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# Texas Alzheimer's News

A collaborative effort of the Alzheimer's Association Coalition of Texas  
and the Texas Council on Alzheimer's Disease and Related Disorders

## Medicaid Implements Preferred Drug List

Brett Spencer

As mandated by the 78<sup>th</sup> Legislature (HB 2292), Texas' Medicaid Program has established and is incrementally implementing a preferred drug list (PDL). This list will identify drugs in each class of medications that can be prescribed without prior Medicaid approval.

The state has established the Texas Pharmaceutical and Therapeutics (P&T) Committee to decide the drugs to be included in each class. This committee is made up of physicians and pharmacists selected by the governor to make recommendations to the state regarding whether a particular drug is safe, effective, and should be included on the PDL.

The P&T Committee has been very receptive to input from both the Alzheimer's Association Coalition of Texas (AACT) and the Texas Council on Alzheimer's Disease and Related Disorders. The AACT authored a letter recommending that the class of drugs in

which Alzheimer's medications would be included should be titled "Alzheimer's Treatment Drugs" as opposed to "Cholinesterase Inhibitors." This change in language would better accommodate the new Alzheimer's treatment drug, memantine (Namenda). The Committee titled the class "Alzheimer's Agents".

The Texas Council on Alzheimer's Disease and Related Disorders authored a letter to the P&T Committee to give specific recommendation that all five of the current Alzheimer's treatment drugs be included in the Alzheimer's Agents drug class. Additionally, the Council recommended that all drugs developed in the future and shown to be effective, be included on the PDL. The Committee included all of the drugs except Cognex, which sometimes causes significant side effects. This drug may still be prescribed with prior approval.

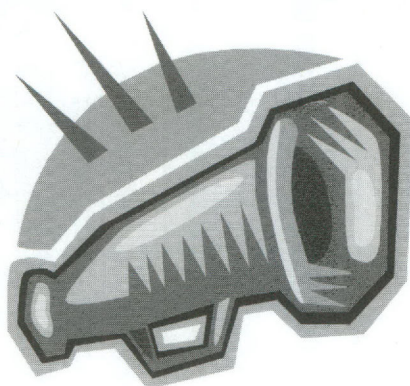
For additional information regarding the PDL, see the HHSC website:

[http://www.hhsc.state.tx.us/hcf/vdp/pt/PDL\\_Program.html](http://www.hhsc.state.tx.us/hcf/vdp/pt/PDL_Program.html)



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# Communication Tips

## Keys to Effective Communication

Adapted with permission from  
Alabama's Alzheimer's Resource Website, [alzbrain.org](http://alzbrain.org)

**I**t has been noted wisely that non-verbal communication such as body language, voice tone and facial expressions relay great amounts of information to the cognitively impaired adult. As their ability to process verbal information is impaired, the way in which we use language is extremely important when working with cognitively impaired adults.

Clear communication, both verbal and non-verbal, is the essence of any quality interaction. The following suggestions will enhance your effectiveness with your family members or patients.

In your interactions with the impaired person, try to be calm and reassuring, speak slowly and distinctly, and use simple words. Remember that they may be dealing with confusion, anxiety, loss of self-esteem, irritability, and feelings of depression.

Before asking the person to do something, address him by name to get his attention. While you are speaking, maintain eye contact to help maintain his attention. Non-verbal gestures help in communicat-

ing to the patient what you want him to do.

**Ask** only one question at a time and give the person time to respond. If he does not seem to understand, repeat the question using the same wording. If this does not work after a few minutes, try to rephrase your question. Keep in mind that this will require the person to process new information.

**Always** approach the person from the front. It may startle and upset him if you touch him unexpectedly or approach him from behind.

**Allow** the person adequate time to respond in conversation or when performing an activity. Rushing the patient will increase his confusion.

**Use** humor whenever possible though not at their expense.

**Always** remember the importance of love and affection. Sometimes holding hands,

touching, hugging and praise will get the person to respond when all else fails.

The feelings expressed in your voice when speaking to the confused person are as important as the words you say.

