。また、子供たちの集中時、それを妨げない心遣いや、子供の自発性を待つ姿勢も養成コースにおける重要な要素となる。晩年のマリアが力を注いだ教員養成方法は現在も世界各国で実践され、この厳しい教員養成もモンテッソーリ教育の特徴のひとつにあげられる。

#### [編集] トリビア

イタリア通貨がユーロに切り替わる以前に流通していたイタリア1000リラ紙幣には、マリア・モンテッソーリの肖像画(表)とその学習風景(裏)が描かれていた。

娘の教育に熱心だったマリアの両親は彼女を「ぜひ教師に」と望んだが、マリアは両親の反対を押し切って、イタリア初の女性医師となった。しかし、結局、のちに教育者になった彼女は図らずも両親の願いをかなえた。

彼女の事業を引き継いだ一人息子マリオ・モンテッソーリは、私生児だった。彼女はそのスキャンダルから追放同然で医学界を去ったとも言われている。

第二次世界大戦時、戦争に反対するマリアは息子の兵役を拒んだため、ムッソリーニ首相と対立、イタリアを離れることになったが、実は、戦前、女性運動に関わっていたマリアはフェミニズムに理解を示していたムッソリーニと一時期、交流もあった。この点がノーベル平和賞の候補時に問題視されたと言われている。

モンテッソーリ教育の生徒にはアンネ・フランクを始め、世界中に数多くの有名人がいるが、ワシントン・ポスト誌の経営者および、ジャーナリストだったキャサリン・グラハム(Katharine Graham)、Amazon.comの創業者ジェフ・ベゾス(Jeff Bezos)、googleの共同創業者サーゲイ・ブリン(Sergey Brin)とラリー・ページ(Larry Page)、wikipedia創設者ジミー・ウェールズ(Jimmy Wales)、などもモンテッソーリ・スクールの卒業生である。

## デイケアの効果

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doi: 10.1176/appi.ajp.164.6.910

2007 American Psychiatric Association

**Nursing Home Placement, Day Care Use, and Cognitive Decline in Alzheimer's Disease**

Robert S. Wilson, Ph.D., Judith J. McCann, D.N.Sc., Yan Li, Ph.D., Neelum T. Aggarwal, M.D., David

W. Gilley, Ph.D. and Denis A. Evans, M.D.

**OBJECTIVE:** People with Alzheimer's disease are often placed in a nursing home, sometimes after using adult day care services. How affected persons function during this potentially difficult transition is not well understood. The aim of this study was to examine the associations of day care use and nursing home placement with the rate of cognitive decline in Alzheimer's disease. **METHOD:** The participants were 432 older persons with Alzheimer's disease who were recruited from health care settings in the Chicago area. At baseline, they lived in the community and were using day care services a mean 1.7 days per week. At 6-month intervals for up to 4 years, they completed nine cognitive tests from which a composite measure of global cognition was derived. **RESULTS:** On average, cognition declined at a gradually increasing rate during the study period. Nursing home placement was associated with a decrease in the level of cognition and an acceleration in the rate of cognitive decline. Day care use at baseline was not related to cognitive decline in initial analyses, but it interacted with nursing home placement such that higher level of day care use substantially reduced association of placement with accelerated cognitive decline. Education interacted with placement such that more schooling was associated with a greater increase in cognitive decline upon nursing home placement, but prior day care use also attenuated this association. **CONCLUSIONS:** Nursing home placement is associated with accelerated short-term cognitive decline in Alzheimer's disease. Prior experience in adult day care may lessen this association.

## An online screensaver and social network for people with Alzheimer's and their carers

Last Updated: Tuesday, 29 May 2007, 17:07 GMT 18:07 UK BBC

### Design win for Alzheimer's tool

An online screensaver and social network for people with Alzheimer's and their carers has won a Microsoft-led software design prize.

"Memories are made of this" was designed by Said Dajani, website manager for the Alzheimer's Society.

The tool includes a screen saver which carers could use as a memory prompt, uploading text, images and video clips.

Microsoft's engineers will now turn the concept into reality, with the aim of implementing the system.

