

Alzheimer's Digest

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FEBRUARY/2025

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A Personal Mission: Rebuilding Hope through “The Alzheimer’s Digest”

By "Butch"
Charles Grimes



The return of “The Alzheimer’s Digest” after COVID is more than just a continuation of a publication; it’s a personal mission rooted in my own experiences and the deep need I see within our communities. When my mother was diagnosed with Alzheimer’s, my brother and I found ourselves suddenly thrust into the world of caregiving, much like so many others. It’s a journey full of challenges, heartache, isolation, and a lack of sleep. Navigating her care, witnessing her gradual decline, and finally losing her to this devastating disease changed our perspective in profound ways.

I realized that as caregivers, we often face these battles alone, searching for answers, support, and guidance. Yet, even as we struggled, I knew I had resources that many others didn’t. For those in underserved communities, finding information and support for Alzheimer’s and dementia caregiving can feel almost impossible. It is for them, for my mother, and for all of us who are fighting this battle, that bringing this paper back is so deeply personal.

Why the Paper Matters

During the pandemic, life changed in ways we could never have anticipated. Families were forced to face their struggles without the usual support networks. For Alzheimer’s and dementia caregivers, the isolation was even more profound. Caregiving is hard enough when you can access respite care, support groups, and in-



For many, this paper will be
the first step toward understanding
what their loved ones are going
through.

person medical visits. But COVID stripped so many of those lifelines away leaving families feeling stranded and overwhelmed. Many felt they had nowhere to turn.

The absence of “The Alzheimer’s Digest” during those critical years was deeply felt. This paper had been a source of reliable information, a bea-

con for those navigating the fog of caregiving. It was a platform to raise awareness, offer education, and provide solace for caregivers who felt alone in their struggles. After a hiatus, I realized the urgent need to revive this publication as a critical resource for so many who have been forgotten or left behind.



FEATURED CAREGIVER
Cuidador destacado



**Gwendolyn
and Frances,
MOTHER AND
DAUGHTER**
MADRE E HIJA

P.4

Now, more than ever, families need tools and guidance. Alzheimer’s and dementia affect not just individuals but entire families and communities. “The Alzheimer’s Digest” is here to bridge the gap by providing knowledge, support, and, most importantly, hope.

Why It's Personal for Me

When my mother passed, I felt her absence in every fiber of my being. Yet her death also strengthened my resolve to do even more for those facing the same fight we did. I saw firsthand the exhaustion, the confusion, and the emotional toll caregiving takes on families. But I also witnessed the strength, the love, and the determination of those who step up to care for their loved ones despite these challenges. It’s this spirit I want to uplift with this paper.

This publication is about more than just caregiving tips or medical advice. It’s about honoring the caregivers themselves—those unsung heroes who give so much of themselves, often without recognition or support. It’s about empowering them with the information they need to make decisions, offering them encouragement during tough times, and creating a community where they don’t have to walk this path alone.

A Lifeline for Underserved Communities

Underserved communities are disproportionately affected by Alzheimer’s and dementia. Limited access to healthcare, economic struggles, and systemic barriers often means these communi-

[Go to page 3](#)

**10
VOCABULARY
WORDS**
can help you
better understand
the illness.

**10 PALABRAS
PUEDEN
AYUDARTE A
ENTENDER MEJOR
EL PADECIMIENTO.**

P.6





By Amber Cournoyer

In the early morning hours of March, brothers Butch and Anthony Grimes lost their beloved mother, Gloria Dean Grimes, to the challenges of Alzheimer's Disease. Both men remember their mother as a highly intelligent, strong-willed, and occasionally strict woman who raised them to be hardworking and resilient, just like her.

When the brothers first noticed changes in Gloria 12 years ago, they could hardly foresee the journey that lay ahead. Gloria was diagnosed with Alzheimer's in 2013 at the age of 74. Over the next decade, Butch and Tony would learn valuable lessons together, navigating the frustration, anxiety, and persistent sense of loss that dementia brings to a family.

Anthony, or "Tony," the younger Grimes brother, recalls the initial signs of trouble when Gloria called him upset about misplaced tax receipts. He flew from his home in Texas to Los Angeles to help her find them, leaving the receipts in a conspicuous place before departing.

"Two days later, Mom called to tell me the receipts were missing again," said Tony.

He promptly booked another flight back to Los Angeles, this time to take Gloria to the doctor. After a series of tests, the brothers discovered that their mother was showing signs of early dementia, a shocking revelation for the family.

"No one in our family had ever been diagnosed with Alzheimer's," Tony recalled. "We had no idea which way to go; there was no road map."

As they navigated this uncharted territory, the brothers pieced together a plan. They faced the challenges of securing referrals for memory care, finding caregivers, and managing their mother's finances. When they realized it was unsafe for Gloria to stay home alone, Butch took on the role of full-time caregiver.

"I quickly learned how heavy



The Journey Ends and Begins

Interview with Anthony "Tony" Grimes

As Gloria's illness progressed, she slowly began to forget her identity.

BUTCH AND TONY BECAME HER GUARDIANS, witnessing her gradual decline.

that responsibility was," Butch said.

Through this experience, Butch was inspired to establish Who'sGonnaTakeCareofMe.org, a Los Angeles-based nonprofit aimed at raising dementia awareness and providing accessible Alzheimer's programs, services, and resources for marginalized communities. He even published a modest Alzheimer's newspaper for his community, initially printing 3,000 copies. By the third issue, demand had skyrocketed, and Alzheimer's Digest was distributing 25,000 copies.

"We don't want others to struggle as we did for information or resources," Butch stated.

As the nonprofit flourished, inspired by Gloria's journey, she remained a constant source of light for her family. Even on her bad days, she served as a beacon for others. The Grimes brothers chose to share their family's journey honestly, highlighting both the tribulations and triumphs in their mission to educate others about the realities of caring for a loved one with dementia.

"As we like to say at Who'sGon-

naTakeCareofMe.org, 'be informed, not surprised,'" Butch added.

As Gloria's illness progressed, she slowly began to forget her identity. Butch and Tony became her guardians, witnessing her gradual decline. They grieved her absence incrementally over the last decade of her life, struggling with the varying phases of the disease.

"One of the first things I mourned was our usual interactions," Tony reflected. "Suddenly, she could no longer sit up and engage with me the way she used to. She couldn't enjoy a joke anymore."

Swiss-American psychiatrist Elisabeth Kübler-Ross was the first to outline grief in five phases: denial, anger, bargaining, depression, and acceptance. While not everyone experiences all five phases or in a linear manner, her framework has become widely recognized.

For those caring for someone

with Alzheimer's, these stages often unfold over many years. Both Butch and Tony grappled with their feelings in their own time.

"I went straight to denial and then anger," Tony admitted. "I couldn't believe this was happening to my mom. Just ten years prior, she had a radical mastectomy and beat breast cancer, only to end up with Alzheimer's?"

As Gloria's Alzheimer's progressed, each brother found ways to navigate their grief and accept the changes. Tony recalls the difficult transition of moving Gloria from memory care to a higher level of care, when she lost her ability to walk or feed herself.

"By the time we moved her, it felt like we were in a heavyweight fight with Alzheimer's," said Tony. "We'd get her stable, feeling secure, and then Alzheimer's would raise the stakes, and she'd decline further."

Throughout this years-long battle, the brothers learned the importance of self-care and seeking the right support for themselves and Gloria.

"Seek out support," Tony urged. "Connect with friends and family who are on a similar journey or find a support group. If you don't, you might end up in the hospital too."

