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## **Finding out if it's dementia The importance of diagnosis**



While a diagnosis of dementia can be devastating, it can also bring relief. Dementia diagnosed early helps both the person and family members to learn about the disease, set realistic expectations and plan for their future together. There are many benefits to an early diagnosis. Here are our top 10:

### **It may not be dementia**

Conditions like depression, thyroid disease, infections or side effects of medications can sometimes mimic dementia symptoms and behaviours. Early diagnosis helps rule these out and start the appropriate treatment quickly.

### **It may be reversible**

Some causes of dementia are reversible. For example, head injuries from a fall or car accident can lead to cognitive decline. Depending on the injury and the person, rehabilitation can help restore brain function. Excessive alcohol consumption can also cause brain damage due to vitamin deficiency or liver disease. This kind of dementia can be reversed early by abstaining from alcohol and improving diet and nutrition.

### **Treatments work best earlier**

Although dementia is still incurable, medications, while effective for some but not for everyone, can help manage symptoms and behaviours when started early.

### **It's empowering**

An early diagnosis allows the person with dementia to participate in legal, financial and long-term care planning while they still can, and make any wishes known to family members.



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## ***The importance of diagnosis continued...***

### **Diagnosis is more accurate early in the disease process**

It's easier to diagnose dementia when a complete history can be taken while the person is still able to answer questions and express concerns, and when family members can still recall initial symptoms. An accurate diagnosis becomes more difficult as the brain becomes more affected.

### **Focusing on what matters to you**

An early diagnosis provides individuals and families a renewed sense of purpose in life, focussing on what matters most: travelling, recording family history, completing projects or reconnecting with friends and families.

### **Making the best choices**

An early diagnosis allows the person with dementia to make informed decisions about the future, such as making personal, legal or financial commitments that will be hard to maintain as the disease progresses.

### **Taking advantage of resources**

Individuals diagnosed earlier benefit sooner from many programs and services through their local Alzheimer Society that help them adapt and live well with the disease. Education support groups, exercise programs, art and music therapy and other activities help them to stay active and learn from others in similar situations.

### **Reducing stigma**

Early diagnosis helps people with dementia and their families understand that the symptoms and behaviours being experienced are part of the disease, and people with dementia are not always in control of their thoughts and actions. This understanding reduces stigma and preserves the person's sense of well-being, confidence and self-esteem.

### **Advocate or participate in research**

People diagnosed early may want to help their local Alzheimer Society advocate for more research and improved care or raise awareness. Others may want to participate in research studies.

It's never too late. If you're worried about possible dementia in yourself or someone you know, discuss your concerns with your doctor.

## **Making the diagnosis**



There is currently no single test that can tell if a person has Alzheimer's disease. The diagnosis is made through a systematic assessment which eliminates other possible causes. Until the time when there is a conclusive test, doctors may continue to use the words "probable Alzheimer's disease".

Making a diagnosis of dementia can take time. A thorough systematic assessment will be carried out in order to eliminate other possible

causes. The time it takes to make a diagnosis can vary. If scans and other investigations are required, it could be four to twelve weeks, depending on waiting lists. If the person is in the early stages of dementia, a six to twelve month period of monitoring may be required before a diagnosis can be made.

The diagnosis can be made in a family doctor's office or a memory clinic. After considering the symptoms, carrying out a physical examination, ordering screening tests such as blood and urine tests as well as asking questions designed to test thinking and memory, the health care professional may offer a preliminary diagnosis or refer the person to a specialist to help make the diagnosis.