DesignIT is an annual competition to champion the work of software designers and reverse the stereotypes of IT managers as "geeks".

Professionals were invited to submit plans for computer systems which demonstrated creativity as well as "tackling social and human interest problems experienced by charities".

'Public vote'

"It was a public vote - so that was very gratifying," said Mr Dajani.

"More and more people are coming across dementia, affecting them and their family.

"It is estimated that one million people will have a form of dementia by 2025."

Alzheimer's disease is the most common cause of dementia. It is a physical disease which causes the chemistry and structure of the brain to change, leading to the death of brain cells.

Mr Dajani said the idea behind the design was to help carers and those with Alzheimer's to remember important facts about their lives.

"The screensaver is a virtual scrapbook - a carer and person with dementia can work together to upload pictures, video, text.

"We have found that an offline scrapbook has been of real benefit to both and we want to extend this to the digital world. It puts people in contact with their memories."

The second part of the scheme is the creation of a social network for people with dementia.

"There is definitely a need for a shared, secured network so that people with dementia can talk with each other," said Mr Dajani.

"This will mean people with dementia will not have to deal with complicated log-ins but could chat to other members of the network who are online at the same time."

As part of the scheme artists have been working to interpret the designs for an exhibition in London this week to showcase the work.

"We're very honoured. The artist came in to see us and to find out what it means to have dementia," said Mr Dajani.

The other finalists included two plans to help people understand their carbon footprint, a website to help track whale sightings around the UK and an anti-bullying site.

## GPS locaters, ID bracelets andan implantable microchip

### Lost Alzheimer's patients can be found through GPS locaters, ID bracelets

Sheryl Ubelacker, Canadian Press

Published: Monday, May 28, 2007

<http://www.canada.com/>

TORONTO (CP) - Kathleen Shields has had a few bad scares in the last year or so, when her husband Frank didn't return home at the expected time and she had to call police to go looking for him.

Frank Shields isn't a wayward husband: he has Alzheimer's disease, and the neurological condition has progressed to the point that he isn't always sure once he leaves the couple's Regina condo just how to make his way back home.

"I didn't think of this happening in any serious way until last summer when we were up at the lake and he disappeared one day and he didn't come back," says Kathleen Shields, 76, explaining that her

husband had walked from the cottage north of Saskatoon to a nearby store, one he has visited for almost 50 years.

"He was bound and determined he was going by himself and you can't find out (if they can) unless you let them try," says Shields, a retired teacher and now full-time caregiver for her 80-year-old husband, who wears an Alzheimer's alert bracelet.

"He's in the woods, you know, and the lake is close by, and I was imagining all sorts of crazy things could happen," she says, adding that shortly after she called police to hunt for him, he walked in the door, tired and thirsty.

"He got home OK, but it scared me."

Wandering, as it's known, is a common phenomenon for people with Alzheimer's and other forms of dementia, primarily in their more advanced stages. It has spawned a whole series of devices - from simple identification bracelets to high-tech GPS locators - to help bring people disabled by dementia safely home.

In fact, Safely Home is the Alzheimer Society of Canada's national registry program aimed at preventing injury or death among those who stray and lose their way.

While wandering is the official term, it may be a bit of a misnomer, concedes Mary Schulz, senior manager of information support services at the Alzheimer Society. "The reason we're shying away from it a little bit is it suggests aimlessness. It suggests going out the door and just being in a fog and really having no clue what you're doing or where you're going."

But that's usually not the case, stresses Schulz. "There is a purpose to where they're going . . . They're often quite clear about what they're looking for. Someone might say, 'I have to get home and feed my children their lunch. They're on their way home from school.' This is someone who's 85. So in their mind, they're not wandering at all. They have a destination in mind."

As the dementia deepens, a person may be unable to recognize their environment - even their long-familiar home - as a safe and desirable place to be, she says. "They may misperceive that as a place of danger, they may perceive that the people around them are not people they know."

"And so they may feel very threatened and quite afraid . . . often the brain tricks them into thinking something that isn't true and that can cause them to want to leave."