In the final years of Gloria's life, her personality and memory faded completely. Butch and Tony focused on cherishing the present, making the most of their remaining time with her.

"Enjoy the small moments," Tony advised. "A smile, a meal, or simply sitting together on a sunny day."

Now, Gloria's memory lives on in the brothers' efforts to raise awareness and assist others navigating their Alzheimer's journeys. Tony believes that even though their mother is no longer physically with them, this is not the end; he and Butch will be reunited with her one day.

"For us, her passing is a time to remember the good times," Tony concluded. "Mom loved parties, so we will celebrate her life and the memories we shared." •

Alzheimer's Digest

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El regreso de "The Alzheimer's Digest" después de covid es más que la continuación de una publicación; es una misión personal arraigada en mis propias experiencias y en la profunda necesidad que veo dentro de nuestras comunidades. Cuando a mi madre le diagnosticaron Alzheimer, mi hermano y yo nos encontramos de repente en el mundo del cuidado, al igual que muchas otras personas. Es un viaje lleno de desafíos, dolor en el corazón, aislamiento, falta de sueño, navegar por su cuidado, presenciar su declive y finalmente perderla. Por esta devastadora enfermedad cambió nuestra perspectiva de manera profunda.

Me di cuenta de que como cuidadores, a menudo enfrentamos estas batallas solos cuando buscamos respuestas, apoyo y orientación. Sin embargo, incluso mientras luchábamos, sabía que teníamos recursos que muchos otros no tenían. Para aquellos en comunidades desatendidas, encontrar información y apoyo para el cuidado del Alzheimer y la demencia puede ser casi imposible. Es por ellos, por mi madre y por todos los que estamos librando esta batalla, que traer este periódico de vuelta es profundamente personal.

Por qué esta publicación importa

Durante la pandemia, la vida cambió de maneras que nunca podríamos haber anticipado.

Reconstruir la esperanza a través de "The Alzheimer's Digest": Una misión personal

Para muchos, este documento será el primer paso para comprender por lo que están pasando sus seres queridos.

Las familias se vieron obligadas a enfrentar sus luchas sin las redes de apoyo habituales. Para los cuidadores de Alzheimer y demencia, el aislamiento fue aún más profundo. El cuidado es bastante difícil a pesar de tener atención de relevo, grupos de apoyo y visitas médicas en persona. Pero el covid eliminó muchas de esas líneas de vida, dejando a las familias varadas y abrumadas. Muchos sintieron que no tenían a dónde acudir.

La ausencia de "The Alzheimer's Digest" durante esos años críticos se sintió profundamente. Este documento había sido una fuente de información confiable, un faro para aquellos que navegan por la niebla del cuidado. Era una plataforma para crear conciencia, ofrecer educación y proporcionar consuelo a los cuidadores que se sentían solos en sus luchas. Después de una pausa, me di cuenta de la necesidad urgente de revivir esta publicación como un re-

curso crítico para tantos que han sido olvidados.

Ahora, más que nunca, las familias necesitan herramientas y orientación. El Alzheimer y la demencia afectan no solo a individuos, sino a familias y comunidades enteras. "The Alzheimer's Digest" está aquí para cerrar la brecha, proporcionando conocimiento, apoyo y, lo más importante, esperanza.

Por qué es personal para mí

Cuando mi madre falleció, sentí su ausencia en cada fibra de mi ser. Sin embargo, su muerte también fortaleció mi determinación de hacer aún más por aquellos que se enfrentan a la misma lucha que nosotros. Vi de primera mano el agotamiento, la confusión y el costo emocional que el cuidado tiene sobre las familias. Pero también fui testigo de la fuerza, el amor y la determinación de aquellos que dan un paso adelante para cuidar a sus seres queridos a pesar de

estos desafíos. Es este espíritu el que quiero elevar con esta publicación.

Esta publicación es algo más que consejos de cuidado o asesoramiento médico. Se trata de honrar a los propios cuidadores, esos héroes anónimos que dan tanto de sí mismos, a menudo sin reconocimiento ni apoyo. Se trata de empoderarlos con la información que necesitan para tomar decisiones, ofrecerles aliento en tiempos difíciles y crear una comunidad donde no tengan que caminar solos por este camino.

Un salvavidas para las comunidades desatendidas

Las comunidades desatendidas se ven desproporcionadamente afectadas por el Alzheimer y la demencia. El acceso limitado a la atención médica, las dificultades económicas y las barreras sistémicas a menudo significan que estas comunidades enfrentan mayores desafíos en el manejo de estas enfermedades. Sin embargo, también son los menos propensos a recibir la ayuda que necesitan. "The Alzheimer's Digest" se compromete a centrarse en estas comunidades, proporcionando un espacio donde puedan encontrar

información y apoyo culturalmente relevantes que hable de sus necesidades únicas.

Para muchos, este documento será el primer paso para entender por lo que están pasando sus seres queridos. Será una guía de recursos, una conexión para apoyar a las redes y una fuente de inspiración a medida que se enfrentan a los altibajos de la prestación de cuidados. Más que nada, quiero que "The Alzheimer's Digest" sea algo a lo que la gente pueda recurrir cuando se sienta perdida.

Un nuevo comienzo

A medida que relanzamos este documento, lo hacemos con un renovado propósito. La comunidad de Alzheimer es vasta y variada, pero estamos unidos por nuestras experiencias compartidas. Nos hemos enfrentado a una pérdida inimaginable, pero también sabemos que juntos podemos encontrar esperanza.

Este viaje es personal para mí, pero sé que también es personal para muchos otros. Que "The Alzheimer's Digest" sea el recurso que todos necesitamos, un lugar donde los cuidadores y las familias encuentren la fuerza y el apoyo para continuar luchando por sus seres queridos. Estamos juntos en esto, y juntos seguiremos avanzando. ¡Comparte con tus amigos! •

Come from page 1

ties face greater challenges in managing these diseases. Yet, they are also the least likely to receive the help they need. "The Alzheimer's Digest" is committed to focusing on these communities, providing a space where they can find culturally relevant information and support that speaks to their unique needs.

For many, this paper will be the first step toward understanding what their loved ones are going through. It will be a guide to resources, a connection to support networks, and a source of inspiration as they face the ups and downs of caregiving. More than anything, I want "The Alzheimer's Digest" to be something people can turn to when they feel lost.

A New Beginning

As we relaunch this paper, we do so with a renewed sense of purpose. The Alzheimer's community is vast and varied, but we are united by our shared experiences. We've faced un-

This publication is about more than just caregiving tips or medical advice. IT'S ABOUT HONORING THE CAREGIVERS.

imaginable loss, but we also know that together, we can find hope.

This journey is personal for me, but I know it is personal for so many others too. Let "The Alzheimer's Digest" be the resource we all need—a place where caregivers and families find the strength, support, and information to continue fighting for their loved ones. We are in this together, and together, we will keep pushing forward. Tell your friends!! •

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GWENDOLYN AND FRANCES, Mother and Daughter

By Amber Cournoyer

Before LA native, Frances Dent, retired from the Department of Justice and became her mother's official caregiver, she lived much differently. In the last five years, her mother, 92-year-old Gwendolyn Ephriam, has declined from the progressive onset of Alzheimer's Disease.

Dent says she saw a difference in her mother right before the COVID-19 pandemic. She noticed her putting things where they didn't belong. Soon, Ephriam lost interest in her Sudoku puzzle books, telling Dent they weren't hers. Then she began to wander off.

Now, Dent must monitor Ephriam 24/7. Her mom's day consists of taking laps around the den in her LA home, trying all the doors over and over.

