

# Florida Department of Health

## Special Needs Shelters: Caring for Those with Memory Impairment

To protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.



# Continuing Education

## 1 Hour CNE

- ARNP
- RN
- LPN
- CNA

Make sure you sign in as your name appears on your license and put your license number on the sign in sheet.



# Presentation Objectives

- ✘ Review 2014 legislation regarding Alzheimer's Disease in Special Needs Shelters
- ✘ Understand how a Special Needs Shelter can impact cognitive ability
- ✘ Learn basics about Alzheimer's Disease & related dementia, stages, & what to expect
- ✘ Discuss techniques for communicating with people affected by Alzheimer's Disease
- ✘ Review possible behavior challenges
- ✘ Learn about Resources available for people with Alzheimer's Disease

# HB 709

- × An act relating to Alzheimer's disease:
- × Amending Section 252.355, F.S., Emergency Management SpNS Registry
- × Amending Section 381.0303, F.S., Special Needs Shelters Staffing
- × Provides funding to support Alzheimer's research



# EMERGENCY MANAGEMENT RESPONSIBILITIES

Requires the Division of Emergency Management, in coordination with local emergency management agencies, to maintain a registry of persons with special needs; requiring the division to develop & maintain a special needs shelter registration program by a specified date; (March 2015)

# Memory Care Clinics

Shall provide Special Needs Shelter registration information to their clients and assist emergency management agencies by annually registering persons with special needs shelters as part of the program intake process, and establishing programs to educate clients about the registration process and disaster preparedness safety procedures.

# Department of Health Responsibilities

Provide additional staffing requirements for special needs shelters; including a staff member who is familiar with the needs of persons with Alzheimer's disease.

# Department of Health Responsibilities

Require special needs shelters to establish designated shelter areas for persons with Alzheimer's disease or related forms of dementia to enable those persons to maintain their normal habits and routines to the greatest extent possible.



# Prevalence of Alzheimer's Disease

- × According to the Alzheimer's Association, an estimated 5.4 million individuals in the United States are living with Alzheimer's Disease (AD).
- × Just over 450,000 individuals in Florida are living with AD.
- × 13,818 in Orange County

<http://elderaffairs.state.fl.us/doea/alz.php>



- × By 2020, it is anticipated that 510,000 individuals will be living with AD.
- × The prevalence is growing at a rate of increase of more than 20 percent every 10 years.
- × Many Alzheimer's patients live at home with assistance
- × In the late stages of Alzheimer's Disease, many patients require care 24 hours a day

# Normal Changes with Aging

Older adults can experience changes that can make shelters a difficult place

- × Hearing loss
- × Vision/depth perception trouble
- × Range of motion – mobility problems
- × Incontinence
- × Multiple medical conditions – poly pharmacy
- × Change in cognitive status

# Normal Reactions to Stress

The change in environment & stressful situation (pending hurricane) can bring out cognitive challenges for all ages.

# Normal Reactions to Stress

Under normal circumstances, cognitively intact older adults may have more difficulty with recall, learning new information and finding the right words.

They can be more easily distracted and have difficulty with multi-tasking.

# Dementia

Dementia is a general term for loss of memory or cognitive disabilities.

It is a symptom of decreased cognitive ability, not a disease itself that interferes with usual activities and daily life.

# Dementia

Progressive decline in mental function in two or more areas:

- Language (write/speak/understand)
- Memory (learn and recall new information)
- Visuospatial abilities (symbols and space)
  - Reading and understanding street signs
- Executive function (plan/reason/solve/focus)

# Dementia

- × Although Alzheimer's disease (AD) is the most common type, below are some other types of dementia, which can present differently and may impact people who are younger:
  - × Vascular/Multi-Infarct Dementia
  - × Dementia with Lewy Bodies
  - × Parkinson's Disease (Estimated 50%-80%)
  - × Frontotemporal Dementia

