

August 2019



Casual Day – this year is the 25th anniversary of casual day. This year the theme is - **Time to Shine with Persons with Disabilities** and it will be held on **Friday September 6th**. We have our stickers early this year so please let us know if you can help us raise some much needed funds. People can sell R10 tickets to their employees, friends, families and school friends and Alzheimer's SA gets R4 from each sticker sold. Please let us know if you would like to be a part of Casual Day.

Support groups - please contact the support group leader for more info

Cape Town - Newlands	1 st Wednesday @ 10.30	Terry or Nicolette	021 851 6886
De Plattekloof Village	2 nd Wednesday @9.30	Terry or Nicolette	021 851 6886
Durbanville	3 rd Tuesday @ 10.00	Janine de Villiers	082 555 5963
Fish Hoek - Nerina	1 st Friday @ 10.00	Bridget Jenkins	021 782 6106
Kleinmond	3 rd Thursday @10.0	Madeleine Swart	082 434 7377
Langebaan	Phone for appointment	Dieter Nagel	022 772 1718
Milnerton	1 st Tuesday @09.30	Alet Bosman	021 552 2120
Panorama Hospital	3 rd Tuesday @ 18.00	Jill Robson	021 979 2724
Pinelands – Helen Keller	1 st Wednesday @ 18.00	Phone for info	021 531 5311
Plumstead	1 st Wednesday @15.00	Lizann Painter	021 762 3935
Somerset West- Livewell	4 th Wednesday @ 10.30	Terry or Nicolette	021 851 6886
Stellenbosch	3 rd Wednesday @ 14.30	Terry or Nicolette	021 851 6886
Vredehoek – Naz House	Phone for info	Marieka du Toit	021 202 1459

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Partly funded by the
National Lottery Distribution
Trust Fund

PBO 930006472 NPO. No. 001-352

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Info can also be found on our website - www.alzheimers.org.za. Our bank account details are - ABSA Sea Point branch, a/c no. 9257483935, Branch Code: 632005 (please use your name as a reference). Section 18 tax certificates are available on request. Leaving a bequest in your will for Alzheimer's South Africa will ensure that we can continue to render our services to families.

Healthy Diet Might Not Lower Dementia Risk

By Amy Norton *HealthDay Reporter* TUESDAY, March 12, 2019

A long-running study questions the conventional wisdom that a healthy diet may help ward off dementia.

European researchers followed more than 8,200 middle-aged adults for 25 years -- looking at whether diet habits swayed the odds of being diagnosed with dementia. In the end, people who ate their fruits and vegetables were at no lower risk than those who favoured sweets and steaks.

The findings, published March 12 in the *Journal of the American Medical Association*, stand in stark contrast to many past studies. Those studies have linked heart-healthy diets to lower odds of mental decline and abnormalities in the brain that can foretell dementia. Currently, groups like the Alzheimer's Association suggest that people adopt those diets as one potential way to stave off dementia.

Most studies, though, have followed people for only a fairly short time -- less than 10 years, said lead researcher Tasnime Akbaraly, from the French national research institute INSERM.

This study is the first to look at diet quality starting in middle age and the long-term risk of dementia, explained Akbaraly. Her team found that 344 people were diagnosed with Alzheimer's over the quarter-century they were followed. And the rates were similar among the one-third of study participants with the "best" diet quality and the one-third with the "worst."

People in that first group typically had several servings of fruits, vegetables and whole grains every day; at least a couple servings of nuts and legumes each week; regularly had unsaturated fats, like olive oil; and put limits on red meat, sodium and sugary drinks.

No one is advising people to give up on that type of eating, however. "I would certainly not want anyone to come away from this thinking a healthy diet is futile," said Keith Fargo, director of scientific programs and outreach for the Alzheimer's Association.

"This study has to be viewed within the context of the larger scientific literature on diet and cognition -- which does suggest there's a benefit [from healthy eating]," said Fargo, who was not involved in the study.

According to the Alzheimer's Association, the best evidence is for two heart-healthy diets: the traditional Mediterranean diet and the DASH diet -- which is a standard recommendation for lowering high blood pressure.

The diets differ, but both emphasize a familiar refrain: Get plenty of fruits, vegetables, legumes, fibre-rich grains, "good" fats, and fish and poultry -- and limit red meat, sweets and added salt.

Akbaraly also stressed that her findings do not imply "diet doesn't matter."

