MIDDLE STAGE

This document is one in a five-part series on the stages of Alzheimer’s disease and is written for the person with Alzheimer’s disease and caregivers. The middle stage of Alzheimer’s disease is featured in this sheet. For information on the other stages, please see the following sheets in the series available at alzheimer.ca/stages: The Progression of Alzheimer’s Disease – Early Stage; Late Stage; and End of Life. For a general overview of the disease, its stages and the approach to care, please see The Progression of Alzheimer’s Disease – Overview sheet.

What is Alzheimer’s disease?

Alzheimer’s disease is a disease of the brain where abnormal proteins collect in brain cells. Alzheimer’s disease causes symptoms of dementia such as memory loss, difficulty performing daily activities and changes in judgment, reasoning, behaviour and emotions. These dementia symptoms are irreversible, which means that any loss of abilities cannot come back.

Alzheimer’s disease is a common form of dementia; however, there are many others. Other irreversible dementias include vascular dementia, Lewy body dementia, frontotemporal dementia, Creutzfeldt-Jakob disease, Parkinson’s disease and Huntington disease.

These conditions can have similar and overlapping symptoms, and many of them can only be diagnosed with certainty by autopsy of the brain.

There is currently no cure for Alzheimer’s disease. However, there are treatment options and lifestyle choices that may help manage symptoms. Researchers continue to look for ways to prevent or stop Alzheimer’s disease and bring back lost abilities and memory.
The middle stage – what to expect

Typically, for the person in the middle stage (also referred to as “moderate Alzheimer’s disease”) there is an increasing loss in cognitive and functional ability although many people will still have some awareness of their condition. For caregivers, it is the point where their involvement increases substantially and may include moving the person to a long-term care home. This may also be the time to involve community support services, such as adult day programs and respite care. With the increasing challenges faced by persons with Alzheimer’s disease and their caregivers, this stage often seems the longest and everyone involved will need help and support.

Even though the middle stage brings with it increasing challenges for the person living with Alzheimer’s disease, there are strategies that the person can use to help make life easier. See the strategies and suggestions section in the Early Stage sheet. The suggestions below are primarily directed at those who support the person.

<table>
<thead>
<tr>
<th>Common Symptoms</th>
<th>Helpful Strategies</th>
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<tbody>
<tr>
<td>Cognitive abilities:</td>
<td>- Use reminders and cues including notes, pictures, signs or seasonal objects</td>
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<td>• Memory problems become more pronounced, for example, the person:</td>
<td>- Offer information if the person is struggling, for example, “Hi mom, it’s me, Bill, and I’ve brought your granddaughter, Ann, to visit you.”</td>
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<td>- Remembers own name but not address or phone number</td>
<td>- Gain the person’s attention and maintain eye contact while talking; turn off music or the television to limit distractions</td>
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<td>- Forgets recent events and own history such as family vacations</td>
<td>- Speak slowly and clearly; use simple language and repeat the message if necessary</td>
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<td>- Has difficulty identifying family and friends, but still recognizes familiar faces</td>
<td>- Stick to concrete vs. abstract ideas (“It’s a nice sunny day!” rather than “What do you think about the weather today?”)</td>
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<td>- Loses or misplaces possessions and takes things belonging to others</td>
<td>- Use physical gestures to reinforce your messages</td>
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<td>• Declining ability to concentrate</td>
<td>- Remember that the person is not intentionally being difficult</td>
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<td>- Confusion; difficulty organizing thoughts or following logic</td>
<td>- Limit number of choices to one or two. For example, “Would you like tea?” or “Would you like carrots or peas?”</td>
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<td>- Disorientation to time and place</td>
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<td>- Problems understanding and expressing spoken and written language</td>
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<td><strong>Moods and emotions:</strong></td>
<td><strong>Behaviour changes:</strong></td>
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| - Mood shifts may include anxiety, suspiciousness, sadness, depression, frustration, anger, hostility, apathy and agitation | - Try to identify, acknowledge, and address underlying emotions being expressed, which may be missed if the focus remains solely on the person’s words  
- Use strategies and maintain activities that support the individual's independence and that focus on what they can still do  
- Encourage a healthy lifestyle including physical activity, healthy eating, and familiar and meaningful activities  
- Avoid disagreeing, arguing or trying to convince the individual that what they believe is untrue or inaccurate  
- Reassure and comfort the person  
- Try reminiscing as a helpful strategy using photo albums or videos  
- Play the person’s favourite music |
| - Sense of loss or insecurity | - Remember that all behaviour is a form of communication; try to determine what the person is trying to express, e.g. fear, discomfort, frustration  
- Watch for behaviour changes that may result from physical illness such as a urinary tract infection or the flu  
- Consider whether the behaviour is mostly annoying or actually dangerous or causing anxiety  
- Identify and avoid situations that trigger upsetting reactions (Is the behaviour caused by noise, too many people, too many expectations? Is the person hungry or in pain?)  
- Offer the person two choices, with a yes or no answer possible  
- Try gentle persuasion  
- Remain calm, reassure and distract to a more pleasant topic or location; during a family gathering, find time and a quiet space for one-on-one visits with various family members  
- Consider using a locating device or GPS. For information, visit: alzheimer.ca/locatingdevices. |
Physical abilities:
- Assistance required for activities of daily living including dressing, eating, bathing, using the toilet
- Changes in sleep/wake patterns
- Changes in appetite
- Spatial problems that can affect movement and co-ordination

