Late Stage Alzheimer’s Disease

The progression of Alzheimer’s disease is different for each individual, which can cause some difficulty in determining specific stages. Therefore, there is no exact set of medical symptoms that indicates that an individual is in the end stage(s) of Alzheimer’s. Generally, patients develop physical problems that require full-time care during the end stage(s) of the disease. They may lose strength and energy, spend more time sleeping, lose their appetite and/or weight, become incontinent and have difficulty swallowing, walking and communicating. Persons in these end stages will not be able to initiate activity or communication, but will passively receive care. This phase of AD can last from a few months to several years.

Possible Late Stage Symptoms of Alzheimer’s disease:

• Severely limited intellectual function — long term memory is impaired, short-term memory is gone, the ability to comprehend what is said is absent.

• Verbal communication is severely limited to a few words that may or may not relay what is desired.

• Increased disorientation to people and places — may be unable to recognize family members.

• Becomes totally dependent on others for personal care.

• Increased loss of muscle control and coordination leading to feeding problems, swallowing difficulty, incontinence and immobility.

• Increased sleeping during the day.

• Seizures can occur.

Possible Terminal Stage Symptoms of Alzheimer’s disease:

• Patient is unaware of his/her environment — reacts to pain and comfort.

• Unable to verbalize.

• Patient is bedridden — unable to coordinate motion on his own.

• Flexion/extension contractures may form in the joints — a joint may become rigid, either bent or straight and be unable to move.

• Changes in reflex patterns may occur:
  
  Primitive Reflex: The patient will grab at any stimulus and not be able to release their grip.

  Snout Reflex: The patient is unable to open their mouth for nourishment.

  Sucking Reflex: A constant sucking motion in the patient that will aid in the ingestion of nourishment.

• Ineffective swallowing and increased risk for choking.

• Muscles become rigid — lungs cannot expand to eliminate fluids that collect in them, throat muscles are unable to move liquids that settle in the back of the throat.

• The patient may develop myoclonus — a potentially violent jerking motion.

• Weight loss will become extreme and the patient will look emaciated.

• The patient is totally helpless and vulnerable to the hazards of prolonged immobility such as skin ulcerations, pneumonia and cardiovascular complications.
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DO:

- Treat the person with compassion and respect.
- Provide reassurances in the form of:
  - calming voice tone.
  - music.
  - gentle touch.
  - reading poetry and scripture with rhyme and/or poetic meter.
  - keep surrounding calm and quiet.
- Attend to personal care needs in timely fashion, such as keeping the person dry.
- Take them outside for fresh air if physically possible and weather conducive.
- Have physical therapist teach you passive range of motion exercises that might limit rigidity, “freezing” of joints and pain.
- Use pillows or pads to protect elbows, heels, hips and other bony areas. If you use moisturizer on the person’s skin, apply it gently over bony areas; do not rub the lotion into these areas.
- Relieve body pressure by changing person's position at least every 2 hours.
- Be clear of the person’s end of life wishes. Talk about them as a family.