Each year, there are reports of people with dementia who wandered from their residences and were found dead from exposure, says Schulz, adding that the society strongly encourages anyone with the condition (or their family) to register with Safely Home at a one-time cost of \$35.

David Fost of Edmonton is among about 25,000 Canadians with dementia who have signed on to the registry and been provided with a numbered bracelet that directs anyone finding them to call police. An RCMP database allows local police units across Canada and the United States to tap in and contact a registrant's caregiver.

Fost, 63, is in the earlier stages of Alzheimer's, but he knows what's coming as the disease increasingly takes over his brain. So he supports any device that could help his wife Janet or others pinpoint his whereabouts should he go missing.



"For me, even if I hated it, I would say yes just because I wouldn't want Janet to worry."

There are a variety of tracking devices on the market, including those that use Global Positioning Satellite (GPS) technology, radio-frequency homing systems and special cellphone locators.

Another is an implantable microchip that identifies and carries medical information for a person with dementia. The chip can be scanned by hospital staff in the event a wandering person gets injured and is taken to hospital.

In Palm Beach, Fla., a care centre is teaming with VeriChip Corp. to study the effectiveness of the under-the-skin devices by implanting them in 200 residents with Alzheimer's. The decision has sparked outrage from an international rights group, which argues that patients are being treated like animals - and their privacy invaded without their consent.

But Dr. Michael Gordon, a physician at the Baycrest Centre for Geriatric Care and a clinical ethicist at the University of Toronto, believes the animal analogy is inappropriate - and that tracking devices in general may not only be useful but sometimes warranted.

"I don't look at this as a big ethical challenge in the usual construct of ethics," says Gordon. "You're trying to promote the person's autonomy as much as possible, even though they have a degree of impairment."

"You're trying to avoid harm while giving them the best independence, the best freedom, the best decision-making as possible. . . . A chip is just a technology to do that."

If someone with dementia is incapable of giving consent for such a tracking device, there is nothing wrong with a legally appointed surrogate making that decision for them, he suggests.

"It's no less ethical or more ethical than a surrogate deciding on life-saving heart surgery or putting in a pacemaker. If a chip turns out to be the safest way, you'd say: 'What's wrong with it? Is there anything intrinsically more wrong with it than other things we do?'"

Fost, who still drives his car and takes part in forums advising Alzheimer's patients and their families, says anyone newly diagnosed with dementia should start immediately planning for the future and letting their wishes be known to family members given power of decision-making.

"The first thing I would say is get all the information on the tracking devices you can," he says. "If there's some (discomfort with the notion) . . . it still probably would be to your advantage because it's not just you, it's also your caregiver. You have enough stress, but the caregiver also has a lot of stress."

Wearing a locating device could mean "saving your life," Fost tells those also afflicted with dementia, who may one day end up getting lost.

"And if you think, 'Well that's not important,'" he says, "your caregiver and your grandchildren would disagree."

? The Canadian Press 2007



## 認知症の人の栄養改善で認知機能が改善

Journal of Clinical Nursing.16, 987-996.

Abstract

OLDER PEOPLE

### **Weight increase in patients with dementia, and alteration in meal routines and meal environment after integrity promoting care**

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mamhidir a-g, karlsson i, norberg a & kihlgren m (2007) Journal of Clinical Nursing16, 987?996

**Aims.** To follow weight changes in patients with moderate and severe dementia and analyse how these changes related to biological and psychological parameters after staff education and support in integrity promoting care. A further aim was to describe meal environment and routines relative to the intervention.

**Background.** Weight loss in patients with dementia and in particular Alzheimer's disease is common. The aetiology appears multifactorial with the meal environment and a decreased independence while eating among the factors.

**Method.** Over a three-month intervention period, an integrity-promoting care training programme was conducted with the staff of a long-term ward. Alzheimer's disease patients, 18 from an intervention ward and 15 from a control ward were included and possible effects were evaluated. Weighing was conducted at the start and after completion of the intervention. Weight changes were analysed in relation to psychological and biochemical parameters. In addition, the staff wrote diaries about, for example changes made in the environment and in their work.

