

Alzheimer's Aid Society's **FORGET-ME-NOT**

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IN THIS ISSUE:

President's Message.....	Sheryl Ashby.....	2
Love Is The Harmony That Makes The World Sing.....	Jeanne Hess, RN CGN.....	3
16 Ways to Get a Dementia Patient to Eat More Food.....	Bob DeMarco.	
Alzheimer's Reading Room.....		4-5
The difference between an AHCD and a PAHC ...	Ulric N. Duverney, Esq.	6
(Continued on page 11)		
Memorials.....		7
AAS Art Group with Tiffany.....	Tiffany Paige, Artz.....	8-9
Caregiver depression: Prevention Counts...Mayo Clinic Staff.....		10
AHCD and PAHC continued from page 6.....		11



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PRESIDENT'S MESSAGE

By Sheryl Ashby, CEO



Dear Friends:

We at the Alzheimer's Aid Society have been forced into making some changes in order to be more frugal. You may or not be aware that our donations to the Society have fallen drastically since the recession that began in 2008. We have been putting on more fundraisers and doing other things to help us raise money in order to keep our programs and services going. The fund raisers have helped, but not enough. We have therefore had to put our heads together and try to come up with other ideas to help the Society stay afloat.

Our newsletters are expensive to both publish and mail. One of the things that we decided to do to save money this year is to shorten the 'Forget-Me-Not' newsletter to 12 pages instead of the 16 that we have had in the past. We are also going to put it out quarterly instead of bi-monthly. These two changes will save money that needs to be spent in keeping our programming going. Because of these changes, the Support Groups will no longer be listed in this newsletter. If you need Support Group information, from now on, you will need to either call our office at (916) 483-2002 or (800) 540-3340 and speak with one of our volunteers, or you can visit our website at www.AlzAid.org. The Support Group information will be posted there.

We will also not be listing the location and times for our Alzheimer's Café's, for the same reasons. You will be able to get that information by call-

ing our office or going to our website as well. You can also sign up for our email "Happenings" which will keep you abreast monthly about the cafes and other vital information or events.

We apologize if this causes some inconvenience, but at this time, we have no other choice.

If there is anything that we can do to assist you in care-giving for your loved one, please contact us at the numbers listed. We would love to answer any questions that you have or help you to find a support group in your area. We have very caring volunteers, who have either cared for a loved one with Alzheimer's / Dementia or professionals who have worked with those who

WE WISH TO THANK THOSE OF YOU WHO HAVE BEEN SUPPORTING THE ALZHEIMER'S AID SOCIETY

Your donations are greatly appreciated. They are making it possible for the Society to provide our main services:

Support Groups
Both Caregiver and Patient groups
Blue and Green Books
'A Practical Guide for the Alzheimer's Caregiver' printed in English and Spanish.
There are many other services that your donations support.

THANK YOU SO MUCH!

LOVE IS THE HARMONY THAT MAKES THE WORLD SING

Jeanne Hess RN, CGN



“Love is the harmony that makes the world sing.” It is a lovely old saying, and I like to think that love can be the source of harmony in our everyday lives as well as those of the world.

As our seniors grow older and often lose their life long romantic partners, love can become a source of harmony in the routine of their unremarkable days; a love that embraces relationships with family, friends and caregivers. Even in one afflicted with dementia, there is a certain warmth and acknowledgment of love in a hug, a gentle clasp of hands, or even an understanding and compassionate eye contact. Although some may consider love as an abstract subject, tangible acts of love are all around us if we look for them, and more importantly, practice them.

Respect, consideration and compassion are aspects of love that can encompass all generations; artwork from a five year old, a poem by a budding teenager, or a simple board game with a young friend who will challenge a move and share bursts of laughter. Random acts of kindness to a senior have been known to radiate through their lives in ways you may not even realize, perhaps bringing their only sense of being loved and appreciated, even though from a stranger.

