

Updates on Dementia Panel

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Case Study: Mrs. E

- 81 year old female
- Widowed, two adult children
- Dementia symptoms but no official diagnosis. Refused to complete diagnostic process. Poor insight.
- Very busy woman, educator, involved in school board, politics, & committees. Family believes her busyness is how she managed her anxiety. Anxiety never addressed medically or otherwise.
- Likely non-compliant with blood pressure and other medications.
- Now shops and hoards to fill the time and create a sense of control.
- Life long impulsivity, more pronounced now that she is retired.
- Outside of two adult children, no social network.
- Put her house up for sale but forgets about the contract and has unrealistic plans on where to live next.
- Losing weight, poor hygiene, still driving and at least twice gotten lost.
- Focus of careplan: Risk reduction

Case Study: Mrs. E

- Hired organizer to clean and empty the home and coached her on how to work effectively with Mrs. E.
- Coached family on their messages to mom. Learned how to ignore distorted thinking and to focus on the positive. They got better at not reasoning or over explaining and offering better choices.
- Worked on hoarding behaviors using steps and concepts from Buried in Treasures, D. Tolin. A slow and kind method.
- Once Mrs. E moved into senior housing, family hired a friendly visitor to provide driving and assistance with errands. The organizer stayed on to help with settling into her new home and getting connected socially at the residence. GCM hired to relieve family.
- Driving was very difficult to manage. Reported to DMV. Passed exam. Set up GPS monitoring. Stopped driving after accident.
- Medication compliance a constant struggle.
- Moved to Memory Care after wandering and fall incident.
- **Result: Risk reduction, stress reduction for family**

Case Study: Mrs. S

- 70 year old female
- Married, two adult children
- Dementia diagnosis. Symptomatic for 2 years before diagnosis.
- Two years ago began to slowly self isolate. Before was very active. Now has stopped attending the senior center and does not associate with her friends and during the holidays reported fatigue and did not travel to visit family out of state, for the first time.
- Husband reports she will do things with him. Otherwise stays at home, knits and watches TV. She has some insight into her deficits.
- Husband reports Mrs. S emotional lability, poor sleep, reduced exercise and reduced interest in formally enjoyable activities.
- Doctor diagnosis her with clinical depression but husband refuses medication for her.
- Husband reports significant caregiver burden.
- Focus of careplan: Caregiver education, coaching and support.

Case Study: Mrs. S

- Coaching husband on value of treating the depression
 - Started with medication
 - Hired a “friendly visitor” to take her on walks and on outings
 - Increased exercise, introducing mindfulness and tai chi
- Adult children were also coached on how to interact with mom
- Husband began taking her to the senior center.
- Husband attended support group and dementia education
- Hired maid service, used Munchery and landscaping service
- On-going coaching for husband as new issues arose
- Wife attended ADC
- Husband developed a support network through SG, ADC and AD events
- Husband hired in-home help
- **Result: Depression managed, caregiving situation**

supported and quality of life for both husband and wife improved.

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