For one, diet clearly is vital to overall health -- physical and mental. Akbaraly noted that in an earlier study of this same group, middle-aged adults with the healthiest diets had a lower risk of depression over the next two-plus decades.

And, she said, these findings still leave many questions unanswered -- such as whether diet is more powerful when combined with other lifestyle measures, like regular exercise.

In reality, Fargo said, studies like this one -- which ask people about their usual lifestyle habits -- cannot answer the major question: Will changing my diet -- or any other habit -- lower my risk of dementia?

"You can't rely on observational studies like this to tell you what to do," Fargo said, because they do not prove cause and effect. More definitive answers, he said, come from clinical trials -- which randomly assign people to adopt a lifestyle change or not.

The Alzheimer's Association is sponsoring an ongoing trial that is testing the effects of diet changes along with other measures -- including exercise and mental-stimulating activities. It is focusing on older adults at increased risk of mental decline.

9 Ways to Make Hospital Visits Easier for Seniors with Dementia



by the DailyCaring Editorial Team

A trip to the hospital emergency room is especially stressful for seniors with Alzheimer's or dementia.

Hospitals are noisy, confusing environments that are full of strange people, bright lights, and reflective surfaces. Even worse, your older adult isn't feeling well or is in pain and they're getting touched, prodded, and poked.

All of this can lead to agitation, delirium, aggression, worsening of dementia symptoms, and other challenging behaviours.

But there are ways to make the situation less disorienting for your older adult. Reducing their fear and confusion helps them stay calm and cooperate with the doctors and nurses treating them.

1. Bring a copy of important documents

In addition to your older adult's medical aid information, bring all essential legal and medical documents. This can include Power of Attorney, DNR, advance directive / living will, and any other documents necessary for your older adult's situation.

2. Have their basic medical info written down

In the ER, the staff will likely ask for your older adult's:

- Basic information – height, weight, etc.
- Brief medical history – past surgeries, need for hearing aids, significant health conditions, etc.
- Current list of medications – include vitamins and supplements

Having this information written down saves you from trying to recall important information like when they had that surgery, when they were diagnosed with a specific health condition, or how many milligrams of a specific medication they're taking.

3. Be proactive and tell staff that your older adult has dementia and why that's significant

Many people working in hospitals don't understand how dementia can affect behaviour and communication. Typically, there is little to no training for the staff to teach them how to treat someone with dementia. Calmly tell anyone who interacts with your older adult that your older adult has dementia and briefly name the top symptoms they need to be aware of. Make it clear that your requests aren't just "nice to have," but they will help avoid unnecessary (and time-consuming) conflicts brought on by dementia agitation.

For example, you could say, "my mother has dementia and that makes it very difficult for her to communicate. I can keep her from getting too anxious or upset by translating your questions so you can find out what you need to know. Getting worked up can cause her to try to run away or start screaming in fear. Please let me keep her calm and cooperative to make things easier for you."

Or, "my father has dementia and he may become very agitated if you approach him quickly or speak loudly. He will be calm and cooperative if you could please move slowly and speak softly. I appreciate it and it will save everyone a lot of time and headache."

You may also want to ask to dim harsh lighting while waiting or to be moved to a quieter area – all to help keep your older adult calm.

4. Bring another person to help you

You will need to provide information and answer questions, especially when you first arrive. If possible, ask a family member or friend to go with you or meet you in the ER.

They can sit with your older adult to help them feel calm and secure and you can focus on communicating important information to the hospital staff.

5. Advocate for your older adult and provide accurate information

Someone with dementia often can't or won't accurately report symptoms or pain. They also may not remember what happened or why they need to be in the hospital. You'll need to speak on their behalf so they get the correct treatment. Jot down a few notes so you can briefly describe the symptoms and

events that caused the visit. Having notes to look at helps you keep things brief and makes sure you don't forget an important piece of information.

While you're in the hospital, keep taking notes if you notice expressions of pain or changes in their symptoms so you can update doctors and nurses.

6. Stick by your older adult's side

As much as you can, stay close to your older adult. You're the only familiar face in this confusing environment and having you near will be calming. Staying close also means that you can keep an eye on your older adult's symptoms and needs. You'll know right away if they're in pain, need a bedpan, need a drink of water, or if their symptoms change.

That means you can accurately report their needs and your observations to hospital staff.

7. Stay calm and positive to reduce challenging behaviour

People with dementia often pick up on body language. Even though this is a tough and scary situation, do your best to stay calm and focus on the positive. That will help your older adult feel calm and safe, which helps minimize challenging behaviour.

