Alzheimer’s Disease is a progressive brain disease that begins in the hippocampus and spreads throughout the brain.

**EARLY STAGES**
**What day is it?**
The disease begins in the hippocampus, then spreads to the frontal temporal lobe affecting recent memory, learning of new information, thinking, planning and organization.

**MIDDLE STAGES**
**Who are you?**
It moves further into the frontal temporal lobe and into the occipital and parietal lobes affecting sensory perception, communication, behaviors, impulse control, judgment and attention to personal appearance.

**LATE STAGES**
**Who am I?**
In the final stages the disease spreads throughout the brain and affects the ability to recognize anyone, including themselves, to control bodily functions and to eat and drink. Eventually, the brain can no longer tell the body what to do.
COMMUNICATION

Here are tips for trying to communicate with a person who has Alzheimer’s disease - both understanding and being understood.

- Choose simple words and short sentences and use a gentle, calm tone of voice.
- Avoid talking to the patient like a baby or talking as though he/she were not present.
- Minimize distractions and noise – such as television or radio – to help the patient focus on what you are saying.
- Call the patient by name, making sure that you have his/her attention before speaking.
- Allow time for response. Be careful not to interrupt.
- If the patient is struggling to find a word or communicate a thought, gently try to provide the word he or she is attempting to say.
- Frame questions and instructions in a positive way.
- Do not overwhelm the patient with too much information or anything that is not immediately relevant.

BATHING

While some people with Alzheimer’s disease don’t mind bathing, for others it is a frightening, confusing experience.

- Plan the bath or shower for the time of day when the patient is most calm and agreeable. Be consistent. Try to develop a routine.
- Bathing oftentimes becomes scary and uncomfortable for some patients with Alzheimer’s disease. Be gentle and respectful.
- Tell your patient what you are going to do, step by step, and allow him/her to do as much as possible.
- Prepare in advance. To lessen frustration, have everything needed ahead of time.
- Warm up the room beforehand and keep extra towels and a robe nearby. Test the water temperature before beginning; warm is good, hot is not.
- Minimize safety risks by using a handheld showerhead, shower bench, grab bars, and nonskid bath mats. Never leave the patient alone in the bath.
- Bathing may not be necessary every day. A sponge bath can be effective between showers or baths and makes it easier for both patient and caregiver.

DRESSING

Getting dressed can present a series of challenges – such as choosing what to wear, getting some clothes off and on and struggling with buttons and zippers.

- Try to have the patient get dressed at the same time each day so that he/she will come to expect it as part of the daily routine. Routine, routine, routine.
- Encourage the patient to dress him/herself to whatever degree possible. Plan and allow extra time so there is no pressure or rush. Focus on success and provide positive cues as much as possible.
- Allow the patient to choose from a limited selection of outfits. If he/she has favorite outfits or colors, consider purchasing several identical outfits.
- Arrange the clothes in the order that they are to be put on to simplify the process.
- Provide clear, step-by-step instructions if the patient needs prompting.
- Choose clothing that is comfortable, easy to get on and off, and easy to clean. Elastic waists and Velcro enclosures minimize struggles with buttons and zippers.
SLEEP PROBLEMS

For the exhausted caregiver, sleep can’t come too soon. For many people with Alzheimer’s disease, however, the approach of nighttime may be a difficult time. Many become restless, agitated, and irritable around dinnertime.

- Encourage exercise during the day and limit daytime napping, and make sure that the patient does not become too fatigued during the day, because that may increase late afternoon restlessness.
- Try to schedule more physically demanding activities earlier in the day. Bathing could be earlier in the morning, appointments and large family meals could be at mid-day.
- Set a quiet, peaceful tone in the evening to encourage sleep – schedule simple, calming activities in the afternoon and evening. Keep the lights dim, eliminate loud noises, and even play soothing music if the patient seems to enjoy it.
- Keep bedtime at a similar time each evening. Developing a bedtime routine may help.
- Restrict access to caffeine late in the day.
- During the afternoon hours, make sure lighting is adequate – not too bright and not too dim (reduce shadows). Use night lights in the bedroom, hall, and bathroom if the darkness is frightening or disorienting.
- Reassure and tell the patient what time it is and what they are to do.
- Avoid arguing or asking for explanations. Rational expectations on the caregiver’s part only provoke the patient’s frustration.

