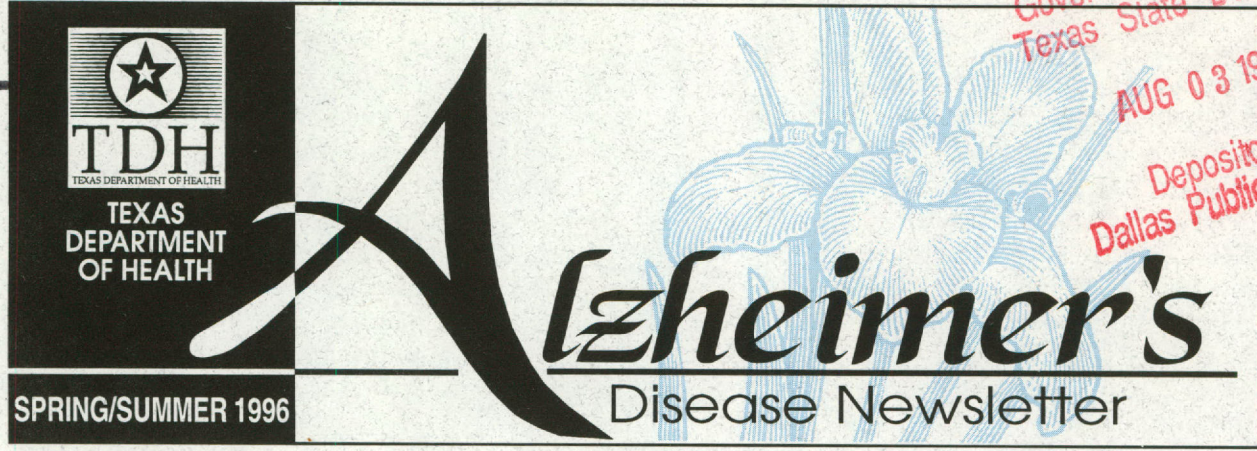


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Alzheimers: INTIMACY AND SEXUALITY

Nancy Badgwell-Sanders, PhD

In the past it has been somewhat difficult for me to speak and write about Alzheimer's Disease. It is becoming easier and I appreciate the opportunity to reminisce about my Mother and Dad and to travel a little further down the road through the grief process. My thoughts come not only from professional knowledge as a marriage and family therapist, but from experiencing first hand the loss of an intimate relationship with Mother. Watching intimacy between Dad and Mom fade as Mom's disease worsened was painful. At different times they could be angry and sad; then playful and childlike, but they maintained a level of intimacy until Dad's death. Mother lived another three years and always had a "special" smile only her children could understand, recognize and appreciate. It was an intimate smile: an accepting, knowing expression.

Intimacy is one of those things you feel, but is difficult to describe. It is the exchange of opinions and ideas, emotions and actions in an atmosphere of openness and trust. Sarah Catron said, "Intimacy is not a clinging dependence, neither is it a controlling domination. Intimacy is a cherished linking of two separate persons."

Addressing the issues of intimacy and sexuality would be difficult with any chronic disease, but especially in Alzheimer's disease when one partner is less and less able to be intimately and emotionally available as the disease progresses.

It is clear from the literature that a need exists for information about intimacy as well as sexual

functioning as it relates to the Alzheimer patient's behavior and his or her caregiver and family. Most examples of intimacy and sexuality in the Alzheimer's literature are about men, with very little written in terms of women's experiences or behavior. Many books have a paragraph or two about the patient's inappropriate sexual behavior, leaving out completely what can be appropriate behaviors. The topic of intimacy (which is written about in a number of articles and books) has been ignored in the care of the Alzheimer's patient.

John Rolland, in his article on couples' relationships, gives us some interesting thoughts on intimacy. He says, "this illness can heighten feelings associated with loss in such a terrifying way that couples react either by pulling away from one another or by clinging to each other in a fused way."

(continued on next page)

ALSO IN THIS ISSUE:

- ✓ Alzheimer's Research in Texas
- ✓ Friend to Friend
- ✓ Challenging Crossroads
- ✓ Caregiver's Corner
- ✓ Hats Off To. . .
- ✓ News You Can Use

I remember watching my parents and how confusing it was to see them either clinging or distancing themselves from one another as Mom's disease advanced. Even though this had been their pattern of interacting most of their married lives, the Alzheimer's made it that much more noticeable, confusing and intense. It is easy to see how perplexing this could be when the patterns of communication need to be altered, despite past established norms.