8. Help your older adult understand what's happening

Being in an unfamiliar hospital environment can be disorienting and confusing to someone with dementia. They may ask why you're there or ask to go home. To help reassure them, you could say something simple like "we're in the hospital because you fell down and got hurt." Then, if possible, distract them with a pleasant activity.

9. Ease a long wait with comforting activities

Often, going to the emergency room means waiting for hours if the situation isn't immediately life-threatening. Depending on the specific situation, it may help to bring a simple, calming activity to give your older adult something positive to focus on and help them stay busy while they wait for treatment or tests. This could be a box of tissues to fold or fiddle with, a deck of cards to shuffle and arrange, a photo album to look at, or a fidget quilt. Others may be comforted by a therapeutic doll, stuffed animal, weighted lap blanket, or a sensory toy. Some older adults may enjoy listening to their favourite music or having you read to them.

Lifestyle Choices You Make Throughout Your Life May Determine Your Risk of Developing Dementia

BY DR. MARIE PASINSKI

Carol could not understand why her identical twin sister had suffered from Alzheimer's for 10 years while she herself showed no signs of the disease. "After all," she reasoned, "we have identical genes." Like many of my patients, Carol thought that genes alone determined her risk of Alzheimer's. In fact, genes only tell part of the story. While Carol and her sister share identical genes, they have not lived identical lives. The lifestyle choices an individual makes play a pivotal role in determining their risk of developing dementia. For Carol, that has made all the difference.

A variety of lifestyle factors are strongly linked to the development of Alzheimer's disease, many of which are potentially modifiable or reversible. Advances in the new field of epigenetics have allowed us to understand that lifestyle factors mediate their effects by altering gene expression. Healthy lifestyle factors promote beneficial gene activity, while unhealthy lifestyle factors have the opposite effect. In other words, although you cannot change your genes, you can alter their activity for better or worse depending on your lifestyle choices.

This is especially important for women. Alzheimer's is not only more common in women, many of these modifiable dementia risk factors are more prevalent in women compared to men. For example, women have higher rates of obesity and are less physically active. In addition, women have more mental health disorders, higher rates of insomnia, lower levels of educational attainment, and less mentally challenging occupations. All of these risk factors may be exacerbated by women's lower socioeconomic status which is itself, a risk factor.

Globally, low education contributes to the largest proportion of Alzheimer's Disease cases. According to a study by Ngandu in the journal *Neurology*, high school education lowers the risk of dementia by a

whopping 80% when compared to less than five years of formal education. Women are at a significant disadvantage due to dramatically lower levels of educational attainment and lower socioeconomic status. In many developing countries, girls are denied an education or have limited opportunities to attend school. Similarly, women are less likely to have mentally challenging occupations compared to men. In addition, women often sacrifice educational goals and cognitively challenging careers to raise children and care for ailing family members.

Promoting educational equality, addressing gender disparities, and raising brain health awareness is key to advancing women's brain health. Additionally, women need to know their personal risk factors for Alzheimer's. A thorough medical check-up focused on brain health is the best way to get started. From hypertension and depression to sleep disorders and chronic stress, there are many treatable conditions that negatively impact the brain and increase the risk of cognitive decline. In addition, a health professional can provide the latest guidelines and recommendations to maximize brain health. Empowering women begins with empowering the female brain.

I still want to help my daughters By Kate Corr

Wendy Mitchell was diagnosed with young-onset Alzheimer's disease aged 58. Here Wendy, who's written a bestselling memoir *Somebody I used to Know*, talks about being a mother



When I got that devastating diagnosis of young-onset dementia in July 2014, it wasn't just my life that changed. My daughters were affected too. A diagnosis never comes to just one person; those closest to them also receive it. That's why I believe that those around you need education, help and support to cope. But as we found out, there wasn't support in place and we had to venture into this alien world by ourselves. Over the past five years we've learned so much – most of which has been of our own doing.

The biggest thing we learned, and very early on, is the importance of talking. This has to work both ways. Yes, my daughters want to know what I'm struggling with in order to help me, but I also want to know what they're worrying about so I can help them. After all, I'm still a mum.

We'd obviously talked before, but dementia put us onto a new level. We began talking about our fears and the future – deeper thoughts that had never entered the conversation before. Of course they were difficult to talk about, but if we hadn't done so, we would have been floundering alone rather than figuring things out together.