Sundowning Syndrome:
Restlessness or agitation beginning in the afternoon and worsening in the evening.

INCONTINENCE

Many people with Alzheimer’s begin to experience incontinence – the inability to control their bladder and/or bowels. This can be upsetting to the patient and caregiver. Sometimes it is due to physical illness, so be sure to discuss with the patient’s doctor.

- Establish a routine for taking the patient to the bathroom and stick to it as closely as possible, i.e., every three (3) hours – don’t wait for the patient to ask.
- Watch for signs that the patient may need to go to the bathroom, such as restlessness or pulling or removal of clothes. Respond quickly – don’t delay.
- Limit frustrations when accidents occur. Stay calm and reassure the patient if he/she is upset. Try to keep track of when accidents occur and help plan ways to avoid them.
- To help prevent nighttime accidents, limit certain types of fluids, such as those with caffeine in the evening. Prepare the bed with protective mattress covers.
- If you are going to be out with the patient, plan ahead. Know where restrooms are located, and have the patient wear simple, easy-to-remove clothing. Take an extra set of clothing along in case of an accident.
- Once the patient’s physician has established that the incontinence is not a physical illness, seriously consider the use of incontinence products.
**EATING**

- View mealtimes as an opportunity for social interaction and success for the patient with Alzheimer's disease. Be patient; avoid rushing and enjoy this time together.
- Aim for established quiet, calm and reassuring mealtimes, and adapt to the patient's changing needs and tastebuds; be aware of the increased risk of choking as the disease progresses.
- Serve small portions; and choose dishes and eating tools that promote and empower independence. Use straws or cups with lids to make drinking easier.
- Maintain routine dental checkups and daily oral hygiene. Make sure the dentist understands his/her illness.
- If the patient has difficulty using utensils, consider serving finger foods.

**WANDERING**

- Make sure that the patient carries some kind of identification or wears a medical bracelet. Consider enrolling the patient in an electronic monitoring bracelet program. If the patient gets lost and is unable to communicate adequately, identification will alert others to the medical condition. Notify neighbors, local authorities and the healthcare provider in advance that the patient has a tendency to wander.
- Keep doors locked. Consider a keyed deadbolt or additional lock, up high or down low on the door. If the patient can open a lock because it is familiar, a new latch or lock may help.
- Secure or put away anything that could cause danger, both inside and outside the house.
- Ensure that the patient does not have access to car keys.
- If wandering is a high risk, an electronic monitoring program may be the only alternative for safety during this stage.

**HALLUCINATIONS & DELUSIONS**

- Hallucinations and delusions may be a sign of a physical illness. Keep track of what the patient is experiencing and discuss it with the doctor.
- Avoid arguing with the patient about what he or she sees or hears. Respond to the feelings he/she is expressing, and provide reassurance and comfort.
- Try to distract and redirect the patient to another topic or activity. Sometimes moving to another room or going outside for a walk with the patient may help.
- Change the channel or turn off the television set when violent or disturbing programs are on. The patient with Alzheimer's disease may not be able to distinguish television programming from reality.
- Make sure the patient is safe and does not have access to anything he/she could use to harm him/herself or others.