## Preparing for your doctor's visit

*Do you or someone you care about have problems with any of the following?*

1. Attention
  - Being easily distracted
  - Losing a train of thought in conversation
2. Memory
  - Asking the same question over again
  - Misplacing things
  - Leaving the stove on, tap running, etc.
  - Forgetting appointments regularly
3. Language
  - Finding words like people's names
  - Substituting incorrect words
  - Following a group conversation
  - Understanding simple instructions
4. Vision and space
  - Getting lost in unfamiliar places
  - Recognizing faces
  - Finding your way when driving
5. Judgment
  - Planning and organizing daily activities
  - Knowing what to do in case of emergency
  - Driving, managing finances, etc.
6. Coordination
  - Putting movements in sequence
  - Using utensils to eat
7. Mood
  - Being down most of the time
  - Losing interest in doing things
8. Personality and behaviour
  - Seeing or hearing things that others do not
  - Being suspicious of others
  - Being verbally or physically agitated
  - Changes in your personality
  - Being socially inappropriate
  - Unusual food cravings
9. Daily function
  - Completing familiar tasks
  - Planning and organizing daily activities

## Care for the caregiver

### Taking time for yourself

**CRAIG SMITH**

MSW, Registered Social Worker

**Wednesday, January 22<sup>nd</sup>, 2014**

**6:00pm to 7:30pm**

**Location:** Riverdale Terrace  
1200 Second Street West

**\*\*REGISTRATION REQUIRED\*\***

Contact 613-932-4914 ext.202  
alzheimeredcoord@one-mail.on.ca  
Joëlle Perras

**[www.alzheimer.ca/cornwall](http://www.alzheimer.ca/cornwall)**



## Preparing for in-home help and support

### How to prepare your relative

Meeting the needs of the person you are caring for can be difficult. At times, as a family caregiver, it may be necessary to bring in others to help “share the care”. It is common for people with dementia to find new environments and new people unsettling. Because of this, it is important to plan ahead for a positive experience. Many families and caregivers have found it useful to:

- Start using regular in-home help and support as early as possible so that everyone can get used to sharing dementia care.
- Start with small breaks and build up to longer ones.
- Base your timeline for telling the person with dementia about in-home help and support on their mood and behaviour. Choose a time when things are calm.
- Reassure them if they are anxious and make sure they know that you are positive about the break even if you’re feeling a little anxious yourself.
- Talk with other families and caregivers about ways they’ve managed to make this a positive experience. It may give you some practical ideas for managing. Consider joining peer support.

### When you meet resistance

Trying to understand why your relative might be resisting help can be an important first step. This could be because persons with dementia often “fear” new situations and will become upset and respond that “they do not need help”. Also, it is often difficult for people to accept help because it means having to acknowledge an illness and the physical and cognitive changes that accompany it, particularly if personal care is needed. These problems are not unusual and should not stop you from obtaining in-home help.

### What to try:

- **Advance introduction.** Introduce the care provider to the person with dementia before care begins so the care provider is not a stranger.
- **Begin with small breaks.** Consider having the care provider come the first few times while a family member (or someone the person trusts) will be at home. Leave for a short time and return. The next time, leave for a bit longer. Repeat this until the person with dementia begins to feel comfortable alone with the care provider
- **Put the focus on you.** Sometimes people are more willing to accept in-home help if it is presented as being for the family member. For instance, someone to help clean the house.
- **Use “I” language.** Frame the situation so it’s about you rather than the person with dementia. An example would be saying, “I know you are very independent and don’t feel you need extra care at home, but I worry a lot about you and this would help me not to worry so much when I’m not able to be here”.

### Regular contact and reassurance

Sympathize and understand the fear and vulnerability associated with the transition. Take time to listen and realize the first time may not work. It could take a few months before the person with dementia feels more comfortable with the situation.

### Working with the care provider and the agency

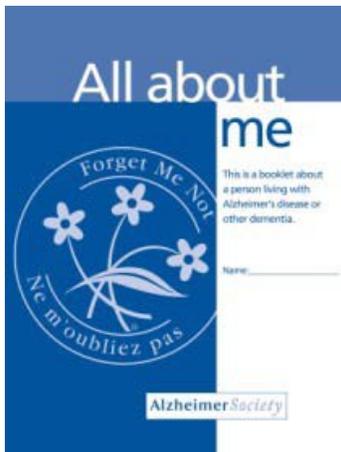
When planning to use in-home help and support, find out what type of help is available and what will work best for you and the person with dementia.