Try to maintain a regular daily routine. A person with Alzheimer's has difficulty coping with change. A structured routine will help him maintain his abilities. It may also save you time and energy.

Continued involvement with his daily tasks helps to maintain the person's self-esteem. Also, disruption of the person's usual habits may result in his no longer being able to perform that activity. For example, if you begin dressing him, he might soon forget how to perform this function.

**Keep** your expectations of what the person can do realistic given his degree of impairment. There will be less frustration on both of your parts if expectations are realistic.

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**Break down all tasks into simple steps.** Tell the person what to do one step at a time. Giving too many instructions or giving them too quickly will increase their confusion. If the person gets upset and becomes uncooperative, stop and try again later.

**When the person wakes up from a nap or a night's sleep,** he may be more disoriented than usual. Expect this, and be prepared to orient him through general conversation.

**Do not disagree with made up stories.** If the person mumble incoherently or rambles, attempt to reduce this by directing him with an activity.

**Be consistent.** If you say you are going to do something, follow through with it.

**If the person repeatedly asks a question,** remember that he cannot remember the answer you have just given him. Instead of answering the question again after a second or third repetition, reassure the person that everything is fine, and you will be with him and will help him.

**Repeating the same act may be meaningful for the patient and provide relief of tension.** For example, a person with

Alzheimer's may spend 20 minutes contently wiping the kitchen counter. If the activity does not seem to be upsetting them, let them continue. If it upsets them or you, try to gently redirect his activity by giving him something else to do.

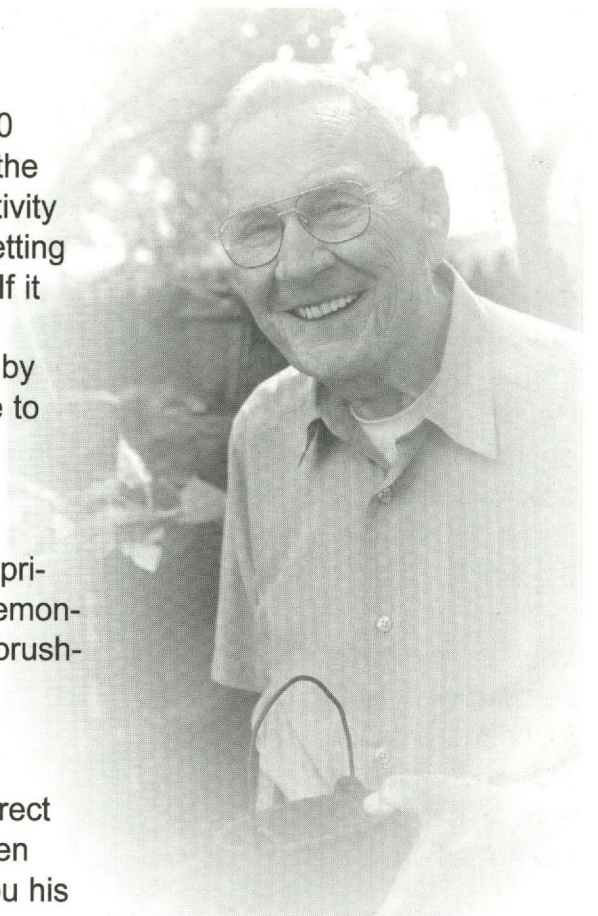
**Use gestures when appropriate.** Point to objects or demonstrate an action, such as brushing your teeth.

**Do not argue over the correct answer.** Relatives are often confused. He may call you his mother and mean his wife. Also remember he may be speaking his reality. If he says it is winter even though it is the middle of July, it may feel like, look like and be what "winter" is for him.

**If you do get angry, use "I" statements as opposed to "you" statements.** For example: "I am feeling angry, I need to rest now," instead of "You make me so angry, I can't stand to be here." Accusing him of causing your bad feelings is fruitless. He can't change his behavior for you. He may also be frightened to see you angry with him when he feels helpless. Talk to a friend when you need to blow off steam. Support groups are also a great place for this. You will be relieved that you did not

yell at him after things settle down.