**Delusions:**
Delusions are false beliefs from which the person cannot be dissuaded.
PARIETAL LOBE
- Perception of taste, aroma and texture of food
- Interpreting temperature
- Reading and mathematical functions
- Attention span
- Spatial interpretations
- Body image

FRONTAL LOBE
- Reasoning/Judgement
- Scheduling your day
- Imagining the future
- Attention span
- Emotional control
- Body movement and coordination
- Personality
- Speech

OCCIPITAL LOBE
- Interprets what a person sees and connects it to images already stored

TEMPORAL LOBE
- Language
- Sense of smell
- Memory
- Learning

THE HIPPOCAMPUS
Where Alzheimer’s begins
- Stores short-term memory and sends it out for long-term storage
MISSION STATEMENT:
The mission of Alzheimer’s Community Care is to promote and provide specialized, quality and compassionate care within a community based environments to patients and caregivers living with Alzheimer’s disease and related disorders.

We are a Florida based 501(c)(3) non-profit organization founded in 1996 to provide specialized care to patients and caregivers living with Alzheimer’s disease and related disorders.

Our team of professionals is skilled, educated and trained in dementia-specific care.

Our services include Specialized Adult Day Service Centers, Family Nurse Consultants, 24-hour Alzheimer’s Crisis Line, Support Groups, Case Management, Education, Training and Advocacy.

We ensure the well-being of patients and caregivers while preserving their dignity within a community-based environment.

Alzheimer’s Community Care serves as an innovative model of care by providing services and resources that are accessible, affordable, and individualized.

We proudly serve Palm Beach, Martin and St. Lucie counties (scan code for locations).

Alzheimer’s Community Care Center Locations

<table>
<thead>
<tr>
<th>Palm Beach County</th>
<th>West Lake Worth</th>
<th>West Palm Beach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boca Raton</td>
<td>Se Hablo Español</td>
<td>Baxter Complex</td>
</tr>
<tr>
<td>Phyllis &amp; Julius Siegel Center</td>
<td>3680 Lake Worth Road</td>
<td>800 Northpoint Parkway, Suite 101-A</td>
</tr>
<tr>
<td>4680 North Dixie Highway</td>
<td>Lake Worth, FL 33461</td>
<td>West Palm Beach, FL 33407</td>
</tr>
<tr>
<td>Boca Raton, FL 33431</td>
<td>561-432-0668</td>
<td>561-683-2700</td>
</tr>
<tr>
<td>561-391-6955</td>
<td>License # 8998</td>
<td>License # 8837</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delray Beach</td>
<td>Leo &amp; Anne Albert Center</td>
<td>Martin County</td>
</tr>
<tr>
<td>Betty Kroll Center</td>
<td>470 Barack Obama Boulevard</td>
<td>North Stuart</td>
</tr>
<tr>
<td>Seacrest Presbyterian Church</td>
<td>Pahokee, FL 33476</td>
<td>Prince of Peace Lutheran Church</td>
</tr>
<tr>
<td>2703 Seacrest Blvd</td>
<td>561-924-7283</td>
<td>2200 North Federal Highway</td>
</tr>
<tr>
<td>Delray Beach, FL 33444</td>
<td>License # 9032</td>
<td>Stuart, FL 34994</td>
</tr>
<tr>
<td>561-330-3541</td>
<td></td>
<td>772-692-6981</td>
</tr>
<tr>
<td>License # 9128</td>
<td></td>
<td>License # 8928</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lake Worth</td>
<td>Nativity Lutheran Church</td>
<td>St. Lucie County</td>
</tr>
<tr>
<td>Our Savior Lutheran Church</td>
<td>4075 Holly Drive</td>
<td>Ft. Pierce</td>
</tr>
<tr>
<td>1615 Lake Avenue</td>
<td>Palm Beach Gardens, FL 33410</td>
<td>St. Peter’s Lutheran Church</td>
</tr>
<tr>
<td>Lake Worth, FL 33460</td>
<td>561-630-4724</td>
<td>2900 South Jenkins Road</td>
</tr>
<tr>
<td>561-585-7781</td>
<td>License # 8940</td>
<td>Fort Pierce, FL 34981</td>
</tr>
<tr>
<td>License # 8852</td>
<td></td>
<td>772-466-3261</td>
</tr>
<tr>
<td></td>
<td></td>
<td>License # 9046</td>
</tr>
</tbody>
</table>