"She goes in and out of the linen closet, trying to get out or get downstairs," said Dent.

Dent has devices on all doors in her home so Ephriam can't escape. She spends the majority of her day monitoring her mom, ensuring she eats and doesn't hurt herself; bearing witness as Ephriam forgets family, friends and parts of herself. Dent says she remembers the day her mother asked to have everything of hers removed from her room.

"We had to take everything out because she said it wasn't hers," said Dent.

So, with the help of family they removed all her belongings; perfumes, and knick knacks.

Now Ephriam no longer remembers she was an accountant for decades. Dent recalls her mom doing all of their family and friends' taxes, well into her 80's, even volunteering to do taxes at her local Senior Center.

When she asks Ephriam during the interview if she remembers doing other people's taxes, her mom snaps that they should do their own taxes. She also doesn't remember her time on the bowling league, playing women's softball, volunteering with the Braille Institute or being the first black person to swim on her local swim team where she grew up in Detroit, Michigan.

Dent says now her mother only remembers simple things, like she enjoys coffee in the morning and tea and cookies at night.

Dent learned the hard way her mother could no longer be left alone even for a short pe-



A Daughter's Devotion: Navigating the Challenges and Joys of Caring for Her Mom.
La devoción de una hija: Navegando por los retos y las alegrías de cuidar a su madre.
PHOTOS: COURTESY



I remember
 I sat up there in
 tears," said Dent,
 "and (mom) had
 no idea who
 I was talking
 about'

riod. One morning she experienced all caregivers' worst fear. Her mother disappeared.

"I just needed to run to the store," said Dent.

It was Super Bowl Sunday and Dent needed last minute things. No one was available to watch her mother, but Ephriam was still asleep, and Dent knew she'd return quickly. When she returned her mother's room was empty. Dent called family, frantically searched the house, yard and up and down the street.

"I started crying," said Dent, "I was terrified."

Dent would find her mother at the Library across the street, sitting on the stoop outside wearing someone else's shoes.

"She was only wearing her gown and she had fallen and was bleeding," said Dent.

Luckily, a homeless person sleeping in their car at the library, saw her mother fall. The strange shoes on Ephriam's feet were theirs, and they sat with her until Dent arrived.

"I was so grateful to that homeless person for taking care of her," said Dent.

Although family members and a caregiver visit when needed, most of Ephriam's care falls to Dent. A couple of times a week someone sits with Ephriam giving her the chance to grab a golf game or grocery shop.

Dent says she doesn't mind taking care of her mom, but sometimes misses the simple things.

"Like, I can't just go home and take a nap," said Dent, "I go home and go to work."

There's no denying Dent's life now revolves around Ephriam. Throughout the interview Dent interacts with her mother, deciphering her questions and constantly and calmly reminding her that she can't get outside through the linen closet.

Dent says she's learned to manage stress through her own process. She began reading, then attended support groups and seminars, even sharing their story.

"I remember I sat up there in tears," said Dent, "and (mom) had no idea who I was talking about."

As any Alzheimer's family caregiver will tell you, it's hard to watch someone you love forget you. But, Dent has learned to adapt through patience, humor and remembering good times.

"My heart is full to have had many heartfelt memories with mom," said Dent.

Now, Dent's memories with her mother are made in the quiet moments of their day.

"Good moments are when I get her ready for bed and we say a prayer and she will pull me to her for a hug and kiss," said Dent. "I walk away knowing this is my mom and this is why I do this."

To learn more about Alzheimer's Disease or access resources for dementia patients and caregivers go to our website at whosgonnatakecareofme.org.

Gwendolyn y Frances, madre e hija

Antes de que la nativa de Los Ángeles, Frances Dent, se retirara del Departamento de Justicia y se convirtiera en la cuidadora oficial de su madre, vivía de manera muy diferente. En los últimos cinco años, su madre, Gwendolyn Ephriam, de 92 años, se ha deteriorado desde el inicio progresivo de la enfermedad de Alzheimer.

Dent dice que vio una diferencia en su madre justo antes de la pandemia de covid-19. Se dio cuenta de que ponía las cosas donde no debían. Pronto, Ephriam perdió interés en sus libros de rompecabezas de Sudoku, diciéndole a Dent que no eran suyos. Entonces empezó a deambular.

Ahora, Dent debe monitorear a Ephriam las 24 horas del día, los 7 días de la semana. El día de su madre consiste en dar vueltas alrededor de la sala de estar en su casa de Los Ángeles, probando todas las puertas una y otra vez.

"Ella entra y sale del armario de ropa de cama, tratando de salir o bajar las escaleras", dijo Dent.

Dent tiene dispositivos en todas las puertas de su casa, por lo que Ephriam no puede escapar. Ella pasa la mayor parte de su día monitoreando a su madre, asegurándose de que come y no se hace daño; dando testimonio de que Ephriam olvida a su familia, amigos y partes de sí misma. Dent dice que recuerda el día en que su madre pidió que le quitaran todas las cosas de su habitación.

"Tuvimos que sacar todo porque ella dijo que no era suyo", dijo Dent.

Así que, con la ayuda de la familia, sacaron todas sus pertenencias; perfumes y chucherías.

Ahora Ephriam ya no recuerda que fue contadora durante décadas. Dent recuerda a su madre haciendo todos los impuestos de sus familiares y amigos, hasta bien entrada sus 80 años, e incluso se ofreció como voluntaria para hacer impuestos en su centro local para personas mayores.

Cuando le pregunta a Ephriam durante la entrevista si recuerda haber hecho los impuestos de otras personas, su madre le dice que deberían hacer sus propios impuestos. Tampoco recuerda su tiempo en la liga de boliche, jugar al softbol femenino, ser voluntaria en el Instituto Braille o ser la primera persona negra en nadar en su equipo de natación local, donde creció en Detroit, Michigan.

Dent dice que ahora su madre solo recuerda cosas simples,



Recuerdo que me senté allí llorando", dijo Dent, "y (mamá) no tenía ni idea de quién estaba hablando

como que disfruta del café por la mañana y del té y las galletas por la noche.

Dent aprendió de la manera más difícil que su madre ya no podía quedar sola ni siquiera por un corto período de tiempo. Una mañana experimentó el peor miedo de todos los cuidadores. Su madre desapareció.

"Necesitaba ir rápido a la tienda", dijo Dent.

Era el domingo del Super Bowl y Dent necesitaba cosas de última hora. No había nadie disponible para cuidar a su madre, pero Ephriam todavía estaba dormida, y Dent sabía que volvería rápidamente. Cuando regresó, la habitación de su madre estaba vacía. Dent llamó a la familia, buscó frenéticamente en la casa, el patio y arriba y abajo de la calle.

"Empecé a llorar", dijo Dent, "estaba aterrizada".

Dent encontró a su madre en la biblioteca al otro lado de la calle, sentada en la escalinata afuera con los zapatos de otra persona.

"Ella solo llevaba puesta su bata y se había caído y estaba sangrando", dijo Dent.

Por suerte, una persona sin hogar que dormía en su coche en la biblioteca vio caer a su madre. Los extraños zapatos en los pies de Ephriam eran de esa persona, que se sentó con ella hasta que llegó Dent.

"Estaba muy agradecida con esa persona sin hogar por cuidar de ella", dijo Dent.

Aunque los miembros de la familia y un cuidador la visitan cuando es necesario, la mayor parte de la atención de Ephriam recae en Dent. Un par de veces a la semana, alguien se sienta con Ephriam, lo que le da la oportunidad de jugar golf o ir a una tienda de comestibles.

Dent dice que no le impor-

ta cuidar de su madre, pero a veces echa de menos las cosas simples.

