

Family Information

It is often very helpful for Families to have information about chronic diseases that occur frequently in senior individuals. Some basic information about a list of these diseases is included here. Topics covered include; Alzheimer's, Dehydration, Depression, Infection, Medication Use, Mobility, Pain, Pressure Ulcer, Urinary Incontinence, Wandering, and Weight Loss.

Facts about Alzheimer's

Alzheimer's Disease is a gradual and irreversible decline in memory, perception of time and space, speech and eventually, the ability to care for one's self. It is the most common cause of loss of mental function in people aged 65 or older and affects more than 4 million people in America. The brain of an Alzheimer's patient shows abnormally shaped proteins in an area that most commonly affects memory.

Risk Factors and Age Issues

The cause of Alzheimer's is a mystery, although a family history of the disease is often present. Head injury, Down Syndrome, exposure to environmental cause, viruses and food-borne poisons have all come under suspicion as causes, but no definite link has been found. The diagnosis of Alzheimer's is usually made by ruling out other causes for the symptoms since microscopic inspection of the brain is the only sure way to determine the presence of the disease.

Symptoms, Diagnosis and Dealing with Alzheimer's and Other Age Related Dementia

The onset of Alzheimer's disease is usually slow and gradual. Common, everyday tasks become unfamiliar and intimidating. As the disease progresses, patients will have problems with even remembering what day or year it is. Behavioral changes are also common, including suspicion and delusion. Eventually, the patient becomes completely incapacitated and unable to perform basic functions like eating and using the bathroom. Developing pneumonia and other illness is common in those suffering from Alzheimer's.

The ten most common warning signs of the presence of the disease include memory loss, difficulty performing familiar tasks, problems with language, disorientation to time and space, poor or decreased judgment, problems with abstract thinking, misplacing things, changes in mood or behavior, changes in personality and the loss of interest in activity.

Easing the Impact

The fear and frustration experienced with the progression of Alzheimer's disease is devastating. There is no medical treatment to cure the disease, although some new drugs have been shown to temporarily improve or stabilize memory in some individuals. Allowing professional healthcare providers to care for those suffering from Alzheimer's disease or other age related dementia could provide reassurance for the patient and for family members.

Facts about Dehydration

Dehydration is a condition in which the body's loss of water far exceeds its fluid intake. We need fluids for our bodies to function normally. On average, a person can live only four days without fluids. A few ways fluids help our bodies are: 1) Regulating our body temperature through sweating, 2) Maintaining an adequate blood pressure, and 3) Eliminating waste from our bodies.

Risk Factors

Dehydration is a serious problem in the elderly and can lead to confusion, illness, and a decreased quality of life. Because of changes that occur as we age, the elderly are much more susceptible.

Risk factors for dehydration include:

- Acute illnesses such as pneumonia and urinary tract infections
- Multiple chronic illnesses
- Fever, diarrhea and vomiting
- Major surgery
- Gastrointestinal bleeding
- Certain medications such as water pills, laxatives, and some heart medications
- Alcohol usage
- A decreased sense of thirst
- Retaining less water in our bodies
- Forgetting to drink
- Limited access to water due to decreased mobility from a stroke or Parkinson's

disease

- Altered mental because of dementia or the use of sedatives and narcotics

Symptoms, Diagnosis and Treatment of Dehydration

Dehydration is not always easy to recognize and diagnose, since many of the symptoms of dehydration may be caused by other illness. Hospitalization for treatment of dehydration may even occur when symptoms of dehydration are not present.

Symptoms of dehydration include:

- Decrease in urine output or constipation
- Confusion
- Increase in falls or problems with walking
- Significant weight loss
- Inability to sweat
- Dizziness or headaches
- Dry mouth and tongue (which can also be a normal sign of aging due to medications or illness)
- Significant drop in blood pressure

Fluids can be replaced by mouth (orally) or through the veins (intravenously), or through a tube in the stomach depending on the resident's condition, and wishes.

In a study of terminally ill persons, few experienced hunger or thirst. In addition, there was no evidence suggesting the tube feeding increased the comfort of persons with dementia.

Dehydration at the end of life may be natural.

Prevention

Preventing dehydration is our nursing staff's goal. If a resident is thought to be dehydrated, the nursing staff may offer water, liquids and food high in water content. Keep in mind that if a person is found to be dehydrated, it does not mean that the person has not been given adequate fluids.

