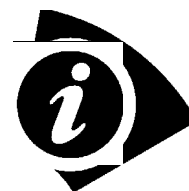


alzheimer's association

What's in This Packet...

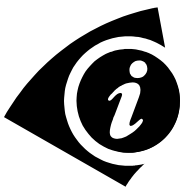


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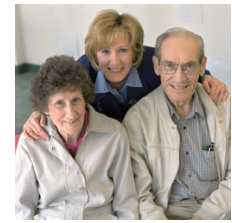
www.alzdayton.org

- Come and visit 24/7, Rolling calendar including current programs and seminars offered by the Miami Valley Chapter
- Additional in-depth information on caregiving issues
- Complete listing of staff and contact information 12/09



alzheimer's association

when someone you love has memory loss



Contact the Miami Valley Chapter to get information and services.

- *Help*Line*—Our Help*Line is available during normal business hours. You will speak with caring, trained individuals who can help you know “where to turn” for help.
- *Education Programs*—Our association offers different education programs to assist families through the many difficult stages of the disease. You can learn about upcoming programs by calling the Help*Line or see www.alzdayton.org.
- *Resource Library*—We have books and videos in our library to help families better understand this disease. We also have the most requested books for sale at our office.

Hold a family conference. Discuss the implications of the disease early.

- *Family Assistance*—We have professional staff who can meet with your family, assess the current situation, and help your family agree on the necessary decisions that need to be made.

Seek legal advice. Consult an attorney who is knowledgeable about eldercare issues.

- *Info and Resource Guide*—You will find a list of available attorneys on *page 25* of this booklet.

Make your home a safe environment.

- *Safe Return*—This is a national identification bracelet that is invaluable for families caring for someone at home. Each year we receive calls from people whose loved one wandered and they were not expecting. See *page 18* of this booklet.
- *Home Visit*—The family assistance staff can come to your home and help you determine how to make the environment safer for your loved one.

Be prepared for emotional stress for yourself and your family. Caregiving for a Alzheimer's patient has been called “The 36 Hour Day.”

- *Find Support*—Too often, the caregiver ends up in the hospital because of the stress before the person with Alzheimer's. Make sure you have someone to talk to and don't alienate yourself from others through your “caregiving” role.

Ask for and accept help. Arrange for respite care. Professional services such as in-home care and adult day care can be very beneficial for both you and your loved one.

- *Respite Care Program*—We have some limited dollars for each of our nine counties to help provide respite through either adult day care or in-home care. Contact the Family Assistance staff for more info.
- *Info and Resource Guide*—You will find a list of available adult day care programs on *page 31* and a list of in-home service on *pages 32-33* of this booklet.
- *“Guide to Care Options”* - This is the purple booklet included in your packet. It will help you understand the many care options available.

Join a support group. Often, caregivers feel very alone in caring for a loved one.

- *Support Groups*—Our groups, spread over our nine counties, offer a place for you to learn about strategies for caregiving while receiving support for your role in the care. For a list of current support groups, please see *pages 22-23* of this booklet.

Make realistic commitments.

- Don't say to your loved one, “I'll never put you in the nursing home.” Through the course of the disease, it may be in your loved one's best interest to consider long-term care.

Long-term care is often necessary if your loved one wanders or presents a danger to himself or others. You will still monitor care and partner with staff to assure quality care.

- *Info and Resource Guide*—You will find a list of available Assisted Living facilities on *pages 34-35* and a list of nursing homes with dementia units on *pages 36-37* of this booklet.
- *“Guide to Care Options”* - This is the purple booklet included in your packet. It will help you understand the many care options available.

Miami Valley Chapter Program & Services



alzheimer's association
the only national organization with the leadership to conquer

"We wanted to let you know how much we appreciate your help and the information you provided. It's really a comfort knowing that you are available and offer so much. Thanks again for meeting with us."

- A Family helped by the Family Assistance Program

Where do I turn when my loved one is having memory problems?

"After attending your support group, I was able to sleep well for the first time in years. The stress of caring for my parent has been overwhelming."

- Support Group attendee



We are available to help you through this disease...

For individuals diagnosed with dementia, their families and the community in general, the Alzheimer's Association, Miami Valley Chapter is available to help you through this disease. Serving our nine county region, we are the leader in Alzheimer's support and research, providing help through our quality programs and services.

toll-free help*line

- Staffed by trained personnel Monday through Friday 8:30am to 5:00pm **to assist individuals and families** needing information, referrals, or support regarding diseases causing memory loss.
- Comprehensive **information packets** are available on request including disease specific information, practical caregiving tips, and local Miami Valley services.

family assistance program

- In-home visits by our family assistance staff
- **Care planning services—information and referral**
- Family meetings/consultations
- Assistance with handling challenging behaviors
- Assistance with placement into care facilities

respite care program

- **Limited funding for families to have respite** through Adult Day Services and In-Home Care.
- All inquiries should be made to the Family Assistance director at the Dayton Office.
- Funds are administered through the Area Agency on Aging PSA-2.

education programs

- Presentations for churches, civic groups, and other community groups.
- Family Forums—Topical forums covering specific issues related to the disease
- Professional training including in-services and symposiums
- **Caregiver Series— A four week training program for families on overview of dementia, financial issues, etc.**

support groups

- Opportunity to exchange information and share solutions to problems faced by caregivers dealing with memory loss, strange behaviors from loved ones, and other issues.
- Over 20 groups meet throughout the Miami Valley Chapter's area. **For a full listing of support groups call the help*line or visit us at alzdayton.org.**

web site * alzdayton.org

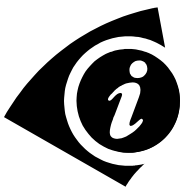
- **Link up on-line and learn more about these and other services offered locally here in the Miami Valley.**
- Calendar of events and programs
- Safe Return— A national identification program for persons at risk for wandering
- Lists of local services that can help you care for your loved one ... and a whole lot more!

Dayton
9372913332

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Dayton, OH 45449



alzheimer's association

alzheimer's disease & related dementias

WHAT IS DEMENTIA?

Dementia is a loss of mental function in two or more areas such as language, memory, visual and spatial abilities, or judgment severe enough to interfere with daily life. Dementia itself is not a disease but a broader set of symptoms that accompanies certain diseases or physical conditions. Well-known diseases that cause dementia include Alzheimer's disease, multi-infarct dementia, Parkinson's disease, Huntington's disease, Creutzfeldt-Jakob disease, Pick's disease, and Lewy body dementia. Other physical conditions may cause or mimic dementia, such as depression, brain tumors, head injuries, nutritional deficiencies, hydrocephalus, infections (AIDS, meningitis, syphilis), drug reactions, and thyroid problems. Individuals experiencing dementia-like symptoms should undergo diagnostic testing as soon as possible. An early and accurate diagnosis helps to identify reversible conditions, gives patients a greater chance of benefiting from existing treatments, and allows them and their families more time to plan for the future.

ALZHEIMER'S DISEASE

Alzheimer's disease (AD) is the most common cause of dementia, affecting as many as 4 million Americans. AD is a degenerative disease that attacks the brain, begins gradually, and progresses at a variable rate. AD results in impaired memory, thinking, and behavior and can last from 3 to 20 years from the time of onset of symptoms. Warning signs of AD are memory loss that affects job/home skills, difficulty performing familiar tasks, problems finding the right words, disorientation as to time and place, poor or decreased judgment, difficulty with learning and abstract thinking, placing things in inappropriate places, changes in mood and personality, and marked loss of initiative. In the last stage of AD, patients are unable to take care of themselves. Recent research has shown links between particular genes and Alzheimer's disease, but in about 90% of AD cases, there

is no clear genetic link. With the help of standardized diagnostic criteria, physicians can now diagnose AD with an accuracy of 85-90% once symptoms occur. However, a definitive diagnosis of Alzheimer's is possible only through the examination of brain tissue at autopsy.

MULTI-INFARCT DEMENTIA

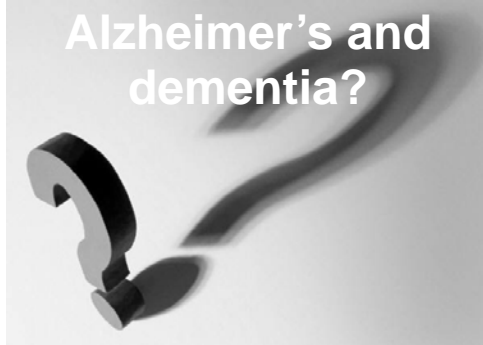
Multi-infarct dementia (MID), or vascular dementia, is a deterioration of mental capacity caused by multiple strokes (infarcts) in the brain. These events may be described as mini-strokes, where small blood vessels in the brain become blocked by blood clots, causing the destruction of brain tissue. The onset of MID may seem relatively sudden, as it may take several strokes for symptoms to appear. These strokes may damage areas of the brain responsible for a specific function as well as produce general symptoms of dementia. As a result, MID is sometimes misdiagnosed as Alzheimer's disease. MID is not reversible or curable, but detection of

high blood pressure and other vascular risk factors can lead to a specific treatment that may modify MID's progression. MID is usually diagnosed through neurological examination and brain scanning techniques, such as a computerized tomography (CT) scan or magnetic resonance imaging (MRI).

PARKINSON'S DISEASE

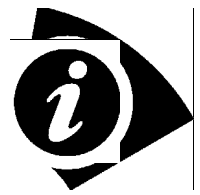
Parkinson's disease (PD) is a progressive disorder of the central nervous system that affects over one million Americans. In PD certain brain cells deteriorate for reasons not yet known. These cells produce a substance called dopamine, which helps control muscle activity. PD is often characterized by tremors, stiffness in limbs and joints, speech difficulties, and difficulty initiating physical movement. Late in the course of the disease, some patients develop dementia and eventually Alzheimer's disease. Conversely, some Alzheimer patients develop symptoms of

“What is the difference between Alzheimer's and dementia?”



alzheimer's association

alzheimer's disease & related dementias



Parkinson's. Medications such as levodopa, which converts to dopamine inside the brain, and deprenyl, which prevents degeneration of dopamine-containing brain cells, are used to improve diminished or reduced motor symptoms in PD patients but do not correct the mental changes that occur.

HUNTINGTON'S DISEASE

Huntington's disease (HD) is an inherited, degenerative brain disease that causes both physical and mental disabilities and usually begins in mid-life. Early symptoms can vary from person to person but include involuntary movement of the limbs or facial muscles, difficulty concentrating, and depression. Other symptoms include personality change, memory disturbance, slurred speech and impaired judgment. Children born to a person with HD have a 50% chance of inheriting the gene that causes HD. Today a genetic test is available to confirm a diagnosis of HD and to identify carriers of the HD gene. It is recommended that anyone considering genetic testing talk first with family and/or appropriate medical and counseling professionals. There is no treatment to stop the progression of HD, but the movement disturbances and psychiatric symptoms can be treated with medication.

CREUTZFELDT-JAKOB DISEASE

Creutzfeldt-Jakob disease (CJD) is a rare, fatal brain disorder that causes rapid, progressive dementia and other neuromuscular disturbances. CJD is caused by a transmissible agent. Research suggests that the agent differs significantly from viruses and other conventional agents. This newly discovered pathogen is called a 'prion,' short for "proteinaceous infectious particle," because it consists of protein and transforms normal protein molecules into infectious ones. The disease can be inherited, but the majority of cases are not. Early symptoms of CJD include failing memory, changes in behavior, and lack of coordination. As the disease advances, usually very rapidly, mental deterioration becomes pronounced, involuntary movements (especially muscle jerks) appear, and the patient experiences severe difficulty with sight, muscular energy, and coordination. Like Alzheimer's disease, a definitive diagnosis of CJD can be obtained only through examination

of brain tissue at autopsy.

PICK'S DISEASE

Pick's disease is also a rare brain disorder, characterized by shrinkage of the tissues of the frontal and temporal lobes of the brain and by the presence of



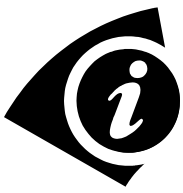
"She doesn't look like she has Alzheimer's disease." Alzheimer's and other dementias have no "look" in the earlier stages, yet the early signs of withdrawal and change in personality can be recognized by those closest to them.

abnormal bodies (Pick's bodies) in the nerve cells of the affected areas of the brain. Pick's disease usually begins between the ages of 40 and 60. The symptoms are similar to Alzheimer's disease, with a loss of language abilities, skilled movement, and the ability to recognize objects or people. Initial diagnosis is based on family history (Pick's disease may be inherited), symptoms, tests, and ruling out other causes of dementia. A definitive diagnosis of Pick's disease is usually obtained at autopsy.

LEWY BODY DEMENTIA

Lewy body dementia (LBD) is an irreversible form of dementia associated with abnormal protein deposits in the brain called Lewy bodies. Symptoms of LBD are similar to Alzheimer symptoms and include memory loss, confusion, and difficulty communicating. Hallucinations and paranoia also may become apparent in the earlier stages of the disease and often last throughout the disease process. Although initial symptoms of LBD may be mild, affected individuals eventually develop severe cognitive impairment. At this time, there is no treatment available for Lewy body dementia.