Soon after my diagnosis, we sat down together and wrote my lasting power of attorney. I'm so glad we did, as it turned out that my daughters thought I wanted completely different things. Imagine the distress I would have caused if we hadn't talked – distress that I wouldn't have been able to put right? I didn't want them to be in a position in the future where they would have to make difficult emotional decisions, at a time when life might already be stressful.

If we hadn't talked, I wouldn't have known that Sarah was worried about me travelling alone. Once I did, we were able to look for a solution. That solution was a simple app on our phones that is able to track my whereabouts. That immediately made my daughters more relaxed, and if they're relaxed, I'm happy. 'There's always a way,' has become my mantra. Getting through life is all about adapting to the challenges thrown at you. If it's a game, then dementia is a very skilled player – but then so are we. We constantly try to stay one step ahead, outmanoeuvring and outwitting the cruel tricks dementia plays. One of my greatest fears is relinquishing my independence. As time passes, I may need more support from my daughters, but I don't want dementia to impact greatly on their lives. They know I don't want to go into residential care or for them to look after me. I've been on my own for most of my life so I imagine that to suddenly be surrounded by other people and noises would be quite disturbing. However, I also am aware that this option might come to be for their benefit, so I am happy for them to make whatever decision they feel they have to make in the future.

The other valuable lesson we've learned is the importance of time. Whereas once we may all have wished for the weekend, wished for next year, wished our lives away, we now take delight in enjoying time with each other in the moment. And if today is a bad day for us, we take consolation in thinking that tomorrow may be better.

After all, we're now 'Team Mitchell'. We're all on this journey together.

Why Do Seniors Have Trouble Swallowing?



Swallowing problems are more common in seniors.

Some older adults have trouble swallowing food or liquids. This serious condition is called dysphagia and could cause malnutrition, dehydration, or aspiration pneumonia.

It can also make mealtime a scary experience for both you and your senior.

What is dysphagia?

Dysphagia means difficulty swallowing and is pronounced *dis-fay-gee-ah*.

It can happen at any age, but is more common in older adults, especially those with acid reflux. It's estimated that 15% of seniors and up to 68% of nursing home residents are affected by dysphagia.

Dysphagia is important to know about because it can cause many serious health problems for seniors, including:

- Poor nutrition
- Dehydration
- Loss of appetite
- Weight loss
- Not taking medication properly
- Aspiration pneumonia – a lung infection caused by food or liquid particles in the lungs and leading cause of hospitalization and death in nursing home residents

Signs that your senior could have dysphagia

Having trouble swallowing once in a while, usually because of eating too fast or not chewing well, isn't the same as showing signs of dysphagia. But if swallowing difficulty is happening frequently, it's important to talk with a doctor.

These signs might indicate someone has dysphagia:

- Coughing while eating or drinking
- Choking on food, liquids, or medication
- A gurgly sounding voice, especially after eating or drinking
- Difficulty swallowing food or drinks
- Drooling

If you aren't able to eat meals with your older adult, here are some questions you can ask to find out if they're having a swallowing problem:

- Do you often cough or choke after eating or drinking?
- Does it sometimes feel like food is going down the "wrong way"?
- Do you often feel like food is stuck in your throat?
- How long does it take you to eat a meal?
- Is eating sometimes less enjoyable than it previously was?
- Have you lost weight recently (without trying)?

What causes dysphagia?

Any problem in the swallowing process can cause trouble. There are many potential causes for dysphagia, which is why it's so important to get checked out by a doctor.

Some common causes:

- Teeth in bad condition or poorly fitting dentures
- Normal aging (weakening of mouth/throat muscles)
- Acid reflux (GERD)
- Stroke
- Cognitive disorders like Alzheimer's or dementia
- Cancer of the mouth, throat, or oesophagus
- Certain medications

Difficulty swallowing is a serious problem for seniors. For caregivers, it's scary to watch someone who's having trouble swallowing and not be able to help. If you're seeing frequent signs of dysphagia, the best thing to do is to have your senior visit their doctor ASAP.

The Positive Effect of Therapy Dolls for Dementia

by dailycaring.com



Baby dolls for Alzheimer's patients are therapeutic

A helpful, non-drug way to calm and soothe agitated seniors with Alzheimer's or dementia is to give them a soft, lifelike baby doll to cuddle.

These therapy dolls can even be effective in calming older adults with severe agitation or other significant behavioural challenges.

