

# Good case study on alzheimers disease

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## Question 1

Alzheimer is a disease that mainly affects the elderly. Individuals who suffer from this ailment usually experience irreversible and progressive brain function impairment. This leads to reduced intellectual ability.

Several signs and symptoms may occur in an individual, and these may lead to a probable diagnosis of Alzheimer's disease. The most common of these include changes in behavior, mood and memory loss. Apart from there are several other occurrences that may lead to a probable diagnosis. Most of the are cognitive disturbances and include things such as failure to identify and recognize common objects, disturbances in planning, sequencing, organizing and other elements of higher functioning, inability to conduct motor activities, language disturbance amongst others (Dilworth-Anderson, 2010, p. 19).

Several scientific and medical advances have been made in the diagnosis of Alzheimer in the last few years. The main motivation for this has been the belief that Alzheimer's treatments are more effective if they are initiated at the early stages of the disease (Dilworth-Anderson, 2010, p. 35). Medical research has shown that brain changes that are related to Alzheimer can actually begin many years before the cognitive impairment that the disease brings about becomes evident. Therefore, there have been more efforts to detect some of these changes at the earliest possible time. Some of the tools that are currently being utilized are genotyping and insulin resistance tests. The main approaches to diagnosis that have recently sprung up as a result of technological and medical advancements include the measurement of cerebrospinal fluid biomarkers, brain imaging, and finally, clinical tests on

thinking and memory ability to establish the level of cognitive health (Perry, 2013, p. 45).

Given the characteristics and the behavior of John, he is most probably in the “ Mild Dementia Stage. This is because he is displaying several symptoms that characterize this stage. These include memory loss (not remembering that he no longer lives in New York City and that he does not have to go work), frequent changes in personality ( he sometimes becomes hostile and furious with his wife) and difficulty with sound judgments (for example, change of clothes, taking a bath) amongst other symptoms.

## **Characteristics of stages**

Preclinical Alzheimer’s disease- No apparent symptoms at this stage

Mild Cognitive Impairment- Mild changes in thinking ability and memory (lapses), trouble in sequencing, planning, and slight trouble in making sound decisions

Mild Dementia- memory loss when it comes to recent events, problem solving, sound judgments and complex task difficulties, personality changes, difficulty in expressing or organizing thoughts, misplacing belongings and getting lost

Moderate dementia- increasingly poor judgment, deep confusion, greater memory loss, difficulties with some daily chores and activities, humongous changes in behavior and personality

Severe Dementia- loss of the ability to coherently communicate, requirement daily help when it comes to personal care, significant decline in terms of physical abilities (Moyle et al. 2007, p. 181).

## Question 2

The main reason why John is wandering in the evenings and occasionally having emotional outburst towards is because the effects of dementia are starting to take over. For example, John may be wondering to look for an “unknown someone or something”. This is a common occurrence in many dementia patients. Alternatively, he may be attempting to fulfill a certain physical need such as hunger, thirst. The effects of dementia are also to blame for his outbursts on his wife; the dementia is slowly altering his personality. Some of the recommendable behavioral and communication techniques include

- Speaking in a slow, clear, friendly and clam tone (Sheldon 1982, p. 12).
- Maintaining eye contact with the patient, in this case John to help him to fully focus.
- Giving the patient adequate time to respond to questions
- Reduce the patient’s intake of sugar, junk food and caffeine (Sheldon 1982, p. 12).
- Regular exercises to reduce incidences of restlessness that may lead to “wandering”
- Remove environmental distractions that may be catalyzing the negative emotions and outburst from the patient (Lippa, 2012, p. 294). In other words, identify and remove the objects and factors that may be triggering the negative behavior from John.
- Keep dangerous objects away.
- Acknowledge the patient’s anger and let him know that his frustration is understandable.

- Maintain structure through keeping similar daily routines and removing all possible distractions.
- In case of wandering, ensuring that the person is always carrying identification and a medical bracelet.
- Notifying the local authorities and neighbors about the person's tendency to wander
- Keeping doors locked (Sheldon 1982, p. 12)

### **Question 3**

As the director of Respite Center, I would do several things to entice John to attend the center. First, I would have a sit down with him and explain the various benefits that the center has to offer. For instance, I would tell him of the many men of his age who are regular attendees of the center. I would tell him how it is more fun to interact with men of his own age than to stay at home with his wife all the time. Since he seems to be a great fan of chess, I would tell him of the legendary chess competitions that take place at the center and try to tell him how he would undoubtedly beat all the other competitors. In light of this, I would organize frequent chess competitions in the center amongst other games. I would also establish story telling sessions where John would without a doubt have a great time narrating his war and government experiences to his peers. Since John also likes to play the lute, I would organize a band made of center attendees who play various instruments and come up with weekly playing sessions where all members of the center attend and listen to John and his group playing.

In the worst scenario that John refuses to play the lute because he has forgotten to strum the strings, I would remind him that all he needs is

practice for his skills to come back. If this does not work, I would encourage him to take up another simpler instrument such as the bass drums. However, of all these, the most satisfying activity to an individual like John would have to be narrating his war and government job experiences.