For further information about Alzheimer's disease or a related dementia contact the Alzheimer's Association at (800) 272-3900 (©1999 Alzheimer's Disease and Related Disorders Association, Inc. All rights reserved. ED 226Z)



alzheimer's association

10 warning signs you should know

Some change in memory is normal as we grow older, but the symptoms of Alzheimer's disease are more than simple lapses in memory. People with Alzheimer's experience difficulties communicating, learning, thinking, and reasoning — problems severe enough to have an impact on an individual's work, social activities, and family life. The Alzheimer's Association believes that it is critical for people with dementia and their families to receive information, care, and support as early as possible. To help family members and health care professionals recognize warning signs of Alzheimer's disease, the Association has developed a checklist of common symptoms.

1 Memory loss. One of the most common early signs of dementia is forgetting recently learned information. While it's normal to forget appointments, names, or telephone numbers, those with dementia will forget such things more often and not remember them later.

2 Difficulty performing familiar tasks. People with dementia often find it hard to complete everyday tasks that are so familiar we usually do not think about how to do them. A person with Alzheimer's may not know the steps for preparing a meal, using a household appliance, or participating in a lifelong hobby.

3 Problems with language. Everyone has trouble finding the right word sometimes, but a person with Alzheimer's disease often forgets simple words or substitutes unusual words, making his or her speech or writing hard to understand. If a person with Alzheimer's is unable to find his or her toothbrush, for example, the individual may ask for "that thing for my mouth."

4 Disorientation to time and place. It's normal to forget the day of the week or where you're going. But people with Alzheimer's disease can become lost on their own street, forget where they are and how they got there, and not know how to get back home.

5 Poor or decreased judgment. No one has perfect judgment all of the time. Those with Alzheimer's may dress without regard to the weather, wearing several shirts or blouses on a warm day or very little clothing in cold weather. Individuals with dementia

often show poor judgment about money, giving away large amounts of money to telemarketers or paying for home repairs or products they don't need.

6 Problems with abstract thinking. Balancing a checkbook may be hard when the task is more complicated than usual. Someone with Alzheimer's disease could forget completely what the numbers are and what needs to be done with them.

7 Misplacing things. Anyone can temporarily misplace a wallet or key. A person with Alzheimer's disease may put things in unusual places: an iron in the freezer or a wristwatch in the sugar bowl.

8 Changes in mood or behavior. Everyone can become sad or moody from time to time. Someone with Alzheimer's disease can show rapid mood swings—from calm to tears to anger—for no apparent reason.

9 Changes in personality. People's personalities ordinarily change somewhat with age. But a person with Alzheimer's disease can change a lot, becoming extremely confused, suspicious, fearful, or dependent on a family member.

10 Loss of initiative. It's normal to tire of housework, business activities, or social obligations at times. The person with Alzheimer's disease may become very passive, sitting in front of the television for hours, sleeping more than usual, or not wanting to do usual activities.

If you recognize any warning signs in yourself or a loved one, the Alzheimer's Association recommends consulting a physician. Early diagnosis of Alzheimer's disease or other disorders causing dementia is an important step in getting appropriate treatment, care, and support services.

For a list of physicians and diagnostic centers in the area please see *page 26* of this booklet.



alzheimer's association diagnosis and dementia



Memory loss and changes in mood and behavior are some signs that you or a family member may have Alzheimer's disease. If you have noticed these signs, it is important to receive a diagnosis for the following reasons: Many things can cause dementia, a decline in intellectual ability severe enough to interfere with a person's daily routine.

Dementias related to depression, drug interaction and thyroid problems may be reversible if detected early. The individual who may have Alzheimer's disease may be able to maximize the quality of his or her life by receiving an early diagnosis. It may also resolve the anxiety of wondering "What is wrong with me?"

The Diagnostic Process:

There is no one diagnostic test that can detect if a person has Alzheimer's disease. The diagnosis is made by reviewing a detailed history on the person and the results of several tests, including a complete physical and neurological examination, a psychiatric assessment and laboratory tests. Once these tests are completed, a diagnosis of "probable" Alzheimer's disease can be made by process of elimination.

However, physicians can be 80 to 90 percent certain their diagnosis is accurate.

The process may be handled by a family physician or may involve a diagnostic team of medical professionals, including the primary physician, neurologist (a physician specializing in the nervous system), psychiatrist, psychologist and nurses. The diagnostic process generally takes more than one day and is usually performed on an outpatient basis.

- Determination of medical history
- Mental Status Evaluation

- Physical Examination
- Neurological Examination
- Laboratory Tests
- Psychiatric, Psychological and other evaluations.

Understanding the Diagnosis



Once testing is completed, the diagnosing physician or other members of the diagnostic team will review the results of the examinations, laboratory tests and other consultations

to arrive at a diagnosis. If all test results appear to be consistent with Alzheimer's disease, the clinical diagnosis will be "probable Alzheimer's disease" or "dementia of the Alzheimer type." If the symptoms are not typical, but no other cause is found, the diagnosis will be "possible Alzheimer's disease." Although researchers have made enormous progress in diagnostic testing, the only way to prove Alzheimer's disease is through an autopsy. If a cause of dementia other than Alzheimer's disease is diagnosed, call the Alzheimer's Association to request a free informational brochure about related causes of dementia.

The Family's Role in Diagnosis

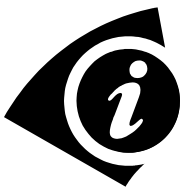
While some people with Alzheimer's disease may initiate their own diagnosis and care, for most, it will be up to another family member to alert the physician. Here are some tips

that will help you get someone to the physician for an initial evaluation:

- Schedule the appointment for the person. Help with transportation to the appointment. Read this booklet as a family to gain a better understanding of what to expect during the diagnostic process.
- Contact your local chapter of the Alzheimer's Association if you have any concerns or questions.
- Offer to accompany the person during the testing process if he or she is still uneasy about investigating possible Alzheimer's disease.
- On the day of the appointment, bring along items such as glasses, hearing aids, devices that help the person walk, a list of medications the person is taking, and other personal items that might help during diagnostic testing.
- Be sure the physician has all medical records, insurance and social security information.

Preparing for Diagnostic Tests

Once the initial appointment has been made to evaluate a person, the diagnostic team will need certain information to make an accurate diagnosis. Pages 9 and 10 list questions that you may be asked by the diagnostic team as well as questions that you may want to ask regarding the diagnostic process. It may be helpful to start writing down events that occur, and any changes in the person's abilities, behavior and personality that cause you to suspect Alzheimer's disease.



alzheimer's association

the course of alzheimer's disease

Alzheimer's disease is often described in terms of early, middle and late stages. These are general rather than precise terms. Each person is unique. The symptoms that occur, when they occur and how long they last will vary in each case.

Early Stage

Early in the disease, short-term memory loss occurs. Other problems go along with this:

- Being unusually forgetful
- Having a hard time concentrating
- Having a hard time coming up with the right words
- Making poor choices or showing bad judgment.

During this stage, the subtle changes in personality may occur. The person may also not be able to adapt to changes in old routines.

Memory loss in itself is not a sign of Alzheimer's disease. Most people normally have some memory loss as

they age. In Alzheimer's disease, the problem will worsen steadily.

Although symptoms may seem to come on quite quickly, the problem often builds very slowly. Many times the symptoms are first noticed after the person has been under some strain. A change of home, an illness, or a trip can overtax a person in the early stage of the disorder.

Depression is one of the more common symptoms in the early stage of the disease. The signs of depression may include seeming sadder, quieter or more negative than usual, sleeping too much or too little, losing an unusual amount of weight, drinking more than usual or not seeming aware of, or interested in things.

Perhaps the ill person and those around him or her will just have the feeling that "something is not right." The forgetful person may also feel frightened, ashamed, or just plain

bewildered by the changes. The person may try, often very successfully, to hide the problem (by writing out detailed reminders on how to do routine activities, for instance.) As a result, even those people closest to the impaired person may need a fairly long period of time, even years, to realize that something is wrong.

As soon as the problem is noticed, however, the forgetful person should be seen by a doctor who knows about dementia. A firm diagnosis of Alzheimer's disease is not possible in this stage of the disease. Still, an early exam permits the doctor a basis of comparing later symptoms. (The doctor will watch for signs of a worsening trend in the symptoms.)

In this stage of the illness, the impaired person may still be able to do most things with a certain amount of help. Hard as it may be, this is also the time to plan for the future when the patient's disability will become more severe.

caregiver series



Classes are held four times a year in Montgomery Co. and at least once a year in all other counties

Week 1—Orientation to Dementia & Alzheimer's disease

Week 2—Legal Issues & Asset Protection

Week 3—Day to Day Caregiving

Week 4—Resources & Support/ Caring for the Caregiver

Middle Stage

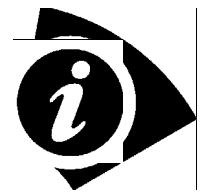
The middle stage of Alzheimer's disease is characterized by more and more severe memory loss. The person is often not able to recognize family and friends. The person's judgment gets worse and worse. Sometimes the patient has delusions. He or she is less able to learn or adapt to new situations. The person may also have striking personality changes, become very active, and lose language abilities.

If you would like more information or to find the next series, call (800) 272-3900 or visit www.alzdayton.org



alzheimer's association

the course of alzheimer's disease



The impaired person may become unable to remember even basic safety rules. Thus daily activities such as cooking, driving or using appliances may pose a danger. The impaired person may also be subject to restlessness, wandering and sleep disturbances. You may have to watch over the person closely. You may have to keep the person from doing things he or she is used to. This part of care giving can be very hard.

The patient's extreme shifts in mood can pose other problems for the caregiver. Sudden bursts of anger or fits of extreme worry may occur. The person may accuse you, others of doing bad things to him or her, like stealing or cheating. All this makes daily activities and care more difficult. There appears to be no way to predict if or when these changes will occur or how long they will last, if they do occur. Also, even if a person's mood changes in one way, this does not mean that other difficult mood changes will also occur.

Anger may appear because the person is frustrated. The disease reduces the person's ability to perform all adult activities so the person, increasing, can neither understand nor make himself or herself understood. Alzheimer's patients may even burst out angrily with no apparent explanation.

Being no longer able to figure out the world and cope with it may cause the person to be anxious or nervous. Patients may cry easily, repeat certain

question or actions over and over, walk non-stop and without clear purpose.

If impaired people become suspicious, they may accuse others of plotting against them or of trying to steal from them. They may go to great lengths to guard against imagined threats. Sometimes they may even strike out against their caregivers, mistaking care efforts for attempted assaults.



“Each person is unique.”

Even in this stage, the impaired person can keep on enjoying many activities. To do this, care has to be managed well, and any other health or emotional problems have to be treated promptly. To assure this goal, you will need to keep increasing the network of people and services that help you to provide care. The task of care giving may well expand beyond the ability of any one person.

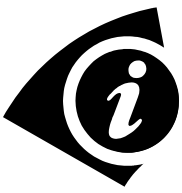
Late Stages

In the late stage of Alzheimer's disease, patients may be able to carry out activities, but they lack the mental skills to do them with a clear purpose. Patients often become severely disoriented, losing touch with the world more and more. The impaired person may become even more involved in delusions. (The person will believe in the delusions, but they will have no basis in fact.)

Late in the disease there is also likely to be a flattening of expression. You may not be able to tell whether the person is feeling happy or sad, angry or frightened. You may wonder if the person is sensing anything at all. Even the very impaired person may still be able to experience pleasure and pain.

Patients become more and more quiet and withdrawn. They show only the slightest response to others, or no response at all. Spouses and close family members often say, toward the end of the disease process, that the person who “used to be” no longer exists.

During this stage of the disease, physical disability also may become extreme. The person may become bedridden and incontinent (not able to control bladder and bowel functions).



alzheimer's association

why ad patients behave the way they do

By Harry S. Libscomb, M.D.

Family members of Alzheimer's patients often say to me, "We just cannot understand why she acts so normal sometimes and then can be so difficult at others." Or more often they ask, "Why does she ask the same questions do the same things over and over? Why does he constantly touch things or wander aimlessly?" The answer to these questions lies in a study of how you learn and how you forget.

The Remembering and Learning Processes

To remember events that have occurred in your life, your brain requires that these events be so vivid that you reflect on them afterward.

Consider how you learn a language or a mathematical formula: you repeat it until it becomes second nature to you. And if your teaching is inadequate (or your teachers not memorable), it's likely that it lacked the vividness to attract either your attention or your memory.

Also, consider the really important events in your life: accidents, first love, or first school triumph or disaster. Each of these events was characterized by a "memorable" sort of after glow because you endow them with vividness. I don't remember my first cut (or stitch afterwards), but I will always remember my first love, simply because I attached such world shaking importance to the event.

they, seem to de in those with Alzheimer's), you can recall not only those memories, but also your emotional responses to them. It may take a little longer for older persons to resurrect the memory, but if they are allowed to ruminate a bit, the memory comes to the surface.

Equally important is that these skills, events, and learned things are resurrected often as we mature and they are referred to often. This is the way you learn from experience. For example, it doesn't take many burns for a child to learn not only about fire, but about heat. Of course, in early life, most of the warm things were pleasant. Perhaps the hardest part of learning for the child is to distinguish the difference between good heat and bad heat.