<http://www.alz.org/dementia/parkinsons-disease-symptoms.asp>





# Alzheimer's Disease

- ✘ People with AD have difficulty with recent memories – unable to retain new information
- ✘ Long-term memories remain relatively intact and can create moments of connection
- ✘ One of the greatest risk factors is age
- ✘ Diagnosis is made by a medical doctor after reviewing history, labs, brain scans, cognitive testing, and other pertinent information

# Alzheimer's Disease

Although typically a disease of age, some may be younger 40's and 50's

Medications can possibly help slow deterioration and may improve functioning

- Aricept, Exelon, Razadyne
- Namenda

Recognize each person unique and experiences stages/illness differently

# Stages - Early AD Signs & Symptoms

- × Forgetfulness/memory loss
- × Poor judgment
- × Loss of spontaneity & initiative
- × Fearfulness & depression

# Stages - Early AD Signs & Symptoms

- × Problems with activities of daily living
- × Language (trouble finding words)
- × Needing control (possessions & events)
- × Accusations, paranoia

These people may still live alone and function pretty well, but during a disaster, they will have difficulty if they go to a general population shelter.

# Stages – Middle AD Signs & Symptoms

- × Poor short-term memory
- × Language difficulty
- × Increased disorientation
- × Social withdrawal
- × More spontaneity, fewer inhibitions

# Stages – Middle AD Signs & Symptoms

- ✗ Agitation & restlessness, fidgeting, pacing
- ✗ Inability to think abstractly
- ✗ Repetitive actions & speech
- ✗ Hallucinations & delusions

# Stages - Late AD Signs & Symptoms

- × Little or no memory
  - × Inability to recognize self in mirror or recognition of family or friends
- × Loss of language

# Stages - Late AD Signs & Symptoms

- × Complete dependence for all care needs
- × Loss of body functions
- × Difficulty eating, swallowing – weight loss
- × Difficulty with coordinated movement



# Warning Signs

- ✓ Memory loss
- ✓ Difficulty performing familiar tasks
- ✓ Problems with language
- ✓ Disorientation to time and place
- ✓ Poor or decreased judgment
- ✓ Problems with abstract thinking
- ✓ Misplacing things
- ✓ Changes in mood or behavior
- ✓ Changes in personality
- ✓ Loss of initiative
- ✓ Mild Cognitive Impairment

# Communication

- × Keep it simple – avoid open-ended questions
- × Repeat instructions
- × Allow time for information to be absorbed
- × Be sensitive to frustrations about expressing wants/needs

# Possible Behavior Challenges

- × Restlessness
- × Increased confusion
- × Pacing/Wandering
- × Hallucinations/Paranoia
- × Agitation
- × Combativeness

# Understanding Behaviors

- ✘ Behaviors are triggered – Ask yourself, what is causing behavior?
- ✘ If you can, remove/neutralize the trigger to manage the behavior –
  - ✘ Internal: pain, infection, medication, hunger, thirst, need to toilet, need to reposition, boredom
  - ✘ External: too noisy, crowded, hot, cold, busy, bright lights, glare, shadows

# Possible Challenges

## Avoiding Conflict

Do not argue – recognize changes occurring in the brain – let it go

- ✘ Safety first
- ✘ Promote comfort & security
- ✘ STAY CALM 😊

# Seven “R”s to consider

- ✓ Recognize
- ✓ Reassure
- ✓ Remind
- ✓ Reminisce
- ✓ Redirect
- ✓ Refer
- ✓ Resources

# Recognize

Memory loss may not be immediately noticeable

Social graces tend to remain intact

Be aware of medications used for memory:

- ✘ Donepezil/Aricept
- ✘ Exelon
- ✘ Razadyne
- ✘ Namenda

# Recognize – cont.

- × May have difficulty in choosing appropriate items to take to the shelter
- × Frequently appears “cognitively intact” during casual conversation
- × Soon becomes repetitive
- × Personal hygiene may be lacking
- × Sundowning



# Reassure

- × We will go home soon
- × We are in a safe place
- × Yes, your family will know.....