"Como, no puedo ir a casa y echarme una siesta", dijo Dent, "me voy a casa y me voy a trabajar".

No se puede negar que la vida de Dent ahora gira en torno a Ephriam. A lo largo de la entrevista, Dent interactúa con su madre, descifrando sus preguntas y recordándole constantemente y con calma que no puede atravesar el armario de ropa de cama.

Dent dice que ha aprendido a manejar el estrés a través de su propio proceso. Comenzó a leer, luego asistió a grupos de apoyo y seminarios, incluso compartió su historia.

"Recuerdo que me senté allí llorando", dijo Dent, "y (mamá) no tenía ni idea de quién estaba hablando".

Como te diré cualquier cuidador familiar de Alzheimer, es difícil ver a alguien que amas olvidar quién eres. Dent ha aprendido a adaptarse a través de la paciencia, el humor y el recuerdo de los buenos momentos.

"Mi corazón está lleno por haber tenido muchos recuerdos sinceros con mamá", dijo Dent.

Ahora, los recuerdos de Dent con su madre se hacen en los momentos tranquilos de su día.

"Los buenos momentos son cuando la preparo para ir a la cama y decimos una oración y ella me jala hacia ella para darme un abrazo y un beso", dijo Dent. "Me voy sabiendo que esta es mi madre y es por eso que hago esto".

Para obtener más información sobre la enfermedad de Alzheimer o acceder a recursos para pacientes con demencia y cuidadores, visite nuestro sitio web en whosgonnatakecareofme.org.

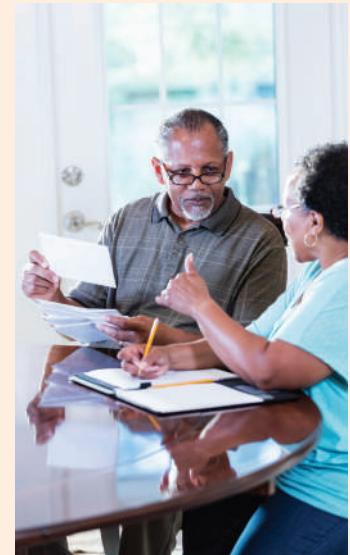


ATTORNEY AT LAW

By Andrea Van Leesten,

An Informed Lawyer is a Better Lawyer

This spring brought the usual sunny skies and gray days, followed by unexpected heavy rain, floods, and landslides. Such disruptions remind us that, like the weather, our expectations regarding health, family, and life are constantly changing, often leading to unplanned challenges. It's essential to assess the tools and people around us and prioritize what truly matters. Now is the time to plan for life's unexpected interruptions and review your current life plan to ensure it aligns with your evolving circumstances.



The more information you prepare for your meeting with your lawyer, the better equipped they will be to assist you. By providing details about your family members and those you rely on most, your personal legal documents can serve as effective tools when you need them. Remember, it's not just your physical and financial assets that matter; it's also the family members you trust to manage them.

Do you have documents that name children or family members who will care for you if you become sick, incapacitated, or injured? Do you have a will, trust, or property held in joint tenancy? Have you established a Durable Power of Attorney for healthcare and financial matters?

When your attorney interviewed you to prepare your estate planning documents, were you fully candid about your family dynamics? Discussing these scenarios is crucial, as your attorney must ensure your wishes are respected.

I've encountered several situations where I wished a trustor had explained the complexities of their family dynamics. Do you have children who do not get along? Will one of your children be upset or angry if you don't designate them to manage the family estate? Keep in mind that disagreements can waste time and money, often resulting in conflicts that end up in the court system.

If possible, try to resolve any familial issues before your appointment. Alert

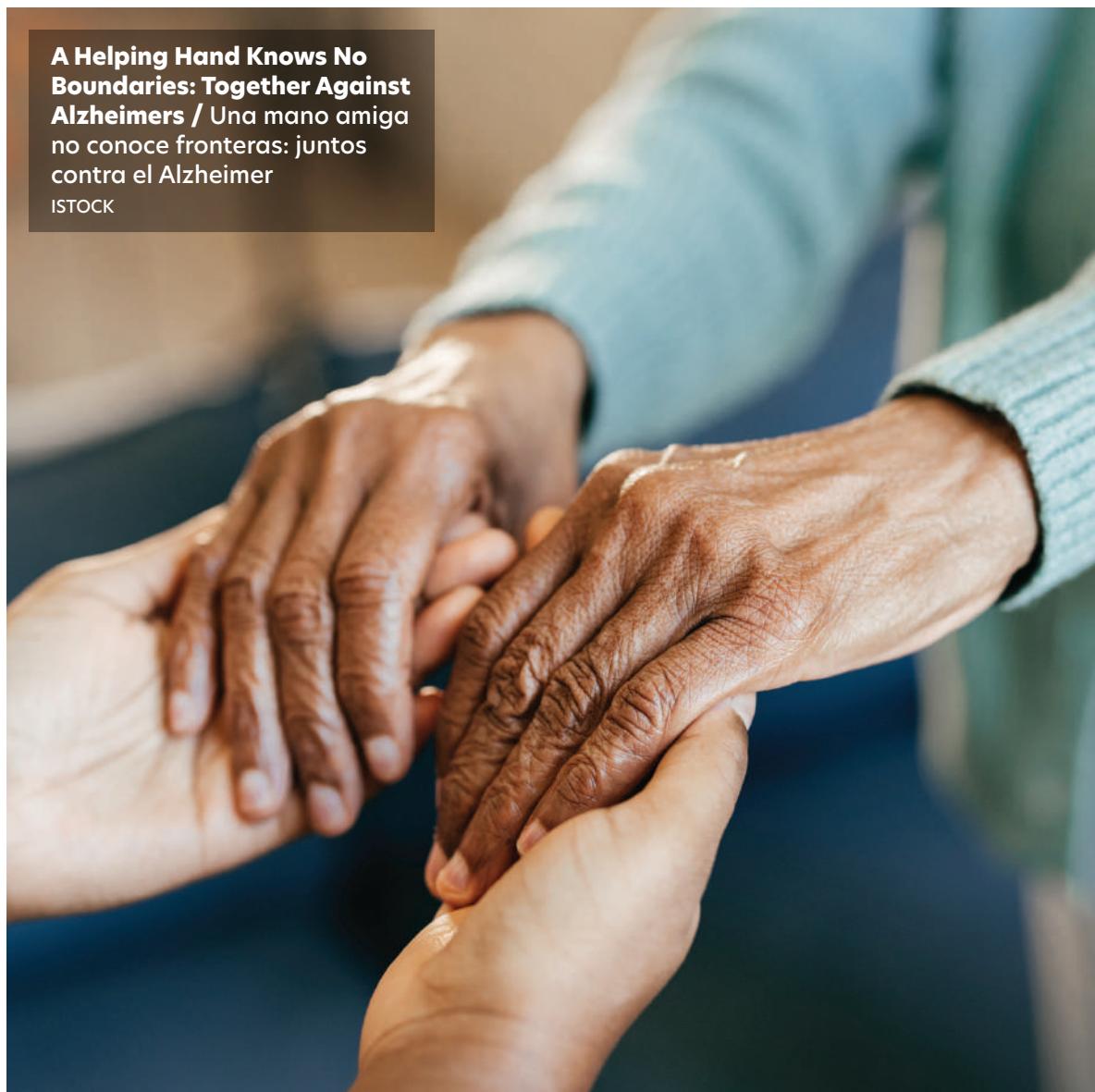
your lawyer to any existing family animosities and discuss potential resolutions for conflicts that could arise. You know your family members far better than your attorney does, and you alone can provide those critical insights.

