

Eating

Weight loss is common among individuals with dementia, regardless of whether they are cared for at home or in a long-term care facility. Assessing why they are not eating and obtaining an accurate diagnosis are the first steps toward maintaining adequate nutrition and body weight.

Techniques to Ensure Eating:

- Consult a physician to detect any medical causes.
- Request a swallowing assessment from a speech therapist if the person is regularly having trouble chewing and swallowing.
- Have the person sit in an upright position.
- Try to have them eat with others to increase socialization and make mealtimes more pleasant.
- Check that their mouth is empty, especially if they hoard food.
- Make sure they have their glasses, dentures, and hearing aids.
- Prompt or feed those who can't feed themselves.
- Give them adequate food they like and snacks.
- Present one item at a time.
- Serve the drink last if the individual drinks too much and will not eat.
- Serve pre-cut or finger food.
- Reassure the person that you will make sure they are well fed.

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Alzheimer's Tennessee Mission:

To serve those facing Alzheimer's disease and related dementias, to promote brain health through education, and to champion global prevention and treatment efforts.

Alzheimer's Tennessee, Inc. is the only independent 501(c)3 not for profit organization that has been in Tennessee for families facing Alzheimer's since 1983.

100% of funds raised benefit Tennesseans.

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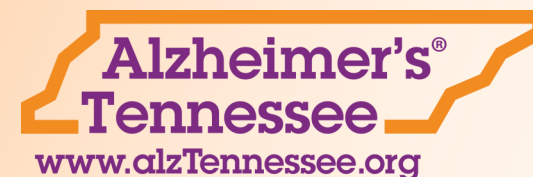
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ACTIVITIES OF DAILY LIVING WITH DEMENTIA



An individual's capacity to perform everyday tasks involved in personal care – commonly called activities of daily living (ADLs) – is a primary factor affecting quality of life. Caregivers must judge when it is necessary to provide assistance, while at the same time preserving the person's dignity.

Keep in mind that a person's abilities may change not only as a result of the progression of the disease, but due to other medical or behavioral issues. Consult a healthcare professional to detect possible causes.



**Alzheimer's: A Journey
No One Should Take Alone**

≡ Tips for Completing Activities of Daily Living

Dressing

Getting dressed can present a complicated series of challenges for individuals with dementia. Their need for assistance could range from having someone select outfits for them to physically dressing them from head to toe.

Strategies for Dressing:

- Encourage the individual to dress himself to whatever extent possible.
- Intervene when attempts at self-dressing are not working.
- Recognize the need for a sense of dignity.
- Set a daily routine; try to have the individual get dressed at the same time each day.
- Do not rush the process.
- Give one-step instructions if the person needs prompting.
- Limit the choice of outfits.
- Clear closets and drawers of excess clothing to reduce confusion.
- Provide loose-fitting, comfortable clothes with elastic waistbands.
- Lay out the articles of clothing in the order they are to be put on.
- Use a consistent method of helping the individual dress each day. For example, first dress their upper body and then the lower body. If the individual can still dress himself, hand him one article of clothing at a time in the same order each day.
- Use gestures to show the individual what to do.
- Do not argue if they want to repeat the same outfit.

Incontinence

Proper use of the toilet requires a complex mixture of motivation, internal cues, visual recognition and motor skills—all of which diminish with dementia.

Typically, an individual first develops episodic urinary incontinence that slowly progresses over a period of years to total loss of bladder control. A similar pattern is seen with bowel control, which becomes impaired in the later stages of dementia. The rapid onset of incontinence suggests a behavioral or medical change, and should be evaluated by a physician.

Methods for Toileting:

- Treat the individual with respect and dignity.
- Be reassuring when accidents occur.
- Establish a routine; for example, take the person to the bathroom every two hours while awake.
- Try to respond quickly to an individual's request for the bathroom.
- Watch for non-verbal cues, such as facial expressions or tugging on clothing.
- Put up signs (with illustrations) to indicate the bathroom door.
- Use easy-to-remove clothing, such as those with elastic waistbands.
- Avoid stimulants in the evening.
- Continue to let ambulatory individuals use the bathroom, even if they are managed with adult briefs, until such efforts are counter-productive.
- Do not give liquids a few hours before bedtime.



Bathing

Bathing is a complex activity of daily living composed of several phases: undressing, introduction into the shower or tub, washing, drying and re-dressing. Recognizing a person's abilities and preparing ahead of time can help simplify the process.

Tips to Ease Bathing:

- Follow the same bathing pattern as pre-onset of the disease – time of day, frequency, etc.
- Provide privacy and be reassuring.
- Give one-step instructions and non-verbal cues.
- Prepare in advance – get soap, towels and other bathing items ready and lay out clothing.
- Make sure the room temperature is appropriate for disrobing.
- Minimize safety risks by never leaving the person unattended in the bath area, and by installing a non-skid surface and grab bars in tubs/showers.