

15 Simple Things
You Can Do
To Know
You Are Trying Your Best
For Parents with Dementia or Memory Loss



Contents

1) Try Your Best	3
2) Lift Their Feelings Each Day	6
3) Enjoy Reminiscence Therapy	7
4) Communicate More.....	8
5) Add Bright Lights	9
6) Prepare Midnight Munchies	10
7) Ask Medication Questions	11
8) Care for Yourself = Care for Them	12
9) Feel Guilty Less.....	13
10) Set Up the Holidays	15
11) Travel Plans	16
12) Design a Dementia-Safe Bedroom	17
13) Prevent Falling	18
14) Home-Safety Tips.....	19
15) When You Tried Your Best , Know You Did the Best.	20

Introduction

Dementia caregiving is a creative grab-bag of techniques, treatments and therapies. The skills in the caregiver's bag are based on a mixture of scientific research, uncertain theories, trial-and-error and personal intuition.

This booklet is rich with care practices based on research by highly-credentialed investigators. Keep in mind that caregiving advice is more of an art than a science. Therefore, since this is a collection of caregiving advice, it is not meant to be definitive. This is simply a guide suggesting *"Simple Things You Can Do to Help Your Loved One with Dementia or Memory Loss"*.

A general version of this book is available for download at www.AlzWeek.com .

Disclaimer

This booklet is not medical advice. Always consult your doctor or healthcare professional about anything you read here and follow their professional advice. Any advice you follow based on this booklet is at your discretion. The author and Alzheimer's Weekly LLC has no affiliation with any companies or organizations mentioned or recommended in these pages.

1) Try Your Best



השתדל לנהוג כפי דעתם

1. מסכת קידושין דף לא עמוד ב

רב אסי הוה ליה ההיא אמה זקנה.

אמרה ל': בעינא תכשיטין!

עבד לה.

בעינא גברא!

נייעין לך.

בעינא גברא דשפיר כותך!

שבקה ואזל לארעא דישראל.

(שמע דקא אזלה אבתריה, אתא לקמיה דרבי יוחנן, אמר ל': מהו לצאת מארץ לחוצה לארץ? א"ל: אסור. לקראת אמה, מהו? א"ל: איני יודע. [אתרח] פורתא הדר אתא, אמר ליה: אסי, נתרצית לצאת? המקום יחזירך לשלום. אתא לקמיה דרבי אלעזר, א"ל: חס ושלום, דלמא מירתח רתח! א"ל: מאי אמר לך? אמר ליה: המקום יחזירך לשלום, אמר ליה: ואם איתא דרתח לא הוה מברך לך. אדהכי והכי שמע לארונא דקאתי, אמר: אי ידעי לא נפקי.)

2. תוספות ר"י הזקן (Schottenstein)

He saw that his mother was demented.

3. רמב"ם הלכות ממרים פרק ו הלכה י

מי שנטרפה דעתו של אביו או של אמו **משתדל לנהוג עמהם כפי דעתם** עד שירוחם עליהן. ואם אי אפשר לו לעמוד מפני שנשתטו ביותר יניחם וילך לו ויצוה אחרים להנהיגם כראוי להם.

(השגת **הראב"ד**: (מי שנטרפה דעתו של אביו וכו' יניחם וילך לו ויצוה אחרים להנהיגם כראוי: א"א אין זו הוראה נכונה אם הוא ילך ויניח לו למי יצוה לשמרו, עכ"ל).

4. כסף משנה הלכות ממרים פרק ו הלכה י

[י] מי שנטרפה דעתו של אביו וכו'. בפ"ק דקידושין (דף ל"א:) אמרנן רב אסי הוה ליה ההיא אימא זקנה אמרה ליה בעינא תכשיטין עבד לה בעינא גברא נעין לך בעינא גברא דשפיר כוותר שבקה ואזל לארעא דישראל. ומ"ש יצוה אחרים להנהיגם כראוי עצה טובה קמשמע לן ואין ספק שכן עשה רב אסי. וכתב הראב"ד ז"ל אין זו הוראה נכונה וכו'. ואילו היה רבינו מוציא דין זה מדעתו היה השגתו השגה אבל אחר שהוא מוציא אותו מעובדא דרב אסי שכתבתי אין מקום להשגתו והר"ן כתב על השגה זו ולא ידעתי למה דהא דרב אסי הכי מוכח אולי הוא ז"ל סובר דדוקא למיסק לארץ ישראל ואינו מחזור עכ"ל:

5. רדב"ז הלכות ממרים פרק ו הלכה י

[י] מי שנטרפה דעתו של אביו. עובדא דרב אסי דהוה ליה אימא זקנה וכו' שבקה ואזל לא". ולא ידעתי למה כתב הראב"ד אין זו הוראה נכונה כיון דרב אסי עבד עובדא בנפשיה ואיך הניחה והלך לו אלא ודאי צוה את אחרים לפרנסה וזו תקנתה שיש לה על הבן געגועין ולא מיכספא מיניה משא"כ באחרים ולא מצי לגעור בה ואחרים גוערים בה ואפשר ע"י הכאה תחזור משטותה ומעשים בכל יום בכיצא בזה והבן אי אפשר לו לעשות דבר מזה:

6. נימוקי יוסף (בשיטת הקדמונים) מסכת קידושין דף לא עמוד ב

רב אסי הוה ליה ההיא אימא זקנה אמרה ליה בעינא תכשיט עבד לה בעינא גברא אמר לה נעין לך בעינא גברא דשפיר כותך שבקה ואזל לארץ ישראל. ולפיכך כתב הרמב"ם ז"ל בפרק ששי מהלכות ממרים, מי שנטרפה דעתו של אביו או של אמו משתדל לנהוג עמהם כפי דעתם. ואם אי אפשר לו לעמוד מפני שנשתטו ביותר יניחם וילך לו ויצוה אחרים להנהיגם כראוי להם.