Make sure to inform your attorney about each of your children, including those who have thrived and those who have struggled. A successful child may harbor resentment towards a sibling who has received more assistance from you, which can complicate matters. Your assets should be utilized to support you during your time of need, so set both yourself and your attorney up for success by sharing this important information.

If you have been diagnosed with Alzheimer's or Early-Onset Alzheimer's, it may be too late to start organizing your documents. In that case, your only recourse for asset management is the Los Angeles Superior Court Probate Division, so it's vital to be proactive and make your appointment now.

THE MORE INFORMATION you prepare for the meeting with your lawyer, the better.

A Helping Hand Knows No Boundaries: Together Against Alzheimers / Una mano amiga no conoce fronteras: juntos contra el Alzheimer
ISTOCK



Ten Vocabulary Words All Alzheimer's Caregivers Should Know

By Amber Cournoyer

Whether you are diagnosed with Alzheimer's or caring for someone with the disease, knowing key vocabulary words can help you better understand the illness. Here are twelve key words for caregivers and patients, alike.

Anticipatory Grief - Feelings of ambiguous loss are common, particularly in the middle and late stages of Alzheimer's disease, but may be apparent at any stage in the caregiving process. As Alzheimer's gradually takes away the person you know and love, you may experience the different phases of grieving: denial, anger, guilt, sadness and acceptance.

ADLs (Activities of Daily Living) - These are the daily activities of any declining medical patient. Doctors use ADLs or Instrumental ADLs (IADLs) to better understand their patient and their patient's condition.

Palliative Care - a care program that alleviates symptoms of an underlying cause but does not cure, usually provided to dying patients.

Dementia - An umbrella term

used to describe a range of progressive neurological disorders; conditions affecting the brain and nervous system.

Agitation - In people with Alzheimer's, agitation refers to feelings of anxiety they may have which may cause them to become restless, leading them to move around or pace, or become upset when trying to remember specific things, like words, dates or names.

Biomarker - These are measures of what is happening within your body, as shown through blood, urine, or imaging tests. With Alzheimers, the most commonly used biomarkers measure brain changes as seen on MRI / PET scans, as well as levels of certain proteins seen in brain scans and cerebrospinal fluid and blood.

Pacing - Alzheimer's patients

may become agitated, restless, or worried — and this may cause pacing, or a need to move around and may even wander back and forth, often to the point of exhaustion.

Sundowning - This refers to a state of confusion that often occurs in the late afternoon or early evening in people with Alzheimer's, causing confusion, anxiety, aggression, or inability to follow directions. It can also lead to pacing or wandering. The exact cause is unknown, but it may have to do with being tired at the end of the day.

Memory Care - a special form of Alzheimer's care that helps patients maintain cognition and defer further memory loss. Memory care programs can be conducted at home, adult day cares or at residential living communities and include activities like art or music that promote engagement and comprehension.

UTI (Urinary Tract Infection) - UTIs are bladder infections common in elderly and Alzheimer's patients, often caused by catheters or the patient neglecting to or being unable to speak up about needing to use the toilet. UTIs can have erratic effects on Alzheimer's patients, causing delirium in fluctuating states. •

Vocabulary words **CAN HELP YOU**
better understand the illness.

Diez palabras que todos los cuidadores de personas con Alzheimer deberían saber

Ya sea que te diagnostiquen con Alzheimer o cudes a alguien con la enfermedad, conocer las palabras clave del vocabulario puede ayudarte a entender mejor el padecimiento. Aquí hay diez palabras clave para cuidadores y pacientes por igual.

- Dolor anticipado:** los sentimientos ambiguos de pérdida son comunes, particularmente en las etapas media y tardía de la enfermedad de Alzheimer, pero pueden ser evidentes en cualquier etapa del proceso de atención. A medida que el Alzheimer te quita gradualmente a la persona que conoces y amas, puedes experimentar las diferentes fases del duelo: negación, ira, culpa, tristeza y aceptación.

- ADL (Actividades de la vida diaria):** estas son las actividades diarias de cualquier paciente médico en declive. Los médicos utilizan ADL o ADL Instrumental (IADL) para comprender mejor a su paciente y la condición de su paciente.

- Cuidados paliativos:** es un programa de atención que alivia los síntomas de una causa subyacente, pero no cura, que generalmente se proporciona a los pacientes moribundos.

- Demencia:** es un término general utilizado para describir una serie de trastornos neurológicos progresivos; afecciones que afectan al cerebro y al sistema nervioso.

- Agitación:** en las personas con Alzheimer, la agitación se refiere a los sentimientos de ansiedad que pueden tener y que pueden hacer que se vuelvan inquietos, lo que los lleva a moverse o a seguir el paso, o a molestarse al tratar de recordar cosas específicas, como palabras, fechas o nombres.

- Biomarcador:** estas son medidas de lo que está sucediendo dentro de su cuerpo, como se muestra a través de análisis de sangre, orina o imágenes. Con el Alzheimer, los biomarcadores más utilizados miden los cambios cerebrales como se ven en las resonancias magnéticas/PET, así como los niveles de ciertas proteínas que se ob-

servan en las exploraciones cerebrales y el líquido cefalorraquídeo y la sangre.

- Paso del Alzheimer:** los pacientes con Alzheimer pueden estar agitados, inquietos o preocupados, y esto puede causar paso del Alzheimer, o la necesidad de moverse e incluso puede vagar de un lado a otro, a menudo hasta el punto de agotamiento.

- Cansancio al atardecer:** esto se refiere a un estado de confusión que a menudo ocurre a última hora de la tarde o a primera hora de la noche en personas con Alzheimer, causando confusión, ansiedad, agresión o incapacidad para seguir las instrucciones. También puede llevar a caminar o vagar. Se desconoce la causa exacta, pero puede tener que ver con estar cansado al final del día.

- Cuidado de la memoria:** una forma especial de atención del Alzheimer que ayuda a los pacientes a mantener la cognición y a aplazar una mayor pérdida de memoria. Los programas de cuidado de la memoria se pueden llevar a cabo en el hogar, en guarderías para adultos o en comunidades residenciales e incluyen actividades como el arte o la música que promueven el compromiso y la comprensión.

- ITU (infección del tracto urinario):** las infecciones urinarias son infecciones de la vejiga comunes en pacientes de edad avanzada y pacientes con Alzheimer, a menudo causadas por catéteres, porque se descuida al paciente o porque no puede hablar sobre la necesidad de usar el inodoro. Las infecciones urinarias pueden tener efectos erráticos en los pacientes de Alzheimer, causando delirio en estados fluctuantes. •



By Angélica P.
Herrera-Venson,

There comes a point in many dementia care journeys, where providing care at home simply isn't realistic. Perhaps your loved one's needs are too great, you're overwhelmed, or their condition now needs more specialized support - the type best provided by a trained team of staff members.

In such situations, memory care facilities may be the answer. These specialized care communities provide a safe, comfortable, and supportive environment for individuals with Alzheimer's disease or other forms of dementia. They offer round-the-clock care, comprehensive assistance, and tailored programs to meet the unique needs of individuals living with memory impairments.

However, memory care facilities are not all the same. Choosing the best one involves research, deliberation, and a clear understanding of what the person with dementia needs.

In this guide, we'll show you the key areas to look at and how they can impact your loved one's experience.

CRUCIAL AREAS TO CONSIDER

The Facility's Inspection Report

Inspection reports are the result of regular inspections by state regulatory agencies. Such reports provide crucial information, including whether there were any violations of expected standards, the grade the facility received, customer satisfaction, and details about pricing.