This is the first difference in the memory disturbance of dementia. Ask a demented person who still has language skills something about his younger years, such as, "Do you remember when you had your first party dress or your father had a buggy?" It will surprise you that these deeply buried experiences are vividly recalled. A lot of brain energy went into the storage of these experiences. So most persons with dementia have a rather good long-term memory of their early life.

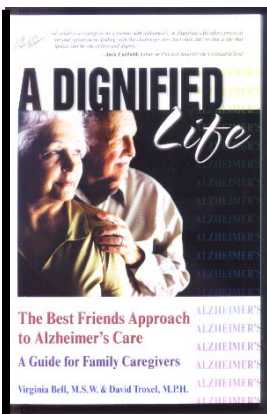
Effects of Alzheimer's

Alzheimer's patients have lost the ability to recognize current life events. with vividness. They cannot learn new things because they cannot reflect on them. It they learn to

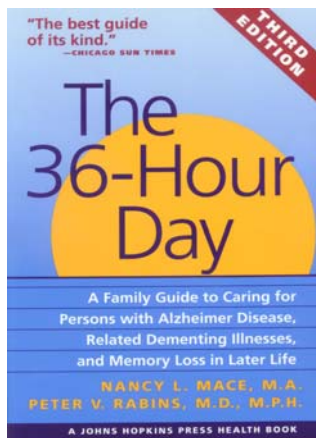
As you reflect on these events (perhaps many times as you grow older), the memories become essentially shadows of the event. Moreover, you derive from the event a whole set of secondary emotional feelings: pleasure, sadness, anger, nostalgia, affections, excitements etc.

These events (and the emotions they arouse) become stored in special areas of the brain for deeply embedded information, commonly called "long-term memory." If your special brain areas for deeply embedded information remain basically intact (as

helpful resources



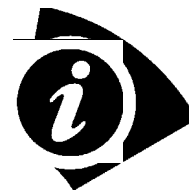
These two books are extremely helpful resources for families coping with memory loss issues.



You may purchase them from the chapter our borrow a copy from our library. Call Judy Fowler at (937) 291-3332 for more information.

alzheimer's association

why ad patients behave the way they do



make a stitch or throw a ball on Monday, they cannot remember how to duplicate the task on Tuesday. Everything is new and there is nothing left for reflection, storage, or recall. We deem this to represent loss of short-term memory.

Even when you penetrate what seems to be a grim apathy in these persons, Alzheimer's patients can never again endow an event with vividness so that they will remember it. For example, Alzheimer's patients seem to know warm from cold, but they seem to have lost their ability to resurrect from deep memory, any useful, newly learned information. They will remember their first burn but they won't be able to remember that the bathtub today (like yesterday) has hot water in it.

This explanation of short-term and long-term memory is a simplified version of a complex process. There are many other things involved in the process. Alzheimer's patients not only cannot endow vividness to events but cannot reflect upon these events and learn something new. Your efforts to teach, retrain or enable Alzheimer's patients to do for themselves are most often fruitless. This is not to say that you shouldn't try, but only up to your limit of frustration.

Caregiving Techniques

In dealing with family caregivers, one of my hardest tasks is to show them how to handle those behaviors that reflect this loss of vividness and learning capacity.

If a loved one has died and the loss is no longer vivid, Alzheimer's patients will not remember it. Thus, they will call, endlessly, for a departed spouse. I see families attempting to impose reality with phrases such as, "You know Papa Tom's been dead for ten years."

The delusional thoughts (mostly over money, infidelity, or jewelry) also may exhaust unimaginative caregivers. When a loved one insists that someone is under the bed it is fruitless to attempt to argue with them. A perceptive daughter told me she had stopped saying, "Mamma, I've looked under the bed and there's no one there," and replaced her answer with, "What color of hair does he have?" Her mother then give her a long and detailed description.

Basically, what I'm saying is that not only have these persons lost the ability to reflect and learn, but in their world there is no reality (as we know it) and no such thing as truth or falsehood.

This means it's all right for caregivers to fib and fabricate and to deflect or distract these folks. This notion was brought home to me most poignantly by a woman whose seven year old son asked, "Mamma, why do you lie to Grandma?" The mother replied, "it's easier on her and all of us." Lying is very hard for most of us who have spent our lives insisting on the truth.

But Alzheimer's patients live in another world. They remember the "long time ago," live only in today, and cannot plan a future.

Caregivers may find it painful but they must enter this other world to make their life easier and to make life more comfortable for their loved one.

(This article was reprinted with the permission from the February, 1992 issue of *The Alzheimer's Caregiver*, a Living Centers of America publication. Taken from Alzheimer's Association Corn Belt Chapter newsletter, via the Omaha Chapter.)

family assistance

- In Home Visits by our Social Work Staff
- Information and Referral for needed services
- Family Consultations
- Assistance with handling challenging behaviors
- Assistance with placement into assisted living/nursing homes



If you would like more information or to find the next series, call (800) 272-3900 or visit www.alzdayton.org



alzheimer's association

tips on communicating with alzheimer's

You will get more cooperation and a less frustrated patient by following some of these suggestions:

Getting Started

- Assume that the patient understands everything you say - or at least part of it
- Don't talk about the person as if they weren't present
- To start communication you need the person's attention
- Look eye to eye
- Call the person by name
- Use a gentle touch

Deliver the message

- Use simple words
- Slow down your rate of speech
- Lower the pitch of your voice
- Don't shout
- Give one message at a time

Listen for response

- Allow time for the person to respond
- Repeat the question using the same words
- Help the person put the words together

- Validate the meaning of the response
- Watch body language

Ask answerable questions

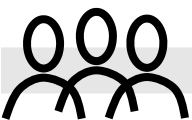
- Limit choices. Too many can be confusing
- Don't offer choices if there are none
- Ask uncomplicated questions, one at a time
- Yes or no questions are best

Use non-confronting, non-controlling statements

- Agree first and then limit your response
- Don't argue - attempt to change the subject
- Identify feelings rather than argue facts
- Ask for cooperation and help
- Ignore repetitive statements if they aren't emotionally charged

Reassure and Calm

- Use body language (gestures) to explain statements
- Write a simple note
- Ask the person to repeat the information you have given
- Use events rather than the clock to measure time. "Before lunch" or "after lunch" are more reassuring to an AD patient than words like "in one hour."



miami valley chapter support groups

a safe, friendly place to swap stories, get support and try to find answers to problems that you might be facing with a loved one with memory loss.

Over 20 groups meet throughout the Miami Valley Chapter's nine counties at different times and locations.



To find support groups in your area, refer to pages 22 & 23 for a complete listing.

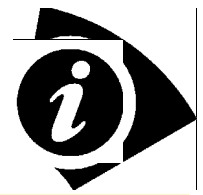
A predictable routine of activity each day gives an Alzheimer's patient a sense of order. It helps to tell what time of day it is and helps to relieve anxiety to know that one thing follows another. Even a limited range of activities, approached creatively and with enthusiasm gives a patient the chance to express feelings and build self-worth.

It is important to do activities with patients and not for them. Encourage and support everything the patient can do. Sometimes an activity is best done assembly line style. For example, the caregiver might load the brush with paint while the patient makes strokes on the paper. The goal is to feel useful.

Adapted from Communication Article - ADRDA, Sioux Falls South Dakota

alzheimer's association

let us not reason



"I've told her time and time again not to put things in the wastebasket, but she doesn't listen."

"He tells me he wants to go home. We've lived here for thirty-five years, and I try to explain that to him, and he gets mad at me."

My mom and I used to go 'round and 'round about what day it was. I'd get so involved and finally we'd both sit down and cry. "I can't help it," she would say. Then we'd take turns crying...today is my turn.

We have a hard time letting go of the old habit of reasoning with our spouse, parent or friend who has now been moved beyond reason and learning by Alzheimer's disease. It is important to keep in mind that the real deterioration of brain tissue is the cause of apparently irrational behavior. The victim is not behaving this way to annoy or irritate. In fact, they are probably unable to consider the impact of their actions on others. It is never going to work to "teach" the woman not to hide things in the wastebasket. Instead we must teach the caregiver to accept this behavior as harmless and to check the wastebaskets before emptying them.

The woman whose husband wanted to go home learned that she only frustrated both of them when she tried to "explain" that they were at home. Rather what worked was to go outside, walk to the corner and back. Upon entering the house a

few minutes later, the husband was content. This is an important lesson for the caregiver when she told me of the time her husband woke her up at midnight. "Let's go to San Francisco," he insisted. Rather than explaining to him the reasons why this wasn't a good idea, she said, "All right, but would you like some ice cream first?" After that, they turned on the television and were eventually able to return to sleep. His lack of short-term memory actually worked to her advantage.

It sometimes helps to become a conspirator. Perhaps you have hidden the keys to the car and Dad wants them. Instead of explaining why it wasn't a good idea for him to drive, you might seem perplexed by the missing keys and agree to help look for them. After a couple of minutes suggest that "Well, we'll find them, but let's sort these clothes right now. We really need to get this done." Wait for an opportunity to re-direct and talk positively about the future.

Support groups can help. A great deal of time is spent talking about how to agree, deflect and re-direct.

"We have a hard time letting go of the old habit of reasoning with our spouse, parent or friend who has now been moved beyond reason and learning by Alzheimer's disease."

Don't confront, argue or reason. Remember, you never win an argument with an Alzheimer patient.

Adapted from ADRDA - The Greater San Francisco, Bay Area 1989



HELP IS JUST A PHONE CALL AWAY.

Toll Free
(800) 272-3900

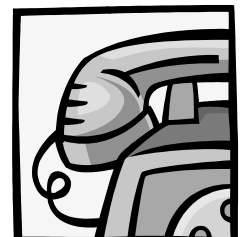
Monday—Friday
8:30am –5:00pm

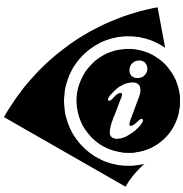
Dayton
(937)291-3332

A Helpline Specialist can provide...

- **Support**
- **Information**
- **Referrals**

Staffed by professionals and trained volunteers





alzheimer's association

using your patients view of reality

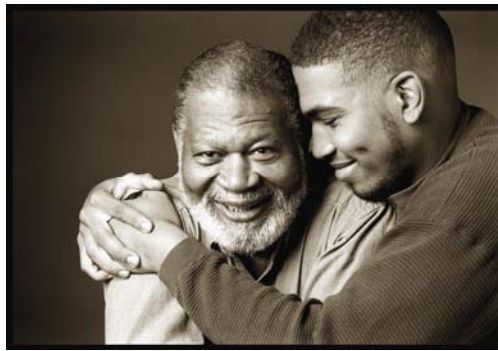
Try to imagine forgetting what you are supposed to do next, not just once but over and over. Try to imagine looking at formerly familiar surroundings and not knowing where you are. How would it feel to listen to a friend's question not knowing how to form an answer? The person who keeps asking "Where am I?" or "Who is going to take me home?" must be confused or frightened or both. We must learn to interpret patients' moods and intentions and invent successful ways to respond to their needs, particularly the need of selfhood.

One of the greatest impediments to the effective care of Alzheimer's patients is that caregivers misinterpret the responses of their patients. Family members and professional care providers often fail to see (or do not want to believe) that the mental deterioration is irreversible and inevitable and that the patient has little or no control over his strange, unorthodox verbal and physical behavior.

We all want to help our memory impaired loved ones and we do what is, to us, sensible. We try to bring them back to the way of thinking and remembering with which we are familiar. Much of the time, however, this approach, usually based on restoring or retraining the former conventions and routines, does not work. Patients no longer remember those behaviors. Because of the diseased portions of their brains, they are experiencing a different reality, the nature of which we can only guess. Our habitual reactions may make matters worse because most patients although wanting to please cannot remember enough of their past reasoning or behavioral patterns to respond "appropriately." Observation and attention to the patient's words are crucial. Often, body language will reveal more than words. The

patient may be unable to relate how he feels or what he is thinking. He may feel differently than we do. For instance, if he claims to be cold on a hot day we must accept that his brain is falsely telling him that he really does feel cold.

After much observation and association with patients, I have adopted four principles which make the task of caregiving easier:



Agreement—The most useless and tiring activity of caregivers is to argue with or contradict patients. Healthy people can usually depend on their senses and their powers of reasoning. On the other hand, patients' senses, their feelings, their mental connections tell them lies and any attempts to change their points of view only cause frustration, anxiety, and even violence. Usually it will be harmless to agree with our patient's wrong statement or belief. If we are accused of hiding or stealing the patient's belongings we can diffuse the accusation by offering to help find the missing item instead of denying the accusation.

Distraction—At most stages of the disease, if a patient is intent on some unsafe or stressful act, it is relatively easy to change the subject or to involve patients in other activities. Many patients have short attention spans and can easily be attracted to a new idea or action. When Mr. North

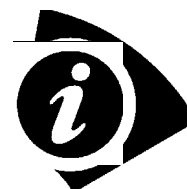
insisted he must go to meet his wife outside the building, one of the volunteers picked up a magazine and, pointing to a large ad for a new car said, "Oh, Mr. North, can you help me? What color is this automobile?" The patient was pleased to be asked and began to look at the picture and to talk about cars.