¹ Based on a shiur by Rav Shai Finkelstein, Beit Knesset Baron Hirsch

והראב"ד ז"ל השיג עליו וכתב, א"א אין זו הוראה אם הוא ילך ומניח לו למי יצוה לשמרו. והרנב"ר ז"ל כתב עליו, לא ידעתי למה, דהא עובדא דרב אסי הכי מוכח. אולי הוא ז"ל סובר דדוקא למיסק לארץ ישראל. ואינו מחזור. עכ"ל:

7. שו"ת חכם צבי (תוספות חדשים) סימן כ

ע"ש הל' כיבוד אב תמה הב"י על הראב"ד ז"ל שכל שאין הוראה זו נכונה אם הוא יניחם וילך לו למי יצוה לשמרם ונ"ל שדברי הרמב"ם נכונים מההוא דרב אסי דה"ל אמא זקנה ושגם הר"ן תמה עליו וספק דלהראב"ד אין ענין הגמ' למי שנטרפה דעתו דאמו דר"א לא מטורפת היתה ובידה לשמור א"ע ואינה צריכה לשומרים אחרים אלא שהיתה מצערת לר"א לשאול ממנו דברים קשים וכשיניחנה וילך לו ממילא תסיח דעתה משאלות קשים ומתנהג כדרך עולם אבל בשוטים שאין בידם לשמור א"ע וצריכים הם לשומרים ומנהיגים אם דעת הבן אינה יכולה לסבול שטותם מי יחוס ומי יחמול עליהם חוץ ממנו ודו"ק (שם שאלה ה')

8. טור יורה דעה הלכות כבוד אב ואם סימן רמ

כתב הרמב"ם מי שנטרפה דעתו של אביו או של אמו משתדל לנהוג עמהם כפי דעתם עד שירוחם עליהם ואם א"א לו לעמוד מפני שנשתנו ביותר יניחם לו וילך לו ויצוה לאחרים לנהגם כראוי וכתב הראב"ד אין זו הוראה נכונה אם הוא יניחם וילך לו למי יצוה לשומרים:

9. ב"ח יורה דעה סימן רמ

יב כתב הרמב"ם מי שנטרפה וכו'. הר"ן ובעל מגדל עוז (שם) כתבו שדברי הרמב"ם הם תלמוד ערוך מהא דרב אסי הוה ליה היהא אימא זקנה וכו'. גם הב"י הסכים עמהם ושלא כהראב"ד. ואני אומר דעת הראב"ד היא דהיהא אימא נטרפה דעתה אלא זקנה היתה ולפי שלא היה יכול להשתדל לה בעל כרצונה הלך ממנה כדי שלא יעבור יותר על מה שתצוה אותו עוד ולא יוכל לקיים אבל מי שנטרפה דעתו שצריך שמירה יתירה אין הדעת נותנת שיניחם וילך לו דכיון דאינו מצווה לקיים ציוויים ואינו ירא מעונש בעברו על ציוויים שהרי אין להם דעת וא"כ אינו מחוייב כי אם להאכילם ולהשקותם ולשמרם והיאך ילך לו. וכן יראה מדברי רבינו שהסכים לדעת הראב"ד. והכי נקטינן ודלא כמו שפסק בש"ע (ס"ו) להקל כהרמב"ם:

10. ים של שלמה מסכת קידושין פרק א

נחזור למה שכתבתי, דהיהא עובדא דהתם איירי במטורפת, אם כן איך יתנהג עמהם אם ח"ו נטרפת דעתם. וכתב הרמב"ם (ה' ממרים פ"ו ה"ט) וזה לשונו, מי (שנטרפה) [שנטרפה] דעתו של אביו או של אמו, (הוי) משתדל לנהוג עמהם כפי דעתם, עד שירוחם עליהם מן השמים, ואם א"א לו לבנו לעמוד, מפני שנשתנו ביותר, יניחם לו וילך, ויצוה לאחרים (לנהוג) [להנהיגם] כראוי [להם], (וכתב הקאר"ו וזה לשון דברי הרמב"ם), וכתב הטור (שם) וז"ל. וכתב הראב"ד, אין זו הוראה, אם הוא יניחם וילך לו, אז למי יצוה לשומרם ע"כ, ומשמע שהוא נוטה לדברי הראב"ד, וכתב הקאר"ו (ב"י שם) וזה לשונו, דברי הרמב"ם נכונים וברורים הן, מדרסין בפ"ק דקידושין (ל"א ע"ב) רב אסי הוה ליה אימא זקניה, א"ל בעינא תכשיטין, עבד לה. בעינא גברא, נעין לך, בעינא גברא דשפיר כוותר, שבקה ואזל לארעא דישאל, וכן דעת הר"ן, דהאי עובדא מוכח כדברי הרמב"ם ז"ל, ותמה על הראב"ד למה השיגו ע"כ, וכן כתב הר"ן על השגת הראב"ד, [ולא ידעתי] למה, דהא עובדא דרב אסי הכי משמע, אולי הוא סובר, דוקא למיסק לארץ ישראל, ואינו מחזור ע"כ, ואני אומר, שיפה השיגו, אם יניחם וילך, למי יצוה לשומרם, כמו שכתב, ואינו דומה לעובדא דאימא דרב אסי, דשם לא היתה מטורפת בענין שצריכה לשמירה, אלא שאלה שלא כהוגן. מרוע הלב, ע"כ חלף והלך לו למקום שלא תראה אותו:

11. דרישה יורה דעה סימן רמ אות ב

[ב*] כתב הראב"ד אין זו הוראה נכונה וכו'. כתב ב"י ז"ל אם היה מוציא רבינו דין זה מלבו היתה השגתו השגה אבל אחר שהוא מוציא אותו מעובדא דרב אסי אין מקום להשגתו וכ"כ הר"ן עכ"ל. ולי נראה דשפיר השיגו ורצונו כיון שכתב הרמב"ם ויצוה לאחרים וכו' שמע מינה דאפשר לאחרים שינהגו בו ואפילו הכי אינו חייב הוא לנהגו בעצמו ואין ההוראה נכונה דאם אחרים יכולין לנהגו בו כראוי כל שכן הוא שידוע לעשות רצון אביו וא"כ חייב הוא בעצמו לנהגו. דבשלמא בעובדא דגמרא לא נזכר שצוה לאחרים ואפשר דמייירי שהיתה כבר נשתטה עד שאי אפשר לשום אדם לנהגו בה אבל אם אפשר לאחרים כל שכן דאפשר לו וחייב. והכי דייק לשון ההשגה שכתב אם הוא יניחם למי יצוה לשמרם דמשמע שכל שהוא אינו יכול לנהגו בו כ"ש אחרים דל"ב הכי הל"ל ואין זו הוראה שיניחם ויצוה לאחרים וק"ל:

12. ט"ז יורה דעה סימן רמ

(יד) ויצוה לאחרים לשמרם. - בטור הביא השגת הראב"ד בלשון זה אין זו הוראה דאם הוא יניחם וילך לו למי יצוה לשומרם עכ"ל ותמהו הר"ן וב"י שזה תלמוד ערוך במעשה דרב אסי עם אמו שנטרפה דעתה כו' ונראה שעיקר תמיהתו על שיצוה לשמרם דזהו ליתיה בגמרא וע"ז תמה הראב"ד מה חשב הרמב"ם שהוסיף ציווי לאחרים לשמרם כיון דע"כ לא מהני לה שמירה דאי מהני למה ילך ויניחנה הלא אפשר לה בשמירה ואם א"א לשמור מה מהני ציווי לאחרים בשמירה וכן ראיתי בדרישה וכן עיקר:

בס"ד

תלמוד בבלי מסכת קידושין דף לא עמוד ב

רב אסי הוה ליה ההיא אמא זקינה, אמרה ליה: בעינא תכשיטין, עבד לה. בעינא גברא, נייעין לך. בעינא גברא דשפיר כותך, שבקה ואזל לארעא דישראל.