As such, the reports give you a powerful overview and make it easy to compare different facilities. However, the nature of the reports and their information varies depending on your location, so some may be more useful than others.

Where to Begin

Start by reaching out to the facility directly and asking about the report. In some jurisdictions, the facility is required to

make the report available to the public. Other times, facilities can decide for themselves.

Of course, the state inspection report isn't enough on its own. There are other crucial factors to consider too, including staff qualifications, resident-to-staff ratios, the overall environment, the quality of care provided, and the facility's approach to memory care.

Activities and Engagement

Engagement and stimulation are critical aspects of caring for a person with dementia. The memory care facility should offer plenty of recreational and

engaging activities, with options to suit all stages of the condition.

Ask for an activity schedule at any facility you're considering. You should also discuss activities that might not be on a schedule, such as whether staff members take residents on walks around the facility.

Finally, check the qualifications of the on-site activities coordinator (this role has different titles). A well-qualified coordinator will likely be better at designing an activity schedule that stimulates residents and keeps them engaged. Be aware, though, that this coordinator

is usually restricted to creating group-based activities and likely doesn't provide one-on-one behavioral support to residents.

Approaches to Behavior Management

It is very important to understand how staff respond to dementia-related behaviors, especially challenging ones. You can do this by looking for signs of kindness, positive attitudes, and genuine connections. These are the ones who will treat people with dementia as individuals, not patients, even in the late stages of the disease. If possible,

[Go to page 8](#)

Room Assignment and Privacy

Within memory care facilities, private rooms are often reserved for people who are privately funding their own care, while others may need to share a room instead.

It's important to understand the processes involved, as these directly relate to the privacy and sense of security of your loved one. Here are some important areas to consider:

Room Assignment. How are rooms assigned? Is the personality of the residents considered? What about similarities and differences in their level of care?

Room Reassignment. What are the policies around room reassignment? Can this happen if roommate dynamics don't work well? What happens when one roommate isn't happy with the current arrangement, but the other is?

Frequency of Room

Reassignments. Changing rooms can be distressing for



individuals with dementia. How often does this typically occur? Will your loved one get the chance to settle in an environment and have it feel safe?

Will You Be Notified of Changes? Will the facility inform you before your family member is moved? Will they let you be part of the process?

You should also enquire about the policy regarding room furnishings. Are residents expected to furnish their own rooms or does the facility provide what is needed? If the facility furnishes the room, what items can you bring to help the resident feel more at home?



It's time to
talk about it...

Now you can **READ** about it in the "Alzheimer's Digest" &
listen & learn on Alzheimer's/Dementia Radio "The Journey"
www.whosgonnatakecareofme.org



Staff and Training

The next area to consider is the staff at the facility, starting with the staff-to-resident ratio. Also consider:

How Many Registered Nurses Are on Staff?

How Are Duties Separated? For example, if hospice is assigned to your loved one, what are the responsibilities of in-house staff versus the hospice staff? Know the difference, as miscommunications can lead to poor quality care.

How often are Staff Available?

This is especially relevant in hospice care, where staff come on site only occasionally, depending on their care needs.

Do Staff Assignments Change?

Residents may feel more at ease if assigned the same staff members daily.

What is The Staff Turnover?

High staff turnover can be unsettling for residents, as they must regularly get used to new people.

Also, consider the staff members' backgrounds, technical knowledge, frequency of staff training, and languages spoken. Pay particular attention to the presence of any certified dementia care managers (CDCMs) on staff. Additionally, ask about the frequency of dementia-specific staff training. While such training isn't essential, it can help staff members respond better to people with dementia.

observe how staff members handle disruptive behaviors and conflict.

You can also ask about the specific techniques and strategies staff use to manage dementia-related behaviors, particularly disruptive ones. During mealtimes, for example, how does staff handle residents grabbing food from others' plates? Their answers may include terms like person-centered care, validation, and redirection.

Also, do they have systems in place for dementia-specific challenges? For example, people with dementia often take other people's items out of confusion. Facilities should have an inventory for tracking personal items. What happens when one resident accuses another of taking items?

Medication Use in the Facility

Medications can be crucial for keeping a loved one safe. However, they can also be abused by staff.

Medication misuse is surprisingly common in dementia care, where some medications may be used to act as a form of chemical restraint. Antipsychotic medications, benzodiazepines, and even anti-seizure medications can be used in this way, even though such medications can increase the risk of falls and cause other issues.

Ensure the facility communicates openly about medications

and seeks your approval before making any changes. Ideally, staff should only use medication after every other approach has been tried rather than as a go-to tool for behavior management. You may want to ask to review a log of prescribed medications, as they must account for all medications received by their pharmacy.

The Risk of Falls

Falls are a significant factor for seniors in care facilities, with roughly half of all nursing home residents falling at least once yearly. The risk of falling is doubled for people with Alzheimer's disease, and they may also experience greater injuries from falls.

When evaluating a memory care facility, look for approaches that minimize fall risk, such as closely monitoring residents after new medications are prescribed, using fall detection systems, reducing trip hazards, and creating a safe environment. You can also ask staff members for the specific approaches they use.

It is critical that your loved one is assessed for falls risk upon admission and regularly and that a plan of action is documented for handling their unique case. Will they always require a walker? Do they need to be assisted for trips to the restroom?

Preventing Dehydration

Dehydration is easily overlooked, yet can lead to serious

lega un punto en muchos viajes de atención de la demencia, en el que proporcionar atención en el hogar simplemente no es realista. Tal vez las necesidades de su ser querido son demasiado grandes, usted está abrumado, o su condición ahora necesita un apoyo más especializado; el mejor que pueda ser proporcionado por miembros de un equipo capacitado.

En tales situaciones, las instalaciones para el cuidado de la memoria pueden ser la respuesta. Estas comunidades de atención especializada proporcionan un entorno seguro, cómodo y de apoyo para las personas con la enfermedad de Alzheimer u otras formas de demencia. Ofrecen atención las 24 horas del día, asistencia integral y programas personalizados para satisfacer las necesidades únicas de las personas que viven con problemas de memoria.

Sin embargo, las instalaciones de cuidado de la memoria no son todas iguales. Elegir la mejor implica investigación, deliberación y una comprensión clara de lo que necesita la persona con demencia.

En esta guía, le mostraremos las áreas clave a tener en cuenta y cómo pueden afectar la experiencia de su ser querido. Aquí hay algunas áreas importantes a tener en cuenta:

ÁREAS CRUCIALES A TENER EN CUENTA

Informe de inspección de la instalación

Los informes de inspección son el resultado de inspecciones periódicas por parte de las agencias reguladoras estatales. Dichos informes proporcionan información crucial, incluyendo si hubo alguna violación de los estándares esperados, la calificación que recibió la instalación, la satisfacción del cliente y los detalles sobre los precios.

Como tal, los informes le dan una visión general poderosa y facilitan la comparación de diferentes instalaciones. Sin embargo, la naturaleza de los informes y su información varía dependiendo de su ubicación, por lo que algunos pueden ser más útiles que otros.

Por dónde empezar

Comience por ponerse en contacto directamente con la instalación y preguntar sobre el informe. En algunas jurisdicciones, la instalación está obligada a poner el informe a disposición del público. Otras veces, las instalaciones pue-

Cómo elegir el centro de cuidado de la memoria adecuado para su ser querido

den decidir por sí mismas.