### **Question 4**

Patients in the latter stages of the Alzheimer's disease are usually the most sensitive of in comparison with those in all the other stages. At this stage, it becomes critical to take safety precautions, as the patients in this stage are very unpredictable. The precautions are particularly very important when it comes to the patient's toileting, ambulating and transferring (Moyle et al, 2007, 185).

When it comes to ambulating and transferring, precautions include; removing furniture in the house that is cluttering the way, make sure that walking spaces are well lit, trying closing sections that may be too confusing for the individual suffering from the ailment, and finally, sticking with familiar places when travelling (Moyle et al, 2007, p. 186).

In terms of toileting, a strict patient toileting schedule should be maintained. A written record of the times the patient goes to the bathroom should be kept. In addition, the frequency of the patient's bowel movements should be recorded to help the in toileting planning. Another safety precaution is the limiting of fluid intakes before bedtime (Moyle et al, 2007, p. 187).

### **Question 5**

Apart from the respite center, there are several other community resources that are at Naomi's disposal, and that can help her handle John's situation.

- Support centers.-These are informal centers where individuals suffering from dementia are given advice on how to live with the condition. These are common in local churches, and Naomi can easily access them and encourage John to attend them with her as a sign of support.
- The other option is that of caregivers who spend time with the patient taking care of all his needs and requirements. These caregivers are well trained to handle dementia patients and such an individual would significantly reduce the burden on Naomi.
- The other available resources include classes for patients with memory loss and thinking difficulties where they are imparted with skills related to their conditions. Once again, these are common in many towns and cities and Naomi an easily enroll John in one and both can attend.
- The other resource is that of veterans associations. These associations are concerned with national veterans who have achieved a lot for their country. Veteran associations are available in each city or state and Naomi can enroll John in one where he can receive a lot of help in terms of his condition as well as veteran monetary benefits that can be used to further fund his treatment.
- The final community resource available is that of counseling services for elderly. Counseling services for the elderly are widely available, and Naomi can convince John to be attending these sessions with her where he will receive counseling on his condition.

## **Question 6**

Long Term Care: Recommendation

It appears that John's condition will, only get worse as he continues aging.

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Therefore, the best option would be to move him into a care home permanently. Although it may be expensive, John will receive all the care and treatment that he requires, and all his needs will be met. In addition, a care home will mean that John no longer wanders off where he may be prone to negative outcomes such as accidents or even abductions.

At this stage, the best thing is for Naomi to call her children and decide how they will pool funds so that their father can be transferred to a facility where he will receive all the help that he needs. After that, a family sit-down is required where John will be made aware of his condition and is informed of the decision that has been made. It is obvious that John might resist, but it is up to the family to explain to him quietly that it is in his best interest.

Hopefully, he will agree at last and will move to the care center where his life will in real sense be better.

### **Question 7 A**

When it comes to decision making, people suffering for the Alzheimer's disease normally, have problems in making sound decisions. However, one thing should not be misunderstood; these patients have the right to participate in all decision's regarding their care. This may involve aspects such as diagnostic or treatment interventions, ambulation, diet, daily care, end of life care amongst others (Appel, 2012, 265). The refusal of or the consent of treatment or diagnostic interventions essentially means that the patient credibly demonstrates ability or considers burdens, risks and benefits. Whether this individual has the ability to understand and make sound decisions as well as take responsibility of consequences of decisions made is not a matter of legal competence, it is a matter of clinical



determination (Moyle et al, 2007, 188). Individuals in the first stages of the Alzheimer's disease have capacity to come up with some sound decisions, although not all. However, the main things that should be recognized is that legally, clinically and ethically, it is always critical to first of all ascertain a patient's authentic goals, values, wishes preferences and values about his care and treatment option than to automatically default the decision making to a given family member.

When it comes to information holding, this area has generated heated debate. Some advocate for the full disclosure of information to patients without holding back. Others are of the opinion that there should be non-disclosure of information that may potentially harm the patient or affect their condition making it become worse. This is evident in Naomi's case where she is in a dilemma of whether to tell John about the death of his brother or not, she is afraid that revealing this, especially at a time when John is doing better may inadvertently derail his condition. Once again, the question of ethics and law is brought into question. However, this matter unlike the other is not so black and white. Here, it is up to the holder of the information to decide what to do with the information. A decision may be made on whether to disclose to the patient or to hold it back. The final decision is, however, dependent on the holder's assessment on the impact that the decision might have on the patient. This is why the person who makes the final decision must be someone who knows the patient very well, and who can, therefore, accurately deduce the likely implications of information disclosure on the patient.

This, in fact, what ethical decision-making entails. It would not be ethical to

just reveal information to a patient that may derail his chances of recovery and getting better and, in fact, make them worse (Purtilo et al, 2004, p. 101). It would also not be ethical to hide some crucial information from a patient that may of greater significance than his current condition, this obviously brings about a dilemma and consequently, the decision of whether to disclose or hold back information from the patient should not be made overnight.

## References

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