**Results.** The most prominent difference observed was weight increases in 13 of 18 patients compared with two of 15 patients in the control ward. No weight changes were related to the type of dementia. The individual weight changes correlated significantly to changes in the intellectual functions. Relationships between weight change, increased motor function and increased appetite were non-significant. There was no significant relationship between weight changes and changes in biochemical parameters. According to the staff, increased contact with the patients and a more pleasant atmosphere resulted when the meal environment and routines were changed.

**Relevance to clinical practice.** Weight gain in patients with moderate and severe dementia was achieved by adjusting the meal environment to the individual's needs. Staff education was profitable, as increased competence seemed to promote individually adapted feeding situations. Ensuring good meal situations need to be given high priority.

Source: Blackwell Publishing Ltd.

Date: May 15, 2007

### **Alzheimer's Weight Gain Initiative Also Improved Patients' Intellectual Abilities**

Science Daily ? Swedish researchers have found a way to increase the weight of people with Alzheimer's, by improving communication and patient involvement, altering meal routines and providing a more homely eating environment.

During the three-month study, published in the May issue of Journal of Clinical Nursing, 13 of the 18 patients in the intervention group put on weight, compared with just two of the 15 patients in the control group.

Patients who gained weight also displayed improved intellectual abilities.

"Weight loss is a common issue among people with dementia and in particular Alzheimer's" explains lead researcher Anna-Greta Mamhidir from the Karolinska Institutet in Stockholm, Sweden. "Meal environment, communication difficulties, loss of independence and confusion are just some of the factors that appear to contribute to this problem. Malnutrition can also lead to other serious issues, such as increased infection rates, delayed wound healing and increased risk of hip fractures."

The aim of the study was to measure weight changes in patients with moderate and severe dementia and analyse whether providing staff training and a more supportive environment could lead to weight gain.

Two nursing home wards with similar staffing profiles and numbers of patients were selected. Both received meals from the same central kitchen.

The medical profiles of the two groups of patients were similar and drug regimes were unaltered during the study. Most of the patients had communication problems and memory loss and were physically dependent on staff.

Patients in the intervention group weighed between 31.5kg and 76kg at the start of the study, with an average weight of 55.9kg. By the end of the study this average had risen to 56.4kg.

When the team looked at individual patients they found that the largest weight gain in the intervention group was 7kg (15.4 pounds) and the smallest was 0.6kg (1.3 pounds).

Patients in the control group weighed between 45kg and 76.3kg at the start of the study, with an average weight of 62.5kg. This average fell to 58.4kg over course of the study.

Staff in the intervention group attended a one-week training course run by a psychologist and professor of nursing science. It comprised 20 hours of lectures and 18 hours of group discussion covering three key themes: delivering care in a way that promotes the patient's integrity, how to communicate more effectively with patients with dementia and how to create a calmer and more homely environment.

During the study, the staff who had received training were asked to keep diary notes of any changes and they effect they had on patients. They also received support and encouragement from a research assistant, who spent most days on the ward, and a nurse researcher who visited the ward three to four times a week.

"We felt that this level of involvement in the project would make it easier for staff to accept and implement these new ideas" says Anna-Greta Mamhidir.

New pictures were placed on the dining room walls and staff worked with patients to print new patterns on curtains and tablecloths. Patients' rooms were given name plates, they were encouraged to have more private items in their rooms and staff wore brightly coloured clothes. The prepared trays sent by the kitchen were replaced with serving bowls and patients were encouraged to help themselves.

No changes were made to the control ward.

Staff on the intervention ward noted in their diaries that the changes increased the contact between patients and staff and created a more pleasant atmosphere.

"Patients took part in activities, sat at the table together during mealtimes and served themselves food from bowls, encouraging them to be more independent and interact more with other patients" says Anna-Greta Mamhidir.

"The initiative was so successful that staff on the control ward were given the same training at the end of the study so that they could make the same improvements on their ward."

Roger Watson, editor of Journal of Clinical Nursing, says that the research carried out by Mamhidir and colleagues makes a significant contribution to the field of food and dementia and has congratulated them for delving into what is a complex and difficult area.

