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SERVING SOUTH CENTRAL NORTH CAROLINA

Aging Outreach Services

Alzheimer's Disease

A Guide to Understanding

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AgingOutreachServices.com

A GUIDE TO UNDERSTANDING

The care managers at AOS Care Management have put this guide together to assist families in understanding Alzheimer's disease. Information has been gathered from a variety of resources including the Alzheimer's Association.

This guide is intended to help walk you through the different aspects of Alzheimer's disease. Along with the educational aspects, tips are offered to help you cope with the changes you will see in your loved one as the disease progresses.

It is recommended that everyone involved in your loved one's care sit down and go through the guide together.

Alzheimer's is a devastating disease not only for the individual that has been diagnosed but for those who care for her/ him. There is help; we strongly encourage you to utilize the resources in your area. For more information, please contact AOS Care Management.

TOPICS OF DISCUSSION

- Types Of Dementia
- The Facts About Alzheimer's
- Symptoms Of Alzheimer's Communication
- Coping With Behaviors
- Routine And Activities
- The Environment
- The Caregiver
- Care Settings
- Medication

For more information, you can contact the Carolina Piedmont Chapter of the Alzheimer's Association: 1.800.888.6671

DEMENTIA:

- A group of symptoms including memory loss, confusion, and disorientation
- Is a loss of intellectual abilities severe enough to interfere with social and occupational functioning
- All types of dementia are classified into three stages:
  - Early/middle impairment
  - Middle/moderate impairment
  - Late/severe impairment

The term Dementia is from the Latin root "Away" and "Mind"

REVERSIBLE DEMENTIA:

- Caused by a number of conditions or diseases
- When treated, reverse the intellectual decline
- 10 - 15% of dementia's are reversible
- Causes include: Depression, vitamin deficiency, anemia, brain tumors, infections, hypothyroidism, medications, malnutrition

Alzheimer's disease is the most common type of the irreversible dementias.

IRREVERSIBLE DEMENTIA:

- Results in the deterioration of intellectual functioning
- Is progressive and fatal