The real beauty of harmony in love and friendship is that neither can replace the other. They are emotions that we feel deep within ourselves and are the very basis of non-judgmental sympathetic understanding to those who look to us as a source of strength.



DID YOU KNOW THAT PETER FALK HAD ALZHEIMER'S?

Peter Falk was an American Actor who was best known for his role as Lt. Columbo in the T.V. series *Columbo*.

He was in numerous Movies and T.V. shows during his career.

Rumors of Falk's dementia plagued him in the final years of his life. After a series of dental operations, his condition worsened. Dr. Read said that 'Falk's condition was so bad he could no longer remember the character of Columbo.'

Falk passed away at age 83 from cardiorespiratory arrest, with pneumonia and Alzheimer's disease as underlying causes.

16 Ways to Get a Dementia Patient To Eat More Food

By Bob DeMarco
Alzheimer's Reading Room

As Alzheimer's or dementia progresses, getting a patient to eat a nutritious meal, or to eat enough, can become a problem. This can cause the dementia caregiver to become frustrated, confused, and even angry. It can also bring on feelings of sadness and hopelessness.

1. The First Question I Always Ask is - What Color are Your Plates?

In a study conducted at Boston University, researchers found that patients eating from red plates consumed 25 percent more food than those eating from white plates.

Before you go, let me ask you this simple question? Are you sure an Alzheimer's patient can see the food on the plate? Meaning, see it in a way that you and I do, and then eat it.

2. Make eye contact while eating.

Sit directly in front of your loved one living with dementia and make eye contact while eating.

Smile and wait for them to smile back at you.

Then start eating **without talking** (you start eating). Keep quiet.

Be patient, very, very patient, keep making eye contact, and wait for them to follow your lead.

Be patient are the key words here. You might have to do this for a while before it starts working. Remember, you are trying to break a bad pattern and replace it with a good pattern.

3. Did I Say Keep Your Mouth Shut?

Try to convince a person living with Alzheimer's, if they are at the point of not eating, that they must eat **is counterproductive to your effort.**

Trying to explain why they need to eat is counter productive.

The proper mind set here is learning to be a **guide**. A good guide makes eye contact and smiles.

A good guide demonstrates how to eat each and every time. (like it is the first time, every time). The good guide does this with a smile on their face.

Here are some additional eating tips for dementia patients.

1. Utensils. At some point your patient might have problems using forks, knives, spoons, etc. If so, consider trying finger food. Chicken strips, fish stick, hamburgers, and even shrimp fall into this category.

2. Make eye contact while eating. If possible sit directly in front of your dementia patient and make eye contact with them and **smile before you start eating.** Then start eating without talking. Hopefully they will follow your lead. Be patient; you might have to do this for a while before it starts working. Get the smile back.

3. Arrange the food on the plate. If the patient is having trouble eating, try less food (portion size), and fewer items. One or two food choices. In addition, **If there is one food your patient really likes**, put that on the plate and another food right next to it.

In our case my mother **loved mashed potatoes.** So, I placed the dish in a way so the mashed potatoes were on the right (as she looked at the plate),

And the cut meat (steak, chicken, pork chop, etc) were on the left. My mother ate left handed and this is why I put the mashed potato on the right. I also cut the meat or fish in very small pieces. She had to go over the meat to get to the potatoes with her fork, so my thought was, she had to see the meat.

4. Praise the food. It is best to get in the habit of eating right along with your loved one. If you are going to talk, praise the food. Not a long explanation, a simple explanation - **yum, this is delicious. Good positive reinforcement** can be helpful. You might praise your patient for eating also.

5. Create a Positive Atmosphere before you eat. Don't just **plp** the food down in front of your loved one. Create a positive atmosphere. For example, while I had Dotty sitting at the kitchen table, and while I was preparing the meal, I would start singing one of Dotty's favorite songs, like **Shine on Harvest Moon**. Or, I would just make up some song to get her attention and get her to interact with me. **Singing always put Dotty in a good mood.**

6. Shut up. Once Dotty started eating I would usually shut up. This was so she wouldn't get **distracted** from the food. Alzheimer's patients are easily distracted, and can get confused if you try to get them to **multi-task**. One task at a time.