Some ways dehydration can be prevented is by:

- Offering fluids and juices
- Monitoring weight
- Assessing the resident after any significant change in condition
- Re-evaluating medications, especially laxatives and diuretics
- Monitoring changes in mental status

What Can You Do To Help

Tell the nursing staff your loved one's food and beverage preferences and eating routine at home.

Bring in favorite foods and drinks after talking to the dietary department.

Assist your loved one if he or she drinks better with your help.

Offer your loved one something to drink several times during your visit.

Inform the nursing staff if you see changes in your loved one's mental status.

Provide us with current telephone numbers for family members or responsible parties.

Facts about Depression

It isn't easy for families to see loved ones age, and making the decision to place a loved one in a long-term care facility is seen as one of the last steps in the journey and one of the most difficult ones to make. As family members, we tend to deny the fact that our loved one will grow old, or we tend to hold onto the belief that they will get better. But the reality is, aging and death are inevitable and are beyond human control. When making this decision, it is important to realize there are risks associated with life in a long-term facility.

- Depression involves the body, mind and thoughts. It affects the way an individual eats and sleeps, the way one feels about oneself, and the way one thinks about things.
- 18.8 million American adults suffer from a depressive illness.
- Medical illnesses such as strokes, heart attacks, cancer, Parkinson's Disease, and hormonal disorders can cause depressive illnesses.

- Many individuals have the mistaken idea that it is normal for the elderly to feel depressed. Unfortunately, they often dismiss depression as a normal part of aging.
- Depression in elders, undiagnosed and untreated, causes needless suffering for the individual and the family.
- Depressive symptoms occur in about 15 percent of seniors living in the community, and up to 25 percent of nursing home residents.

Symptoms of Depression

- Fatigue
- Insomnia
- Weight loss
- Social isolation
- Chronic complaints
- Sadness / anxiety
- Memory loss

Risk Factors Associated with Depression

- Serious loss
- Medical illnesses
- Medications
- Change in life patterns
- Financial problems or stresses

Facts about Infection

Infections in the elderly do not always present with "normal" symptoms as in younger people. Often, symptoms are vague and misleading, and a change in mental status or a decline in function may be the only signs noted when an infection is present.

Risk Factors

- Age
- History of infections
- Inadequate nutrition
- Incontinence
- Medications
- Poor personal hygiene
- Weight loss
- Pressure sores
- Immobility
- Certain medical conditions including, but not limited to, diabetes cancer terminal illnesses, and dementia
- Failure to follow the physician's plan of care

Facts about Medication Usage

Medication management programs include the physician, a licensed pharmacist, and other licensed health care professionals working together to prescribe, manage, and monitor medications, along with helping to manage the effects of medications. However, even when all the necessary precautions are taken, some medications can have an unfavorable effect due the aging process.

- The average number of medication orders per resident in long-term care facilities is 8.9.
- Individuals over the age of 65 are at risk for drug-related problems due to the number of medications taken and the biological changes that accompany aging.
- Because of age-related changes, many drugs tend to stay in an elderly person's body much longer, prolonging the drug's effect and increasing the risk of side effects.
- Many elderly individuals do not take medications as directed by their physician.

- Side effects usually seen in elderly individuals include confusion, blurred vision, constipation, dry mouth, light-headedness, and difficulty with urination or loss of bowel control.

Risk Factors Associated with Medication Usage

- Age
- Side effects of medications
- Non-compliance with medication regimen
- Dementia
- Visual impairments
- Hearing impairments
- Multiple medications

Facts about Mobility

Special restorative or rehabilitative programs can help maintain mobility that is consistent with the individual's overall health status. However, even when all the necessary precautions are taken, elders are prone to have decreased mobility.

- Mobility is how an individual moves from one place to the other.
- Falls are often the result of impaired mobility.
- Impaired mobility can affect all aspects of daily living such as bathing, eating, dressing, and household activities.
- When mobility is impaired, there is an accompanying loss of independence in elders which can result in depression, decline in multiple organ systems, and an increase in risk of heart disease, stroke, diabetes, colon cancer.
- Mobility can be impaired due to weakness, stiffness, and pain. In addition, prolonged inactivity, illnesses, and medications can reduce mobility.
- An exercise program including strength and flexibility training can help most elders maintain mobility and independence resulting in an overall improved

quality of life.