Rolland goes on to explain how both partners might try to distance themselves from the other if the relationship becomes a constant reminder of the universal issues concerning loss. I agree when he says that being a caregiver, receiving caregiving or seeing visible signs of illness or emotional strain can become implosive reminders of loss. For me, and I'm sure for many of you, even my long distance calls to my sister, who was my mother's primary caregiver, became more difficult as time went on. Relationships have to be intentionally re-established among all family members as well as partners as the disease progresses.

Miriam Aronson in her book Understanding Alzheimer's Disease, expresses that "the need for affection and intimacy are basic human needs that persist well into the illness." She continues, "patients becomes anxious and uncertain often cling to their spouses, relentlessly seeking constant companionship and reassurance."

In his book Alzheimer's: A Caregiver's Guide and Sourcebook, Howard Gruetzner shares some encouraging information about responding

positively to Alzheimer's behaviors. In response to a question posed about Alzheimer's and sexual interest, he gives the following helpful responses:

- Understand changing sexual interests and demands in the context of both the illness and your prior sexual relationship.
- Rely upon touching, being caressed, and nonverbal relating as substitutes for the sex act.
- Talk with a physician or counselor if the sexual problems persist.

I suggest for those of you in caregiver support groups to not be shy about sharing experiences and responses which have been helpful to you in dealing with both happy and sad encounters with intimacy as well as sexual behaviors which are a problem.

"A lifetime of emotional investment between partners often cultivates a depth and style of communication which cannot be undone by Alzheimer's. The intensity of the human bond is heightened as couples struggle to live together and care for one another." This statement is what Coshen and Eisendorfer say in their book. It is also what my brother, sister and I experienced with our mom and is what we observed between our parents.

Here is a list of recommendations of things you can do to maintain intimacy in your relationship.

- Gather knowledge about intimacy and sexuality.
- Remember your intimate times before Alzheimer's.
- Maintain your sense of humor.
- Don't be embarrassed or over-react.
- Have a confidant and a support group for yourself.
- Be comfortable setting boundaries and limits.
- Practice good self-care skills daily.

There are several elements involved in intimacy: time, playfulness, sharing hurts and fears, trust, commitment, and sexuality. These need to be present in order for an intimate relationship to exist. Most of these traits continue to exist in loving relationships, even when the "intruder" of Alzheimer's is present.

Barriers to intimacy are : lack of self awareness, pressure and stress, chronic busyness, unresolved anger, inflexibility, poor communication skills, low

(continued next page)



Friend to Friend



This segment of the newsletter is a forum for readers to write in and share their experiences. You are welcome to contribute by writing Veronda Durden at: Texas Department of Health Alzheimer's Program—Friend to Friend 1100 W. 49th St. Austin, TX 78756-3199.

Dear Friend to Friend,

As a caregiver who has cared for my wife at home since 1984, I have the following advice for other caregivers.

1. Try not to get depressed. You are facing some very difficult experiences as a caregiver but they can also be very rewarding.
2. Make the best of a bad experience and enjoy the time you have left with your loved one.
3. Be patient and try to understand the Alzheimer's victim's feelings.
4. Let the victim know they are loved and that you are there for them.
5. Take time out for yourself. Take advantage of programs such as the Senior Companions in your area. They will provide needed respite care so you can have needed time away from the daily caregiving. You have to take care of yourself if you are going to care for another person.
6. Attend Alzheimer support group meetings in your area. It can help you cope in the caregiving role and be a valuable source of information you will need to cope with Alzheimer's Disease. Contact your local Alzheimer's Association for information on what they can provide to assist you in your caregiving role.
7. Last, but not least, know that you are not alone. There are many other persons facing the same problems and there are many caring persons out there that can help you through a difficult time.

John Hudson, Corpus Christi

(continued from page 2)

self-esteem and breakdown of trust. Make sure none of these behaviors are present and you will be able to maintain an intimate relationship for much longer than you envision.

Dr. Nancy Badgwell-Sanders, PhD is a licensed marriage and family therapist with a private practice in Dallas.

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Alzheimer's Disease Research in Texas

Texas Tech University Health Science Center

This is the last article in a series highlighting ongoing research related to Alzheimer's at three educational institutions in Texas.