"Societies are ageing and debates about food and old people and food and dementia -- which are regular topics in the Journal -- can only increase" he says.

"The current study shows a marked difference in weight change between the intervention and control groups and a strong link between weight gain and improved intellectual ability.

"I hope that it will stimulate further lines of enquiry as there is a vital need to improve nutrition among elderly patients, particularly those with Alzheimer's and other forms of dementia."

Reference: Weight increase in patients with dementia and alteration in meal routines and meal environment after integrity promoting care. Mamhidir et al. Journal of Clinical Nursing.16, 987-996.

Note: This story has been adapted from a news release issued by Blackwell Publishing Ltd..

## 認知症の人を支える機器

### Gadget to provide independence for dementia sufferers

18 April 2007

<http://www.craegmoor.co.uk/home/default.aspx>

A new gadget is set to help people with dementia lead freer lives in their homes by allowing the independent washing of hands.

Developed in Canada and Scotland, the device uses live videos of people washing their hands in order to alert them.

If they forget which stage they are at, they will be alerted by an audio or visual signal, a process which Dr Jesse Hoey says will make a huge difference to the lives of people with dementia.

With the bathroom being a place in which people desire privacy, the researcher of the device said that it was an area in which techniques could be developed to greatly assist people.

"Often they [people with dementia] want to stay in their own home as long as possible, but they can only do that with help," he added.

Having recently won an award at the International Association for Pattern Recognition, Dr Hoey has said that he is looking to develop the technology to enable independence in many other daily tasks, including those in the kitchen.

## アルツハイマー病の人への運動療法はADLの低下を防ぐ

Journal of the American Geriatrics Society  
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CLINICAL INVESTIGATIONS

### **Exercise Program for Nursing Home Residents with Alzheimer's Disease: A 1-Year Randomized, Controlled Trial**

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## Abstract

### OBJECTIVES:

To investigate the effectiveness of an exercise program in improving ability to perform activities of daily living (ADLs), physical performance, and nutritional status and decreasing behavioral disturbance and depression in patients with Alzheimer's disease (AD).

### DESIGN:

Randomized, controlled trial.

### SETTING:

Five nursing homes.

### PARTICIPANTS:

One hundred thirty-four ambulatory patients with mild to severe AD.

### INTERVENTION:

Collective exercise program (1 hour, twice weekly of walk, strength, balance, and flexibility training) or routine medical care for 12 months.

### MEASUREMENTS:

ADLs were assessed using the Katz Index of ADLs. Physical performance was evaluated using 6-meter walking speed, the get-up-and-go test, and the one-leg-balance test. Behavioral disturbance, depression, and nutritional status were evaluated using the Neuropsychiatric Inventory, the Montgomery and Asberg Depression Rating Scale, and the Mini-Nutritional Assessment. For each outcome measure, the mean change from baseline to 12 months was calculated using intention-to-treat analysis.

### RESULTS:

ADL mean change from baseline score for exercise program patients showed a slower decline than in patients receiving routine medical care (12-month mean treatment differences: ADL=0.39, P=.02). A significant difference between the groups in favor of the exercise program was observed for 6-meter walking speed at 12 months. No effect was observed for behavioral disturbance, depression, or nutritional assessment scores. In the intervention group, adherence to the program sessions in exploratory analysis predicted change in ability to perform ADLs. No adverse effects of exercise occurred.

### CONCLUSION:

A simple exercise program, 1 hour twice a week, led to significantly slower decline in ADL score in patients with AD living in a nursing home than routine medical care.

March 07, 2007 <http://www.sciam.com/>

### **Exercise slows decline in Alzheimer's patients**

NEW YORK (Reuters Health) - Nursing home residents with Alzheimer's disease who participate in a moderate exercise program have a significantly slower deterioration than those who receive routine medical care, researchers have shown.

Dr. Yves Rolland, of Hospital La Grave-Casselardit in Toulouse, France, and colleagues examined the effects of a program of exercise for one hour twice weekly on activities of daily living, physical performance, nutritional status, behavioral disturbance and depression among 134 Alzheimer's disease patients in nursing homes.