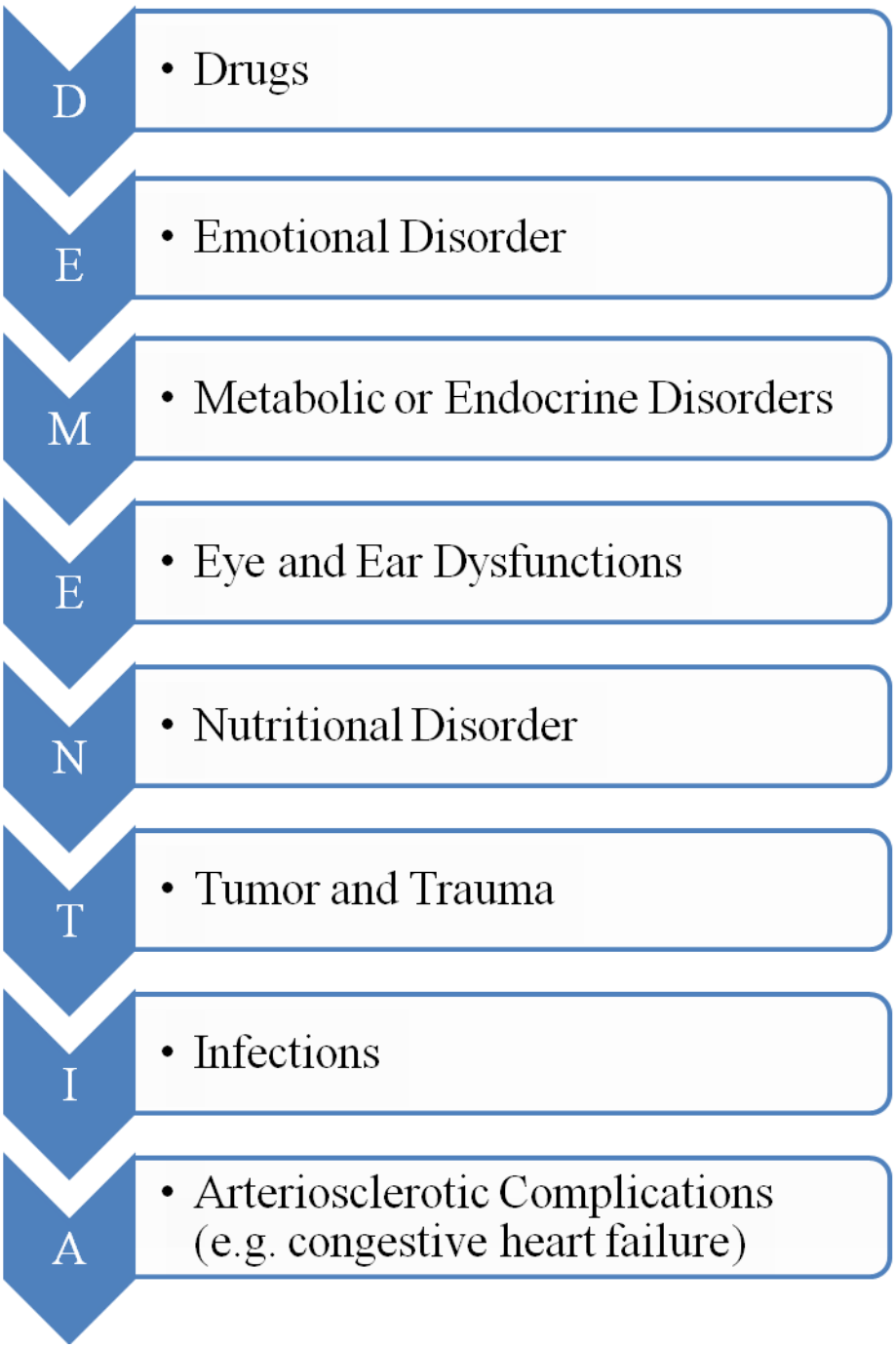
MULTI-INFARCT DEMENTIA:

- Second most common cause of dementia
- Multi-infarct dementia is a vascular dementia, not a degenerative dementia like Alzheimer's
- Caused by brain infarctions or small strokes in the brain tissue

ALZHEIMER DISEASE:

- Is a degenerative decline in mental functioning caused by the deterioration and loss of brain cells
- Intellectual abilities are lost
- Brain cells deteriorate and brain tissue is found to have neurofibrillary tangles and senile plaques upon autopsy
- Has no current cure

POTENTIALLY REVERSIBLE CAUSE OF DEMENTIA



RELATED DEMENTIAS

Alzheimer's disease is the most common type of dementia, accounting for 60 to 80 percent of cases. Other causes of dementia are:

Reference: www.alz.org/alzheimers_disease_related_diseases.asp

STEPS TO DIAGNOSIS

- Finding the Right Doctor
  - ***Neurologist****: specializes in diseases of the brain and nervous system*
  - ***Psychiatrist****: specializes in disorders that affect mood or the way the mind works*
  - ***Psychologist****: advanced training in testing memory, concentration, problem solving, language and other mental functions*

- Understanding the Problem
  - *Be prepared to answer: what kind of symptoms have you noticed?*
  - *When did they begin?*
  - *How often do they happen?*
  - *Have they gotten worse?*

- Medical History

- Physical Examination
  - *The physician will:*
    - *ask about, diet, nutrition and use of alcohol*
    - *review all medication*
    - *check blood pressure, temperature and pulse*
    - *listen to the heart and lungs*
    - *collect samples of blood and urine*

- Neurological Examination/ Mental Status Tests
  - *The physician may test:*
    - *reflexes, coordination and balance, muscle tone and strength, eye movement, speech, and sensation.*

- Psychological Examination

- Laboratory Tests (blood work screening)

- Special Diagnostic Tests (brain imaging, EEG, lumbar puncture; testing depends on the individual patient's history & practitioner)