Risk Factors Associated with Mobility

- Age
- Medications
- Impaired mobility
- Pain
- Osteoarthritis
- Muscle weakness
- Medical conditions including, but not limited to, stroke neurological diseases, degenerative joint disease, cancer, osteoporosis, and depression
- Not adhering to the prescribed plan of care

Facts about Pain

Rights for Individuals with Pain

Individuals have the right to have pain believed by healthcare professionals, family, and others around them. They also have the right to have pain controlled, the right to be treated with respect, and the right to have pain resulting from treatment and procedures prevented or at least minimized.

Symptoms That Suggest Pain

- Frowning, grimacing, fearful facial expressions, grinding of teeth
- Bracing, guarding, rubbing
- Fidgeting, increasing or recurring restlessness
- Striking out, increasing or recurring agitation
- Resting or sleeping poorly
- Sighing, groaning, crying, breathing heavily

- Decreasing activity levels
- Resisting certain movements during care
- Change in gait or behavior
- Loss of function

Facts about Pressure Ulcers

What are pressure ulcers? Pressure ulcers are developed when unrelieved pressure damages the skin and underlying tissue. The unrelieved pressure squeezes the blood vessels, cutting off oxygen and nutrients to the area of skin. When the area of skin goes without oxygen and nutrients for too long, it begins to die and a pressure ulcer forms.

Most pressure ulcers form over the bony areas such as the buttocks, tailbone, shoulder blades, behind the knee or ankle, and heel of the foot. Pressure ulcers are referred to by many names, including decubitus ulcers, bedsores, pressure sores, and dermal ulcers.

Pressure ulcers are serious and can be life-threatening if left untreated or if they become infected. They lead to pain, a stay in the hospital, and slower recovery from other health problems.

Fortunately, pressure ulcers can be treated but they are much easier to prevent than cure. We must keep in mind that pressure ulcers are difficult to treat. As few as 13% of pressure ulcers heal within two weeks in an acute hospital. Only 33% of Stage 4 pressure ulcers heal after six months of therapy.

There are many reasons why people develop pressure ulcers. Some residents may even develop pressure ulcers in one health care facility and then be transferred to another facility.

Many elderly patients because of serious medical problems, decreased appetite, and decreased mobility, are at risk for developing pressure ulcers. The best way of caring for skin is preventing problems from ever occurring.

In an effort to reduce the number of residents with pressure ulcer problems, the Facility Care Team will assess each resident on admission for their risk of developing pressure ulcers. If they come to our facility with a pressure ulcer, we treat the ulcer aggressively. You will be notified if your family member is found to have a pressure ulcer and the steps we are taking to treat it.

If you notice that you/your family member have/has any symptoms of a pressure ulcer, please inform the nursing staff immediately.

Risk Factors

Risk Factors for developing pressure ulcers include the following:

- Reduced mobility (e.g. osteoarthritis, strokes)
- Immobility (unable to get out of bed because of illness)
- Acute illness (e.g. pneumonia)
- Incontinence (accidental loss of urine or bowels)
- Poor nutrition
- Persons over 70 years old
- Unrelieved pressure on an area of skin
- Indirect pressure (e.g. friction)
- Decreased mental awareness (e.g. after an operation; delirium) – certain medications
- Diminished sensation (e.g. diabetes, strokes)

How to Recognize a Pressure Ulcer

One of the earliest signs of a pressure ulcer is the development of a reddened area of skin that remains after you have changed positions and the pressure is relieved. If you press the reddened area lightly with your finger and the area remains red, this could be the start of a pressure ulcer. Normal undamaged skin should turn white after a few seconds following finger pressure.

Pressure Ulcer Stages

Pressure ulcers are staged according to standard clinical definitions.

- Continuous warm, pink, or red area of unbroken skin. The area will usually be over a bony area.
- A sore has formed that looks like a blister, small break in the skin, or shallow crater. The area surrounding the sore may be red.

- The sore goes through the layer of fat under the skin. The sore may be white or black in color, have a foul smell, or be draining.
- The sore extends into the muscle or bone. The sore may be white or black in color. The area surrounding the wound may be warm to the touch or red. Foul smelling drainage may be present. Such a sore can pose a life-threatening situation due to infection or blood poisoning.