Several ongoing projects related to Alzheimer's are being conducted at the Texas Tech University Health Sciences Center in Lubbock.

DNA Research Bank

DNA, or deoxyribonucleic acid, is the principal carrier of genetic information in humans. It is found in the chromosomes of cells, and replicates during cell division. A wide variety of diseases are due to genetic abnormalities, possibly including Alzheimer's.

Since its beginning about three years ago, a total of 4,300 family members from some 1,200 families have enrolled. Dr. Shirley Poduslo, Director of Basic Research and Professor, Department of Neurology, Texas Tech University Health Sciences Center, is in charge of the project. Two vials of blood are drawn from each Alzheimer's patient and members of the family for genetic studies to determine which gene or genes cause Alzheimer's Disease.

The latest finding of the Texas Tech group is the identification of another gene on chromosome 19 that may also be a risk factor for Alzheimer's Disease. Dr. Poduslo explained, "It may be just as important a risk factor as the APOE4 allele. The two genes on chromosome 19 are very closely linked and may have a common regulatory area (i.e., they may be turned on and off together.) We are studying the area between the two genes to find this regulatory element and have submitted a manuscript for publication on our exciting new finding."

To become part of this study, families must fill out a medical and family history form on each patient. In addition, consent forms for drawing blood samples and forms from the family physician must be signed. Two vials of blood are drawn from each patient and from as many family



members as possible. The families that participate are put on a mailing list to receive a newsletter, the DNA UPDATE, which will keep them informed of the project's progress.

Possible Subtypes of Alzheimer's

Increasingly, the clinical, biochemical, and neuropathological heterogeneity of Alzheimer's is being recognized. The goal of this project is to identify distinct clinical subtypes of patients in order to optimize drug treatment. The four separate studies that comprise this overall project are designed to:

- Catalog the variety of symptoms observed in Alzheimer's and their frequency of occurrence.
- Examine the possibility that initial symptoms may be useful in predicting the later course of the disease.
- Explore the relationship between initial symptoms and experimental measures of cognitive function.
- Investigate the possible utility of evoked potentials, as a tool for reliable identification of subtypes of patients.

Rates of Decline in Patients with Alzheimer's

This project is designed to develop a computerized database involving a large number of patients evaluated longitudinally over 5 years. The goal is to develop data about the expected changes in symptoms over time in order to better counsel family members and as an aid to future research endeavors.

Risk Factors and the Development of Alzheimer's

The goal of this long-term project is to test a theoretical model which predicts that risk factors, such as head trauma, myocardial infarction (in the oldest-old), long-term use of psychoactive medications, and other general health factors, may play a role in the development of Alzheimer's. The so-called cumulative risk models predict that a number of chronic illnesses may collectively determine the risk of developing this disease in certain individuals. The concept of "brain reserve capacity" and its erosion by chronic health factors is being evaluated in a large series of patients.

Drug Trials

The Center for Neurological Studies at Texas Tech University is currently conducting a clinical trial with an experimental drug, called Metrifonate, as a possible treatment for Alzheimer's disease. It has been shown that a substance called acetylcholine is depleted in the brains of Alzheimer's patients. Metrifonate may be effective in treating symptoms of Alzheimer's (such as memory loss) because it allows higher concentrations of acetylcholine in the brain. This trial is no longer open for the enrollment of new patients.

The Center is also anticipating the onset of a clinical trial for an experimental drug, called Propentofylline, as another possible treatment for some of the symptoms of Alzheimer's disease.

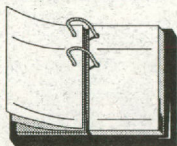
Propentofylline may interfere with some of the neurodegenerative processes commonly associated with Alzheimer's disease, such as the development of senile plaques and neurofibrillary tangles which may lead to a loss of neurons in the brain. This study is not yet open for enrollment.

For more information about Alzheimer's research at Texas Tech University Health Sciences Center please contact:

Richard W. Homan, M.D.
Professor and Chairman
Department of Neurology
Texas Tech University Health Sciences Center
3601 4th Street
Lubbock, Texas 79430
806-743-2720

Video Available

A video tape detailing the purpose and activities of the Texas Tech DNA Bank for Alzheimer's Research is available. The film runs 25 minutes and is free to use. It can be helpful for support groups, care centers, and civic groups interested in sponsoring a sampling program. Please contact Texas Tech Health Sciences Center Dept. Of Neurology, 3601 4th St. Lubbock, TX 79430 for more info.