**“Do not surrender your freedom. Get help.” -David Turley, Caregiver**

**“Now that I have support at home, I can attend meetings and run errands” -Anonymous**

It can be helpful to think about in-home help and support as a partnership between yourself and the care provider, working together to make a positive experience. To make this a positive experience:

- **Communicate** your needs and the needs of the person with dementia clearly and openly. A strategy might be to fill in a “*All about me*” book which is a communication tool used between caregiver and worker.
- **Give important information** to the respite worker or facility. Knowing the individual likes and dislikes of the person will help staff care more easily, and will help minimize any changes. Share historical information about their life. Some people find that sending a life story photo album or board works well as an aid to conversation.
- **Explain** what is important to you and the person with dementia about the care they receive. For example, perhaps there is a special soap that is preferred for bathing.



Information provided courtesy of the Alzheimer Society of Ottawa & Renfrew County

## Services to try...

### CCAC

For in-home support, contact the Community Care Access Centre (CCAC) at 310-2222. You do not need a referral from your doctor. Anyone can make a referral to CCAC. Once you make the call,

you will be linked with a Care Coordinator. Care Coordinators are health professionals who work hand in hand with people and their families to determine what care they need, and work with them to develop an individualized plan for care.

### What to do when a person with dementia is living alone

- **Use your visits wisely.** Meet with the care provider agency staff to discuss help and support needs. Make any appointments you need with professionals including doctors. Try to be in the room for the first doctor's visit to establish rapport and connections. Spend time talking and listening to your relative before and after visits.
- **Turn to others for help.** Establish a support system for your relative and yourself that could include friends, neighbours, church group, community group, and use of available community resources.

### Some final considerations

- You may get some practical ideas by talking with other people in a similar situation about ways they've managed to make in-home help and support a positive experience.

### Carefor

The Carefor Respite Program is a home care support service which allows family and friends to schedule temporary relief from their role as caregiver. This permits a period of respite for caregivers. The LHIN (Local Health Integrated Network) has provided more funding for the Community Support Services. As of January 1, 2014, all respite clients will be allowed up to 15 hours/week at \$9.00/hour. For more than 15 hours per week, the rate will increase to \$21.00/hour for the remaining hours.

### Day Programs

Rather than staying home, Day Programs offer an opportunity for persons with dementia to socialize with others. An Adult Day Program provides the person with dementia with a day of activation, while the caregiver gets a day of respite. Many programs are available across the 5 Counties. Contact us or the CCAC to learn more.

## Pottery Sale



Sherry Davis and Ann Marlin

Many thanks to Ann Marlin who organized the **28<sup>th</sup> Annual Country Harvest Pottery Art Show & Sale** during Thanksgiving

Weekend. The silent auction raised \$1600 in benefit of local services from the Alzheimer Society of Cornwall & District.

## Masonic Lodge

The Alzheimer Society of Cornwall and District was the chosen charity of the Masonic Lodge of Eastern Ontario District. A cheque for \$7,085 was presented to Campaign and Volunteer Coordinator, Sherry Davis, by Past District Deputy Grand Master Scott Prowser on October 23rd, 2013.

Thank you to everyone who contributed and participated in events organized by the Masonic Lodge.



## Book Launch

In October, Karen Tyrell, author of *Cracking the Dementia Code*, held a book launch at the Ramada Inn. Karen sold 107 books, donating \$1 of every book sold to the Alzheimer Society of Cornwall & District. We wish to thank Karen for her generosity, as well as for this great resource that we can share with families. The book can be ordered online or borrowed from our library.