**When he is no longer able to communicate verbally, keep talking to him about those things that were important to him, such as yourself, family members, etc. Speak clearly. Say the names of people he loved, touch him, and massage his arms, feet, head and back. Touching is the greatest communicator of love.**



# The Patient's Perspective

Courtesy of the Alzheimer's Association, Houston & Southeast Texas Chapter

**M**any of us work with persons with Alzheimer's everyday, but rarely do we stop to consider day-to-day topics from their perspective. The Patient's Perspective is an opportunity to get a glimpse of how the person you care for on a daily basis sees the world.

In an essay written in December of 2003, an Alzheimer's patient, "Richard" addresses the question, "What is it like to have Alzheimer's?"

"What is it like to drive a car from Houston to Anchorage? Depends on the type of car, the age of the car, how well you kept it up, where you are in your trip, if others are helping you with the drive, if you have enough gas or access to a gas credit card, if you have accepted the fact that you must drive to Anchorage, whether or not you are afraid of arriving in Anchorage."

"I was diagnosed with dementia of the Alzheimer's type about two years ago. I imagined, maybe hoped that some day I would wake up and a heavy velvet curtain would have fallen during the night. I would wake up to a world where I could see shapes, but not enough details to know what or who they were; sort of

like Plato's flickering shadows on the wall produced by the fire in the cave."

"Instead, right now I am sitting in my grandmother's living room looking at the world



through her lace curtains. From time to time, a gentle wind blows them and the patterns through which I see the world change. There are large knots in the curtain and I cannot see through them. There is a web of lace connecting them to each other around which I can sometimes see. However, this entire filter keeps shifting unpredictably in the wind. Sometimes I am clear in my vision and my memory. Sometimes I am disconnected

but aware of the memories. Other times, I am completely unaware of what lies on the other side of the knot. As the wind picks up, it is increasingly frustrating to understand all that is going on around me because access to the pieces and remembering what they mean keeps flickering on and off, on and off."

"Thanks in large part to my family caregivers I am still functioning in the non-Alzheimer's world. I drive, I learn (although I seem to forget much of what I learn), I teach, I love, I mostly understand – but not all the time and not always as others do. It is a constant effort to look around the webs and have to put effort into understanding and doing things that came naturally but a few months ago (cooking, reading, driving to a new store, remembering the recent past). Some activities hide beyond the knots and rarely have clarity (arithmetic, reading a watch, remembering what I just read). It is not a lot of fun, but it is doable."

"Individuals have a cold, have cancer, have the measles. Alzheimer's has the individual."

# Concurrent Use of Memantine and Acetylcholinesterase Inhibitors

Brett Spencer

Memantine is a recently FDA approved Alzheimer's treatment drug that works differently from the more familiar acetylcholinesterase inhibitors. Memantine also differs in the fact that it has been shown to slow deterioration in individuals with moderately severe Alzheimer's disease.

Since memantine attacks Alzheimer's disease differently than acetylcholinesterase inhibitors, researchers speculate that both types of drugs may be used concurrently to deliver a double punch to the disease. Researchers presented study results at the 2004 American Academy of Neurology Annual Meeting, suggesting that memantine can provide additional benefits to patients already on acetylcholinesterase inhibitors.

"The results of this memantine combination therapy study point the way towards a new standard of care in the treatment of moderate to severe Alzheimer's," said Martin Farlow, M.D., a lead investigator on the study, and Professor of Neurology at the Indiana University School of Medicine. "The findings are encouraging since they suggest memantine's unique mecha-

nism of action will really let us attack the disease on another front. Clearly, in this study, memantine provided additional cognitive and functional benefits in patients already taking donepezil. This is the first successful combination drug trial for Alzheimer's, and it is truly an exciting advance for patients and their loved ones."



Source: Richard O'Boyle, *Memantine Officially Approved for Use in US*, ec-online.net, October 2003



**Alzheimer's  
Association  
Contact Center  
24-Hour Support  
Line:**

**1-800-272-3900**

The Alzheimer's Association Contact Center is open 24 hours a day, seven days a week to provide information and referral. The Contact Center is staffed with professionals who understand the disease and its impact. We connect callers to information about the disease, treatments, care strategies, and linkages to community programs. Our master's level clinicians provide decision-making support, crisis assistance, and education regarding a number of issues and concerns faced by people with dementia and their families. The Contact Center also provides access to translation services for as many as 140 languages and dialects.