Calendar of Events

Here is a partial list of local chapters of the Alzheimer's Association and some of the events that they are planning for the upcoming months.

West Central Texas Chapter

July 8 Family Support Group Meeting
August 12 Family Support Group Meeting
September 9 Family Support Group Meeting
September 28 Memory Walk (annual walkathon to benefit Alzheimer's Association)

El Paso Chapter

First Friday of each month: Early Stage Support Group
First Tuesday of each month: Bilingual Support Group
Second Friday: Horizon Support Group
Second Tuesday: Chapter Meeting
Second Friday: Westside Support Group
Third Friday: Eastside Support Group
Third Friday: Northeast Support Group

Greater Dallas Chapter

June 24 Lee Jarmon Alzheimer's Association Golf Tournament
September 21 Alzheimer's Association Memory Walk

Panhandle Area

Second Thursday of the month Support Group 7:30 p.m.
Last Wednesday of the month Support Group 12-1 p.m.

San Antonio

October 12 National Alzheimer's Memorial Walk on Riverwalk

Tarrant County

Workshop: Coping With Intimacy and Sexual Needs in Dementia. June 27, 1996 1:00 p.m. - 5:00 p.m. Call 817-336-4949 or 1-800-471-4422 (outside Tarrant County) to register.

Challenging Crossroads: When a loved one wanders

Wandering is a common problem seen in Alzheimer's Disease (AD) patients. This behavior can make it extremely difficult for a caregiver to manage a loved one with AD. Some nursing homes and day care centers will even refuse care if wandering is impossible to control. Wandering can be dangerous to an individual if they become lost, disoriented, or if they wander onto a busy street. By understanding some of the causes of this phenomenon, appropriate techniques can be applied and the behavior can be reduced, or at least better managed.

Reasons Why People Wander

Wandering sometimes results from getting lost. Someone with AD might get disoriented on the way home after a wrong turn is made. Wandering may also be a result of the person losing sight of you and getting lost trying to relocate you. It's easy to sympathize with someone who wanders because they are lost. We have all gotten "turned around" when following complicated directions or have lost our way in a strange city. However, individuals with memory impairment tend to panic more than the average person and are not likely to admit that they are lost. This feeling of disorientation is usually kept a secret; wandering is sometimes the only signal an AD person may give to the outside world to indicate failing memory.

Wandering may also be triggered by changes in a person's environment. Dramatic changes such as moving into a new home or starting a day care program will often prompt this reaction. Oftentimes, AD patients wander for no apparent reason. Occasionally, the behavior appears aimless and continues for hours. Other times, wandering manifests itself as pacing in the same spot over and over. This can be frustrating for the caregiver and may cause the pacer's feet to swell if done repeatedly.