רמב"ם:

הלכות ממרים פרק ו הלכה י

מי שנטרפה דעתו של אביו או של אמו **משתדל** לנהוג עמהם כפי דעתם עד שירוחם עליהן, ואם אי אפשר לו לעמוד **מפני שנשתטטו ביותר** יניחם וילך לו ויצוה אחרים להנהיגם כראוי להם. (בלשון זו פסק השו"ע יורה דעה סי' רמ, ס"ק י')
השגת הראב"ד: אין זו הוראה נכונה. אם הוא ילך ויניח לו למי יצוה לשמרו?

תוספות ר"י הזקן (Schottenstein)

He saw that his mother was demented.

פרשן	המקרה בגמרא	כיצד ינהג כשנטרפה דעתה	תגובה לדברי הראב"ד
כסף משנה	נטרפה דעתה של אמו של רב אסי, ורב אסי הלך ובוודאי השאיר מישהו שיטפל באמו כראוי.	כדברי הרמב"ם . אולם מה שכתב הרמב"ם "ויצוה אחרים להנהיגם כראוי להם", זו הצעה טובה בלבד ואינה חובה.	אין מקום להשגתו. כי כך עשה רב אסי.
רדב"ז	נטרפה דעתה של אמו של רב אסי, ורב אסי הלך ובוודאי השאיר מישהו שיטפל באמו כראוי.	כדברי הרמב"ם . משום שהבן לא יכול לגעור באמו. אבל מישהו אחר יוכל לגעור באמו, ואולי כך תחזור למוטב.	לא ידעתי למה כתב. הרי כך עשה רב אסי.
ר"ן		כדברי הרמב"ם .	אולי הראב"ד הבין שמהגמרא למדים שמותר לעזוב אמו שנטרפה דעתה רק כשאמו גרה בחו"ל והוא עולה לא". ולא נראה שכך כוונת הגמרא.
חכם צבי (מסביר את שני הצדדים)	ראב"ד- אמא רשעה. רמב"ם- אמא שנטרפה דעתה.	לא פוסק, רק מחדד את החילוק	הראב"ד- הגמרא מדברת באמא רשעה, ולכן רב אסי עזב אותה. אבל בשוטים שאין בידם לשמור א"ע וצריכים הם לשומרים ומנהיגים אם דעת הבן אינה יכולה לסבול שטותם מי יחוס ומי יחמול עליהם חוץ ממנו. ולכן השיג על הרמב"ם שפסק במקרה שהאמא נשתטה שמותר לעזובה. (רמב"ם- אמו של רב אסי נטרפה דעתה)
ב"ח (והטור)	אימו של רב אסי לא נטרפה דעתה, אלא זקנה הייתה וכיוון שלא היה יכול למצוא לה בעל כרצונה הלך ממנה, כדי שלא יעבור יותר על מה שתצווה אותו עוד והוא לא יכול לעשות.	כדברי הראב"ד . וכן יראה מדברי הטור שהסכים לדעת הראב"ד. והכי נקטינן ודלא כמו שפסק בש"ע (ס"י) להקל כהרמב"ם.	הראב"ד צודק. ומהגמרא לא קשה, כי שם מדובר על אמא זקנה שצוותה את רבי יוסי ציוויים שלא יכל לקיים. "אבל מי שנטרפה דעתו שצריך שמירה יתירה אין הדעת נותנת שיניחם וילך לו דכיון דאינו מצווה לקיים ציוויים ואינו ירא מעונש בעברו על ציוויים שהרי אין להם דעת וא"כ אינו מחוייב כי אם להאכילם ולהשקותם ולשמרם והיאך ילך לו".
ים של שלמה (והטור)	אמו של רב אסי הייתה אמא ששאלה מרוע הלב, ולכן רב אסי עזב אותה לא".	כדברי הראב"ד . וכתב שכך משמע שפסק הטור.	הראב"ד צודק, שבוודאי בגמרא לא מדובר בנטרפה דעתה.
דרישה	אימו של רב אסי נטרפה דעתה כל כך, שאף אדם לא היה יכול לטפל בה ולעשות רצונה. ולכן רב אסי עזב בלי להשאיר עמה אף אדם אחר.	כדברי הראב"ד .	הראב"ד צודק. שהרי מכך שכתב הרמב"ם שיצווה לאחרים לשומרם, משמע שאפשר לטפל בהם, ובוודאי אין מי שיכול לטפל בהם יותר טוב מבנם, ולכן אסור לו לעזוב את אמו. אמנם בגמרא אמו של רב אסי נטרפה דעתה לגמרי, ולכן רב אסי הלך ולא השאיר עמה מישהו אחר לטפל בה. כיוון שזה לא היה עוזר אפילו אם היה משאיר מישהו אחר.
ט"ז	אימו של רב אסי נטרפה דעתה כל כך, שאף אדם לא היה יכול לטפל בה ולעשות רצונה. ולכן רב אסי עזב בלי להשאיר עמה אף אדם אחר.	כדברי הראב"ד .	עיקר תמיהתו של הראב"ד על הרמב"ם היא: איך הוסיף הרמב"ם שצריך לצוות לאחרים שישמרו על אמו. שהרי אם הוא אינו יכול, אף אחרים אינם יכולים, ולא שייך לצוות עליהם. (כדברי הדרישה לעיל)

2) Lift Their Feelings Each Day



Caregivers have a profound influence on the emotional state of individuals with Alzheimer's.

A University of Iowa study further supports an inescapable message: caregivers have a profound influence -- good or bad -- on the emotional state of individuals with Alzheimer's disease.

Patients may not remember a recent visit by a loved one or having been neglected by staff at a nursing home, but those **actions can have a lasting impact on how they feel.**

The findings of this study are published in the journal, *Cognitive and Behavioral Neurology*.