# Remind

- × Storm is coming
- × Provide orienting information
- × Use more than verbal cues
- × Be consistent

# Reminisce

- × Utilize stored skills
- × Allow them to tell their story
- × Buddy system

# Redirect

- × Steer the individual to the task at hand
- × Stop sign on the door
- × Continue to encourage
- × Negotiate



# Redirect

Assign a one step role

- × Distributing information sheets
- × Give out blankets
- × Greeter
- × Folding Towels

# Best Approaches

Leave logic at the door – the person loses the ability to reason – so validate feelings and connect with person

Do you know anything about the person – if not, ask questions about their younger days, see if there is a way you can build a relationship or something that connects you

# Best Approaches

Mirror – be attune to your own body language, voice, and responses – they will respond to the feelings more than the words

Words lose their meaning – can you show what you want to communicate

White lies –to make the experience easier for the person

# Best Approaches

- Play music from their generation to keep calm or utilize battery DVD players to watch classics – “I Love Lucy” or shows from the past
- Utilize the senses – how can you create a calm environment or at least space for the person
- Food...never discount the ability of sweets or a special drink (not alcohol or caffeine) to help



# Best Approaches

Most will come with a family member – how you can support the “caregiver”

- Recognize the person is doing the best he/she can
- Caregivers are often stressed, exhausted, and pushed beyond their limits before they enter the special needs shelter....so be gentle on them

# Resources

- × Talk with family if available
- × Memory Disorder Clinics
- × Go to the Department of Elder Affairs website [www.elderaffairs.state.fl.us](http://www.elderaffairs.state.fl.us)
- × Alzheimer's Association: <http://www.alz.org>



# Refer

- × **Memory Disorder Clinics**

<http://elderaffairs.state.fl.us/doea/alz/cliniccontact.pdf>

- × **Adult Protective Services**

<http://www.myflfamilies.com/service-programs/adult-protective-services>

- × **Call the Elder Helpline at (800) 963-5337**

- × **Veterans Administration: <http://www.va.gov>**

# Quiz

## True or False?

Alzheimer's disease is a normal part of aging?

# Answer

- ✓ False....Alzheimer's disease is **not** a normal part of aging

# Quiz

## True or False?

Alzheimer's disease is a disease of age - younger people do not develop the disease?

# Answer

- ✓ False....Alzheimer's disease primarily affects older persons; however, younger people **can** develop the disease

# Quiz

## True or False?

A change in environment or routine can increase confusion & may create challenging responses or behavior changes?



# Answer

- ✓ True...A change in environment or routine can increase confusion and may create challenging responses or behavior changes

# Quiz

## True or False?

The way you to talk or interact with a person with Alzheimer's disease has no effect on their response?

# Answer

- ✓ False...the way you talk to or interact with a person with Alzheimer's disease **does** have an effect on their response

# Quiz

## Open Answer

What are some things you can do to make the environment or situation better for a person with Alzheimer's disease or related dementia and their family member when they are in the special needs shelter?

# Open Answer.....

If possible :

- × Find a smaller environment where not as much noise, not as many people, and individual can roam around safely
- × Utilize senses – create warm environment
- × Play music or old movies

# Wrap Up

**Any questions???????**

**THANK YOU for all that you do!!! We  
appreciate YOU!!!**



# References

- × Alzheimer's Association. (2014). Alzheimer's Disease Facts and Figures booklet.
- × Florida Alzheimer's Disease Initiative. (2012). Understanding & Dealing with Alzheimer's disease and related disorders Education Manual.
- × Green, Cynthia R. (1999). Total Memory Workout. New York: Bantam Books.
- × Francine C. Parfitt, MSH, Director – Memory Disorder Clinic Mayo Clinic Florida



# References

- × Florida Department of Elder Affairs
- × Bright Focus Foundation (2013, August). Everyday Life with Alzheimer's Disease. Retrieved July 1, 2014 from <http://www.brightfocus.org/alzheimers/livingwith/everydaylife.html>.
- × National Institute on Aging (2014, June). Caregiver Guide: Tips for Caregivers of People with Alzheimer's Disease. Retrieved June 30, 2014 from <http://www.nia.nih.gov/alzheimers/publication/caregiver-guide>.