Por supuesto, el informe de inspección estatal no es suficiente por sí solo. También hay otros factores cruciales a tener en cuenta, como las calificaciones del personal, las relaciones entre residentes y personal, el entorno general, la calidad de la atención prestada y el enfoque del centro para el cuidado de la memoria.

Asignación de habitaciones y privacidad

Dentro de las instalaciones de cuidado de la memoria, las habitaciones privadas a menudo están reservadas para personas que financian de forma privada su propia atención, mientras que otras pueden necesitar compartir una habitación en su lugar.

Es importante entender los procesos involucrados, ya que estos se relacionan directamente con la privacidad y la sensación de seguridad de su ser querido. Aquí hay algunas áreas importantes a tener en cuenta:

• Asignación de habitaciones.

¿Cómo se asignan las habitaciones? ¿Se tiene en cuenta la personalidad de los residentes? ¿Qué pasa con las similitudes y diferencias en su nivel de atención?

• Reasignación de habitaciones.

¿Cuáles son las políticas en torno a la reasignación de habitaciones? ¿Puede suceder esto si la dinámica de los compañeros de cuarto no funciona bien? ¿Qué sucede cuando un compañero de cuarto no está contento con el acuerdo actual, pero el otro sí?

• Frecuencia de las reasignaciones de habitaciones.

Los vestuarios pueden ser angustiantes para las personas con demencia. ¿Con qué frecuencia suele ocurrir esto? ¿Tu ser querido tendrá la oportunidad de instalarse en un entorno y hacer que se sienta seguro?

• ¿Se le notificará de los cambios?

La instalación le informará antes de que el miembro de su familia se mude? ¿Le dejarán ser parte del proceso?

También debe preguntar sobre la política con respecto al mobiliario de la habitación. ¿Se espera que los residentes amueblen sus propias habitaciones o la instalación proporciona lo que se necesita? Si la instalación amuebla la habitación, ¿qué artículos puedes traer para ayudar al residente a sentirse más como en casa?

Actividades y compromiso

El compromiso y la estimulación son aspectos críticos del cuidado de una persona con demencia. El centro de cuidado de la memoria debe ofrecer muchas actividades recreativas y atractivas, con opciones para adaptarse a todas las etapas de la afección.

Pida un horario de actividades en cualquier instalación que esté considerando. También debe discutir actividades que podrían no estar en un horario, como si los miembros del personal llevan a los residentes a pasear por las instalaciones.

Por último, compruebe las calificaciones del coordinador de actividades in situ (este puesto tiene diferentes títulos). Un coordinador bien calificado probablemente será mejor en el diseño de un programa de actividades que estimule a los residentes y los mantenga ocupados. Tenga en cuenta, sin embargo, que este coordinador generalmente está restringido a crear actividades basadas en grupos y es probable que no proporcione apoyo conductual uno a uno a los residentes.

Personal y formación

La siguiente área a tener en cuenta es el personal de las instalaciones, comenzando con la proporción de personal por residente. También considere:

• La presencia y el número de enfermeras registradas en el personal.

• ¿Cómo se separan los deberes?

Por ejemplo, si se le asigna un hospicio a su ser querido, ¿cuáles son las responsabilidades del personal interno frente al personal del hospicio? Conozca la diferencia, ya que las faltas de comunicación pueden conducir a una atención de mala calidad.

Dining Experience

There are two crucial areas to consider: ensuring your loved one receives proper nutrition and enjoys their dining experience. Look for:

How Many Meals and Snacks Are Provided?

You might also ask to see a menu to get a sense of the variety of food.

Where and When is the Food Served?

If it is served in a dining hall, can staff members help residents get there safely?

Can Staff Members Help Seniors Who Need Assistance?

This is a common issue in the later stages of dementia.

Will Special Dietary Needs Be Accommodated?

What about preferences? What happens if your loved

one only eats particular foods or if they have foods from the culture they love?

How Do Staff Encourage Eating?

Careful plate selection, lighting, gentle encouragement, and even music may help encourage eating in people with dementia.

If possible, it's worth simply observing mealtimes.

Here, you can pay attention to how staff members handle mealtime dynamics, especially when a resident takes food from others.

health complications, including urinary tract infections, constipation, confusion, increased fall risk, and even death. Dehydration can also occur easily, as some people with dementia are resistant to drinking water.

Staff can help by monitoring for signs of dehydration and actively encouraging hydration. Alternatives to water may also be offered, including diluted juice and water-rich dishes like soup.

Security

What security measures does the facility have in place?

Keypad systems are common to prevent unauthorized entry and exit. Verify that there are alarms on emergency exits and that the exits are monitored correctly.

There should also be systems for monitoring residents, such as fall detection devices, alarms on some doors, and wearable devices that allow seniors to call for assistance.

Final Thoughts

To find the best memory care facility, you will need to ask many questions, particularly about topics like room assignment, activities, training, medications, fall risk, and security. It's also important to pay attention when you visit the facility. Keep a sharp eye out for how staff and residents interact. Such interactions will help you see whether the facility has a positive and supportive environment. •

• ¿Con qué frecuencia está disponible el personal?

Esto es especialmente relevante en los cuidados paliativos, donde el personal viene al lugar solo ocasionalmente, dependiendo de sus necesidades de atención.

• ¿Cambian las asignaciones de personal?

Los residentes pueden sentirse más cómodos si se les asignan los mismos miembros del personal a diario.

• ¿Cuál es la rotación del personal?

La alta rotación de personal puede ser inquietante para los residentes, ya que deben acostumbrarse regularmente a la gente nueva.

Además, tenga en cuenta los antecedentes de los miembros del personal, el conocimiento técnico, la frecuencia de la capacitación del personal y los idiomas que se hablan. Preste especial atención a la presencia de cualquier administrador de atención de la demencia (CDCM) certificado en el personal. Además, pregunte sobre la frecuencia de la capacitación del personal específico para la demencia. Si bien dicha capacitación no es esencial, puede ayudar a los miembros del personal a responder mejor a las personas con demencia.

Enfoques para la gestión del comportamiento

Es muy importante entender cómo responde el personal a los comportamientos relacionados con la demencia, especialmente los desafiantes. Puedes hacer esto buscando signos de amabilidad, actitudes positivas y conexiones genuinas. Estos son los que tratarán a las personas con demencia como individuos, no como pacientes, incluso en las últimas etapas de la enfermedad. Si es posible, observe cómo los miembros del personal manejan los com-

portamientos disruptivos y los conflictos.

También puede preguntar sobre las técnicas y estrategias específicas que utiliza el personal para manejar los comportamientos relacionados con la demencia, en particular los perjudiciales. Durante las comidas, por ejemplo, ¿cómo maneja el personal a los residentes que toman la comida de los platos de los demás? Sus respuestas pueden incluir términos como atención centrada en la persona, validación y redirección.

Además, ¿tienen sistemas establecidos para los desafíos específicos de la demencia? Por ejemplo, las personas con demencia a menudo toman los artículos de otras personas por error. Las instalaciones deben tener un inventario para rastrear los artículos personales. ¿Qué sucede cuando un residente acusa a otro de tomar sus artículos?

Cómo se utilizan los medicamentos

Los medicamentos pueden ser cruciales para mantener a un ser querido seguro. Sin embargo, el personal también puede abusar de ellos.

El uso indebido de medicamentos es sorprendentemente común en el cuidado de la demencia, donde algunos medicamentos se pueden usar para actuar como una forma de restricción química. Los medicamentos antipsicóticos, las benzodiacepinas e incluso los medicamentos anticonvulsivos se pueden usar de esta manera, a pesar de que dichos medicamentos pueden aumentar el riesgo de caídas y causar otros problemas.