- Presence of symptoms characteristic of Alzheimer's disease

WHY GET CHECKED

With early detection, you can:

- *Get the maximum benefit from available treatments*
- *Have more time to plan for the future*
- *Help for you and your loved ones*

LIFE AFTER DIAGNOSIS

Develop a Plan

Educate Yourself

Know what to Expect

Find Support

- Alzheimer Association 24/7 Helpline at 1.800.272.3900 provides information, referrals and care consultation
- Join a support group in your community or online for information and support
- Research living with Alzheimer's for tips to cope with the changes you may be experiencing
- Your local Alzheimer's Association offers programs and services tailored to your needs

TREATMENTS

Health professionals often divide the symptoms of Alzheimer's disease into "cognitive" and "behavioral and psychiatric" categories.

- Cognitive symptoms affect memory, language, judgment, planning, ability to pay attention and other thought processes.
- Behavioral and psychiatric symptoms affect the way we feel and act.

Treatments for cognitive symptoms

The U.S. Food and Drug Administration (FDA) has approved two types of medications to treat cognitive symptoms of Alzheimer's disease. These drugs affect the activity of two different chemicals involved in carrying messages between the brain's nerve cells.

1. Cholinesterase (KOH-luh-NES-ter-ays) inhibitors prevent the breakdown of acetylcholine (a-SEA-til-KOH-lean), a chemical messenger important for learning and memory.

These drugs:

- Support communication among nerve cells by keeping acetylcholine levels high.
- On average, delay worsening of symptoms for 6 to 12 months for about half the people who take them. Some experts believe a small percentage of people may benefit more dramatically.

Three cholinesterase inhibitors are commonly prescribed:

- Donepezil (Aricept), approved to treat all stages of Alzheimer's disease.
- Rivastigmine (Exelon), approved to treat mild to moderate Alzheimer's.
- Galantamine (Razadyne), approved to treat mild to moderate Alzheimer's.

2. Memantine (Namenda) works by regulating the activity of glutamate, a different messenger chemical involved in learning and memory.

Memantine:

- Was approved in 2003 for treatment of moderate to severe Alzheimer's disease.
- Is currently the only drug of its type approved to treat Alzheimer's.
- Temporarily delays worsening of symptoms for some people. Many experts consider its degree of benefit is similar to the cholinesterase inhibitors.

Treatments-at-a-glance

Generic	Brand	Approved For	Side Effects
donepezil	Aricept	All stages	Nausea, vomiting, loss of appetite and increased frequency of bowel movements.
galantamine	Razadyne	Mild to moderate	Nausea, vomiting, loss of appetite and increased frequency of bowel movements.
memantine	Namenda	Moderate to severe	Headache, constipation, confusion and dizziness.
rivastigmine	Exelon	Mild to moderate	Nausea, vomiting, loss of appetite and increased frequency of bowel movements.
tacrine	Cognex	Mild to moderate	Possible liver damage, nausea, and vomiting.

Treatments for behavioral and psychiatric symptoms

For many individuals, Alzheimer's disease affects the way they feel and act in addition to its impact on memory and other thought processes. As with cognitive symptoms, the chief underlying cause is progressive destruction of brain cells. In different stages of Alzheimer's, people may experience:

- Physical or verbal outbursts
- General emotional distress
- Restlessness, pacing, shredding paper or tissues and yelling
- Hallucinations (seeing, hearing or feeling things that are not really there)
- Delusions (firmly held belief in things that are not real)

Many diagnosed individuals and their families find these symptoms the most challenging and distressing effects of the disease. For more information about behaviors in Alzheimer's disease, please see the Behaviors section.

There are two approaches to managing behavioral symptoms: using medications specifically to control the symptoms or non-drug strategies. Non-drug approaches should always be tried first.

