SAFETY NEEDS RISE AS ALZHEIMER'S PROGRESSES

ALZHEIMER'S SAN DIEGO

As Alzheimer's disease progresses, increased supervision, assistance and safety precautions will be needed. It is important to understand how dementia impacts safety at home and during daily activities. The local nonprofit Alzheimer's San Diego offers this advice:

Where to start? Be aware and prepare: People with Alzheimer's disease may not see, smell, touch, hear and/or taste things as they used to. For example, the ability to recognize something as being hot and unsafe to touch is often

impaired. Just because something has not yet occurred does not mean it should not be something to prepare for. Check the safety of your home and whether it is safe to leave the person alone. Being aware can go a long way to prevent injury.

Take action: Changing the environment will be more effective and easier than changing behaviors. You can make changes in an environment to decrease hazards, prevent wandering and increase safety. For example, check rooms for adequate lighting and trip hazards, install grab bars in

the bathroom, put away dangerous liquids and cleaners. Disabling the stove and oven might be warranted. A safe environment can be less restrictive, allowing the person with Alzheimer's to have greater security while also giving them more freedom to move around independently and safely.

Local resource: Jewish Family Service's Fix-It program provides free minor home safety modifications for seniors. The organization has put together a list of safety precautions to make in the home, including those



Assure that lighting is adequate for an Alzheimer's patient to safely navigate.

specifically aimed at people with Alzheimer's. Contact JFS Fix-It at (858) 637-3210 or go to jfssd.org/fixit

Keep in mind: Hard as it might be, you need to look around the house and try to picture what something might look like to a person with Alzheimer's or other

dementia. For example, a dark-colored rug may look like a hole in the floor that can't be walked on.

Get schooled: Alzheimer's San Diego, https:// www.alzsd.org, offers regular classes on Adjusting to Life With Dementia for people with early-stage

memory loss and their caregivers. The session explores strategies for coping with daily challenges, enhancing safety and well-being, and planning for the future.

Union-Tribune staff reporter Michele Parente contributed to this report; michele.parente@ sduniontribune.com

Disabling a stove may become a necessity, and grab bars could prevent falls.

LEAVE

cially your parent. If the decision involves a move for your mom or dad, you could, even from a distance, offer to arrange tours of some places for their consideration. **Consider these factors:**

ing an aging adult into an adult child's home. There are a lot of questions to consider, for example:

Experts advise families to

think carefully before mov-

• Is there space in your home? • Is someone around to

help the older person during the whole day? What are your parents

able to do for themselves? • What personal care are you willing and able to provide—moving your parent from a chair to a bed or toilet, changing adult diapers, or using a feeding tube,

for example? · What kinds of home care services are available in your community?

· What kind of specialized medical care is available

More information about housing options:

· A geriatric care manager can act as a neutral family adviser on the issue of housing.

• Choose Well is San Diego County's free tool to help seniors, families and their caregivers find assisted living providers who have a good track record. Its facility finder is searchable by ZIP code and provides details on more than 600 licensed assisted living settings in the county, with maps to their location. You can also compare facilities side by side and get direct links to the state's inspection database.

 The National Clearinghouse for Long Term Care has a well-organized website that can walk you through the stages of deciding on long-term care. Contact (202) 619-0724; longtermcare.gov

• Find access to resources at the Eldercare Locator Contact: (800) 677-1116; eldercare.acl.gov

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HOSPICE

not exhausted all of your treatment options in search of a cure, hospice may not be for you. Medicare hospice rules currently require forgoing curative treatments.

(In 2017, Medicare launched a five-year pilot program to allow patients to continue curative treatments while under hospice care.)

You have to qualify for hospice, but you can opt out at any time. To qualify for hospice benefits, either through Medicare or private insurance, two physicians must certify that you have a life-altering condition with an expected prognosis of six months or less. This time frame is arbitrary, however; there's no biological or scientific basis for knowing how much time you have left,

If you start hospice and realize it's not for you, you can quit.

Percentage of people who die at home

How can you know when to try hospice? This should be part of ongoing discussions with your health care team — ongoing because goals and needs evolve.

You may live longer. Hospice recipients live longer, on average, than those receiving standard care, research shows. A 2010 study of lung cancer patients found they lived nearly three months longer; another study, looking at the most common terminal diagnoses, found the same, ranging from an average of 20 more days (gallbladder cancer) to 69 days (breast cancer).

You can still see your regular doctor. A basic hospice team consists of a physician and nurse (both on call 24 hours a day); a social worker, counselor or chaplain; and a volunteer. Many hospices also offer added services: psychologists, psychiatrists, home health aides, art or pet therapists, nutritionists, and occupational, speech, massage or physical therapists. But you may also continue to see your regular doctor. And you remain in charge of your medical decisions.

The goal of pain management in hospice is to enable you to live well — not sedate you.

When drugs like morphine are used, it's to treat anxiety and to lessen pain, which has been shown to be under-treated at the end of life. It is not prescribed to hasten death, as many people mistakenly believe.

Hospice can enrich, and sometimes salvage, the last stage of life. Almost a third of those with a terminal illness die in the hospital, hooked up to machines that do little to halt the process of dying. Hospice is designed to support the more personal aspects of this life stage: reflecting on one's legacy and life meaning, focusing on relationships in a deeper and more intentional way, achieving a sense of closure, and realizing any end-of-life goals, such as attending a grandchild's graduation or getting financial affairs in order.

Hospice is for the entire family. It's not always easy to witness the hallucinations of delirium, or understand the body language of someone who can no longer speak, for

example. A hospice nurse can help interpret what's happening, or explain the signs of imminent death. And when families need a break, the sick person can spend up to five days at a time in inpatient respite care, such as in a nursing home or hospice facility.

Hospice continues after death. Many people don't realize that optional follow-up grief support for 12 months is included under Medicare rules.

Ultimately, hospice makes space for "the spirit, the love and the quieting of the mind" that tend to take precedence as the body prepares to shut down, says Nina Angela McKissock, author of "From Sun to Sun: A Hospice Nurse Reflects on the Art of Dying."

Resource: If you're looking looking for a hospice agency in San Diego, ask your doctor for a referral. The U.S. government's website Medicare.gov maintains a data base called Hospice Compare that rates agencies and allows you to stack one up against others.

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