How to Prevent Pressure Ulcers

Most pressure ulcers can be prevented by following a few simple guidelines:

- Identify persons at risk of developing a pressure ulcer
- Assess the skin for early signs of skin problems
- Change the person's position frequently
- Ensure sheets are wrinkle and crumb free
- Maintain nutrition
- Have the person sit or lie on surfaces which support and reduce pressure on vulnerable areas
- Do not rub or massage the skin
- Keep the skin clean and dry. Do not use too much soap or powder
- Do not use creams or ointments without consulting a nurse or doctor
- Protect elbows and heels by using special devices
- Protect skin from friction

Treatment of Pressure Ulcers

If your family member is suspected of having a pressure ulcer, a doctor or nurse will assess the situation immediately, offer advice on how to prevent further tissue damage and treat the area.

- We will try to relieve the pressure and treat any pain.
- We will keep the area clean and treat infection when present.

- We will remove any dead tissue

We will do our best to use different accepted treatments to try to heal the pressure ulcer. Many of the treatments include the use of medications (or medicine). The area will be covered with a suitable dressing.

The dressing should:

- Encourage healing
- Keep the wound warm and moist
- Prevent infection
- Be removed and put on easily
- Clean easily if soiled

There are many different types of dressing used to help protect pressure ulcers and speed the healing of affected tissues. Usually the longer the dressing stays in place, the faster the wound will heal (as long as there is no infection).

Prevention is the best defense against pressure ulcers. It is the responsibility of health care professionals, bedside caregivers, residents, and family members to help prevent and treat pressure ulcers. Unfortunately, even with the best of care some residents may develop pressure ulcers that will not heal. Working with you, our goal will be to prevent and treat any pressure ulcers your family member may have or develop. When we work as partners, we can improve the quality of life of the resident(s) we care for and love.

Facts about Urinary Incontinence

Choosing not to drink adequate fluids, not to treat urinary tract infections, and not to comply with toileting needs can result in urinary incontinence and other health conditions, including skin breakdown.

- Urinary incontinence is the inability to control urine. It can range in severity from slight leakage to total loss of bladder control, or it can include the complete inability to pass urine out of the bladder.
- There are over 20 million incontinent adults in the U.S. today.
- Women are twice as likely to suffer from incontinence as men.

- It is not a disease, but a symptom of an underlying illness or condition.
- It is more prevalent in adults with cognitive (dementia, depression or delirium) or functional problems.

Risk Factors Associated with Urinary Incontinence

- Medications
- Age
- Inadequate fluids
- Immobility or decreased activity
- Non-compliance with or inability to manage one's toileting schedule
- Depression
- Not adhering to the prescribed plan of care
- Pressure sores
- Medical conditions including, but not limited to, congestive heart failure, urinary tract infections, weakness of the pelvic muscles, enlarged prostate, nerve and muscle disorders.

Facts about Wandering

"Wandering" is the term used when a resident leaves the facility without staff knowledge. Residents who wander are either confused or have some degree of memory loss or dementia. While wandering is not a common occurrence, the consequences to the resident can be very serious.

Many residents live in nursing homes because it is unsafe for them to stay at home alone. If your loved one tried to leave home without supervision, chances are they will try it in our home too. By making us aware of this risk, preventative measures will be taken to protect your loved one from this danger.

Risk Factors

Some risk factors for wandering include:

- History of leaving their home or another nursing home without supervision
- Tendency to wander without purpose or direction
- Dementia or Alzheimer's disease
- Any illness causing confusion
- History of depression
- Feeling unhappy at the nursing home
- Trouble adjusting to new surroundings
- Difficulty seeing or hearing
- Increased confusion in the evening
- Poor sense of safety
- Feeling abandoned

Prevention of Wandering

The best way to care for a resident at risk for wandering is to try to prevent it from occurring.

To prevent wandering, make efforts to:

- Identify residents at risk for wandering
- Redirect the resident to activities that focus them away from thoughts of wandering
- Evaluate the need for a wandering management program. This may include wearing a bracelet or other device intended to alert staff when the resident tries to leave a safe area
- Introduce the resident to other residents in the facility
- Help the resident make choices where possible (i.e., what to wear, when to bathe)
- Communicate with the resident to determine the reason for the behavior
- Observe the resident for events that trigger wandering or wandering behaviors

If your loved one has ever tried to leave home or another facility, please let the nursing staff know at the time of admission.