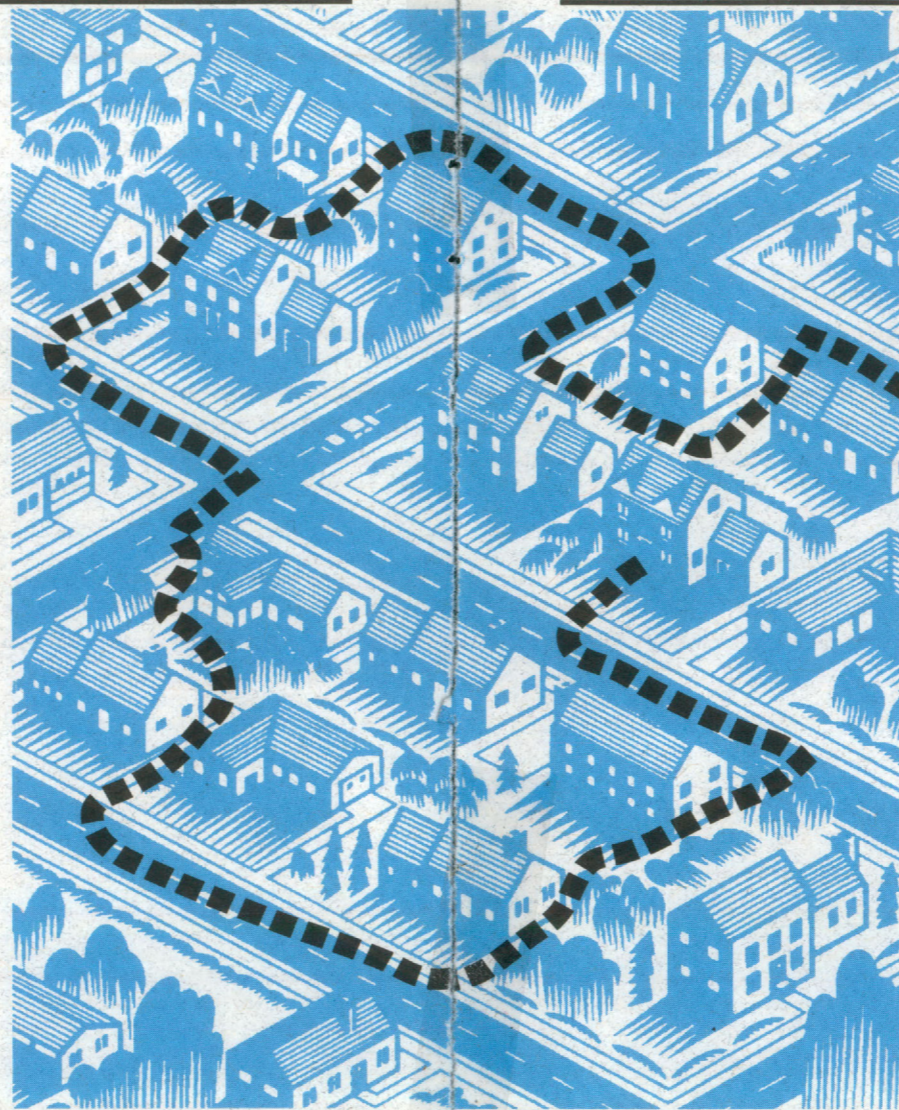
Sometimes wandering is a way to express restlessness, boredom, need for exercise or need to use the restroom. All of these explanations should be

taken into account in order to understand wandering.

Managing Wandering

How you decide to manage wandering behavior depends on what causes it. If the person is wandering due to feeling lost, a card reminding a person of simple directions or instructions might be useful. This strategy is only helpful if you are sure the person can still read and follow directions and will not throw the card away. At the top of the card remind the person to stay calm. Other items included may vary from day to day and from task to task. You might write "Call home" with the telephone number or "Ask someone where the produce department is located. Wait for me there." One of the more important items for an AD person is an identification bracelet. It should be securely fastened and include the person's name address and telephone number in addition to the phrase, "memory impaired."

Another helpful suggestion for someone with AD who is wandering because they feel lost or are unfamiliar with their surroundings, is to surround them with objects they will recognize, like family photos. Also, make the person feel welcome in their new environment by spending time with him/her. Another way to reduce wandering due to a new environment is to make the transition as smooth as possible. If a person is still coherent enough to understand what's going on around them, involve them as much as possible



in the decision making process. Gradually introduce them to the new situation. This is especially important when moving into a new home. When Alzheimer's has progressed so far that a person cannot understand the move to a different location, it is often better to make the move quickly and calmly rather than introducing the concept gradually.

Remember that each person is unique in his/her own needs and desires. Being sensitive to this fact is beneficial to all parties involved.

If you have the choice, a move earlier in the illness is preferred because it will probably be less traumatic for the person. It is also easier for them to adjust and learn their way around. The same logic holds true for day care center placement.

For some time after the initial move, a confused person will need to be reminded often, in a calm, soothing voice, that they are in the right place. This reassurance will ease the anxiety of the move and reduce the fear an AD patient might have. It also lets the confused person know that you are aware of where they are living now. Although the move may upset a memory impaired person and wandering will occur, the behavior is often temporary.

When wandering seems aimless, it may be an attempt to reduce restlessness through exercise. To reduce this activity, try taking the person on long walks during the day. If a person is still

restless, you might want to try giving them simple tasks to perform around the house: folding laundry, polishing silverware, dusting, stacking books, etc.

Agitated pacing or repeated efforts to get away are often caused by frequent or almost constant catastrophic reactions. Be sure to note if this behavior happens at the same time each day or after a specific event. Also, examine the way other people react to the person with AD. Is it threatening and coercive or supportive and caring?

It should also be noted that medication may reduce a patient's restlessness. The use of tranquilizers, used only under medical supervision, can greatly reduce wandering. However, restlessness can be a side effect of some drugs. Check with the patient's doctor before beginning/altering dosage of any medications.