Soothing/Comfort—Patient agitation is often caused by environmental factors. Noise and clutter in the surroundings are enough to any of us. Alzheimer's patients have the additional burden of inner clutter and uncertainty. We can provide calm and predictable setting. We can use soft sounds and voices. We can avoid surprising and abrupt movements. We can use touch to reassure our patients that they are safe and cared for. Physical and mental comfort are realistic and achievable goals. When a patient feels comfortable and secure, his or her behavior is likely to be more nearly "normal."

Simplification—Many emotional and behavioral episodes are the result of the frustration brought on by the inability to cope with complicated interactions. Valuable simplification includes limiting choices (too many questions, too many choices only add to the confusion already being experienced); establishing regular, predictable routines (keeping regular schedules and doing things in the same way sometimes gives a sense of recognition and security); allowing time for the slower processing of verbal messages and the patient's formulation of responses (a damaged brain works slower); giving one-step instructions (even simple processes like brushing teeth contain many steps). Brief and varied activities will lead to pleasant experience for the patient and much less stress for the caregiver.

alzheimer's association

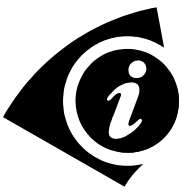
behavior management techniques



BEHAVIORS	MANAGEMENT TECHNIQUES
Agitation and Anger —Yelling, searching, rummaging, frustration	Remain calm, eye contact, listen and respond, redirect, re-channel, reassure, change approach. Don't confront or correct.
Catastrophic Reactions —Screaming, hitting, throwing, spitting	Decrease stimulation, noise and distractions. Speak softly, make one demand, distract and redirect. Avoid violence, get help if needed.
Language Deficits —Frustration, upset, agitation, anxiety, loses train of thought, misuses words, unintelligible words	Allow time, smile, touch, use multiple cues and suggestions, fill in the words, stay calm, change the subject.
Hallucinations/Delusions —Yelling, sees things or people, fearful, etc.	Soothe, stay with, make attempt to check it out, reassure, remove from, redirect, don't deny the perceptions is not real.
Paranoia/Suspicious —Fear of loss/theft, victim can't find possessions, denies a family member, wanders	Reassure, touch, decrease stimulation, redirect attentions, maintain daily routine
Wandering —Sundowning, night restlessness, searching, has "work to do," physical discomfort, could be lost, hurt or worse	Reassure, distract, give attention and activities, remove distractions (i.e., coats or hats). Increase daily exercise, secured areas, current photo, ID Bracelet
Inappropriate Behavior —Misinterprets bathtime or toileting as an invitation	React calmly, ignore, distract, activities, exercise, don't demean or humiliate.
Repetitiveness —Repeats physical gestures (i.e., wringing of hands), gets stuck in motion (i.e., cleaning a table cloth), or repeats verbalization ("When do I go home?" or "When is my mother coming?")	Distract, re-channel, guide with physical assist, give soft object to manipulate, answer with reassurance, "Fabulous Fibulations," and smile
Refusal to Bath/Shower —fears, denies need of, forgets how, removes or layers, clothing, can be pushed into catastrophic reaction	Go slow, reassure, break down steps, gentle touch, be flexible, try later, assist when needed, avoid confrontation, encourage and praise, smile.
Disorientation —of time, place or person	Respond to questions, do not try to purposefully teach, large face clocks and watches, orientation board. Repetitive practice only frustrates.
Hyperorality —puts anything in mouth, may swallow	Safe environment and activity tools, use edible activity objects, call poison control if you have a question.
Depression —cries, fatigue, withdraws, weight loss/gain, recurrent thoughts of death	Increase pleasant activities and socialization, positive interactions, communicate, praise, reassure, smile

By Sandy Bliss, Alzheimer's Program supervisor, Madonna ADS

From Nebraska Chapter (February 1994)



alzheimer's association

emergency situations for caregivers

I. Emergencies That May Happen to the Patient

Problem	Disposition	Preventative Measures
<i>Patient gets sick—fever, convulsions, heart attack, stroke or becomes injured</i>	Medical—family doctor, rescue squad, hospital emergency room	-Have emergency numbers available -Have knowledge of first aid-measures -Make sure patient has regular medical care -Check for environment for potential hazards
<i>Patient gets violent</i>	Medical—family doctor, rescue squad, hospital emergency room; may require police assistance	-Have emergency numbers available -Consult physician for medication and have available -Keep environment calm
<i>Patient ingests poison or foreign object</i>	Medical—family doctor, poison control center, hospital emergency room	-Have emergency numbers available -Keep poisonous substances in a locked cabinet
<i>Patient abused by caregiver—patient gets hurt</i>	Medical—family doctor, hospital emergency room, counseling for caregiver	-Have emergency numbers available -Seek counseling BEFORE this happens—professional or support group
<i>Patient gets lost</i>	Social—family, friends, neighbors, social supports, police; local Alzheimer's Association Chapter, radio, TV, newspaper	-Have emergency numbers available - SAFE RETURN —patient ID bracelet -Locks/alarms on door -Don't leave patient alone
<i>Patient gets victimized</i>	Social/Legal—family, police, and legal intervention may be needed; conservatorship, guardianship; may need to involve protective services	-Have emergency numbers available -Consult and attorney regarding protecting patient's interests -Don't leave patient unsupervised -Don't allow patient to carry large sums of money, checks, credit cards, etc.
<i>Patient gets arrested/accused of crime</i>	Education and legal intervention	-Have emergency numbers available -Close supervision of patient in public places.

Important Numbers:

Alzheimer's Association, Miami Valley Chapter

(800) 272-3900

Safe Return

(800) 572-1122

Long-term Care Ombudsman

(800) 395-8267

Area Agency on Aging

(800) 258-7277

Local Police

Local Fire

Local Hospital (Emergency Room)



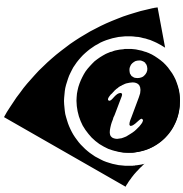


II. Emergencies That May Happen to the Caregiver

Problem	Disposition	Preventative Measures
<i>Caregiver gets sick suddenly and can't care for the victim</i>	Family/Social Support—family, friends, neighbors to be contacted. Family doctor to arrange temporary hospitalization or nursing home placement. Other respite services may be available	-Have emergency numbers available -Make arrangements in advanced with caregivers
<i>Caregiver is suicidal</i>	Medical—family doctor, hospital emergency room, mental health crisis team. Arrange care for patient	-Have emergency numbers available -Seek professional counseling and/or support groups
<i>Caregiver dies suddenly</i>	Social—Family, neighbor, friend, respite. Arrange care for patient.	-Have emergency numbers available -Discuss emergency plan with relatives, friends, etc. -Have all information (i.e., people to call, respite services, etc.) clearly outlined.
<i>Nursing home tries to discharge patient for unmanageable behavior</i>	Social/Medical—family doctor, counseling services for caregiver, <u>call the long-term care ombudsman</u>	-Choose proper long-term care facility for the patient -Facility should be experienced in working with Alzheimer's patients -Keep in contact with the staff—physicians, nurses, aids

III. Situation That are Urgent, but not Emergencies

Problem	Disposition	Preventative Measures
<i>Caregiver reports that patient has stopped eating and drinking</i>	Medical—family doctor or other sources of medical care	-Have emergency numbers available
<i>Caregiver reports that patient has been having repeated falls</i>	Medical—family doctor or other sources of medical care	-Have emergency numbers available
<i>Caregiver reports adverse drug reaction in patient</i>	Medical—family doctor or other sources of medical care	-Have emergency numbers available -Know about possible side affects of medication
<i>Caregiver is at wit's end</i>	Social/Medical—family doctor, Chapter services, one-on-one support group, respite	-Have emergency numbers available -Use respite services to give caregiver personal time
<i>Caregiver unsuccessful in leaving patient at hospital emergency room</i>	Social—planning and counseling with assistance of family doctor, counseling services. Temporary placement may help	-Use respite services regularly. -Seek professional counseling and/or support groups
<i>Caregiver requires elective surgery or elective hospitalization.</i>	Social—planning, temporary placement, or in-home respite for patient	-Make arrangements in advance for temporary placement



alzheimer's association

alzheimer's disease: the road to acceptance

Accepting an uncomfortable or painful situation is always a difficult process. When the situation is a diagnosis of Alzheimer's Disease, there are several barriers which can make the road to acceptance even more difficult. Some of these have to do with the disease, others with human nature. Even making the diagnosis is not as clear as we would like, but learning more about the disease and how we normally deal with distressing situations may help ease the transition to acceptance.

Alzheimer's Disease often has a very gradual onset. As a result, family members or friends who spend a lot of time around the victim may not notice the gradual change in memory or functioning which take place. It becomes difficult to be objective about what the person is able to do and why. These changes may be more apparent to someone who is not around the victim very often, and having an evaluation of memory and function by a health professional may be the best way to decide what care or assistance the person with Alzheimer's disease needs.

In addition, it is common for people with Alzheimer's disease to attempt to cover their problems. For example, a woman who is finding it difficult to cook or do laundry may make up excuses for why it is not done - "I'm tired of cooking. I've been doing it

my whole life and I don't want to do it anymore." - "My back hurts too much to carry the laundry anymore."

If chores are gradually picked up by a spouse or family member, then the reason why activities are given up becomes blurred. Or, family



“The final barrier to accepting such a diagnosis comes from our own human nature.”

members may assume that the person really couldn't do the task anymore even if they wanted to.

Most people don't know the difference between normal aging and disease. It is still common to believe that "senility" is normal as one gets older. The loss of memory and judgment characterizing Alzheimer's Disease is then assumed to be normal and therefore we think that our friend or family member is just experiencing the effects of age. In fact, although the memory process may be slower

with age, the normal older adult should not experience problems with normal daily activities.

The way that Alzheimer's disease can effect an individual may also cloud our ability to recognize it. It is common for the person with Alzheimer's disease to have periods of fluctuation in their functioning. Some days they may be able to answer questions and fix a cup of coffee. Then other days they don't remember where to find the coffee cup. These changes back and forth can make it hard to accept that the person is not capable of taking care of him/herself.

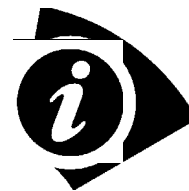
The final barrier to accepting such a diagnosis comes from our own human nature. It is normal to experience a period of denial when faced with unexpected or shocking news.

Dr. Elizabeth Kubler-Ross has written extensively about the grief process particularly in patients with cancer, but her ideas apply to any kind of serious illness. She describes the first reaction of most patients and families to such news as disbelief.

Accepting this disease is no easy task. Two services that we offer that can help you are 1) Support Groups—listed on pp 22-23 and 2) Family Assistance—talk to one of the caring staff one on one by calling 800.272.3900.

alzheimer's association

the perils of stress in caregiving



Everyone has experienced stress in their life, but being a caregiver involves a different kind of stress that is often much more difficult to cope with. Since stress is a common occurrence, you may believe that it will not cause you any problems. Stress is normal, but it can lead to serious physical problems if not paid attention to. There are some measures that you, the caregiver can take to keep your stress level low and stay in good health. If you are not a caregiver, help a loved one who is by encouraging them to seek help and look out for their own health.

For seven years, Sharon Clem, a volunteer for the Alzheimer's Association, Northern Virginia Chapter, cared for her mother at the expense of her own health. She also endured a lot of mental anguish as the symptoms of Alzheimer's Disease took over her mother.

Sharon worried about her mother's unusual behaviors for two years before she took on the task of full time

caregiving. Catherine Clem would call her daughter several times a week, wanting to know how to cut the grass or take care of everyday chores in the house.

That was the beginning of Sharon's battle with Alzheimer's Disease. For the first three years of caregiving there was no diagnosis. Sharon had no idea why her mother did not seem like the mother who once cared for and nurtured her. After three long years of wondering why Catherine was behaving so abnormally, Catherine was diagnosed with Alzheimer's Disease.

Sharon, an only child with no children of her own, tried to "do it all" because there was no one else to care for her mother.

Alzheimer's is an isolating disease. "I felt very alone. No one supported me or even appreciated what I did for my mother", Sharon explains. "No one thought my mother's behavior was a problem. My neighbors were not

understanding, they thought she was just old and acting the way old people act. My only family, an aunt and uncle, didn't see what I dealt with either." Sharon says that her mother was also forced out of her regular social circles. Catherine's church was not supportive, even though she was always active and donated quite a bit of her savings to them. Her friends disappeared as well.

Although not always recognized, Sharon endured a lot of stress while caring for her mother. "I was constantly repeating myself until I thought she understood what I was saying, only to find out later that she either didn't understand to begin with or she forgot altogether." Caring for someone with Alzheimer's can be very frustrating because paranoia and memory loss are very common in Alzheimer's patients. "My mother would lose her money because she could never remember where she put it, then she would accuse me of stealing it," Sharon says.

respite care



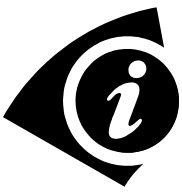
Often the cost of respite care can be a barrier to families. There are at least three programs available to assist with the cost:

PASSPORT—This is a Medicaid program for persons who qualify for the nursing home but would like to remain in their homes. A person must meet both income and asset restrictions.

COMCARE—This programs pays for some limited services in the home (i.e., home health care, adult day care).

RESPITE CARE—This program pays for limited services and is administered through our chapter.