UI researchers showed individuals with Alzheimer's clips of sad and happy movies. The patients experienced sustained states of sadness and happiness despite not remembering the movies.

"This confirms that **the emotional life of an Alzheimer's patient is alive and well,**" says lead author Edmarie Guzmán-Vélez. Despite the considerable amount of research aimed at finding new treatments for Alzheimer's, no drug has succeeded at either preventing it. Against this backdrop, this study highlights the need to develop new caregiving techniques aimed at improving the well-being and minimizing the suffering for the millions of individuals afflicted with Alzheimer's.

For this behavioral study, Guzmán-Vélez and colleagues invited 17 patients with Alzheimer's and 17 healthy participants to view 20 minutes of sad and then happy movies. These movie clips triggered expected emotions: sorrow and tears during the sad films and laughter during the happy ones.

Five minutes after watching the movies, participants took a memory test to see if they could recall what they had just seen. As expected, the patients with Alzheimer's retained significantly less information about both the sad and happy films than the healthy people. In fact, four were unable to recall any factual information about the films, and one patient didn't even remember watching any movies.

Before and after seeing the films, participants answered questions to gauge their feelings. Patients with Alzheimer's disease reported elevated levels of either sadness or happiness for up to 30 minutes after viewing the films despite having little or no recollection of the movies. Quite strikingly, the less the patients remembered about the films, the longer their sadness lasted. While sadness tended to last a little longer than happiness, both emotions far outlasted the memory of the films.

The fact that forgotten events continue to exert profound influences on patients' emotional life highlights the need for caregivers to avoid causing negative feelings and to try to induce positive feelings.

"Our findings should empower caregivers by showing them that their actions toward patients really do matter," Guzmán-Vélez says. She suggests simple things that can have a lasting emotional impact on a patient's quality of life and subjective well-being, such as:

- Frequent visits
- Social interactions
- Exercise
- Music
- Dance
- Jokes
- Serving patients their favorite foods.²

² Source: [University of Iowa Health Care](#)

3) Enjoy Reminiscence Therapy



"Reminiscence Therapy" in dementia takes advantage of strong long-term memories in people with early or mid-stage dementia. Steering clear of short-term memories and reinvigorating long-term memories in Alzheimer's patients takes advantage of powerful and emotional ties to the past.

Connect with Memories and Moments

If you are a caregiver or loved one caring for someone with dementia, use holidays and family get-togethers as an opportunity of reflection to try and connect with their past memories of moments they loved.

Old movies, old songs, and even moments from their history can bring a smile to their face and a joy in their hearts.

Reflecting on the past can make your loved one feel included in your celebration, less stressed about the new situation, and happy to be surrounded by family.

The Power of Old Music

Alzheimer's expert Oliver Sacks was an eminent neurologist and acclaimed best-selling author. His remarkable career included his book and film "Awakenings" with Robin Williams. He said,

"Where I work at a hospital and at a number of old age homes, there are a lot of people who have Alzheimer's or other dementias of one sort or another. Some of them are confused, some are agitated, some are lethargic, some have almost lost language.

But **all** of them, without exception, respond to music. This is especially true of old songs and songs they once knew. These seem to touch springs of memory and emotion which may be completely inaccessible to them.



Enjoy Your Trip Down Memory Lane

And of course, it is just plain fun. We all look back on moments we love, so enjoy trips down memory lane. Take the opportunity to learn more about your loved one's history and passions. You may find something you never knew you had in common.

So, enjoy your days and evenings with those you love. Be sure to include them in your celebrations, let them appreciate what makes them happy, and tell them this is just another opportunity to show them how much you care.³



³ SOURCE: Alliance Home Health Care

4) Communicate More


Good communication is critical when families and friends get together. Communicating may be difficult between people with memory-loss and their loved ones. Check out these 5 tips to help you with meaningful communication.



1. **Center yourself.** As soon as you start to get upset or frustrated, stop and concentrate on taking deep, slow breaths while focusing on something that makes you feel calm and collected.
2. **Use empathy.** Using empathy to connect includes focusing on the experience of your loved one with memory loss. It is important to connect with their feelings, rather than the context of their words.
3. **Ask open questions.** Use open-ended questions to redirect the conversation and to show that you're interested in exploring what is important to them. For example, if your loved one is insisting on visiting their deceased mother, rather than reminding them that she passed away, ask her to tell you about her mother and listen with empathy as she expresses her feelings.
4. **Try asking the extreme.** Asking the extreme means that you ask the person to tell you the best or worst thing about what they are expressing.
5. **Enter their reality.** Unless your loved one is in the very early stage of memory loss and wants to be reminded of a date, time or other reality based topic, join their journey rather than force reality on them.

Alzheimer's Communication

1. Never argue, instead agree
2. Never reason, instead divert
3. Never shame, instead distract
4. Never lecture, instead reassure
5. Never say "remember", instead reminisce
6. Never say "I told you", instead repeat/regroup
7. Never say "You can't", instead do what they can
8. Never command/demand, instead ask/model
9. Never condescend, instead encourage
10. Never force, instead reinforce



5) Add Bright Lights

A down-to-earth Alzheimer's trial provided 4 weeks of tailored light therapy. The therapy significantly increased sleep quality, efficiency & total sleep duration. Daytime light therapy also significantly reduced rates of depression & agitation.



A study offering an easy-to-do conclusion suggests that light treatment, tailored to increase circadian stimulation during the day, may improve sleep, depression and agitation in people with Alzheimer's and related dementia.

Results show that exposure to the tailored light treatment during daytime hours for four weeks significantly increased sleep quality, efficiency and total sleep duration. It also significantly reduced scores for depression and agitation.

"It is a simple, inexpensive, non-pharmacological treatment to improve sleep and behavior in Alzheimer's disease and dementia patients," said principal investigator Mariana Figueiro, PhD, associate professor and Light and Health program director of the Lighting Research Center at Rensselaer Polytechnic Institute in Troy, New York. "The improvements we saw in agitation and depression were very impressive."

Therapy lights are easy to find. Check out:

- Your local lighting store
- Home Depots or Home Centers in your area
- Amazon.com offers a wide variety of therapy lights.

The research abstract was published recently in an online supplement of the journal *Sleep* and was presented in Minneapolis, Minnesota, at the 28th annual meeting of the Associated Professional Sleep Societies LLC.