Another way of managing wandering is to manipulate the person's environment. It can be helpful to install locks that are difficult to operate or to use a spring latch at the bottom of the door. Make sure windows are securely locked as well.

If the AD patient still tends to wander, and does so outside, identify potential dangers in the neighborhood. These hazards can include busy streets, dogs and swimming pools. A memory impaired person may no longer possess the judgment to deal effectively with these situations.

Wandering is a serious issue that can be dealt with in a variety of ways. The responses to these techniques vary from person to person, depending on the severity of the disease. When an AD patient cannot be managed or is not safe within the home setting, alternative care should be considered. If that need shall arise, you will have done everything you can to prevent wandering and the move will be beneficial for both of you.

Source: *36 Hour Day* by Nancy Mace M.A. and Peter Rabins, M.D., M.P.H.
Compiled by: Rachel DeForest



Hats off to . . .



Judy Jarmon
President, AACT

Judy Jarmon was recently elected President of the Alzheimer's Association Coalition of Texas (AACT). In a special interview with *The Alzheimer's Disease Newsletter*, she talked with Rachel DeForest about AACT and her role as the new President.

RD: Tell me a little about yourself. What is your background and why is Alzheimer's disease so important to you?

JJ: I've been involved with Alzheimer's disease for a little over six years. I got involved because my father has AD. I got involved in public policy about five years ago. I think it's important to Alzheimer's disease because it helps to make laws that enhance the life of the caregiver.

RD: What is the purpose of AACT?

JJ: It deals with Alzheimer's disease issues in Texas and also monitors any legislation on the national level. An example of this is the Medicaid block grants right now.

RD: Tell me a little about the background/history of the Association.

JJ: It was formed about five years ago by a small group of people from all over the state.

RD: How many chapters are included in the Association and are there any plans for expansion (and where)?

JJ: In Texas, there are 13 chapters that cover the entire state. Some chapters are more active than others and more strongly represented. More representation is the only kind of expansion we need to encourage. Each chapter has a delegate and an alternate, and the other member may participate in one of three committees: education, Medicaid, and legislation.

RD: How long have you been involved in the organization and what have been some of your other duties?

JJ: I've been involved with AACT since its inception five years ago. Previously, I was on the Board of Directors for the Dallas chapter and was active in public policy for the area.

RD: Describe the election/appointment process. How long is your term of office?

JJ: The term of office is two years. The nominating committee of AACT selects a candidate and then the delegates approve the person. Meetings are held every 2-3 months.

RD: What are some of the national goals of the Association, and how do you plan on implementing them as President?

JJ: The Medicare block grants are our main concern, but we primarily deal with state issues. On the state level, AACT worked with the Texas Alzheimer's Council to develop the SCU Disclosure Bill. I was a part of the task force that drafted the actual form and we are very proud of our work on it. The bill requires any nursing home that advertises to have an AD unit to fill out a disclosure form. This form would have questions that encompass admission, staffing, and the care provided. It helps both caregivers and facility staff to have similar expectations. This bill is expected to be effective in September and AACT will have a big part in educating chapters and local support groups.

RD: What are some of your goals for your office?

JJ: (Laughing) "Make it through one more year." I want to continue in the avenue that AACT has been going in. This includes helping caregivers with continuing education and providing information to the medical field, lawmakers, and the public.

RD: What would you like to change about the Association?

JJ: There is a huge problem in that some areas are under-represented.

RD: Is the Association planning any special events that you'd like our readers to know about?

JJ: We are planning a State Day for next year that is in its formative stages. People from around the state would meet in Austin and discuss legislation with their representatives to better inform their voting choices.

For more information contact:

Alzheimer's Association Coalition of Texas
5344 Blake
Plano, TX 75093

CAREGIVER'S CORNER

For Men Only

Traditionally, women occupy the “kinkeeping” role: they develop strong interpersonal relationships with family members, plan family reunions, and care for elderly relatives. This trend is beginning to shift as more men find themselves as the primary caregiver of a wife, sister, mother, or aunt with Alzheimer’s disease. Put in these new roles, some adjustment must take place due to the challenging nature of AD.