The patients were 83 years old on average. They were assigned to the exercise program, which focused on walking, strength, balance and flexibility training, or to routine medical care for 12 months.

As reported in the Journal of the American Geriatrics Society, 110 participants completed the study. Among the 56 subjects in the exercise group who completed the study, the rate of adherence to the program was about 33 percent on average.

At the end of the 12 months, the average activities-of-daily-living score was significantly more improved in the exercise group than in the routine medical care group, Rolland's team reports.

In addition, average walking speed improved significantly more in the exercise group than in the routine medical care group at 6 months and 12 months.

However, the exercise program had no apparent effect on behavioral disturbance, depression or nutritional assessment scores.

SOURCE: Journal of the American Geriatrics Society, February 2007.

## 指圧が認知症の興奮に有効

### Regular acupressure can significantly reduce agitated behaviour in dementia

n?chste Meldung 22.01.2007 <http://www.innovations-report.de/>

Acupressure can significantly reduce agitated behaviour in older patients with dementia, according to a study published in the February issue of the UK-based Journal of Clinical Nursing.

Researchers at the National Yang-Ming University in Taiwan found that providing 15-minute treatment sessions twice a day for five days a week yielded considerable benefits, including reductions in verbal and physical attacks and wandering.

But once the four-week treatment period ended, agitation levels started to rise again, suggesting that acupressure needs to be provided on an ongoing basis.

20 patients were studied over six weeks, including one week before the treatment started and one week after it finished. All lived in dementia special care units at a long-term care facility.

70 per cent of the patients suffered from severe behavioural disturbances, with a further five per cent suffering from extremely severe impairment. The remaining 25 per cent were classed as medium.

An average pre-treatment score of just over 79 was recorded on a specialist scale developed to measure agitation levels. After four weeks' treatment this had fallen to just under 60.

Pre-treatment agitation was highest in the 65-59 and 80 plus age groups (82 and 97 respectively) and in males (83).

“Agitated behaviour in people with dementia is a major concern for caregivers” says co-author Professor Li-Chan Lin from the Institute of Clinical Nursing at National Yang-Ming University, Taiwan. “It can endanger patients and others, make it necessary for them to be moved from familiar surroundings and

demoralise and psychologically distress caregivers.

“People are living longer and, as a result, we face increased numbers of people with dementia. It is very important that we find interventions that enable us to provide more effective care for them, both in their own home and in long-term care facilities.”

During the study, carried out with colleagues from the University, different types of agitation were measured on a specialist scale.

In week one, before the acupuncture treatment began, physical attacks were given an average score of 5.53. These included pushing, beating, scratching and pinching.

Agitation levels were measured daily and by week two, when the treatment began, the physical attack score had fallen to 1.46. By week five, the last week of treatment, the score had fallen to 0.53. In week six, when the treatment had stopped, the figure rose to 2.17.

Verbal attacks, which included repeated questioning and shouting, showed a pre-treatment score of 2.81 in week one, 0.54 in week two and 0.29 in week five. By week six it had risen to 1.36.

Similar patterns were recorded for non-physical and non-verbal agitation, which included wandering, stealing, undressing and tearing things.

Wandering aimlessly was measured using pedometers. This reduced from an average of 5,368 steps a day in week one to 2,611 in week five. By week six it had risen again to 3,374.

Patients received acupuncture based on five key pressure points ? Fengchi (GB 20), Baihui (Du 20), Shenmen (He 7), Niguan (Pe 6) and Sanyinjiao (Sp 6) ? after a short warm-up session which consisted of holding, rubbing and pressing the palms and finger joints on both hands.

Each acupuncture point was pressed for two minutes using three to five kilograms of pressure.

“Our study showed that providing patients with acupuncture twice-daily for five days a week significantly reduced agitated behaviour and wandering” says Professor Lin.

“This has important implications for the future care of dementia patients as it provides an effective option that, following training, can be carried out at home or in long-term care facilities.”

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