If you would like more information please call the Family Assistance Director at (937) 291-3332.



alzheimer's association

the perils of stress in caregiving

As Alzheimer's disease progressed and her caregiving duties became more burdensome, Sharon stopped eating properly and developed Hypoglycemia. Later, she was hospitalized three times for hemorrhaging ulcers. During the third hospitalization, the physicians removed half of her stomach and it became apparent that Sharon needed to place an emphasis on her own health. Both Sharon's and Catherine's doctors recommended nursing home placement for Catherine. Sharon took the advice and called the Alzheimer's Association for help. While still in the hospital, Sharon was able to place her mother in a quality nursing home with the Alzheimer's Association's assistance.

Dr. Burton Reifler, Professor and Chairman of the Department of Psychiatry and Behavioral Medicine at Bowman Gray School of Medicine at Wakeforest University and the Direct Partners in Caregiving: The Dementia Services Program of the Robert Wood Johnson Foundation, confirms that stress is a very important issue to deal with when caregiving. He claims that the stress rates in caregivers is quite high. "The stress of caregiving is double it takes an awful lot of work to care for your loved one and the person does not appreciate you or what you are doing for them. In fact, they often act resentful." Reifler states.

The stress involved in caregiving is much different than stress that is

experienced in a career or from raising children. In a career there is still pressure, but it is a much different type of stress than experienced in caregiving. Even in the most demanding career, you still have a



"Sharon's stress eventually caught up with her resulting in serious medical problems."

choice to seek a new field of work, and in most occupations, work is left behind at the office. When you are a caregiver, your work is never left behind and although you may have a choice in providing care, choosing not to can often be at a great personal expense. Sharon Clem separates the stress of caregiving from other more common types of stress as she explains, "Caregiving is constant. In 24 hours you never get a break. My mother would wake up several times a night. In a career, people generally keep eight to ten hour days and also take breaks on the job."

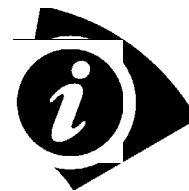
Dr. Reifler describes the difference as, "Stress within your career is chosen because that career appeals to you in some way, whereas caregiving is not appealing and not chosen. Raising children is difficult too, but there is much more control involved. You have a different type of a relationship as a parent to a child."

If the caregiver is feeling, overburdened, it will affect the other people in your life, You may become more irritable with family members or friends and alienate yourself from them. Or, you may feel some resentment toward them for not taking on the responsibilities of a being a caregiver like you have. Being a caregiver takes away your freedom and makes it difficult not to envy or resent your friends and family members. It is hard not to be angry each time your spouse kisses you and goes to work when you would really like change places, even if just for one day. Sharon assures that these feelings of anger, resentment and frustration are quite typical and completely normal.

Sharon felt very angry at the way other people would act, noting that they were "selfish, uncaring and not understanding." If the other members of your family, your coworkers, or your friends are not sensitive to you or will not empathize with what you are going through, then it is even more difficult to keep a low stress level.

alzheimer's association

the perils of stress in caregiving



Dr. Reifler urges other family members to offer to help the primary caregiver and not wait to be asked. "Call and give the caregiver a free weekend as often as you can." Reifler suggests. He also suggests that a caregiver should not hesitate to seek the help of friends and family members.

While there are no solutions to controlling the way other people act, there are some answers that may help you control your own stress level. Dr. Reifler suggests that education is essential in dealing with any type of stress. You should educate yourself about the disease, area support groups, and adult daycare or respite centers. If you are educated about what is going on in your life and the life of your patient, you can better understand what to expect. Both Dr. Reifler and Sharon place an emphasis on using an outside focus when attempting to keep your stress level low. Everyone needs a release or recreation in their lives.

For Sharon, the way she managed to escape the pressure was to first get her mother involved in a jigsaw puzzle, then slip into the den to read by herself. Dr. Reifler says, "There is no one best approach to dealing with stress." He suggests however, that you continue doing things that you enjoyed in the past, whether it be physical activity, attending or helping at church, reading, bridge or a hobby. Dr. Reifler also stresses the importance of taking good care of yourself, "Don't rely on coffee in the morning to get

you going and alcohol at night to help you wind down." "Eat properly, get enough exercise, sleep and outside activity, not just for your own sake, but for the sake of your patient too. The patient can least afford for the caregiver to run out of gas," says Dr. Reifler.

Dr. Reifler emphasizes that, "Adult day care centers are the best kept secret in the country for relieving stress in caregiving."

There are people who can help you and places where a caregiver can find some relief. Dr. Reifler emphasizes that, "Adult day care centers are the best kept secret in the country for relieving stress in caregiving." Adult day care is wonderful for both the caregiver and the patient. Adult day care centers allow a caregiver some time alone to do the grocery shopping, catch up on the housework, read a book, go see a movie, have lunch with a friend, or just relax without disturbances.

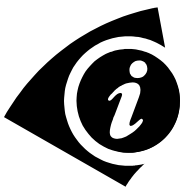
If you are worried that your loved one will not want to attend a day care center, respite center staff may be able to offer creative ways of getting

Alzheimer's patients excited about attending. Some people with Alzheimer's Disease dress in business clothing and think they are reporting to work (the adult day care center). The center provides appropriate chores for the "business person". For others, they have appropriate entertainment and activities. Sharon says, "I can't stress enough the importance of joining a support group and seeking the help of others. Don't try to do it all alone and get your loved one into day care."

Families, friends and support groups also provide emotional support and even sometimes physical relief from caregiving. "Get as much help as you can. People with families are lucky, ask for their help. You just can not do it all on your own" Sharon urges caregivers. Support groups are an excellent way of gaining an understanding of Alzheimer's Disease and the understanding and acceptance of others. "It is a great relief to feel part of a group" Sharon says.

The Alzheimer's Association can also be very supportive. We can refer you to a support group, a day care center near you or we can offer you helpful reading material and tip sheets. Our library is filled with information about Alzheimer's Disease and caregiving. Sharon expresses, "The Alzheimer's Association helped me so much."

If you are in a stressful situation like Sharon's, do not wait until it is too late. Call us for help and join the Alzheimer's Association today.



alzheimer's association support group meeting schedule

Contact *Velma Barber*,
*Help*Line Specialist*, with
any questions about
support groups at
(937) 291.3332 or by email
at velma.barber@alz.org

Clark

Mercy/Wittenberg Support Group
Petticrew Ctr for Adult Care
100 W. McCreight Ave, Springfield
2nd Thursday * 4:00 p.m.
Gilda McKenzie, Ann Mefford
Respite Care Provided 399-9910

West Springfield Support Group
Pathways Ctr - Masonic Home
2 Fraternal Cir, Springfield
2nd Monday * 1:00 p.m.
Jane Eckels, Dawn Suchland
Respite Care Provided 525-4968

Darke

Greenville Support Group
Brethren Retirement Community
750 Chestnut St, Greenville
3rd Wednesday * 4:00 p.m.
Betty Via, Melissa Benline

Greene

Bellbrook Support Group
St Francis of Assisi (Parish Room #2)
6245 Wilmington Pike
4th Thurs * 7:30 p.m.
Ann Williams, Julie Williams

Fairborn Support Group
Fairborn Senior Ctr
325 N. Third St, Fairborn
3rd Wednesday * 12 Noon
Eric VanVlymen
Katie Beanblossom

Logan

Bellefontaine Support Group
Logan Acres
2739 County Road 91, Bellefontaine
2nd Tuesday * 6:30 p.m.
Cathy Riegel, Donna Lewis,
Brenda Tamplin

Miami

Troy Support Group
Hospice of Miami County
550 Summit Ave. Ste.101 Troy
1st & 3rd Wednesdays * 4:00 pm
Bob Termuhlen, Karen Schneder
Respite Care Provided 778-3680

Montgomery

Brookville Support Group
Brookhaven Community Rm
1 Country Ln, Brookville
3rd Tuesday * 6:00 p.m.
Carol Fourman, Denise Henderson

Centerville Support Group
St. Leonard
8100 Clio Rd., Centerville
1st & 3rd Wednesdays * 1:30 pm
Norma Luther, JoAnn Davis,
Marylou Politowski
Respite Care Provided 439-7146

Englewood Support Group
Englewood Health Ctr's Com Rm
1250 W. National Rd, Englewood
2nd Tuesday * 6:30 p.m.
Nancy Wahl, Fred Link,
Joan Swanson
Respite Care Provided 776-5483

Germantown Farmersville Support Group
Germantown Library
51 N. Plum St. Germantown
Last Tuesday * 1:00 pm / 7:00 pm
Lou Izor, Pat Spencer

Huber Heights Support Group
North Huber Heights Baptist Church
6193 Taylorsville Rd, Huber Heights
1st & 3rd Thursdays * 2:00 p.m.
Joy Scoates, Walt Saxe

Kettering Support Group
Good Shepherd Church
901 E. Stroop Rd, Kettering
Every Tuesday * 7:00 p.m.
Dennis Wiseman, Jill Reiss,
Ann Frazier, Kim Renner,
Dot Strong

Miamisburg Support Group*
Alzheimer's Association
3797 Summit Glen Dr, G100, Dayton
2nd & 4th Thursday * 10:00 a.m.
Dick Luthman,
Pat Settles, Michael Dring,
Sherry Geiger
*Early Stage Support Group held at
same time as Caregiver SG 2nd Thurs

North Dayton Caregiver SG
Maria Joseph Center
4830 Salem Ave, Dayton
1st & 3rd Wednesdays * 2:00 pm
Sr. Alice Schoettelkotte,
Gene McCluskey
Respite Care Provided 275-4626

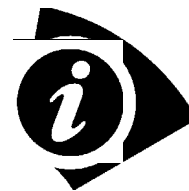
Vandalia Support Group*
Vandalia Senior Center
21 Tionda Dr, Vandalia
4th Thursday * 4:30 p.m.
Christa Lloyd, Gina Havenar
Respite Care Provided 776-5483
*Early Stage Support Group held at
same time as Caregiver SG

West Dayton Caregiver SG
Trinity Presbyterian Church
3211 Lakeview Ave., Dayton
2nd Saturday * 9:30 a.m.
Marcia Hill-Ross, Virginia Hill

- **Please note!!:** This list was updated in **March 2010**. Please call our office at (937) 291-3332 or (800) 272-3900 to verify a group's time and location.



alzheimer's association support group meeting schedule



****Early Stage Support Groups:** On the second Thursday of each month, the Early Stage Support Group meets at the same time as the Caregiver Support Group at the Alzheimer's Association Dayton Office. The Early Stage Group will allow those who have been diagnosed with Alzheimer's disease or a related dementia the ability to talk with each other regarding how to better cope. *This group is not appropriate for people who are unwilling to discuss their diagnosis. This group is also inappropriate for individuals who have progressed too far in the disease process.* All who are interested in attending the group, should contact Julie Worley at (937) 291-3332 or (800) 272-3900.

South Dayton ES Support Group*

Alzheimer's Association
3797 Summit Glen Dr, G100, Dayton

*2nd Thursday * 10:00 a.m.
Julie Worley - 937.291.3332*

North Dayton ES Support Group*

Vandalia Senior Center
21 Tionda Dr, Vandalia

4th Thursday 4:30 p.m.
Kathleen Feisley- 937.291.3332*

*Attendees should have a diagnosis of Alzheimer's or a related dementia and call Julie Worley at (937) 291.3332 before attending the early stage group.

Shelby

Sidney Support Group
Dorothy Love Retirement Comm.
3003 W. Cisco Rd, Sidney
*4th Thursday * 7:00 p.m.
LuAnn Presser, Mary Moyer*

Preble

Germantown Farmersville
Support Group
(see Montgomery County)

We Care, Support Group

*800 E.St. Clair, Eaton
1st Monday * 2 pm.
(This is a support group for all caregivers,
caregivers of people living with dementia
are welcome)*

NEW

Groups in the Miami Valley

VA Caregiver Support Group

VA Medical Center
Tall Pines Unit
3100 W. 3rd St, Dayton
*3rd Wednesday * 2:00 pm
Shelia Williams, Tammie Walker*

Specialty Groups

Early Onset (Diagnosed under age of 60)

Spousal Caregiver Support Group

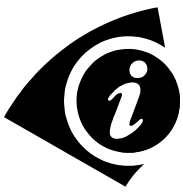
If interested, please call
Julie Worley at the chapter—
(937) 291-3332 or (800) 272-3900

Frontal Lobe Dementia

Caregiver SG

If interested, please call
Velma Barber at the chapter—
(937) 291-3332 or (800) 272-3900

- **Please note!!:** This list was updated in **March 2010**. Please call our office at (937) 291-3332 or (800) 272-3900 to verify a group's time and location.



alzheimer's association

legal planning a must

When Alzheimer's Disease strikes, the patient and the family must prepare for the inevitable emotional, physical, and financial changes that lie ahead. A diagnosis of Alzheimer's does not mean that the person is unable to make decisions. In fact, early in the course of the disease, the patient may be capable of participating in legal and financial planning to protect the future management of his or her life and assets.

It is vital that persons with Alzheimer's disease and their family obtain knowledgeable legal advice without delay. Laws vary from state to state, as do the needs of each person and his family. There is no one plan or approach that is right for everyone. With expert help and proper guidance, you should be able to make choices that best fit your needs.