7. Eat small all day long. I know our friends in Australia and New Zealand will get a kick out of this one. I would give Dotty **six potato chips at a time**. If you can get your loved one to eat a small amount, several times during the day, that might help.

8. How important is nutrition? It is important for certain. However, you have to be **realistic**. For example, **ice cream** usually works very well. It is a source of liquid. You might have to resort to using Boost or Ensure to supplement meals. I did that in the latter stages. About 3-4 ounces at most, at one time. Think this way. **One piece** of broccoli or spinach is better than nothing. So, think small all day long

9. Ask yourself some questions. What did your Alzheimer's patient **like to eat best in the past?** Not what you like or think is best, what did *they* like? **Dotty would eat linguine with white clam**

sauce with reckless abandon every time. She loved it. She also liked pork chops, and mashed potatoes. I ate more pork chops and mashed potatoes while I was caring for Dotty than I had in the previous 30 years.

10. Eating is a problem. About 40 percent of Alzheimer's patients start losing an unhealthy amount of **weight** at some point. So, this is a common caregiver problem. You are **not alone** with this problem. Try not to get frustrated. Instead, **think positive**, smile when it is time to eat, and sing or play music.

11. Try to be flexible and patient. **Patience means giving your loved one plenty of time to eat without chastising them or blaming them for not eating.** They would eat if they could, so resist the temptation to get all **stressed and negative**.

12. Try this. How would you like to be treated if you were having problems eating through no fault of your own?

Alzheimer's patients move slowly, and they are usually on a different clock than we are. Get on their clock, **slow down**.

Don't approach the problems that come along with dementia with dread.

13. Yes, you can be wonderful. Of this I have no doubt. One thing you will need to consider is if the person living with dementia is unable to eat - they might find it difficult, painful, or impossible to swallow. You should **discuss** this issue with a qualified specialist. Specialist means a person or doctor that actually deals with this problem - all the time.

Hopefully, by **guiding** rather than **cajoling** you might get a patient to eat just enough.



Distinguishing Between an Advance Health Care Directive (AHCD) and a Power of Attorney for Health Care (PAHC)

Ulric N. Duverney, Esq.

Often when I'm preparing or reviewing an estate plan for a client, I am asked if there is any difference between a living will, advance health care directive and a power of attorney for health care. I give the usual attorney answer "it depends on what's contained in the document."

Traditionally, a living will is a quality of life/end of life statement. Typically the person creating the living will, will indicate that if their physical condition deteriorates to the point where machines are necessary to keep them alive, they do not want to be "hooked up" or if they are in a vegetative state, that they are not to be revived should their heart stop beating.

As people became more proactive in their health care, advance health care directives became more common. In the advance health care directive you could make an end of life/quality of life statement plus you could indicate whether or not you would agree to undergo certain types of medical treatment if the need arose.

With a power of attorney for healthcare you are authorizing someone to make your health care decisions for you when you are incapable of doing so on your own. In the health care power of attorney, you can also include quality of life/end of life terms as well as state if there are certain medical

procedures you would or would not be willing to undergo.

In California, there are two primary types of health care documents executed by a person when planning for future health care decisions: an advance health care directive (AHCD) and a power of attorney for health care (PAHC).

A PAHC is defined as "a written instrument designating an agent to make health care decisions for the principal" In comparison, an AHCD means "either an individual health care instruction or a power of attorney for health care." Thus an AHCD usually includes both designation of an agent and health care instructions, but may be only a written health care instruction that indicates a preference for a type of health care without designating an agent.