The pilot study involved 14 nursing home patients with Alzheimer's disease and related dementia. A light source producing low levels of 300 to 400 lux of a bluish-white light with a color temperature of more than 9000 K was installed in the residents' rooms. Light exposure occurred during daytime hours for a period of four weeks. Light-dark and activity-rest patterns were collected using a calibrated instrument prior to and after the lighting intervention. Measures of sleep quality, depression and agitation also were collected using standardized questionnaires.

Figueiro added that the improvement in sleep quality also was associated with other noticeable behavioral changes.

"Subjective reports by the nursing staff were that the patients were calmer, eating better and their overall behavior was more manageable," she said.⁴

➤ 4 Source: American Academy of Sleep Medicine

➤ More Information: The research was supported by funding from the National Institute on Aging (NIA) within the National Institutes of Health (NIH).

6) Prepare Midnight Munchies



The Parker Jewish Institute in New Hyde Park, N.Y., was having problems with its dementia patients wandering at night. The staff worried about falls, but they didn't want to hand out more psychotropic medicines to make the patients sleepy. The medications often had harsh side-effects and actually increased the risk of falling. At the same time, of the 42 residents, 8 to 10 were constantly moving. But one night, a certified nursing assistant accidentally stumbled on a solution.

"Off We Go..."

Her boss, Aura Gordon, an RN manager, told the story this week at the Aging in America conference in Chicago. A patient, "a lovely man," got out of bed around 2 a.m., as was his custom, picked up his newspaper and headed down the hall. He was preparing to "go to the market," which had been his pattern when he was working. The nurse saw him and figured if he thought he was going to work, he should eat a little something. She gave him a slice of cake and a cup of coffee. He ate the cake, drank the coffee, and then went back to bed.

Thus began the midnight snack program at 8 South, a unit at Parker. Within weeks, Gordon has persuaded the home to provide snacks for the nighttime wanderers: cake, sandwiches, cookies, pudding, Jell-O, juices, coffee. They added bananas when they discovered that one very agitated woman -- who didn't want to eat the nursing home food because she thought it was poisoned -- immediately calmed down when she had a banana. They don't know why, but now they always have bananas on hand. And they make sure some of the snacks are sugar-free, for their diabetic patients.

Munchies Mean Fewer Sores, Falls and Injuries



Gordon says patients with dementia often don't know what time it is, which causes some to get up at all hours, ready to go. They get confused, and sometimes even violent, when they are urged back into their rooms and to bed. She reported that, since the snack program began, **they saw falls and related injuries decrease by 50 percent.** And, they also saw a decrease in pressure sores (also known as bed sores, or nosocomial ulcers). Now, she says, there are no sores in all of 8 South.

It's not rigorous scientific research, but 8 South is much calmer now, 24 hours a day.⁵

⁵ SOURCE: © Henry J. Kaiser Family Foundation. All rights reserved.

7) Ask Medication Questions

People with Alzheimer's take a lot of medicine. Some boost memory and cognition. Others help mood, behavior and other conditions. Ensure medication is taken safely & correctly.

Two things are true about all FDA-approved medications: They help & they have side-effects. The key is to get the right balance. Here is where to start:

Learn the Basics

Know **each** medicine (prescription & over-the-counter). **Ask the doctor or pharmacist:**

- | | |
|--|--|
| 1) Why is this medicine being used? | 5) When does the person need to take it? |
| 2) What positive effects should I look for? | 6) What if the person misses a dose? |
| When? | 7) What are the side effects? What can I do about them? |
| 3) How long will the person need to take it? | 8) Can this medicine cause problems if taken with other medicines? |
| 4) How much should he or she take each day? | |

Managing medications is easier if you have a complete list. The list should show the name of the medicine, the doctor who prescribed it, how much to take, and how often. Keep the list in a safe place at home, with a copy in your purse or wallet. Bring it with you when on doctor or pharmacist visits. Monitor when a new drug is started. Follow the doctor's instructions and report any unusual symptoms right away. Also, let the doctor know before adding or changing any medications.

Use Medicines Safely



People with Alzheimer's often need help taking medicine. Call & remind them. Leave notes. Pillboxes allow setting up daily pills in advance. Some have reminder alarms. Keep track. Be sure they take them.

Non-Dementia Drugs: Some medicines treat behaviors like restlessness, anxiety, depression, trouble sleeping and aggression. Experts agree these should be used **only** after non-drug strategies are tried. Learn which medicines are safest & most effective. Use the lowest dose possible, watch for side effects like confusion and falls, & allow a few weeks for it to take effect

NO-NO to anticholinergic drugs like Benadryl. These drugs affect the brain and are used to treat sleep, stomach cramps, incontinence, asthma, motion sickness, muscle spasms and more. Side effects can be serious. Talk with the person's doctor about other, safer drugs.

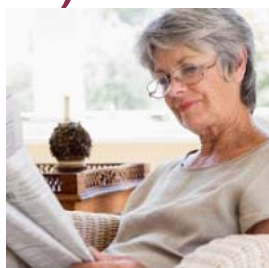
Other Safety Tips

Trouble swallowing pills? Ask the pharmacist if the medicine can be crushed or taken in liquid form. Keep all medications locked up. Check that all labels have drug name, dose, patient's name, dosage frequency, and expiration date. Call the doctor or pharmacist if you have questions about any medicine.⁶



⁶ SOURCE: The Alzheimer's Disease Education and Referral (ADEAR) Center
National Institute on Aging, National Institutes of Health NIH... Turning Discovery into Health

8) Care for Yourself = Care for Them



*Caring for dementia can bring on **caregiver burnout**. It endangers patient & caregiver. Learn 9 ways to take better care of yourself.*

Taking care of yourself is one of the most important things to do as a caregiver. You should ask family members or friends to help out, do things you enjoy, use adult day care services, or get help from a local healthcare agency. These actions can bring some relief. It also may help keep from getting ill or

depressed.

9 Ways You Can Take Care of Yourself

- 1) Ask for help when you need it.
- 2) Join a caregivers' support group.
- 3) Take breaks each day.
- 4) Spend time with friends.
- 5) Keep up with your hobbies and interests.
- 6) Eat healthy foods.
- 7) Get exercise as often as you can.
- 8) See your doctor on a regular basis.
- 9) Keep your health, legal, and financial information up-to-date.

It's Okay to Ask for Help

Many caregivers find it hard to ask for help. They feel like they should do everything, or that no one will help, even if they ask. They wonder, "Is it right to leave someone with Alzheimer's with someone else?" It's okay to ask for help from family and friends. Don't do everything yourself. Try these tips:

- Ask people to help out in specific ways like making a meal, visiting, or taking them out.
- Join a support group to share advice and understanding with other caregivers. These groups meet in person or online. Ask the doctor or information for your local Alzheimer's organization.