# Easy Steps to Better Meals

Brett Spencer

**P**ersons with Alzheimer's often have problems eating. This results in significant weight loss in many patients. Issues with eating arise from many different factors, some of which vary with the progression of the disease. In the early stages, weight loss may be due to depression, anxiety, or other medical issues. In mid-stage Alzheimer's, weight loss may be due to depression, agitation, other medical issues, or improper feeding techniques/inability to self-feed. In the late-stage of Alzheimer's, weight loss may be due to their inability to chew and swallow. Many of these issues are complex and require resolutions other than simple adjustments to mealtime. However, a factor that is easily changeable and frequently affects persons with Alzheimer's is distractions during mealtime. When distracted, the person may eat less or not at all.

The Alzheimer's Association recommends the following steps to reduce distractions at meal time.

- Provide calm surroundings at mealtime. Minimize interruptions, loud noises and abrupt movements.



- Put only one item of food on the plate at a time.
- Avoid patterned plates, tablecloths and placemats that might confuse and distract the person. In most cases, it is best to use plain white plates or bowls and a contrasting placemat.
- Make positive use of distractions. If a person resists eating, take a break. Involve him in another activity and return to eating later.
- Use memory aids to remind the person about meal times. Try a clock with large numbers and an easy to read appointment calendar with large letters and numbers or a chalk or bulletin board for recording the daily schedule.

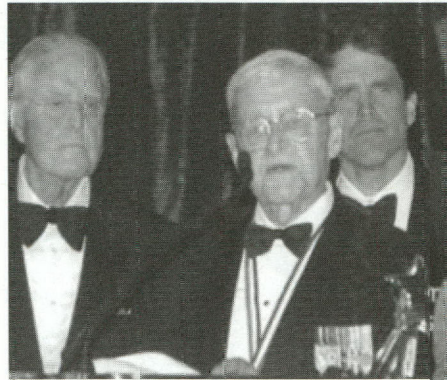
- Serve several small meals rather than three large ones.

- Serve finger foods, or serve the meal in the form of a sandwich.
- Don't serve steaming or extremely hot foods or liquids.
- If the person is having trouble swallowing, food intake will be affected. In these cases, the Alzheimer's Association recommends the following:
  - Blend the food or alternate small bites of food with a drink.
  - Substitute fruit juice, gelatin, foods cooked in water, sherbet, fruit or soup when possible.
  - Serve softer foods, like mashed potatoes rather than fried potatoes.
  - Offer bite sized pieces of cooked meat, turkey or chicken salad instead of sliced meats.
  - Be sure to set aside plenty of time for meals as a person with Alzheimer's may need longer to eat a healthy meal. Don't rush the meal. Allow the person enough time between bites to swallow. These easy steps can reduce meal time frustration for you and the person you care for.

# Alzheimer's Association Inaugural D.C. Gala Raises Over \$1 Million

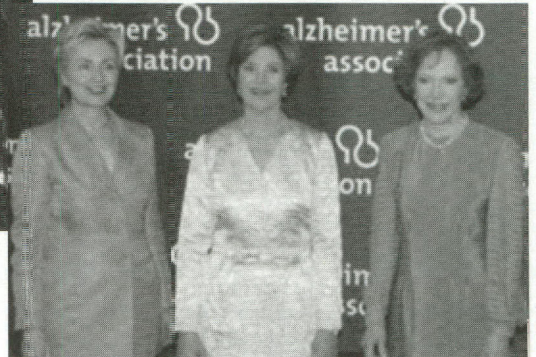
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The Association's inaugural America's Great Generations Gala, held March 24 in Washington, D.C., raised over \$1 million for the Ronald and Nancy Reagan Research Institute and regional programs and services for diagnosed individuals, their families and caregivers. First Lady Laura Bush was in attendance, as were former First Ladies Sen. Hillary Rodham Clinton (D-N.Y.) and Rosalynn Carter. National board member David Hyde Pierce served as master of ceremonies. At right are images from the event.