## Curling Bonspiel

In November, we had a successful Silver and Gold Curling Bonspiel. It was a fun day with 12 teams, a silent auction, 50/50 draw and a hearty lunch from Riley's Bakery. We raised

a total of \$4,257 which included matched funds from Scotiabank Morrisburg. Thank you Mahlon Locke for organizing the teams. Thank you to sponsors: Canadian Tire, Riley's, Valu Mart, Lakeshore Massage Therapy Health and Wellness Clinic, Stokefire, McIntosh Country Inn, Iroquois Golf, Parks of the St. Lawrence, Rideau Shopping Centre, National Arts Centre, Investors Group, Royal Canadian Legion, Kraft and Echo Trends. A big thank you to Martin Schneckenburger who was the top fundraiser with \$300.

## Coffee Break

Our Coffee Break campaign is still going! To date, we have raised \$11,000. Thank you to the many hosts who take part in this annual event. There is still time to host a Coffee Break. This is a great time of year since many will want a nice hot cup of coffee, tea or even hot chocolate on a cold winter day. All Coffee Break donations help support our local services.

**Thank you for  
helping us provide**

**Help for Today  
Hope for Tomorrow...**

Registration now open!

2014  
**WALK  
FOR  
MEMORIES**

[www.walkformemories.ca](http://www.walkformemories.ca)



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### Alexandria

### Platinum & Gold Sponsors

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*Sunday January 26, 2014*  
1:00pm-3:00pm  
Entertainment: Fridge Full of Empties  
Tim Hortons Dome



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### Cornwall

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*Sunday January 19, 2014*  
1:00pm-3:00pm  
Entertainment: Bob & Ducky  
Cornwall Civic Complex, Salon B & C



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### Rockland

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*Saturday January 25, 2014*  
9:00am-11:00am  
Canadian International Hockey Academy



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### Zumbathon

On January 25th, 2014, we will Zumba our way to a healthy mind with Sarah Miller. Work off those holiday calories with a two hour Zumbathon from 5:00pm-7:00pm at the Char Lan recreation centre in Williamstown. Get your pledge form today by calling 613-932-4914.

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### “Welcome to Spring Bonspiel”

If you love to curl and missed the Bonspiel in Morrisburg, you have another opportunity. On Saturday, March 29th, 2014, join us for our Bonspiel in Vankleek Hill. The cost is \$25 per person, lunch included and a gift for the top fundraiser!



## Taking care of caregivers

Telehealth Ontario offers family caregivers support, advice and referral.

# 1-866-797-0000

The Alzheimer Society of Ontario and the Ontario Dementia Network are working with Telehealth Ontario to help family caregivers prevent crises when regular services are closed. Funded by the Ministry of Health and Long Term Care, Telehealth Ontario resources have been reviewed and strengthened specifically to support family caregivers of persons with dementia. These services will help to provide better care to people with dementia being cared for in their home by caregivers. Telehealth Ontario will connect people from across the province with specifically trained nurses to offer dementia support, advice and referrals 24-hours a day, seven days a week.

“Family caregivers deliver the vast majority of care for the 200,000 persons with dementia in Ontario in their own homes”, says Kathy Wright, CEO of the Alzheimer Society of Ottawa and Renfrew County and a Co-Chair of the Ontario Dementia Network. “With agitation, confusion and wandering often occurring in the early evening, Telehealth Ontario’s after-hours support is a vital tool for caregiver managing stressful situations when organizations like Alzheimer Societies are closed”.

“Individuals with dementia are twice as likely to visit emergency rooms and if admitted are much more likely to be stuck in hospital, blocking beds while awaiting long term care”, explains Dr. William B. Dalziel, Professor of Geriatric Medicine at the University of Ottawa and Co-Chair of the Ontario Dementia Network. “Telehealth Ontario adds to the resources so needed for individuals with dementia and their caregivers. Research shows that caregivers with education, counseling and the availability of Telehealth Ontario services could keep their loved ones with dementia at home 1.5 years longer”.

“We’re strengthening Telehealth Ontario services in order to provide more support to those caring for loved ones with dementia “, says Deb Matthews, Minister of Long Term Care. “By supporting family caregivers at home when they need additional help, we are helping to provide the right care, at the right time and in the right place”.