What Can You Do To Help

- Notify nursing staff immediately if you believe your loved one has developed any wandering risk factors after admission.
- Tell the nurse what may be causing or contributing to the problem.
- Tell the nurse what has been done in the past to stop this type of behavior.
- Encourage and talk positively about nursing home placement when visiting.
- Bring in personal items to help the resident feel more comfortable in the nursing home environment.
- Inform staff when your visit has ended.

Facts about Weight Loss

Weight loss may be intentional or appropriate to bring the body back to a safer, more desirable weight. Weight loss may also be unintentional as a result of a serious illness, a decline in memory or a behavioral problem.

Unplanned weight loss is defined as an unintended decrease from a person's usual weight. Significant weight loss is defined as a decrease of five percent or more of a person's usually weight in one month or a ten percent or greater decrease in body weight in six months.

We must keep in mind that not all weight loss is bad or abnormal. Weight loss is also an anticipated part of the dying process in individuals with end-stage problems, such as dementia, chronic obstructive pulmonary disease (lung disease) or a failure to thrive.

Risk Factors

Many elderly patients – because of serious medical problems, decreased appetite and decreased mobility – are at risk for unplanned weight loss. Significant weight loss can lead to malnutrition, which if not corrected may lead to death. Unfortunately, in cases such as end-stage diseases like dementia, the body gives up and even if food is given, the body may not be able to “process it” correctly. The best way to care for a person at risk for weight loss is to offer them nutritious food that they enjoy eating.

Some risk factors for weight loss include:

- History of weight loss
- Depression, feeling of abandonment, dementia or other emotional problems
- Increased food requirements due to illness, fever, or pressure ulcers
- Indigestion
- Poorly fitting dentures
- Person “gives up” and refuses to eat
- Infections
- Dehydration

Effects of Aging

Age related reasons leading to weight loss include:

- Decreased overall body weight (mass)
- Decreased sense of taste and smell, which makes food less appetizing
- Inability of absorb nutrients
- Loss of the learned ability to eat

Acute or chronic illnesses such as stroke, Alzheimer's, or Parkinson's diseases, which may result in:

- Chewing and swallowing problems
- Decreased ability to feed oneself
- Decreased appetite

Prevention of Weight Loss

Sometimes weight loss may be prevented by:

- Early identification of risk
- Assessing the person for early signs of weight loss and malnutrition

- Assessing the need for devices to assist in eating
- Maintaining nutrition
- Treating underlying medical problems
- Treating depression
- Checking for thyroid disease
- Serving foods the person enjoys

If your loved one suffers a significant weight loss, our staff will:

- Seek out the underlying illness and problems
- Treat pain or stomach problems
- Treat depression
- Treat dry mouth or denture problems
- Remove medications that decrease appetite, when possible
- Provide small, more frequent meals where indicated
- Position your loved one properly during meals
- Provide assistance and supportive equipment
- Provide supplements or artificial nutrition and hydration consistent with your loved one's expressed preferences and physician's orders.

What Can You Do To Help

- Tell the nursing staff your loved one's food preferences and eating routine
- Bring in favorite foods from home (after talking to the dietary department)
- Encourage your loved one to eat and drink
- Join your loved one during mealtime when possible
- Assist your loved one in dining if he or she eats better for you
- Discuss the issue of artificial nutrition or hydration with your family member

before the question arises. Provide us with accurate telephone numbers for family members or responsible parties.

Treatment Options

Artificial nutrition and hydration involves placing a tube in the patient's nose, stomach or into the veins (intravenous).

The best method for residents who require long-term nutritional support is the G-tube (gastric tube), which is placed through the skin of the belly into the stomach by a doctor. This procedure is usually performed at the hospital and normally does not require an overnight stay. In a study of terminally ill persons, few experienced hunger or thirst, and there was no evidence suggesting that tube feeding increased the comfort of persons with dementia.

For residents who are able to eat, it is best to utilize the most liberal diet medically advisable. The American Dietetic Association state that the quality of life and nutritional status of residents in long-term care facilities may be improved on a regular diet rather than a therapeutic diet. Therapeutic diets, such as diabetic, low salt, and low cholesterol diets, are often unpalatable and have been shown to be associated with weight loss and other problems in nursing home settings.