Your Health

You may be busy caring for the person with Alzheimer's and don't take time to think about your emotional health. But, you need to. Caring for people with Alzheimer's takes a lot of time and effort. Sometimes, you may feel discouraged, sad, lonely, frustrated, confused, or angry. These feelings are normal. Here are some things you can say to yourself that might help you feel better.

- 1) I'm doing the best I can.
- 1) What I'm doing would be hard for anyone.
- 2) I'm not perfect, but that's okay.
- 3) I can't control some things that happen.
- 4) Sometimes, I just need to do what works for right now.
- 5) Even when I do everything I can think of, there will still be problem behaviors because of the illness, not because of what I do.
- 6) I will enjoy moments together in peace.
- 7) I will try to get help from a counselor if caregiving becomes too much for me.

Meeting Your Spiritual Needs

As the caregiver of a person with Alzheimer's, you may need more spiritual resources than others. Meeting your spiritual needs can help you cope better as a caregiver and find a sense of balance and peace. Some people like to be involved with others as part of a religious community. For others, simply having a sense that larger forces are at work in the world helps meet their spiritual needs.⁷

⁷ SOURCE: The Alzheimer's Disease Education and Referral (ADEAR) Center



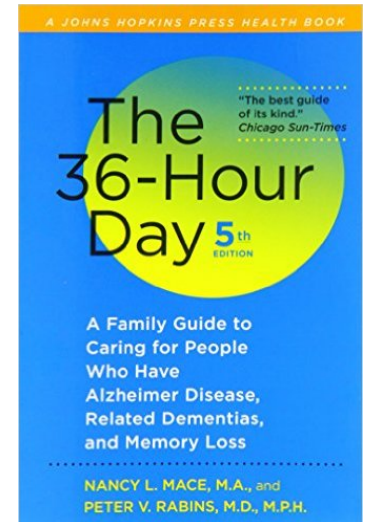
9) Feel Guilty Less

Caregiving for dementia shows true dedication and love. Yet daily frustrations trigger lots of guilt. Dr. Peter Rabins should know. He wrote the #1 care book on dementia, "The 36 Hour Day". See Dr. Rabins interview caregivers on their feelings of guilt and healthy ways to approach it.

Video Interview: Dr. Peter Rabins, Author, MD, MPH, Johns Hopkins Hospital: Caregiving for people with chronic diseases is challenging no matter what the illness. One of the unique aspects of caring for someone with Alzheimer's disease is that caregivers almost always feel guilty in some way.

I've come to believe that it is actually the disease itself, Alzheimer's disease, and the kind of care that people need, that engenders or causes that guilt in caregivers.

Caregiver: You have to realize that it is OK to get annoyed, because they forget. Some days, I want to cry. I remember the day I sat down with him, took his hand and I said, "Honey. I'm not doing a very good job. You don't know what I want and I am getting cross. Now what we have to do is ask God to help us."



1) Recognize You Are Doing the Best You Can

Dr. Rabins: Almost every caregiver becomes frustrated or angry at some point in caring for someone with Alzheimer's. I think that is one of the causes of the high rate of guilt. **Because this is almost universal, I think it's important to keep in mind that most of the time, the caregiver is doing a good job.**

Caregiver: I was probably more harsh than I should have been initially because I really did not believe this could be happening. So when she would make mistakes or be forgetful, I would think that maybe it was a little bit of an attention-getting thing. So when she would do that, I would be pretty severe. "Mom, you know, come on, let's do it this way." Or, "Mom, what's wrong with you." And I feel really bad now.

2) Understand that Changes in Behavior are Part of the Disease

Dr. Rabins: Understanding that it is the disease that's changing the person, that they're not doing things on purpose, and that your frustration and anger is often in response to these changes that the disease is producing, can help people understand and put in perspective the fact that they get angry and therefore feel guilty.

Caregiver: I kept expecting more of him, forgetting that he really couldn't do any better. Sometimes it really upset me when I was making such demands on him. Then I thought that this is cruel, he doesn't know any better.

Dr. Rabins: It took a good while for you to understand?

Caregiver: It took a long while and I look back and am ashamed of my actions.

3) Develop Realistic Expectations

Dr. Rabins: One way to avoid becoming so frustrated and feeling guilty is to have realistic expectations. Understand that the disease is changing the person. If you can, adapt to how they're changing, and the fact that they can no longer do things that they did yesterday or last month. This can help lessen the likelihood that you'll be frustrated, and then lower the likelihood that you'll become guilty or down on yourself.

4) Modify Expectations as the Disease Progresses

Dr. Rabins: Do you think something could have been done years ago in the past would have made this an easier adaptation?

Caregiver: I guess the area about forcing her to do things that she couldn't and that anxiety. I think if I had really listened more in and had talked to more people that had explained to me that this is the progression, this is what you can expect, that it would have been easier for me to be kinder, sooner.

5) Accept New Behaviors and the Loss of Social Skills

Dr. Rabins: One of the hardest things to adapt to is that the disease often takes away a person's social graces. People do things that they never would have done before. That's hard to see.

Caregiver: We went out to dinner recently. She picked up the meat with her fingers. My immediate reaction was to look around, like, "Oh my goodness! I can't believe my mother's doing this!" Because, looking at her, you could not tell that she has Alzheimer's. Then I thought, "How ridiculous!" You know, here I am worried about what people are thinking. I should be worried about my mother, but truthfully my initial reaction was, "What will people think?" The first time something happens, if you act in a way that you're not proud of, you should be able to forgive yourself and say, "Okay, you know it's alright. Maybe I wasn't the way I should have been, but the next time, I will be ready for this."

6) Remember: Caregiving is About Love

Dr. Rabins: I think it helps put caregiving in the right context, to help us realize that part of our doing it is coming out the love and caring that we have for the old person. If we can put aside some the frustration guilt and anger, and the love is still there, that the reward of caregiving them can come to the forefront.

Caregiver: I think we just kept trying to stress that it wasn't her fault and we loved her and we were going to work with her.

Dr. Rabins: Does she respond to hugs and touching?

Caregiver: Oh, yes! And I think they're important to do so that she did doesn't feel that she's not loved. I think it's very important that she constantly feels this love surrounding her.⁸



⁸ SOURCE: Johns Hopkins University

10) Set Up the Holidays



Relatives with a dementia such as Alzheimer's may be frail or have special emotional, mental and physical health needs. Find out how to give that extra attention to help them enjoy holidays.