Non-drug approaches

Steps to developing successful non-drug treatments include:

- Recognizing that the person is not just "acting mean or ornery," but is having further symptoms of the disease
- Understanding the cause and how the symptom may relate to the experience of the person with Alzheimer's
- Changing the person's environment to resolve challenges and obstacles to comfort, security and ease of mind

Everyone who develops behavioral symptoms should receive a thorough medical exam, especially if symptoms appear suddenly. Even though the chief cause of behavioral symptoms is the effect of Alzheimer's disease on the brain, an exam may reveal treatable conditions that are contributing to the behavior.

Treatable conditions may include:

- **Drug side effects.** Many people with Alzheimer's take prescription medications for other health problems. Drug side effects or interactions between drugs can sometimes affect behavior.
- **Physical discomfort.** As the disease gets worse, those with Alzheimer's have more and more difficulty communicating about their experience. As a result, symptoms of common illnesses may sometimes go undetected. Pain from infections of the urinary tract, ear or sinuses may lead to restlessness or agitation. Discomfort from a full bladder, constipation, or feeling too hot or too cold may also be expressed through behavior.
- **Uncorrected problems with hearing or vision.** These can contribute to confusion and frustration and foster a sense of isolation.

Factors in the environment may also trigger behaviors. Events or changes in a person's surroundings may contribute to a sense of uneasiness, or increase fear or confusion.

Situations affecting behavior may include:

- Moving to a new residence or nursing home
- Changes in the environment or caregiver arrangements
- Misperceived threats
- Admission to a hospital
- Being asked to bathe or change clothes
- Fear and fatigue resulting from trying to make sense out of an increasingly confusing world

Potential solutions

- Monitor personal comfort. Check for pain, hunger, thirst, constipation, full bladder, fatigue, infections and skin irritation. Maintain a comfortable room temperature.
- Avoid being confrontational or arguing about facts; instead, respond to the feeling behind what is being expressed. For example, if a person expresses a wish to go visit a parent who died years ago, don't point out that the parent is dead. Instead, say, "Your mother is a wonderful person. I would like to see her too."
- Redirect the person's attention. Try to remain flexible, patient and supportive.

- Create a calm environment. Avoid noise, glare, insecure space, and too much background distraction, including television.
- Simplify the environment, tasks and solutions.
- Allow adequate rest between stimulating events.
- Provide a security object or privacy.
- Equip doors and gates with safety locks.
- Remove guns.

Medications for behavioral symptoms

If non-drug approaches fail after they have been applied consistently, introducing medications may be appropriate when individuals have severe symptoms or have the potential to harm themselves or others. Medications can be effective in some situations, but they must be used carefully and are most effective when combined with non-drug approaches.

Medications should target specific symptoms so their effects can be monitored. In general, it is best to start with a low dose of a single drug. Effective treatment of one core symptom may sometimes help relieve other symptoms. For example, some antidepressants may also help people sleep better. Individuals taking medications for behavioral symptoms must be closely monitored. People with dementia are susceptible to serious side effects, including stroke and an increased risk of death from antipsychotic medications. Sometimes medications can cause an increase in the symptom being treated. Without careful evaluation, some medical providers will increase rather than decrease the dose, putting the person at greater risk. Risk and potential benefits of a drug should be carefully analyzed for any individual.

When considering use of medications, it is important to understand that no drugs are specifically approved by the U.S. Food and Drug Administration (FDA) to treat behavioral and psychiatric dementia symptoms. Some of the examples discussed here represent “off label” use, a medical practice in which a physician may prescribe a drug for a different purpose than the ones for which it is approved.

The decision to use an antipsychotic drug needs to be considered with extreme caution. A recent analysis shows that atypical antipsychotics are associated with an increased risk of stroke and death in older adults with dementia. The FDA has

asked manufacturers to include a “black box” warning about the risks and a reminder that they are not approved to treat dementia symptoms. The warning states: “Elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk of death compared to placebo.”

The analysis states that while risperidone and olanzapine are useful in reducing aggression and risperidone reduces psychosis, both drugs are associated with severe side effects. Despite some efficacy, these drugs should not be used routinely with dementia patients, unless the person is in severe distress or there is a marked risk of harm.