Beginning the Plan

Planning a future for Alzheimer's can be an upsetting process for both patient and family. A fundamental principle is to allow the AD patient as much control of his life and affairs as possible. The patient should assist in selecting the person(s) who will assume management of legal and financial concerns when he is no longer able.

Even after there has been significant impairment, keeping the patient abreast of important decisions will help him to know that things are being done the way he would have chosen. Effective legal planning depends on open communication between family members. A family meeting with the legal advisor may make the process easier to manage.

A good starting point is collecting

legal and financial documents that are the property or concern of the AD patient and spouse, if applicable. These typically include the tax returns, health and life insurance policies, pensions information, deeds, mortgages, bank statements, investment documents, as well as previously executed wills and trusts.



Legal Steps to be Taken

There are several legal issues that should be considered as soon as the patient is diagnosed with Alzheimer's disease. It is important to locate an attorney who either specializes in elder law, or is familiar with the related issues and family situation. Once an attorney is retained, there are some immediate steps to be taken. First and foremost, an agreement must be reached as to who will legally act on behalf of the patient. There are several ways to accomplish this.

Durable Power of Attorney (For Health Care)

The Durable Power of Attorney document allows an individual to designate another person to act legally on his behalf. A DPA can be broad, and give power to manage and control most financial and legal transactions, or it can be limited to selected assets or activities. The Durable Power of Attorney for Health Care is a legal instrument where an individual

appoints a representative to make health care decisions when he is incapacitated and not able to.

Trusts and Living Trusts

A Trust is an arrangement where a trustee is appointed to manage part or all of his assets, which have been placed in the trust. Although the trustee holds title to the assets, he is obligated to manage them according to the terms of the trust.

A Living Trust operates while the grantor (patient) is still alive, allowing him to make changes as seen fit. A major benefit is the possible avoidance of probate, however there may not be any tax advantages to creating a Living Trust.

Wills & Living Wills

The terms by which a person's estate will be distributed death is specified in the Will. A Living Will gives the individual the opportunity to explain how the health care decisions are to be made in the event of mental capacity. It should state whether life-sustaining treatment is or is not to be used when the individual is completely without decision-making abilities or awareness. A Living Will should be written along with a DPA for Health Care to ensure that the patient's wishes are clear and executed properly.

Other Legal Matters

It is important to review the nature of ownership of the patient's property. In some cases it might be preferable to transfer title of properties, including those jointly owned, to a spouse, family member or trusted friends. Arrangements should also be made to have a legally designated representative of the patient file his tax returns.



Clark

Theodore D. Daniel	133 S. Main St	New Carlisle, OH 45344	937-845-9485
Hofbauer& Marshall, LLP	4 W. Main St., Ste. 630	Springfield, OH 45502	937-324-2224
Anthony Kohler	1608 Upper Valley Pk	Springfield, OH 45504	937-324-3000
Paula Powers	4 W. Main St	Springfield, OH 45502	937-323-6120
Anthony Bryan Pennington	1107 Upper Valley Pk	Springfield, OH 45504	937-325-4446

Darke

Gary Brown	116 W. 4 th St	Greenville, OH 45331	937-548-1125
Ray Donadio	1400 N. Broadway St	Greenville, OH 45331	937-548-6888
Thomas H. Graber	507 S. Broadway St	Greenville, OH 45331	937-548-1157
Thomas Guillozet	207 E. Main St	Versailles, OH 45380	937-526-3501

Greene

Miller, Finney, McKeown, Baker	20 King Avenue	Xenia, OH 45385	937-372-8055
Charles H. Stier	3836 Dayton-Xenia Rd.	Beavercreek, OH 45432	937-426-3310

Montgomery

Legal Aid Society of Dayton	333 West First Ste 500	Dayton, OH 45402	937-228-8088
Jesse Beasley	303 Hacker Rd	Dayton, OH 45415	937-454-0039
Thompson Hine LLP (Mark Conway)	2000 Courthouse Plaza NE	Dayton, OH 45402	937-443-6600
Christopher Lavin	2612 Needmore Rd	Dayton, OH 45414	888-488-9955
Joe P. Mattera	2700 Kettering Tower	Dayton, OH 45423	937-223-1130
Michael Millonig	7601 Paragon Rd Ste 103	Dayton, OH 45459	937-438-3977
Harry (Pete) Rife	580 Lincoln Park Blvd.	Dayton, OH 45409	937-293-1000
Nancy Roberson	1225 East David Rd.	Dayton, OH 45429	937-643-2000
Winwood Rutledge Co. (Jeff Winwood & Marybeth Rutledge)	580 Lincoln Park Blvd., Suite 388	Dayton, OH 45429	937-294-6000
Georgina Parisi	3430 S. Dixie Dr.	Dayton, Ohio 45439	937-298-1961

Preble

Steve Hobbs	119 N. Commerce	Lewisburg, OH 45338	937-962-2712
Paul Holtzmuller	P.O. Box 332 115 W. Main St	Eaton, OH 45320	937-456-2819
Earley&Early Attorneys	112 N. Barron St.	Eaton, OH 45320	937-456-4104

Shelby

Jim Chrisman	2231/2 Main	Sidney, Ohio 45365	937-492-4250
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*****The above listing of legal services is for information only and does not necessarily reflect an endorsement by the Alzheimer's Association, Miami Valley Chapter.***

Diagnosis and Treatment Options

Choosing a Medical Professional for Diagnosis and After-care

The primary health care need for people with dementia is to be evaluated and treated by a medical professional. Because dementia requires a battery of tests and ruling out other causes, the importance of a quality examination is crucial. Once the diagnosis is made you will want to think about follow-up care. Thus you might go to one medical professional or clinic for an initial assessment and another for on-going treatment, symptom management (i.e., behaviors) and physical/psychological health maintenance.



If unsure where to start in finding a doctor, please call our family assistance staff at (800) 272-3900, (937) 291-3332 or email julie.worley@alz.org for further assistance.

Alzheimer's Disease Center (ADC)

The National Institute on Aging funds Alzheimer's Disease Centers (ADCs) at major medical institutions across the nation. Researchers at these centers are working to translate research advances into improved diagnosis and care for Alzheimer's disease (AD) and related dementia patients while, at the same time, focusing on a cure. Costs may vary—centers may accept Medicare, Medicaid, and private insurance. (For a full list of ADCs visit: <http://www.nia.nih.gov/alzheimers/researchinformation/researchcenters>)

Indiana Alzheimer's Disease Ctr

Indiana University School of Medicine
635 Barnhill Drive, MS-A-138
Indianapolis, IN 46202-5120
Website: <http://iadc.iupui.edu>
Information Line: 317-274-1590

University of Kentucky Alzheimer's Disease Ctr

Sanders-Brown Center on Aging, Rm. 101
800 South Limestone St.
Lexington, KY 40536-0230
Website: www.mc.uky.edu/coa/
Information Line: 859-323-6040

Specialists

A variety of local specialists diagnose and treat Alzheimer's disease and related dementias. After having an initial conversation with your family doctor, the doctor might make a referral. Otherwise you may ask for a referral to one of the doctors listed below or simply make the call yourself.

Neurologists

Dayton Center for Neurological Disorders 1975 Miamisburg Centerville Rd., Dayton, OH 937-439-6186
(Kenneth Pugar, D.O., Sharon Merryman, D.O., Michael Valle, D.O., Timothy Schoonover, D.O., Petre Udrea, M.D., James Beegan, M.D., Ryan Maenpa, M.D., Tamer Saad, M.D., Gottfried Vean-Louis, M.D., Tracey Eicher, M.D.)

Neurology Specialists 1 Elizabeth Place Ste 210, Dayton, OH 937-495-0000
(Lawrence Goldstick, M.D., Alan Jacobs, M.D.)

- See next page for more neurologists

Diagnosis and Treatment Options

Choosing a Medical Professional for Diagnosis and After-care



Neurologists (continued)

<i>Neurology Diagnostics</i> (Joel Vandersluis, M.D., Donald Wamsley, M.D.)	1 Elizabeth Place Ste. B, Dayton, OH	937-224-8200
<i>Amrit Chadha, M.D.</i>	1240 East Main St., Springfield, OH	937-325-0665
<i>Jacob Kitchener, M.D.</i>	30 East Apple St Ste.5254, Dayton, Oh	937-339-8513
<i>Rabindra Kitchener, M.D.</i>	St. Rt.25 A, Troy, Ohio	937-439-6186
<i>Vadat Ranganathan, M.D.</i>	3152 El Camino, Springfield, OH	937-629-0940
<i>Antonela Svetic, M.D.</i>	3095 Dayton-Xenia Rd, Beavercreek, Oh	937-352-2790
<i>Dennis Sullivan, M.D.</i>	30 W. McCreight Ave., Ste.1, Springfield, Oh	937-399-8921
<i>Ling Xu, M.D.</i>	540 Lincoln Park, Dayton, Oh	937-312-8150

Geriatric Assessment Center

<i>Wright State Physicians*</i> (Larry Lawhorne, M.D., Steven Swedland, M.D., Gordina Gataric, M.D.)	68 Darst Rd., Beavercreek, OH	937-458-6700
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* *Makes home visits*

Regional Neurological Assessment Centers

<i>Ohio State University, Dept of Neurology</i> (Douglas Scharre, M.D.; will need a referral from your primary care physician)	Columbus, OH	614-293-8531
<i>Cleveland Clinic, Neurological Institute</i>	Cleveland, OH	216-444-5812

Neuropsychologists and Geri-psychologists

<i>Nicholas Doninger, PhD</i>	Kettering Hospital Ste.5200, Kettering, OH	937-395-8043
<i>Jerry Flexman, PhD</i>	1020 Woodman Dr, Dayton, OH 45432	937-256-5300
<i>James Gilchrest, PhD</i>	30 Apple St., Dayton, OH	937-208-2554
<i>Bill Smith, PhD</i>	3130 Country Rd 25 A, Troy, OH 45373	937-440-4840

See the next page for physicians and nurse practitioners who work with dementia and are either office-based or offer home visits.

Diagnosis and Treatment Options

Choosing a Medical Professional for Diagnosis and After-care



Physicians and Nurse Practitioners

Office-based Practices

<i>Jerry Clark, M.D.</i>	722 N. Fairfield Rd., Beavercreek, OH	937-208-7000
<i>Robert Hunter, D.O.</i>	8701 Old Troy Pike Ste 20, Huber Heights, OH	937-233-7146
<i>Dr. Richard Darr, M.D.</i>	444 W. Harding Rd., Springfield, OH	937-390-3749
<i>Dr. Manakshi Patel, M.D.</i>	6611 Clyo Rd., Centerville, OH	937-208-8282
<i>Julie Larson, M.D.</i>	9000 N. Main St., Dayton, OH	937-836-7130

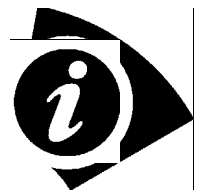
Looking for a family doctor in your area? Please contact the Help*Line at (937) 291-3332 or email julie.worley@alz.org for additional lists of physicians throughout our nine county region.

Home Visiting Practices

<i>Home Care Doctors</i> (Counties served: Clark, Miami and Preble)	1 Elizabeth Place, Dayton, OH	937-424-5470
<i>Visiting Physician Association</i> (Counties served: Clark, Champaign, Darke, Greene, Miami, Montgomery, Preble, and Shelby)	3077 Kettering Blvd Ste 319, Dayton, OH	937-293-2133
<i>Advanced Geriatric Education and Consulting</i> (Counties served: Montgomery, Darke, Miami and Preble)	PO Box 431, Brookville, OH	888-393-9799
<i>Trusted Care</i> (Counties served: Greene, Miami, Montgomery and Preble)	325 Regency Ridge, Dayton, OH	937-436-3833

Please note:

- The above listing of physicians is for information only and does not necessarily reflect an endorsement by the Alzheimer's Association, Miami Valley Chapter.
- If a physician would like to be added or removed from this list, please contact Julie Worley, Director of Family Assistance, Alzheimer's Association Miami Valley Chapter at (937) 291-3332 or julie.worley@alz.org.



In September last year I looked forward to the opening of the new Marin Ad Center (Day Care) with great hope, but also much anxiety. I feared that my wife, Miya, being very shy and apprehensive, might resist going to such a facility with a group of strangers. Much as I needed and desired the respite of 2 days of 5 hours each, I was quite prepared for failure.

In fact,, from the first day Miya has taken to what we call 'MAC CLUB' with happy pleasure and enthusiasm. She responds with warmth to the kind, affectionate and efficiently attentive reception from Barbara and the entire staff. Obviously the wide range of simple activities that is daily offered both interests and stimulates Miya, as well as the other club members. Miya particularly likes singing and dancing, and there is plenty of both. She seems, according to the staff, to enjoy her whistlestop luncheon meals, sometimes wants "seconds" and shows more desire and capacity to feed herself than she does at home with me. All in all I am tremendously relieved at how well taken care of she is and most appreciative of the respite time given me for attending to so many chores both at home and outside.