The new roles that men may find themselves in may be completely foreign to anything they have become accustomed to, thus adding to their frustration. As a primary caregiver, males may have to shop, cook, clean house—things which were previously in the traditionally “female” domain. As AD progresses, so does responsibility for the patient. With this responsibility comes added stress and dissatisfaction, particularly if the man has competing needs, lacks support, or has to contend with his own physical problems.

Support or discussion groups can be an excellent way for men to deal with their frustrations and problems and to gain insight from others in similar situations. These groups are particularly important for men because frequently, their means of emotional support are not as strongly developed as a woman’s. Men tend to rely on their wives or mothers to discuss the intimate details of their lives. These are the very people who now depend on them as caregivers. In essence, many social connections can be lost for men taking care of an Alzheimer’s patient.

One way for men to deal with the devastating effects of Alzheimer’s care can be the use of respite. Respite allows the caregiver a short break while their loved one is in the hands of a capable professional. There are several kinds of respite: day care respite, in-home respite care and short-term respite. Day care respite allows the person with AD the chance to socialize and participate in structured, enjoyable activities within a safe environment. In-home respite care can be as simple as having a friend stop by to give you a break or using a health aide service. Short-term respite provides a longer break for the caregiver within a residential facility. Your local Alzheimer’s Association is a good resource for respite information.

Remember, taking care of yourself is equally important to the care you’re giving to someone with AD. Get plenty of rest, eat well, exercise regularly, talk about your concerns and maintain social and religious connections.

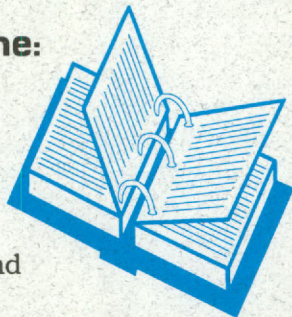
Adapted from The Caregiver, Fall 1995. Original article by Elias Rolett.

Tips for Everyone:

Practice yoga as a technique to relieve stress.

Keep a journal to express your feelings and frustrations.

Maintain your health and a proper diet.

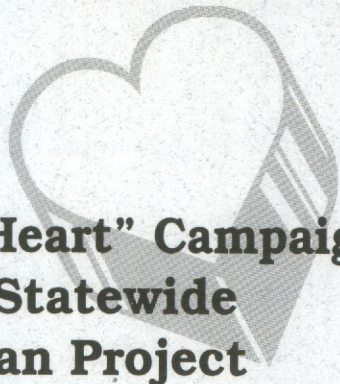


Keep in Mind...

Sometimes washing your loved one’s hair can be difficult. You might want to consider washing hair in the kitchen, because it might put less strain on your back. Buying a spray attachment for the sink can help get the job done more quickly and easily, too.

Source: Day By Day. Parke-Davis

News You Can Use. . .



“Heart to Heart” Campaign Kicks Off Statewide Ombudsman Project

A new statewide campaign, “Heart to Heart,” was launched February 14, 1996 by members of the American Association of Retired Persons (AARP) and the Texas Department on Aging (TDoA). The new campaign recruits and trains volunteer ombudsmen to serve in nursing homes throughout the state. “Heart to Heart” seeks to place a volunteer in every nursing home in the state to ensure residents’ rights are protected, as well as to support the sincere effort of facilities that wish to provide a high quality of care.

The Texas Department on Aging, through its 28 Area Agencies, administers a long-term care ombudsman program designed to help assure quality care for Texas’ 94,000 nursing home residents. Approximately 700 specially trained and certified volunteers regularly visit nursing facilities in their area to explain rights and benefits to nursing home residents and their families.

The ombudsman duties include helping residents, families and friends identify, investigate and resolve complaints, problems and issues involving the resident’s health, safety, welfare, quality of life and rights in the nursing facility. Ombudsmen routinely seek out hard to reach or isolated residents and give them the opportunity to access both the advocacy and regulatory system. In addition to complaint resolution, the ombudsman is charged with the responsibility to provide support in the development of family and resident councils.

To learn more about the ombudsman program or to make application for the program, contact your local area Agency on Aging, the state ombudsman at the Texas Department on Aging at 1-800-252-2412 or the AARP Texas State Office at 512-480-9797.



Ronald and Nancy Reagan Research Institute created

To accelerate the process for discovering a cure or effective treatments for Alzheimer’s disease, the Alzheimer’s Association has announced the creation of the Ronald and Nancy Reagan Research Institute. The former President and Mrs. Reagan are participating in the Institute’s establishment which is being developed in conjunction with the Alzheimer’s Association. The institute will have three components: research grants, creating alliances (for exchange of information), and outreach to investigators to improve dialog and increase the consistency available for grant reviews, conferences, and other opportunities.