Risks and potential benefits of a drug should be carefully analyzed for any individual. Examples of medications commonly used to treat behavioral and psychiatric symptoms of Alzheimer's disease, listed in alphabetical order, include the following:

Antidepressant medications for low mood and irritability:

- citalopram (Celexa)
- fluoxetine (Prozac)
- paroxeine (Paxil)
- sertraline (Zoloft)
- trazodone (Desyrel)

Anxiolytics for anxiety, restlessness, verbally disruptive behavior and resistance:

- lorazepam (Ativan)
- oxazepam (Serax)

Antipsychotic medications for hallucinations, delusions, aggression, agitation, hostility and uncooperativeness:

- aripiprazole (Abilify)
- clozapine (Clozaril)
- haloperidol (Haldol)
- olanzapine (Zyprexa)
- quetiapine (Seroquel)
- risperidone (Risperdal)
- ziprasidone (Geodon)

Research evidence as well as governmental warnings and guidance regarding the use of antipsychotics indicate that individuals with dementia should only use these medications when:

1) their behavioral symptoms are due to mania or psychosis

2) the symptoms present a danger to the resident or others

3) the resident is experiencing inconsolable or persistent distress, a significant decline in function or substantial difficulty receiving needed care

Antipsychotic medications should not be used to sedate or restrain persons with dementia. The minimum dosage should be used for the minimum amount of time possible. Adverse side effects require careful monitoring.

Although antipsychotics are the most frequently used medications for agitation, some physicians may prescribe a seizure medication/mood stabilizer, such as:

- carbamazepine (Tegretol)
- divalproex (Depakote)

Reference: www.alz.org/alzheimers _disease_standard_prescriptions.asp

TYPES OF COMMUNICATION

VERBAL: The use of words, singing, sounds, shouts.

NONVERBAL: the use of body language; nonverbal communication is done with

- Eyes
- Touch
- Facial expressions
- Gestures
- Hand movements
- Tone of voice
- Body posture

Communication is the activity of exchanging information or messages between two people; be creative!

The ability for someone to express himself or herself verbally continues to decline. As caregivers, we must understand and respond positively to the nonverbal ways of communication.

THE GOALS OF VERBAL AND NONVERBAL COMMUNICATION ARE TO:

- Encourage self expression of thoughts and words
- Promote the individual's self-image and self-esteem
- Increase enjoyment and quality of life
- To promote understanding of others and the environment
- Promote socialization

It is important to become an expert in adapting and learning a new form of language; through feelings, touch, hearing, smell, emotional expressions, and the environment; to communicate the messages of caring and compassion.

DISEASE STAGES AND THE EFFECTS ON COMMUNICATION

Early Stages- Mildly Impaired

- Information is on the "tip of the tongue"- a continuous feeling that you can't find the word needed
- The use of nouns seems to be lost first in many individuals: "I've lost my …"
- Repetition of words and phrases
- Use of made up words or fill in words- letters get mixed up and words seem made up; "fill in" words are used if the individual cannot remember
- Individual may speak less- as an individual becomes aware of their mistakes they become embarrassed and may be apt to speak less
- Speaks Nonsense- the individual does not understand the communication and answers inappropriately
- Difficulty following directions- does not understand the words, phrases, and thoughts being expressed

Middle Stages- Moderately Impaired

- Less words are used- the individual loses or forgets words, so does not using them
- Difficulty interpreting information- hears words but not the correct meaning
- Illogical speech is used- a combination of made-up words, lost words, lost ability to say sentences
- Trouble with written messages- may read words, but does not understand thoughts behind them
- Often speaks about the past- short term memory is lost; the individual remembers what is familiar

Late Stages- Severely Impaired

- Verbal use is very limited- the individual may be limited to one or two words
- Use of face and body- expressions and gestures are used to communicate messages
- Nonverbal communication is essential- may understand facial expressions or gestures better than words