(HealthDay News)

Experts at the University of California, San Diego, offer the following tips:

- 1) If an older family member tires easily or is vulnerable to over-stimulation, limit the activities or length of time that person is included in the festivities.
- 2) Consider planning a nap time or providing a "quiet room" where an older person can take a break from the noise and confusion.
- 3) If there's a get-together at the home of someone with memory impairment or behavioral problems, don't rearrange the furniture. This could cause confusion and anxiety.
- 4) If the family function is somewhere else, remove slippery throw rugs and other items that could be hazards or barriers to people who have difficulty walking.
- 5) Avoid comments that might embarrass someone with short-term memory problems.
- 6) Make sure that older people adhere to their regular schedule of medications during the holiday hustle and bustle.
- 7) Reach out to older relatives and friends who are alone. Loneliness in older people is associated with major depression and with suicidal thoughts and impulses.
- 8) Involve everyone in holiday meal preparation, assigning tasks to include the youngest and oldest family members.
- 9) Avoid crowds, changes in routine, and strange surroundings that may cause confusion or agitation.
- 10) Do your best to enjoy yourself. Try to find time for the holiday things you like to do, even if it means asking a friend or family member to spend time with the person while you are out.
- 11) At larger gatherings such as weddings or family reunions, try to have a space available where the person can rest, be by themselves, or spend some time with a smaller number of people, if needed.

Visitor Prep

Visitors are important to people with Alzheimer's. They may not always remember who the visitors are, but just the human connection has value. Here are some ideas to share with someone who is planning to visit a person with Alzheimer's.

- Plan the visit at the time of the day when the person is at his or her best. Consider bringing along some kind of activity, such as something familiar to read or photo albums to look at, but be prepared to skip it if necessary.
- Be calm and quiet. Avoid using a loud tone of voice or talking to the person as if he or she were a child. Respect the person's personal space and don't get too close.
- Try to establish eye contact and call the person by name to get his or her attention. Remind the person who you are if he or she doesn't seem to recognize you.
- If the person is confused, don't argue. Respond to the feelings you hear being communicated, and distract the person to a different topic if necessary.
- If the person doesn't recognize you, is unkind, or responds angrily, remember not to take it personally. He or she is reacting out of confusion.

11) Travel Plans

Taking a person with Alzheimer's on an overnight trip is a challenge. Traveling can make the person worried and confused, so think ahead. Here are some tips.



Plan Ahead

- 1) Talk with the person's doctor about medicines to calm someone who gets upset while traveling.
- 2) Find someone to help you at the airport, train station, or bus station.
- 3) Keep important documents with you in a safe place. These include health insurance cards, passports, doctors' names and phone numbers, a list of medicines, and a copy of medical records.
- 4) Pack items the person enjoys looking at or holding for comfort.
- 5) Travel with another family member or friend.
- 6) Take an extra set of clothing in a carry-on bag.
- 7) People with memory problems may wander around a place they don't know well. In case someone with Alzheimer's disease gets lost:
 - Make sure the person wears an ID bracelet or something else that tells others who he or she is.
 - Carry a recent photo of the person with you on the trip.

After You Arrive

- 1) Allow lots of time for each thing you want to do. Don't plan too many activities.
- 2) Plan rest periods.
- 3) Follow a routine like the one you use at home. For example, try to have the person eat, rest, and go to bed at the same time he or she does at home.
- 4) Keep a well-lighted path to the toilet, and leave the bathroom light on at night.
- 5) Be prepared to cut your visit short if necessary.

Communicate with others when you're out in public. Some caregivers carry a card that explains why the person with Alzheimer's might say or do odd things. For example, the card could read, "My family member has Alzheimer's disease. He or she might say or do things that are unexpected. Thank you for your understanding."

Visiting Family and Friends

Spending time with family and friends is important to people with Alzheimer's disease. They may not always remember who people are, but they often enjoy the company. Here are some tips to share with people you plan to visit:

- 1) Be calm & quiet. Don't use a loud voice or talk to the person with Alzheimer's as if they were a child.
- 2) Respect the person's personal space, and don't get too close.
- 3) Make eye contact and call the person by name to get his or her attention.
- 4) Remind the person who you are if he or she doesn't seem to know you.
- 5) Don't argue if the person is confused. Respond to the feelings that he or she expresses. Try to distract the person by talking about something different.
- 6) Don't take it personally if they cannot recognize you, are unkind, or get angry. They are confused. Have ready some kind of activity, such as a familiar book or photo album to look at. This can help if the person with Alzheimer's is bored or confused and needs to be distracted. But be prepared to skip the activity if it is not needed.⁹

⁹ **SOURCE:** Alzheimer's Disease Education and Referral Center

12) Design a Dementia-Safe Bedroom



Use this safety checklist for living at home with dementia. It can alert you to potential hazards.

Your home is a personal and precious environment. As you go through this checklist, make adaptations that modify and simplify without severely disrupting the home. You may want to consider setting aside a special area for yourself, a space off-limits to anyone else and arranged exactly as you like. Everyone needs private, quiet time.

A safe home can be a less stressful home for a person with a dementia such as Alzheimer's, the caregiver, and family members. You don't have to make these changes alone. You may want to enlist the help of a friend, professional, or community service such as the Alzheimer's Association.

Bedroom Checklist

- ☐ Anticipate the reasons a person with Alzheimer's disease might get out of bed, such as hunger, thirst, going to the bathroom, restlessness, and pain. Try to meet these needs by offering food and fluids and scheduling ample toileting.
- ☐ Use a night-light.
- ☐ Use a monitoring device to alert you to any sounds indicating a fall or other need for help. *(Also effective for bathrooms.)*
- ☐ Remove scatter rugs and throw rugs.
- ☐ Remove portable space heaters.
- ☐ If you use portable fans, be sure objects cannot be placed in the blades.
- ☐ Be cautious when using electric mattress pads, electric blankets, electric sheets, and heating pads, all of which can cause burns and fires. Keep controls out of reach.
- ☐ If the person with Alzheimer's disease is at risk of falling out of bed, place fall mats next to the bed, as long as they do not create a greater risk of accident.
- ☐ Use transfer or mobility aids.
- ☐ A soothing-vapor waterless vaporizer can reduce agitation and create a sense of calm.
- ☐ Consider adding an adjustable bed-rail or a mini-bed-rail. If you are considering using a hospital-type bed with rails and wheels, read the Food and Drug Administration's up-to-date safety information online.¹⁰

¹⁰ SOURCE: National Institute on Aging, National Institutes of Health

13) Prevent Falling

Falls are the leading cause of injury-related deaths for seniors, with 1-in-3 adults over the age of 65 falling every year. Older adults with dementia are up to 60% more likely to fall, putting them at a greater risk of sustaining injuries, which can lead to hospitalization & immobility.