Mrs. Reagan states, “The Reagan Institute was established as a symbol of hope to all those who share our dream of finding a cure for Alzheimer’s disease. Honestly, we can’t wait any longer to step up the research.”

Source: *The American Journal of Alzheimer’s Disease*. January/February 1996



“When you are joyous, look deep into your heart and you shall find it is only that which has given you sorrow that is giving you joy.”

“When you are sorrowful, look again in your heart, and you shall see that in truth you are weeping for that which has been your delight.”

From *the Prophet*
by Kahlil Gibran

Helpful Resources



“Gerontology” From Johns Hopkins Books on Gerontology. To order call: 1-800-537-5487. This pamphlet provides abstracts on new books available on gerontology, Alzheimer’s and dementia.

Alzheimer’s Disease Thesaurus gives you the description in three ways: in alphabetical order, in 23 broad subject categories, and as keywords in content. The book is available for \$15.00 (prepaid) from ADEAR Center Thesaurus Orders P.O. Box 8250 Silver Spring, MD 20907-8250.

Information specialists can answer your questions about Alzheimer’s disease. E-mail them at the following address: adear@alzheimers.org or you can request additional information on their Web site by writing them at: adearweb@alzheimers.org.

Male Caregivers’ Guidebook: Caring for Your Loved One with Alzheimer’s at Home published by the Alzheimer’s Association, Des Moines Chapter in 1992. (515) 241-5917. \$13.00 (including postage and handling.)

The Book—Alzheimer’s Disease by Bob Rogge. Published by Longleaf Press in 1995. \$24.00. Longleaf Press P.O. Box 4224 Chapel Hill, NC 27515-4224.

The American Association of Retired Persons. Free caregivers resource kit available. To order write: AARP 601 E Street NW, Washington, DC 20049. Specify item number D15267.

The National Academy of Elder Law Attorneys. Free brochure on selecting an elder law attorney. Call (602) 881-4005.

Keeping Busy...A Handbook of Activities for Persons with Dementia by James R. Dowling, The Johns Hopkins Press, 1995.

The Loss of Self: A Family Resource for the Care of Alzheimer’s Disease and Related Disorders by Donna Cohen and Carl Eisdorfer. W.W. Norton Co., 1986.

Helping Yourself Help Others by Rosalynn Carter with Susan K. Golant. Times Books, Random House, 1994.

How to Care for Your Aging Parents...and still have a life of your own! by Michael J. Dolan. Mulholland Pacific Press, 1992.

Until There is a Cure: Diagnosing Dementia at the Southwestern Clinic for Alzheimer’s and Related Diseases. Follows a patient through the diagnostic procedures and follow-up involved in diagnosing Alzheimer’s disease. The video explains why each test is done and what it is likely to reveal while addressing family concerns and anxieties. The video is useful for hospitals, physicians, mental health clinics, VA hospitals, Alzheimer’s Association chapters, social service agencies and the community at large. 12 minutes: \$75.00. Note: There is also a Spanish version titled *Hasta Que Hay Cura: La Diagnosi de la Demencia en la Southwestern Clinic for Alzheimer’s and Related Diseases*. Call 1-800-438-4380 to order.

Alzheimer's Disease Newsletter
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KNOW THE FACTS.....

Prevalence and cost of Alzheimer's disease

The cost of care of AD puts a heavy economic burden on society. A recent study estimated that the cost of caring for one person with AD is more than \$47,000 a year—whether the patient lives at home or in a nursing home. For a disease that can range in duration from two to twenty years, the overall cost of AD to families and to society is staggering.

Other factors in our changing society compound the problem of AD. Life expectancy has been increasing since the turn of the last century. During the past three decades, improvements in public health measures, diet and health behavior have brought about dramatic demographic changes, including a lower birthrate. As a result, in most industrialized countries, the 85+ age group is the

fastest growing segment of the population. The challenge of paying for health care for this population has yet to be solved.

Source: *The American Journal of Alzheimer's Disease* January/February 1996

The Alzheimer's Disease newsletter is prepared by the staff of the Texas Department of Health Alzheimer's Program. For more information about Alzheimer's Disease contact:

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