GUIDELINES FOR COMMUNICATION

1. Before Talking With A Loved One:

a. Think about how you are presenting yourself
b. Try a calm, gentle, matter of fact approach
c. Use a non demanding approach- try humor, cheerfulness
d. Try using a gentle touch to communicate your message
e. Begin the conversation socially
f. Always approach form the front so you do not startle the individual

2. While Talking With A Loved One:

a. Talk to the person with no distractions (television, radio)
b. Begin conversations with orienting information (time, day, month)
c. Make sure you are at eye level
d. Speak slowly and say words clearly
e. Use short simple sentences and questions (are you cold.)
f. Offer limited choices (would you like water or tea?)
g. Use very concrete terms and familiar words
h. Talk in a clam, warm, easy going pleasant manner

3. When You Are Having Trouble Being Understood:

a. Be patient: allow enough time
b. Try to demonstrate visually what you are saying
c. Try a less difficult, more simple way to say it
d. Try a hug and a change of subject

4. When You Are Having Trouble Understanding:

a. Listen actively and carefully to what the individual is trying to say
b. Try to focus on a word or phrase that makes sense
c. Respond to the emotional tone of the statement
d. Stay calm and be patient
e. Refer to the past to come up with possible meanings for words, names, phrases

5. Things Not To Do:

a. Do not argue
b. Do not order the individual around
c. Do not tell the individual what they can or cannot do
d. Do not talk down to the individual or appear superior
e. Do not ask questions that require the individual to remember facts
f. Do not talk about the individual in front of them

6. When Verbal Communication Does Not Work:

a. Try a distraction and change of subject
b. Ignore angry or agitated statements if you cannot think of a positive response
c. Try other forms of communication, or try again later

GENERAL GUIDELINES FOR COPING WITH CHALLENGING BEHAVIORS

1. Build a positive, trusting relationship

2. Use effective verbal and nonverbal communication techniques

3. Encourage independence in the person. Try to help build a sense of control and competence over his or her life

4. Avoid arguing, yes or no battles, rational or logical explanations and debates

5. Tell "therapeutic fibs" or "bent facts" to save the individual grief and reduce problem behaviors. (validate feelings)

6. Redirect or divert the individual's attention to a positive topic, activity or object

7. When a behavior requires intervention, act quickly with positive techniques or activities

Try to remember that the disease is causing the behavior and the individual is not intending to hurt you or others.

One of the keys to working with an individual with Alzheimer's disease is to create some type of routine so that they become familiar with the structure of the day. This often becomes challenging in the home environment but can be accomplished by using outside sources such as adult day care or placement in an Alzheimer's Unit.

SAMPLE DAILY ROUTINE:

- Breakfast
- Take shower
- Get dressed
- Grooming
- Discuss morning paper
- Snack (finger foods)
- Some type of exercise
- Music lunch
- Rest period
- Trivia
- Snack
- Reminisce with pictures
- Reading/ story time
- Dinner
- Old movie
- Dress for bed
- Brush teeth
- Go to sleep

Activities can include all events in your loved ones day; such as dressing, eating and bathing.

One of the most effective ways to reduce the frequency and intensity of problem behaviors is to provide some type of set routine with structured activity.

ACTIVITY EXAMPLES:

- Newspaper
- Read stories
- Old radio programs
- Do crossword puzzles
- Eat a snack
- Listen to music
- Sing favorite songs
- Look through photo albums
- Look through magazines
- Walk outdoors
- Smell different scents
- Lotion application
- Chair exercise
- Ball toss, horseshoes
- Reminiscence
- Cooking
- Gardening
- Folding
- Puzzles
- Watch old movies
- Pop popcorn
- Daily devotions from bible
- Short stories
- Simple trivia
- Easy art/ craft projects