We explain why therapy dolls can work, share tips for introducing a doll to your older adult, address the potential

controversy around the idea, and suggest inexpensive dolls that older adults may enjoy.

Why therapy dolls for dementia work

Therapy dolls can help seniors feel useful and needed and give them something positive to focus on. Similar to the effect of soft toys like stuffed animals, hugging something soft helps someone with dementia feel comforted and soothed. Another reason therapy dolls are helpful is that they can bring back happy memories of early parenthood for both women and men. Many older adults enjoy rocking and cuddling their doll. Some even adopt the baby as their own and make caring for it part of their daily routine. Having a child to care for can also ease feelings of isolation and sadness. After all, when interacting with real babies, many people find their spirits lifted and their nerves calmed.

How to introduce doll therapy -

The best approach is to casually introduce the doll to your older adult and let them decide if they like it or not. If they have no interest in the doll or get upset, don't make an issue out of it. Even if someone isn't interested in the moment, they may change their minds in the future so you could try again in a few weeks or months.

A few tips:

- Don't act like the doll is a doll, refer to it as a baby and treat it like a real child.
- Get a lifelike doll, but one that doesn't cry – that could be upsetting.
- Don't force it, allow your senior to get to know the doll slowly.

Some caregivers find dolls controversial

We've heard from many caregivers that their older adults are calmer and happier now that they have their own baby doll. They're relieved to have found a non-drug solution that eases their senior's dementia symptoms.

But others are concerned that giving their older adult a doll would be demeaning or patronizing. But when someone has dementia, helping them feel safe and happy in their current reality is the top priority.

That's why it can be necessary to be open to unconventional approaches like baby dolls, fidget blankets, and other simple activities and toys. If they get upset or offended by the doll, you'll know to cross that off the list of potential calming activities.

Of course, you know your older adult best. If you think a therapy doll might help them feel better and enjoy life more, why not give it a try? It's an inexpensive "treatment" with no side effects. If it isn't likely to suit their personality or preferences, move on to other ideas.

Blood Test May Spot Signs of Early Alzheimer's



By Robert Preidt - *HealthDay Reporter* Augs 1st 2019

A simple blood test helped pinpoint the early signs of Alzheimer's in a new study.

Up to two decades before people develop Alzheimer's symptoms such as memory loss and confusion, harmful clumps of amyloid beta protein begin to accumulate in their brain, researchers explained.

But it's possible to measure levels of amyloid beta in the blood and use that information to determine whether the protein has accumulated in the brain, they added.

Combining blood amyloid levels with two other major Alzheimer's risk factors -- age and the genetic variant APOE4 -- can identify people who have early Alzheimer's brain changes with 94% accuracy, according to the scientists from Washington University School of Medicine in St. Louis. The study included 150 adults over age 50 who had no thinking or memory problems.

The blood test may be even more sensitive than the current gold standard -- a PET brain scan -- at detecting early amyloid accumulation in the brain, according to the authors.

The findings advance efforts to have a blood test to identify people who will develop Alzheimer's before they have symptoms, and such a test could be available in doctors' offices within a few years, the researchers said.

They added that the benefits of the blood test would be even greater once there are treatments to stop the progress of Alzheimer's disease.

The researchers also noted that one difficulty in clinical trials of Alzheimer's drugs is identifying patients who have Alzheimer's brain changes but no symptoms. The blood test could provide an efficient way to find people with early signs of the disease to participate in drug clinical trials.

"Right now, we screen people for clinical trials with brain scans, which is time-consuming and expensive, and enrolling participants takes years," explained study senior author Dr Randall Bateman, a professor of neurology.

"But with a blood test, we could potentially screen thousands of people a month," he said in a Washington University news release. "That means we can more efficiently enrol participants in clinical trials, which will help us find treatments faster, and could have an enormous impact on the cost of the disease as well as the human suffering that goes with it."

Maria Carrillo, chief science officer the Alzheimer's Association, said such a test would be welcomed.

"There is a great need for simple, reliable, inexpensive, non-invasive and easily available tools to support early detection and accurate diagnosis of Alzheimer's," she said.

"That said, while the results are encouraging, none of these tests is ready for use in doctors' offices. They need to be verified in larger and more diverse populations," Carrillo added.

"In fact, rather than in doctors' offices, the first uses for these new techniques/technologies may be in clinical trials to identify possible participants who are most likely to benefit from the tested intervention," she said.