6 of 10 falls happen at home, where we spend much of our time and tend to move around without thinking about our safety. Many of these falls could be prevented by making these simple changes:

- 1) **MAKE FINDING "MY STUFF" EASIER:** Put frequently used items in easily-accessible places.
 - 2) **REMOVE STUMBLING BLOCKS:** Remove anything that could cause you to trip or slip while walking. Clutter, small furniture, pet bowls, electrical or phone cords, and throw rugs cause falls.
 - 3) **ORGANIZE FURNITURE:** Arrange furniture so you have plenty of room to walk freely. Also, remove items from stairs and hallways. Get rid of chairs that swivel.
 - 4) **MODEST BATHROOM UPGRADES:** Use non-slip items. Put non-slip strips or rubber mats on bathtub and shower floors. Add a tub rail, **grab bars**, elevated toilet seat and/or bath seat.
 - 5) **HANDRAIL HABITS:** Get consistent with using the handrails on your stairs. When you carry something up or down the stairs, hold the item in one hand and use the handrail with the other.
 - 6) **LIGHTING:** Make sure you have enough lighting in each room, on stairs, hallways, at entrances, and on outdoor walkways. Lamps and lighting should be of great intensity or power, so that dangers are clearly illuminated and seen. Use light bulbs that have the highest wattage recommended for the fixture. Place a lamp next to your bed along with night lights in the bathroom, hallways, and kitchen. Keep a flashlight by your bed in case the power goes out and you need to get up at night.
 - 7) **CARPETS:** Secure carpets to the floor and stairs. Use non-slip rugs, or attach rugs to the floor with double-sided tape.
 - 8) **FLOORS:** Avoid wet floors. Clean up spills right away. Use non-skid wax on your waxed floors.
 - 9) **SHOES:** Wear rubber-soled, low-heeled shoes that fully support your feet. Wearing only socks or shoes/slippers with smooth soles on stairs or floors without carpet can be unsafe. Assess the gripping nature of rubber-soled shoes, which may be a tripping hazard, as they 'catch' on the floor.
 - 10) **EYES & EARS:** Have your eyes and hearing tested often. Always wear your glasses when you need them. If you have a hearing aid, be sure it fits well, and wear it.
 - 11) **MEDICATION:** Find out about the side effects of any medicine you take. If a drug makes you sleepy, slow or dizzy, tell your doctor or pharmacist.
 - 12) **SLEEP:** Get enough sleep. If you're sleepy, you're more likely to fall.
 - 13) **ALCOHOL:** Limit the alcohol you drink. Even a small amount can affect balance & reflexes.
 - 14) **KEEP ON MOVING:** Stay physically active. Light exercise to increase lower-body strength, as well as simple balance exercises, can help prevent falls. Consider assisted devices when walking alone becomes unsafe, like a cane, walker or wheelchair. Weight-bearing activities, such as walking or climbing stairs, may slow bone loss from osteoporosis.
- Visit www.nia.nih.gov/Go4Life to find sample exercises to help prevent falls. Stand up slowly after eating, lying down, or sitting. Getting up too quickly can cause your blood pressure to drop, which can make you feel faint.



Falls are a major, yet preventable, threat to the independence and health of older adults, especially those living with dementia. **With the 14 fall prevention tips above, family members can reduce the risk of falls and make a huge difference in the life of their loved one.**¹¹

¹¹ **SOURCES:** Lewy Body Dementia Association, National Institute on Aging, National Institutes of Health, U.S. Department of Health & Human Services: **Go4Life**

14) Home-Safety Tips

While some Alzheimer's behaviors can be managed medically, many like wandering and agitation, cannot. It's more effective to change surroundings—for example, to remove dangerous items—than to try to change behaviors. Changing the home environment can give the person more freedom to move around independently & safely.



Minimize Danger

People with Alzheimer's may not see, smell, touch, hear, and/or taste things as they used to. You can do things around the house to make life safer and easier for the person. For example:

1. Check all rooms for adequate lighting. Use nightlights in bathrooms, bedrooms, and hallways.
2. Be careful about small pets. The person may not see the pet and trip over it.
3. Reset the water heater to 120 degrees Fahrenheit to prevent burns.
4. Label hot-water faucets red and cold-water faucets blue, or write the words "hot" and "cold".
5. Install grab bars in the tub/shower and beside the toilet.
6. Put signs near ovens, toasters, and other hot things saying, "Stop!", "Don't Touch, "Very Hot!"

You can also try these tips:

- Check foods in the refrigerator often. Throw out any that have gone bad.
- Put away or lock up things like toothpaste, lotions, shampoos, rubbing alcohol, soap, or perfume. They may look and smell like food to a person with Alzheimer's.
- If the person wears a hearing aid, check the batteries and settings often.

Basic Safety for Every Room

Add the following items to the person's home if they are not already in place:

1. Smoke and carbon monoxide detectors in or near the kitchen and in all bedrooms
2. Emergency phone numbers and the person's address near all phones
3. Safety knobs and an automatic shut-off switch on the stove
4. Childproof plugs for unused electrical outlets and childproof latches on cabinet doors

You can buy home safety products at stores carrying hardware, electronics, medical supplies, and children's items.

Lock up or remove these potentially dangerous items from the home:

1. Medicines
2. Alcohol
3. Cleaning and household products, such as paint thinner and matches
4. Poisonous plants
5. Guns and other weapons, scissors, knives, power tools, and machinery
6. Gasoline cans and other dangerous items in the garage

Moving Around the House

Try these tips to prevent falls and injuries:

1. Simplify the home. Too much furniture can make it hard to move around freely.
2. Get rid of clutter, such as piles of newspapers and magazines.
3. Have a sturdy handrail on stairways.
4. Put carpet on stairs, or mark the edges of steps with brightly colored tape.
5. Put a gate across the stairs if the person has balance problems.
6. Remove small throw rugs. Use rugs with nonskid backing instead.
7. Make sure cords to electrical outlets are out of the way or tacked to baseboards.
8. Clean up spills right away.

Make sure the house has good floor traction. Leave floors unpolished or install nonskid strips. Shoes and slippers with good traction also help the person move around safely. Re-evaluate the safety of the person's home as behavior and abilities change.

15) When You **Tried Your Best**, Know You Did the Best.