Under the Health Care Decisions Law, there are two basic types of AHCDs: a statutory form and any other writing such as attorney-drafted forms. This law authorizes an adult having capacity to make an oral or written "individual health care instruction" that provides direction for future health care decisions or for the patient to appoint an agent under a power of attorney for health care. The PAHC is durable when the principal provides that it shall not be

(CONTINUED ON PAGE 11)

**Donations Received *In Memory of:*
August 22, 2016—February 7, 2017**

*Thomas K. Atkins
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Donations In Honor of:

Ida Beltrami

SUPPORT GROUPS:

Our 'Forget-Me-Not' newsletter will no longer carry the Support Group information. To get this information, please, either call our office at (916) 483-2002 or (800) 540-3340 and talk with one of our volunteers, or go to our website at www.AlzAid.org. The information will be posted there.

AAS Art Group with Tiffany Paige

The room was filled with the music of Mozart as participants entered the room. The morning group was receptive and playful as we explored the senses with the feeling of rocks, the taste of fresh picked apples and the smell of essential oils. Afterwards, the group was guided to close their eyes and "conduct" to the music of Mozart, and then take that "feeling" of the music to their paper and draw and paint what they heard and felt. Dick's aggression lessened as he focused on his painting, Judy expressed curiosity about the colors being used and compared them to the colors in the room. Everyone participated and engaged and was opened to this new style of creativity.

In the afternoon class, Sig brought his book of colorings, which he shared proudly and Lorraine was especially drawn to his work. They shared together which set an inspired tone for the entire group to move in to their "Painting to Mozart" time. Jim created a beautiful abstract piece and showed an increased attention span. Lorraine said "I think this is good for all of us. This is really something".

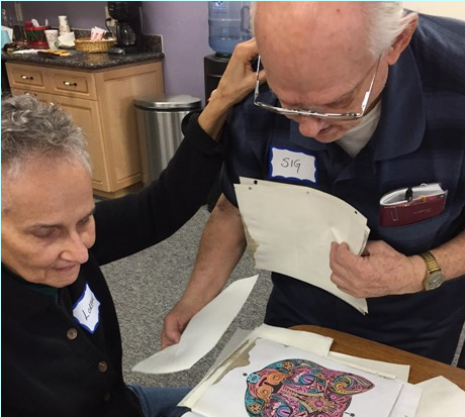
We closed both sessions with sharing time, where the group was able to express verbally what they created and what it meant to them. There were numerous opportunities for social connection and the day ended with participants and loved-ones celebrating the many accomplishments made.

Pictures tell a thousand words, so I have included a few for your enjoyment.

Please let me know if you have any questions. Thank you!

(Po and Dick)





(Lorraine and Sig)



(Enjoying art with Tiffany)



(Elaine)

CAREGIVER DEPRESSION: PREVENTION COUNTS

By Mayo Clinic Staff

Caregiver depression can take a toll on you and your ability to care for your loved one. Understand the signs of caregiver depression and how to prevent it.

Care-giving can be physically and emotionally stressful. To provide the best care possible, you might put your loved one's needs before your own. In turn, you could develop feelings of sadness, anger and loneliness, as well as guilt. Sometimes, these emotions trigger caregiver depression.

What are the symptoms of caregiver depression?

Everyone has a bad day sometimes. However, depression is more than just a bout of the blues. It is a mood disorder that causes a persistent feeling of sadness and loss of interest. During an episode of depression, symptoms occur most of the day, nearly every day and might include:

- Feelings of sadness, tearfulness, emptiness or hopelessness
- Angry outbursts, irritability or frustration, even over small matters
- Loss of interest or pleasure in most or all normal activities, such as sex, hobbies or sports.
- Sleep disturbances, including insomnia or sleeping too much.
- Tiredness and a lack of energy, so even small tasks take extra effort
- Changes in appetite—often reduced appetite and weight loss, but increased cravings for food and weight gain in some people.
- Anxiety, agitation or restlessness.
- Slowed thinking, speaking or body movements.
- Feelings of worthlessness or guilt, fixating on past failures or blaming yourself for things that aren't your responsibility.
- Trouble thinking, concentrating, making decisions and remembering things.
- Frequent or recurrent thoughts of death, suicidal thoughts, suicide attempts or suicide.
- Unexplained physical problems, such as back pain or headaches.