Know the person’s preferred tastes and past routines
- Keep things simple: clothes that are easy to put on, simple hairstyles, etc.
- Adjust scheduled activities to times best suited to the person
- Adapt activities to accommodate lost abilities and make the most of remaining ones
- Identify and adapt any potential hazards in the home, for example, rugs that could be tripped on; grab bars in the tub or shower can help
- Consult an occupational therapist for advice on routines, activities and adapting the home to make it as safe and accommodating as possible
- Seek home care support

Pay attention to other issues of daily health (e.g. regular medications, dental needs, foot care, etc.). Although the middle stage requires some additional and different strategies than for the earlier stage, some of the same strategies will still apply. See “Suggestions for caregivers” in the Early Stage sheet.

More suggestions for caregivers – take care of yourself and plan for the future
Despite your best efforts, providing care will become more difficult as the person you are caring for becomes more dependent on you. This is a time when many caregivers need increased support for themselves. The following tips are to help caregivers take care of themselves and plan for the future.

- Avoid isolation and loneliness by maintaining social activities and contacts as much as possible.
- Bring in help or arrange for regular respite (including adult day programs, professional home-care services, other family members or friends, volunteer caregivers) so you can continue to take part in some of your usual activities.
- Take care of your own health.
- Learn about Alzheimer’s disease.
- Join a caregiver support group to connect with others living with the day-to-day issues of Alzheimer’s disease and facing practical challenges, grief and loss.
- Watch for signs of stress and how it can affect your health and ability to provide care.
- Be aware that you may already be grieving gradual losses.
- Seek professional help if feelings of depression or anxiety are overwhelming.
- Be flexible about routines and expectations.
- Try to be positive and use humour as a part of care strategies.

**Planning for the future**

Refer to and follow any documents that the person you care for has established to address their financial, legal and care wishes. If plans are not already in place, start the process as soon as possible.

- Review and assist in managing financial, legal and care matters. Establish who will be responsible for these functions. Follow the person’s wishes, if you know them. Otherwise, decisions will need to be based on the person’s lifelong values and desires, and what you think the person would want.
- Learn about the services that will be available as both your needs change (home care, respite care, community programs like Meals on Wheels and long-term care homes).
- Learn what to look for in a care provider or a long-term care home.
- Plan for your own future. There are many changes throughout the process that may affect how you will live your own life in the coming years.
- Your local Alzheimer Society (alzheimer.ca/find) can advise you on the above issues and the kinds of professionals who can help to address them.

**What’s next?**

Because Alzheimer’s disease is progressive, you will continue to need more information and support. The next sheet in this series is *The Progression of Alzheimer’s Disease – Late Stage*. Learning how Alzheimer’s disease progresses and the changes that it will bring can help you to make plans for the future.

**Help and support from the Alzheimer Society**

Living with Alzheimer’s disease at any stage can be very challenging. Whether you are the person with Alzheimer’s disease or a caregiver, it is normal to feel a variety of emotions including grief and loss throughout all stages. It is important to acknowledge your feelings, care for yourself and seek the practical help and emotional support that you need.

The Alzheimer Society in your community can provide educational resources to help you learn more about Alzheimer’s disease, referrals to help you access practical support, and one-on-one and group support to help cope with the emotional impact. Contact your local Alzheimer Society or visit alzheimer.ca.
Additional resources

Alzheimer Society of Canada. All about me. alzheimer.ca/allaboutme

Alzheimer Society of Canada. Communicating with people living with dementia. alzheimer.ca/communication

Alzheimer Society of Canada. Guidelines for care. alzheimer.ca/guidelinesforcare

Alzheimer Society of Canada. Long-term care series. alzheimer.ca/longtermcare

Alzheimer Society of Canada. Locating devices. alzheimer.ca/locatingdevices

Alzheimer Society of Canada. Personal care. alzheimer.ca/personalcare

Alzheimer Society of Canada. Shared experiences. alzheimer.ca/sharedexperiences

Alzheimer Society of Canada. The stages of Alzheimer’s disease. alzheimer.ca/stages

The Alzheimer Society of Canada offers a wide variety of free information sheets and brochures. To learn more, please visit our website at alzheimer.ca/library

Note: This information sheet provides guidance but is not intended to replace the advice of a healthcare professional. Consult your healthcare provider about changes in the person’s condition, or if you have questions or concerns.