But there is one extra and surprising dimension to the benefits derived that I want to especially stress. All of us, staff and caregivers alike, have noted the steady and impressive development of communication, contact and "sociability" among the

club members ('patients') themselves; one can truly say that a rather cohesive sense of community has already occurred. One of the members plays piano well, and nearly everyone gathers around for sing-alongs of the popular songs he plays. People inquire about one another, if absent, and in general seems like members truly look forward to each day there. It astounded me and the staff when I brought Miya one



“Miya particularly likes singing and dancing, and there is plenty of both.”

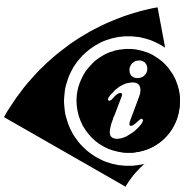
morning, to have her ask a staff member. "Well, what are we going to do today.?" I think her face breaks into an even more radiant smile when she enters the familiar Club door than when I come home and greet her after being out on errands. This *is* all the more pleasurable to see as it *is* also quite unexpected.

This all has made me reflect a little more deeply on what an Alzheimer patient must be thinking and suffering day after day in his/her home, even with a devoted spouse or caregiver. A spouse inevitably feels compelled to do a lot of gentle ordering and 'pressuring' of the loved patient, and perhaps

unconsciously engenders a greater feeling of dependence and loss of identity and self-esteem in the patient than one can realize. Also, because of the constant pressure of household chores and "paper work" of all sorts the caregiver often leaves the loved one alone for many hours a day, so that he/she may wander about the house **in a lost**, forlorn manner, or sit in a chair and fall off to sleep . (Of

course the caregiver, I myself, check constantly that everything is o.k., including periodic toileting, etc.) But, I think that sometimes a patient, no matter how much loved and cared for by a spouse or other relative, must chafe a bit at all this isolated home care. In contrast, when Miya

comes to MAC's Club. I believe she has a feeling of greater self -esteemed dignity- she is doing something on her own, so to speak, and she relishes again being an active part of a social group. So this is what I mean by my title that an Alzheimer patient also needs respite, and not just the caregiver. This is a point I believe is not often made. The bottom line is that I am doubly overjoyed at our experience with MAC's club. Not only do I get many hours of needed respite. More importantly, I derive deep pleasure in the fact that Miya so obviously gets pleasure and self-esteem in the social activities there, so that I am doubly blessed.



alzheimer's association

introducing services to the patient

Once the decision has been made to bring services into the home or involve your loved one in a adult day services program, it is important to think about how to introduce the change.

- Be persistent. Often Alzheimer's patients are resistant to change because it confuses and frightens them. Over time, the patient will become accustomed to a substitute caregiver, day program, or other service.
- Introduce only one service at a time.
- Staff members of the various service agencies are accustomed to dealing with the problem of resistant patients, so don't be afraid to ask them for help.
- Try leaving the patient alone with a familiar relative or friend a few times before introducing her to a companion who is a stranger.
- If the memory-impaired person is upset by having a stranger come into the home, she may be more comfortable with a worker with a familiar ethnic or religious background.
- Day programs can be very appropriate for dementia patients. In the beginning, patients may be resistant to going, but once they attend for a few days, they often look forward to going.
- In-home help:
 - Find out if the home care worker has training or experience in working with dementia patients. This will give you an idea of how much instruction you will have to give.
 - Be present when the worker arrives and be home before the worker is scheduled to leave.
 - Provide a written or verbal description of the daily schedule along with helpful tips to the worker when he or she arrives.
 - If the patient cannot be left alone, be sure that the worker understands this.



like to stay informed?

OUR QUARTERLY NEWSLETTER is offered at no cost to our families. The newsletter includes information on caregiving, up-to-date research news, advocacy updates, the family assistance program and chapter happenings.

If you would like to be added to our mailing list, please contact the Dayton Office at (937) 291-3332 or (800) 272-3900 or visit our website at www.alzdayton.org.



alzheimer's association adult day care



For our dementia families, adult day care provides the much needed structure and functionally appropriate activities for the person with dementia, as well as an opportunity for the caregiver to maintain employment, run errands or have some time for him or herself. It is important to give yourself permission

to use day care services. It can be of great benefit to both you and your loved one.

We encourage caregivers to visit several adult day centers, ask many questions and assure that day care can meet their loved one's individual needs. Day centers provide care for both partial and full days. Some families may choose to

use day care for two or three days a week, while others may use it five days a week.

Transportation is available from many of the day centers.

Clark

Petticrew Adult Day Ctr	100 W. McCreight Ave	Springfield, OH	45504	(937) 399-4750
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Darke

Shuff Adult Daycare	750 Chestnut St.	Greenville, OH	45331	(937) 547-7600
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Greene

Today Center for Adults	711 Dayton Xenia Rd	Xenia, OH	45385	(937) 562-7590
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Logan

Loving Hands Adult Day	416 West Chillicothe	Bellefontaine, OH	43311	(937) 592-9822
Green Hills Center	6557 US 68 South	West Liberty, Oh	43357	(937)465-5065

Miami

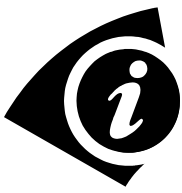
Easter Seals– Piqua	316 North College St .	Piqua, OH	45356	(937) 778-3680
Goodwill Easter Seals	1100 Wayne Ave.Ste 5200	Troy, Ohio	45373	(937) 332-8630

Montgomery

Dayaway Adult Day Care	8100 Clyo Rd	Centerville, OH	45458	(937) 439-7146
Easter Seals– Trotwood	4750 salem Ave.	Dayton, Oh	45416	(937)275-4626
Miami Valley Hosp. Senior Care	50 South Findlay St.	Dayton, OH	45403	(937) 259-9805
Senior Resource Connection	5601 Kentshire Dr	Dayton, OH	45440	(937) 433-1332
Senior Resource Connection	105 S. Wilkinson Street	Dayton, OH	45402	(937) 223-8246

Shelby

Fairhaven—Shelby County Home	2901 Fair Road	Sidney, OH	45365	(937) 492-8074
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alzheimer's association in-home services

A variety of in-home services are available to individuals with dementia and their caregivers. Utilizing in-home services can provide a caregiver with assistance in caring for the personal needs of their loved one, such as bathing, dressing, and toileting, which often becomes very difficult to handle alone. Also, in-

home services can provide an opportunity for respite from regular caregiver responsibilities.

The following is a list of county-based in-home service providers known to the Alzheimer's Association as providing care for individuals with dementia. Many of the agencies

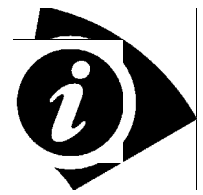
provide service in multiple counties and a listing of their service area is available from each agency. We encourage all caregivers to ask many questions about the service to be provided, including the dementia-specific training and education received by the in-home care providers.

CLARK	Community Mercy Home Care Comfort Keepers**	937-328-5113 937-322-6288
CHAMPAIGN	Community Mercy Home Care Comfort Keepers** High Point Home Health	937-328-5113 937-322-6288 937-592-9800
DARKE	American Nursing Care Brookhaven Home Health Care Comfort Keepers** Mercer Home Health Care Personal Touch Home Care/Nurse's Calling Reid Hospital & Health Care Services Wilson Home Health Care Interim Healthcare	937-773-0023 or 1-800-223-5273 937-833-6945 937-547-1161 419-584-0143 1-800-227-1366 1-800-536-8773 937-498-9335 800-878-6771
GREENE	Greene Memorial Hospital Inc <i>*See Montgomery County for additional providers</i>	937-352-2700
LOGAN	American Nursing Care High Point Home Health Interim Healthcare Senior Independence Univeral Home Health	800-466-0888 937-592-9800 937-292-7871 800-287-4680 937-593-1605
MIAMI	American Nursing Care Comfort Keepers**	937-339-8200 937-773-3333



alzheimer's association

In-Home Services



MONTGOMERY

Academy Health Services	937-293-6631
A Caring Companion Home Care	937-270-9361
Alternate Solutions	937-298-1111
Amedisys Home Health Care	937-886-9360
American Nursing Care	937-438-3844
Assured Health Care	937-294-2803
Blackstone Health	937-643-2422
BlueGreen Home Health Care	937-535-2100
BrightStar	937-619-3111
Brookhaven Home Health Care	937-833-6945
Caring Hearts	937-479-1419
Caring Senior Services	937-886-4284
Public Health Dayton /Mont.County	937-225-4500
ComForcare Senior Services**	937-432-6475
Comfort Keepers**	937-299-5555
Compassionate Quality Home Health Care	937-274-5052
Family Bridges	937-299-1600
Home Helpers **	937-886-9013
HomeInstead Senior Care**	937-866-1500
Horizon Home Care	937-264-3155
Interim Health Care	937-291-5330
Kettering Network Home Care	937-384-8750
Masonic Helping Hands	937-863-0109
Odyssey Home Care	937-298-2800
Personal Touch	513-727-3574
Right at Home **	937-291-2244
Senior Helpers**	937-424-2280
Senior Independence	937-415-5666
Spectrum	937-279-0641
Tender Hearts Home care	937-432-2494
Wellcare Home Care	937-254-4453

PREBLE

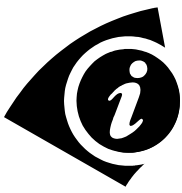
BrookHaven Home Health Care	937-833-6945
Comfort Keepers**	937-456-1171
Personal Touch Home Care	937-456-4447
Senior Independence	937-498-4680

SHELBY

Comfort Keepers	937-497-1111
Interim Healthcare	800-948-2273
Mercer Home Health Care	419-584-0143
Senior Independence	937-498-4680
Wilson Home Health	937-498-9335

*This list has been developed for information only. Inclusion on this list is not an endorsement by the Miami Valley Chapter of the Alzheimer's Association.

** Non-Medical In-home Services



alzheimer's association

Assisted Living

Assisted Living (AL) is designed to maximize an individual's independence by combining a home-like setting with the availability of nursing and personal care services. When selecting a facility, it is important to ask if the daily rate includes all services or if there are additional costs. AL facilities either provide or make arrangements for services, including meals, housekeeping, laundry, assistance with personal care activities, and medication assistance (such as reminders and/or dispensing). Some AL facilities include these services in their daily rate, while other have a daily rate plus a 'menu' plan for each additional service provided. AL facilities are not able to provide services to persons in need of 24 hour skilled care. Please note that Medicare will not pay for AL.

There are Assisted Living Waivers available for those who meet financial guidelines. AL is a potential living arrangement for persons living with Alzheimer's disease or related dementia. In exploring and choosing this option, it is critical to inquire about the programming and the level of care, supervision, and structure provided by the facility. It is also important to ask about dementia-specific training and education provided to the staff. For more information on AL, please call 937-291-3332 or 1-800-272-3900.

Champaign

Community's Hearth and Home	1579 E State Rt 29, Urbana, OH	(937) 653-5163	Dementia Unit <input checked="" type="checkbox"/>
Sterling House of Urbana	609 E. Water St., Urbana, OH	(937) 652-1500	<input type="checkbox"/>

Clark

Community's Hearth and Home	3185 El Camino Dr., Springfield, OH	(937) 399-7851	Dementia Unit <input checked="" type="checkbox"/>
Community's Hearth and Home	550 W. Harding Rd., Springfield, OH	(937) 399-8622	<input type="checkbox"/>
Eaglewood Care Center	2000 Villa Rd., Springfield, OH	(937) 399-7195	<input checked="" type="checkbox"/>
Oakwood Village	1500 Village Rd., Springfield, OH	(937) 390-9000	<input type="checkbox"/>
Springfield Manor	404 E. McCreight, Springfield, OH	(937) 399-8311	<input checked="" type="checkbox"/>
Springfield Masonic Community	2655 W. National Rd., Springfield, OH	(937) 525-3009	<input type="checkbox"/>
Sterling House of Springfield	3270 Middle Urbana Rd., Springfield, OH	(937) 390-0432	<input type="checkbox"/>
Summerville @ Fox Run	7800 Dayton-Springfield Rd., Enon, OH	(937) 864-1500	<input checked="" type="checkbox"/>
The Grand Court Retirement Village	2981 Vester Ave., Springfield, OH	(937) 399-1216	<input type="checkbox"/>

Darke

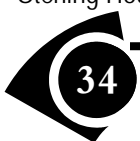
Brethren Retirement Community	750 Chestnut St., Greenville, OH	(937) 547-8000	Dementia Unit <input checked="" type="checkbox"/>
Oakley House	1275 Northview Dr., Greenville, OH	(937) 548-9521	<input type="checkbox"/>
Sterling House Alterra	1401 N. Broadway., Greenville, OH	(937) 548-6800	<input checked="" type="checkbox"/>

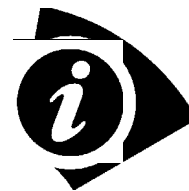
Greene

Elmcroft at Xenia	60 Paceline Circle, Xenia, OH	(937) 372-1530	Dementia Unit <input checked="" type="checkbox"/>
Grand Court Dayton	280 Walden Way, Beavercreek, OH	(937) 427-0060	<input type="checkbox"/>
Patriot Ridge Community	789 Stoneybrook Trail, Fairborn, OH	(937) 878-0060	<input type="checkbox"/>
Sterling House of Beavercreek	3839 Indian Ripple Rd., Beavercreek, OH	(937) 431-0455	<input type="checkbox"/>
The Summit at Park Hills	2270 Park Hills Drive, Dayton, OH	(937) 754-9820	<input checked="" type="checkbox"/>
Trinity Community	3218 Indian Ripple Rd., Beavercreek, OH	(937) 426-8481	<input type="checkbox"/>