What can I do if I develop caregiver depression?

If you're experiencing signs or symptoms of caregiver depression, consult your doctor or a

mental health provider. Depression isn't a weakness and you can't simply "snap out" of it. It can also affect the quality of care you're able to provide for your loved one. However, most people who have depression feel better with the help of medication, psychological counseling or other treatment.

What can I do to prevent caregiver depression?

You can take steps to prevent caregiver depression. For example:

- **Reach out for help.** Don't wait until you feel overwhelmed to ask for help caring for a loved one. If possible, get your whole family and close friends involved in planning and providing care. Seek out respite services and a caregiver support group. A support network can keep you from feeling isolated, depleted and depressed.
- **Keep up other relationships.** Care-giving can take time away from replenishing personal relationships—but showing loved ones and friends you care about them can give you strength and hope.
- **Start a journal.** Journaling can improve your mood by allowing you to express pain, anger, fear or other emotions.
- **Take time for yourself.** Participate in activities that allow you to relax and have fun. Go to a movie, watch a ballgame, or attend a birthday party or religious gathering. Regular physical activity and meditation also can help reduce stress. Aim to get plenty of sleep and eat a healthy diet.
- **Stay positive.** Care-giving allows you to give something back and make a difference in your loved one's life. Care-giving might also have spiritual meaning for you. Focus on these positive aspects of care-giving to help prevent depression.

Remember, if you think you're depressed, seek help. Proper treatment can help you feel your best.



(CONTINUED FROM PAGE 6)

Affected by the subsequent incapacity of the principal; in other words, it “endures” incapacity.

An AHCD may grant authority to the agent to make personal care decisions for the principal. These decisions include determining where the principal will live. Thus it may be helpful to include specific provisions in the AHCD that address personal care concerns.

Under California law there is a rebuttable presumption that a patient has capacity to make a health care decision and to give or revoke an AHCD. Unless otherwise provided in an AHCD or PAHC, the authority of the agent becomes effective only on the determination that the principal lacks capacity. Capacity is defined as “a person’s ability to understand the nature and consequences of a decision and to make and communicate a decision, and includes in the case of proposed health care, the ability to understand its significant benefits, risks, and alternatives.”

Unless the AHCD states otherwise, a determination of capacity or a determination of the authority of the agent shall be made by the primary physician. The ‘primary physician’ is generally defined as a physician designated by the patient or the patient’s agent, conservator to have primary responsibility for the patient’s health care.

The agent has a duty to act consistently with the principal’s desires as expressed in the PAHC or otherwise made known to the agent at any time or, if the principal’s desires are not known, to act in the principal’s best interest, and the law requires that agent to consider the principal’s personal values when determining what would be in the principal’s best interest.

When you appoint an agent under a

health care power of attorney you are making that person your eyes, ears, and voice with respect to your health care when you are incapable of making these decisions on your own. It is very important that you discuss with your agent your philosophy and feelings with respect to types of medical care you are willing to undergo, and your quality of life and end-of-life decisions. It is important to select an agent who is not in conflict with your philosophy and feelings on these subject matters.

One final note, after you execute your power of attorney for health care, make sure your loved ones are 1). Aware that it exists and 2). They know where it is. Without knowledge of your power of attorney or possession of it, it is very likely that your wishes may not be carried out.

Do you have Legal Questions???

Are you looking to qualify for Medi-Cal or V.A.?

We have answers for you.

We offer free legal consultations with a licensed Attorney.

To avail yourself of these services, please call the Alzheimer’s Aid Society at
(916) 483-2002
or
(800) 540-3340

We will set you up with an appointment

Foyt-McNay



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