ENVIRONMENTAL CONCERNS CHECKLIST

- ✓ Emergency numbers are posted
- ✓ Fire extinguisher in sight
- ✓ Smoke detectors working and checked regularly
- ✓ Emergency response system in place
- ✓ Window sticker for identification of sleeping area
- ✓ Matches and lighters securely stored
- ✓ Deadbolts which lock from the inside with a key to prevent wandering
- ✓ Identification bracelet worn
- ✓ Recent photo available
- ✓ Remove throw rugs which can cause falls
- ✓ Grab bars are in place
- ✓ Slip resistant mat in bath or shower
- ✓ Elevated toilet seat, if needed
- ✓ Electrical items in bathroom not accessible
- ✓ Bathrooms labeled by name or picture
- ✓ Night light kept on in the bathroom
- ✓ Remove knobs from the stove at night
- ✓ Power tools, guns and knives put away safely
- ✓ Labels placed on clothing appliances, kitchen items, etc.
- ✓ Food prepared in easy to grip pieces
- ✓ Water heater set no higher than 120F
- ✓ Medications clearly marked and stored properly
- ✓ Remove poisonous plants from house and yard
- ✓ Household cleaners and chemicals out of reach
- ✓ Car keys kept in a secured location

Adapting a person's environment to fit their individual needs reduces agitation and promotes independence.

TEN SIGNS OF CAREGIVER STRESS

1. **Denial** about the disease and its effect on the person who has been diagnosed. *I know that mom is going to get better.*
2. **Anger** at the person with Alzheimer's or others; at lack of treatments or cures; because others do not understand. *If he asks me that one more time, I will scream!*
3. **Social Withdrawal** from friends and activities. *I do not care about going to bridge club any more.*
4. **Anxiety** about-facing another day and what the future holds. *What happens when he needs more care than I can provide?*
5. **Depression** begins to break your spirit and affects your ability to cope. *I do not care anymore.*
6. **Exhaustion** makes it nearly impossible to complete necessary daily tasks. *I am too tired for this.*
7. **Sleeplessness.** *What if she wanders out of the house or falls and hurts herself?*
8. **Irritability** leads to moodiness and triggers negative responses and reactions. *Leave me alone!*
9. **Lack of concentration** makes it difficult to perform familiar tasks. *I was so busy, I forgot the appointment.*
10. **Health Problems** begin to take their toll both mentally and physically. *I cannot remember the last time I felt good.*

Remember that if you as the caregiver are not able to take care of yourself, you will be unable to provide care for your loved one.

CARE SETTINGS

1. *Home*
2. *Home with private duty assistance*
3. *Home with adult day care services*
4. *Assisted living facility with Alzheimer's special care unit*
5. *Long term care nursing facility with Alzheimer's special care unit*

The decision on how to best care for your loved one, must be individualized to your situation and resources. Many families are able to keep a loved one at home throughout the first stages of the disease process. In the middle stages, it often becomes difficult to manage at home. When safety, nutrition, personal hygiene, health, and family considerations become an increasing concern, it may be time to consider other care options.

When looking at adult day care centers and facility placement, it is crucial that the care setting have a special program designed specifically for working with those diagnosed with Alzheimer's disease.

EVALUATING AN ALZHEIMER'S SPECIAL CARE UNIT

- Does the unit have a security system in place to prevent your loved one from wandering out of the facility
- Does the unit have a secured outdoor area for your loved one to safely wander outdoors
- Review previous survey reports. Medicaid certification survey reports are to be posted in Skilled Nursing Homes
- Ask how grievances are resolved in the facility
- Observe the overall appearance and general mood of other residents
- Ask friends, relatives, clergy and physicians about their experiences in different facilities
- Visit the facility on weekends and at mealtime. Identify yourself as a visitor and ask to view the facility