Miami

Caldwell House	2900 Corporate Dr., Troy, OH	(937) 339-5199	Dementia Unit <input type="checkbox"/>
Garbry Ridge	1567 Garbry Rd., Piqua, OH	(937) 778-9385	<input type="checkbox"/>
Sterling House of Piqua	789 Stoneybrook Trail, Fairborn, OH	(937) 773-0500	<input type="checkbox"/>





Miami (Continued)

Sterling House of Troy	3839 Indian Ripple Rd., Beavercreek, OH	(937) 335-5900	Dementia Unit <input type="checkbox"/>
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Montgomery

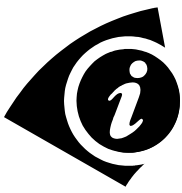
10 Wilmington Place	10 Wilmington Ave., Dayton, OH	(937) 253-1010	Dementia Unit <input type="checkbox"/>
Atha Residential Care Home	5136 Bigger Rd., Kettering, OH	(937) 434-8356	<input type="checkbox"/>
Bethany Lutheran Village	6451 Far Hills Ave., Centerville, OH	(937) 433-1177	<input type="checkbox"/>
Brighton Gardens of Wash.Twp.	6800 Paragon Rd., Dayton, OH	(937) 438-0054	<input checked="" type="checkbox"/>
Brookdale Assisted Living of Englewood	95 Wenger Rd., Englewood, OH	(937) 836-9617	<input checked="" type="checkbox"/>
Brookdale Assisted Living of Oakwood	1701 Far Hills Ave., Dayton, OH	(937) 294-1772	<input type="checkbox"/>
Brookhaven Life Care Community	1 Country Lane, Brookville, OH	(937) 833-2133	<input checked="" type="checkbox"/>
Caremore Assisted Living	1962 West Alex Bell Rd., Centerville OH	(937) 433-3304	<input type="checkbox"/>
Cottages of Clayton	8212 N. Main St., Dayton, OH	(937) 280-0300	<input type="checkbox"/>
Elmcroft Wash. Twp.	8630 Washington-Church Rd., Miamisburg OH	(937) 291-3211	<input checked="" type="checkbox"/>
Friendship Village	5790 Denlinger Rd., Dayton, OH	(937) 837-5581	<input checked="" type="checkbox"/>
Grace Brethren	1010 Taywood Rd., Englewood, OH	(937) 836-4011	<input type="checkbox"/>
Hearth and Home	55 Great Hill Dr., Dayton, OH	(937) 264-1100	<input checked="" type="checkbox"/>
Heartland of Oakridge	450 Oakridge Blvd., Miamisburg, OH	(937) 866-8885	<input type="checkbox"/>
The Legacy at Cypress Point	600 West national Rd, Englewood, OH	(937) 836-3149	<input checked="" type="checkbox"/>
Liberty Nursing Center	7300 McEwen Rd., Centerville, OH	(937) 433-3441	<input type="checkbox"/>
Lincoln Park Manor	694 Isaac Prugh Way, Kettering, OH	(937) 297-4300	<input type="checkbox"/>
Mercy Sienna Woods	235 West Orchard Springs Dr., Dayton, OH	(937) 278-8211	<input type="checkbox"/>
Oak Creek Terrace	2316 Springmill Road, Dayton, OH	(937) 439-1454	<input type="checkbox"/>
Shiloh Springs Care Center	3500 Shiloh Springs Rd., Dayton, OH	(937) 854-1180	<input type="checkbox"/>
Spring Hills Singing Woods	140 East Woodbury Dr., Dayton, OH	(937) 274-1400	<input checked="" type="checkbox"/>
St. Leonard Senior Living Community	8100 Clio Rd., Centerville, OH	(937) 433-0480	<input type="checkbox"/>
Sterling House of Englewood	350 Union Blvd., Englewood, OH	(937) 832-8500	<input type="checkbox"/>
Sterling House of Wash. Twp.	8130 Miller Farm Lane, Dayton, OH	(937) 291-9800	<input type="checkbox"/>
Summerville Assisted Living	3797 Summit Glen Dr., Dayton, OH	(937) 436-6155	<input checked="" type="checkbox"/>
Sycamore Glen	317 Sycamore Glen Dr., Miamisburg, OH	(937) 866-2984	<input type="checkbox"/>
The Suites at Walnut Creek	5070 Lamme Rd., Kettering, OH	(937) 299-0194	<input checked="" type="checkbox"/>

Preble

Greenbriar Nursing Center	501 West Lexington Rd., Eaton, OH	(937) 456-9535	<input checked="" type="checkbox"/>
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Shelby

Dorothy Love Retirement Community	3003 West Cisco Rd., Sidney, OH	(937) 498-2391	<input checked="" type="checkbox"/>
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alzheimer's association

Nursing Facilities with Dementia Units

Because the Chapter receives frequent requests for information about facilities with special care units for persons with Alzheimer's disease or other related dementias, we have compiled the following list. Please note that there is no definitive research to indicate that only facilities with specialized units provide quality care for persons affected by Alzheimer's disease. A program for dementia residents is only "special" if it offers something that is not offered in the traditional facility. You need to select a facility that you think will provide your loved one with the best possible care.

The Alzheimer's Association recommends that you visit a variety of facilities before the need for placement occurs. Long term care facilities often have waiting lists so planning ahead is advisable. As you visit, it is important to (1) Visit as many different facilities as you are able. (2) Visit at different times of the day and different days of the week. (3) Ask questions regarding resident care, including (a) Maintaining the highest level of functioning for the resident (b) Activities (c) staff/resident ratios (d) Alzheimer's education for the unit staff. (4) Talk with several staff members and families of other residents. (5) If the facility has a special care unit, find out the criteria used to determine the resident's placement in that unit and the criteria used to move a resident from that unit. If you have any questions or would like to work with one of the Family Assistance Coordinators, please call 937-291-3332 or 800-272-3900.

Champaign

Heartland of Urbana	741 E. Water St., Urbana, OH	(937) 652-1381	Dementia Unit
Mercy McAuley Center	906 Scioto St., Urbana, OH	(937) 653-5432	<input checked="" type="checkbox"/>

Clark

Dayspring Health Care Center	8001 Dayton-Springfield Rd., Fairborn, OH	(937) 864-5800	Dementia Unit
Eaglewood Care Center	2000 Villa Rd., Springfield, OH	(937) 399-7195	<input checked="" type="checkbox"/>
Forest Glen Health Campus	4100 Middle Urbana Rd., Springfield, OH	(937) 390-9913	<input checked="" type="checkbox"/>
Ohio Masonic Home	3 Masonic Dr., Springfield, OH	(937) 325-1531	<input checked="" type="checkbox"/>
Southbrook Care Center	1365 1/2 Seminole Ave., Springfield, OH	(937) 322-3436	<input checked="" type="checkbox"/>
Springfield Manor	404 E. McCreight, Springfield, OH	(937) 399-8311	<input checked="" type="checkbox"/>
St. John's Center	100 W. McCreight Ave., Springfield, OH	(937) 399-9910	<input checked="" type="checkbox"/>

Darke

Rest Haven	1096 Office Park Dr., Greenville, OH	(937) 548-1138	Dementia Unit
Versailles Health Care Ctr.	200 Marker Rd. (St. Rt. 121), Versailles, OH	(937) 526-5570	<input checked="" type="checkbox"/>

Greene

Greene Oaks	164 Office Park Dr., Xenia, OH	(937) 352-2800	Dementia Unit
Hospitality Homes	1301 North Monroe Dr., Xenia, OH	(937) 372-8081	<input checked="" type="checkbox"/>
Patriot Ridge Community	789 Stoneybrook Dr., Xenia, OH	(937) 878-0262	<input checked="" type="checkbox"/>
Trinity Community	3218 Indian Ripple Rd., Beavercreek, OH	(937) 426-8481	<input checked="" type="checkbox"/>

Logan

Green Hills Center	6551 US 68 South, Xenia, OH	(937) 465-5065	Dementia Unit
Logan Acres	2739 County Road 91, Bellefontaine, OH	(937) 592-2901	<input checked="" type="checkbox"/>



Miami

Covington Care Center	75 Mote Dr., Covington, OH	(937) 473-2075
Harborside Healthcare	512 Crescent Dr., Troy, OH	(937) 335-7161
Koester Pavilion	3232 North County Rd. 25A, Troy, OH	(937) 440-7663
Spring Meade Health Center	4375 South County Rd. 25A, Tipp City, OH	(937) 667-7500

Dementia Unit

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Montgomery

Bethany Lutheran Village	6451 Far Hills Ave, Centerville, OH	(937) 433-1177
Brookhaven Life Care Community	1Country Lane, Brookville, OH	(937) 833-2133
Carriage Inn of Dayton	5040 Philadelphia Dr., Dayton, OH	(937) 278-0404
Elm Creek Nursing Center	115 Elmwood Circle, West Carrollton, OH	(937) 866-3814
Harborside Health Care	101 Mills Place, New Lebanon, OH	(937) 687-1311
Heartland of Centerville	1001 Alex Bell Rd., Centerville, OH	(937) 436-9700
Maria-Joseph Center	4830 Salem Ave., Dayton, OH	(937) 278-5720
Mercy Siena Woods	235 West Orchard Springs Dr., Dayton, OH	(937) 2788211
Oak Creek Terrace	2316 Springmill Road, Dayton, OH	(937) 439-1454
Oaks of West Kettering	1150 West Dorothy Lane, Kettering, OH	(937) 293-1152
Riverside Nursing Center	1390 King Tree Dr., Dayton, OH	(937) 278-0723
St. Leonard Senior Living Community	8100 Clys Rd., Centerville, OH	(937) 433-0480
Vandalia Park	208 North Cassel Rd., Vandalia, OH	(937) 898-4202
Walnut Creek Nursing Home	5070 Lamme Rd., Kettering, OH	(937) 299-0194
Wood Glen Nursing Center	3800 Summit Glen Dr., Dayton, OH	(937) 436-2273

Dementia Unit

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Preble

Greenbriar Nursing Center	501 West Lexington Rd., Eaton, OH	(937) 456-9535
Heartland of Eaton	515 South Maple St., Eaton, OH	(937) 456-5537

Dementia Unit

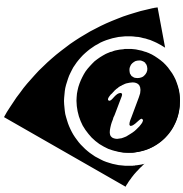
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Shelby

Dorothy Love Retirement Community	3003 West Cisco Rd., Sidney, OH	(937) 498-2391
Fairhaven—Shelby County Home	2901 Fair Rd., Sidney, OH	(937) 492-6900

Dementia Unit

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alzheimer's association

Hospice Services

Hospice services provide critical medical, emotional and spiritual support to people in the end stages of Alzheimer's disease and their families. Hospice support is increasingly available to people

with Alzheimer's disease, who must meet certain criteria to be eligible. The hospice team, typically comprised of nurses, aides and social workers, provides support to families in homes and nursing

centers. Grief support is available for families, including individual and group counseling. Hospice services are covered by Medicare/Medicaid, as well as many insurance plans.

Champaign

Community Mercy Hospice 1343 N. Fountain Blvd., Springfield, OH (937) 390-9665

Clark

Crossroads Hospice 8087 Washington Village Dr., Dayton, OH (937) 312-3170
Community Mercy Hospice 1343 N. Fountain Blvd., Springfield, OH (937) 390-9665

Darke

Hospice of Darke County 1350 N. Broadway, Greenville, OH (937) 548-2999

Greene

Crossroads Hospice 8087 Washington Village Dr., Dayton, OH (937) 312-3170
Hospice of Clinton County 61 E. Main St., Wilmington, OH (800) 466-7866
Hospice of the Miami Valley 46 N. Detroit St., Xenia, OH (937) 458-6028

Logan

Universal Home Health & Hospice 701 S. Main St., Bellefontaine, OH (937)593-6333

Miami

Crossroads Hospice 8087 Washington Village Dr., Dayton, OH (937) 312-3170
Hospice of Miami County P.O Box 502, Troy, OH (937) 995-5191

Montgomery

Crossroads Hospice 8087 Washington Village Dr., Dayton, OH (937) 312-3170
Grace Hospice 3077 Kettering Blvd., Dayton, OH (937) 293-1381
Heartland Hospice Care 3131 South Dixie Dr. Ste 208, Kettering, OH (937) 297-0548
Hospice of Dayton 324 Wilmington Ave., Dayton, OH (937) 256-4490
Odyssey Health Care 3085 Woodman Dr., Dayton, OH (937) 298-2800
Southern Care 3077 Kettering Blvd., Moraine, OH (937) 293-3603
Vitas Healthcare Corp. One Elizabeth Pl. Ste. G-1, Dayton, OH (937) 299-5379

Preble

Crossroads Hospice 8087 Washington Village Dr., Dayton, OH (937) 312-3170

Shelby

Wilson Home Health 915 W. Michigan, Sidney, OH (937) 498-9335

*This list has been developed for information only. Inclusion on this list is not an endorsement of the Alzheimer's Association, Miami Valley Chapter.