Navy Rear Adm. Mac Showers (at microphone) received the Profile in Dignity Award from Sargent Shriver (left), who's in the early stage of Alzheimer's, and Shriver's son, Mark.

First Lady Laura Bush (middle) is joined by former First Ladies Sen. Hillary Rodham Clinton (left) and Rosalynn Carter



## Events

**Wednesday, June 16, 2004** – *The Forgetting – Alzheimer's: Portrait of an Epidemic* will air on Houston PBS, Channel 8 from 7:00 – 8:30 p.m. This program will be immediately followed by *Hope and Help for Alzheimer's In Houston*, a local half-hour follow-up program regarding Alzheimer's resources in the Houston area.

**Friday, September 10, 2004** – The 18<sup>th</sup> Annual Selenia E. & Joseph C. Valley Conference – **Dementia: Maximizing Quality of Life**. The conference will be held at the Hilton – University of Houston, TX. Topics of discussion include stages of dementia, behavior management, dementia syndromes and treatment, maximizing function/Quality of Life, and important legal affairs. For registration information, visit <http://sonser4.nur.uth.tmc.edu/coal/>. For additional information contact Jo Westphal at (713) 500-3778 or by e-mail at [Betty.J.Westphal@uth.tmc.edu](mailto:Betty.J.Westphal@uth.tmc.edu).

**Maintain Your Brain** – The Alzheimer's Association has kicked off its *Maintain Your Brain* campaign. *Maintain Your Brain* is a campaign:

- About changing the way Americans think about Alzheimer's disease,
- Which encourages Americans to understand how far Alzheimer's research has come and how that knowledge has improved our understanding of brain health, and
- Which calls on Americans to get involved in the fight against Alzheimer's disease by donating, advocating, and volunteering.

More research is required, but there is increasing evidence that healthy lifestyle habits contribute to healthier aging and may also decrease the risk of Alzheimer's. The Association believes it is important for Americans to understand that healthy aging is a process that should begin sooner in life rather than later.

For more information on the *Maintain Your Brain* campaign visit <http://www.alz.org/maintainyourbrain/overview.asp>

### Texas Alzheimer's News

is published by:

Texas Department of Health  
Adult Health Program  
1100 West 49th Street  
Austin, Texas 78756-3199  
800.242.3399 or 512.458.7534  
Editor: Brett Spencer

For more information on Alzheimer's disease, to be placed on the newsletter mailing list, or to change your mailing address, please call 800.242.3399. There is no cost to subscribe. Newsletters are also posted on the Internet at [www.tdh.state.tx.us/alzheimers/alz.htm](http://www.tdh.state.tx.us/alzheimers/alz.htm).

Viewpoints expressed in this newsletter do not necessarily reflect those of the Texas Council on Alzheimer's Disease and Related Disorders or the Alzheimer's Association Coalition of Texas.

Publication  
#42-10500

**About the Alzheimer's  
Association Coalition of  
Texas (AACT)**

The Coalition advocates for the five chapters and 11 regional offices of the Alzheimer's Association in Texas, and their regional offices. The Alzheimer's Association is a national voluntary health organization founded in 1980 to provide information and services, including a telephone help line, family support groups, educational programs, a lending library, the Safe Return program for wanderers, in-service training, and multicultural outreach programs. The mission of the Coalition is to advocate for the improved quality of life for Texans affected by Alzheimer's disease and related disorders.



**About the Texas  
Council on  
Alzheimer's Disease  
and Related Disorders**

The Council was created by legislative mandate in 1987 to serve as the state's advocate for persons with Alzheimer's disease and those who care for them. Members are appointed by the Governor, the Lieutenant Governor, and the Speaker of the House to coordinate statewide research and education efforts, and to disseminate information on services and related activities available for persons with Alzheimer's disease to the medical and academic communities, family and professional caregivers, and the public.

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Austin, Texas 78756-3199**

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