EVALUATING A SPECIAL CARE UNIT- CONTINUED

- How does staff communicate with one another, and with the residents?
- Is the facility odor-free?
- What type of food is served, are the residents given choices?
- Are finger food menu is available?
- Is the resident assisted with meals if necessary?
- Ask about staff to resident ratio, nursing as well as activity
- Is the environment clean, beds made, proper lighting, handrails in hallways, and adequate supply of linen?
- Observe the activity room for adequate size, activities posted, and designated activity staff.
- Does the design of the unit compensate for cognitive loss?
- What type of training is provided to unit staff, specifically on Alzheimer's disease?
- What are the policies associated with transfer or discharge from the unit?
- Ask about opportunities for religious practice for the residents
- Ask the facility about their policy on physical and chemical restraints
- Sit and observe for at least an hour
- Ask the administrator for names of other family members you might speak to
- What are the policies on visitation?
- To what extent does the facility use agency nursing staff? This could indicate a negative factor.
- Ask for a list of primary care physicians and consultants that provide services to the facility.

Kübler-Ross: Five Stages of Death and Dying

1. **Denial** — *"I feel fine."*; *"This can't be happening, not to me."*
   Denial is usually only a temporary defense for the individual. This feeling is generally replaced with heightened awareness of situations and individuals that will be left behind after death.
2. **Anger** — *"Why me? It's not fair!"*; *"How can this happen to me?"*; *"Who is to blame?"*
   Once in the second stage, the individual recognizes that denial cannot continue. Because of anger, the person is very difficult to care for due to misplaced feelings of rage and envy. Any individual that symbolizes life or energy is subject to projected resentment and jealousy.
3. **Bargaining** — *"Just let me live to see my children graduate."*; *"I'll do anything for a few more years."*; *"I will give my life savings if..."*
   The third stage involves the hope that the individual can somehow postpone or delay death. Usually, the negotiation for an extended life is made with a higher power in exchange for a reformed lifestyle. Psychologically, the person is saying, "I understand I will die, but if I could just have more time..."
4. **Depression** — *"I'm so sad, why bother with anything?"*; *"I'm going to die . . . What's the point?"*; *"I miss my loved one, why go on?"*
   During the fourth stage, the dying person begins to understand the certainty of death. Because of this, the individual may become silent, refuse visitors, and spend much of the time crying and grieving. This process allows the dying person to disconnect oneself from things of love and affection. It is not recommended to attempt to cheer an individual up that is in this stage. It is an important time for grieving that must be processed.
5. **Acceptance** — *"It's going to be okay."*; *"I can't fight it, I may as well prepare for it."*
   This final stage comes with peace and understanding of the death that is approaching. Generally, the person in the fifth stage will want to be left alone. Additionally, feelings and physical pain may be non-existent. This stage has also been described as the end of the dying struggle.

Kübler-Ross originally applied these stages to people suffering from terminal illness, and later to any form of catastrophic personal loss (job, income, freedom).This may also include significant life events such as the death of a loved one, divorce, drug addiction, or an infertility diagnosis.

Kübler-Ross claimed these steps do not necessarily come in the order noted above, nor are all steps experienced by all patients, though she stated a person will always experience at least two. Often, people will experience several stages in a "roller coaster" effect - switching between two or more stages, returning to one or more several times before working through it.

Reference: http://en.wikipedia.org/wiki/K%C3%BCbler-Ross_model

ALZHEIMER'S FACTS AND FIGURES

• As many as **5.3 million people** in the United States are living with Alzheimer's.

• Alzheimer's and dementia **triple healthcare costs** for Americans age 65 and older.

• Every **70 seconds,** someone develops Alzheimer's.

• Alzheimer's is the **seventh-leading cause of death**.

• The direct and indirect **costs of Alzheimer's** and other dementias to Medicare, Medicaid and businesses amount to more than **$148 billion** each year.

These are just a few of the facts in our new report, *2009 Alzheimer's disease Facts and Figures*. The report is a comprehensive statistical abstract of U.S. data on Alzheimer's disease that includes:

• prevalence
• mortality
• the costs of Alzheimer care
• caregiving
• a special report on Mild Cognitive Impairment and early-stage Alzheimer's

Reference: http://www.alz.org/alzheimers_disease_facts_figures.asp