Asegúrese de que el centro se comunique abiertamente sobre los medicamentos y busque su aprobación antes

de realizar cualquier cambio. Idealmente, el personal solo debería usar medicamentos después de que se hayan probado todos los demás enfoques, en lugar de como una herramienta de uso para el control del comportamiento.

Es posible que desee solicitar que revise el registro de los medicamentos recetados, ya que deben tener en cuenta todos los medicamentos recibidos de la farmacia.

El riesgo de caídas

Las caídas son un factor importante para las personas mayores en los centros de atención, con aproximadamente la mitad de todos los residentes de hogares de ancianos que caen al menos una vez al año. El riesgo de caídas se duplica para las personas con la enfermedad de Alzheimer, y también pueden experimentar mayores lesiones por caídas.

Al evaluar un centro de cuidado de la memoria, busque enfoques que minimicen el riesgo de caídas, como monitorear de cerca a los residentes después de que se receten nuevos medicamentos, usar sistemas de detección de caídas, reducir los riesgos de traslados y crear un entorno seguro. También puede preguntar a los miembros del personal las maniobras específicas que utilizan.

Es fundamental que su ser querido sea evaluado ante el riesgo de caídas en el momento de la admisión y con regularidad, y que se documente un plan de acción para manejar su caso único. ¿Siempre necesitarán un andador? ¿Necesitan asistencia para ir al baño?

Experiencia gastronómica
Hay dos áreas cruciales a tener en cuenta: garantizar que su ser querido reciba una nutri-

ción adecuada y que disfrute de su experiencia gastronómica. Busque:

- ¿Cuántas comidas y aperitivos se proporcionan?** También puedes pedir ver un menú para tener una idea de la variedad de comida.

- ¿Dónde y cuándo se sirve la comida?** Si se sirve en un comedor, ¿pueden los miembros del personal ayudar a los residentes a llegar allí de forma segura?

- ¿Pueden los miembros del personal ayudar a las personas mayores que necesitan ayuda?** Este es un problema común en las últimas etapas de la demencia.

- ¿Se atenderán las necesidades dietéticas especiales?** ¿Qué pasa con las preferencias? ¿Qué sucede si su ser querido solo come alimentos particulares o si tiene alimentos de la cultura que ama?

- ¿Cómo fomenta el personal la comida?** La cuidadosa selección de los platos, la iluminación, el estímulo suave e incluso la música pueden ayudar a fomentar la alimentación en las personas con demencia.

Si es posible, vale la pena solo observar la hora de las comidas. Aquí, puede prestar atención a cómo los miembros del personal manejan la dinámica de la hora de las comidas, especialmente cuando un residente toma comida de otro.

Prevención de la deshidratación

La deshidratación se pasa por alto fácilmente, pero puede conducir a complicaciones graves para la salud, incluyendo infecciones del tracto urinario, estreñimiento, confusión, aumento del riesgo de caídas e incluso la muerte. La deshidratación también puede ocurrir fácilmente, ya que al-

gunas personas con demencia son resistentes al agua potable.

El personal puede ayudar controlando los signos de deshidratación y fomentando activamente la hidratación. También se pueden ofrecer alternativas al agua, incluyendo jugos diluidos y platos ricos en agua como la sopa.

Seguridad

¿Qué medidas de seguridad tiene la instalación?

Los sistemas de teclado son comunes para evitar la entrada y salida no autorizadas. Verifique que haya alarmas en las salidas de emergencia y que las salidas se supervisen correctamente.

También debería haber sistemas para monitorear a los residentes, como dispositivos de detección de caídas, alarmas en algunas puertas y dispositivos portátiles que permitan a las personas mayores pedir ayuda.

REFLEXIÓN FINAL

Para encontrar el mejor centro de cuidado de la memoria, tendrá que hacer muchas preguntas, particularmente sobre temas como la asignación de habitaciones, las actividades, la capacitación, los medicamentos, el riesgo de caídas y la seguridad. También es importante prestar atención cuando visite las instalaciones. Esté atento a cómo interactúan el personal y los residentes. Tales interacciones le ayudarán a ver si la instalación tiene un entorno positivo y de apoyo.

Angélica P. Herrera-Venson,
Doctora gerontóloga
Recursos para el envejecimiento y cuidadores de Kapok (multiculturalcaregiving.com)

By Amber Cournoyer

Dr. Sherril Marie Rieux, MD, is a LA-based internal medicine specialist with over 36 years of experience in the medical field. Dr. Rieux is a 1988 graduate of the University of California Los Angeles (UCLA) David Geffen School of Medicine and is affiliated with Cedars-Sinai Medical Center¹², and with Kaiser Permanente West Los Angeles Medical Center³⁴, but provides care and raises awareness about dementia at a variety of locations and through different programs.

Recently, Dr. Rieux took some time out of her busy schedule to answer a few questions for Alzheimer's Digest about what she loves most about being in the medical profession, how to spot dementia at home and what she does to stay sharp at the workplace.

Q. What would you say is the most fulfilling part of working in the medical profession?

"I'd say the most fulfilling part is educating people on disease; whether it is acute or chronic, what type of disease is it, what is it NOT; what will be its progression, what lifestyle changes should occur? I enjoy all of it, really, but I especially enjoy speaking to groups where people can ask questions!"

Dr. Sherril Rieux.

Q. I know dementia and Alzheimer's awareness is important to you, what are some of those first indicators that a patient may be presenting with dementia and/or Alzheimer's?

"The first indicators I tend to look for and notice are those particular small changes in their environment or appearance. For instance, has the patient gone from well-dressed to not-so-well-dressed? Or on a home call, has their home gone from clean and tidy to not so organized? That



Interview with Sherril Rieux, MD

may be the beginning of forgetting where things go. Another symptom that family members may perceive as "non interest" in doing the things that they've always loved, is actually the patient forgetting how to do that very thing."

Q. If and when dementia is detected, what are some of the ways medical professionals can begin to test for dementia and/or Alzheimer's?

"We do something called a "mini-mental-exam", which is a series of questions and mental exercises given to the patient. A patient can score up to 25 points on the exam, but must score above 15 to be "normal". Some of the exercises included are; spell the word "world" backwards, draw a clock or trace two rectangles. Each exercise illustrates varying parts of one's cognitive function."

Q. What is your advice to a patient and their family if dementia and/or Alzheimer's is detected?

"I always ask my patients what they are doing to maintain their

'circle of life'. As the newly diagnosed Alzheimer's patient, are you doing what needs to be done to turn things over to your child/children? And adversely, what are your children doing to ensure that they know where things are and what needs to be done when the parent's health begins to further wane? Those handovers between generations are a very important part of making sure the flipped process of the child taking care of the parent, is more streamlined.

Q. What do you do to self care to ensure you are not experiencing the common burnout experienced by many in the medical profession?

"I make sure I take off at least two days a week. I make sure I am taking a Sabbath for myself, which can actually be any day of the week, it doesn't have to be on a Sunday. You have to take that time off for yourself in the medical profession. It's not just going to open up for you, either, you have to put it on the calendar and really take it for yourself. It's so important for your sanity, your emotional well-being, your heart health and your family relationships. You have to make setting aside that time a priority." •

de que un paciente puede estar presentando demencia y/o Alzheimer?

A. "Los primeros indicadores que tiendo a buscar y notar son esos pequeños cambios particulares en su entorno o apariencia. Por ejemplo, ¿el paciente ha pasado de estar bien vestido a no tan bien vestido? O en una llamada a domicilio, ¿su casa ha pasado de ser limpia y ordenada a no tan organizada? Ese puede ser el comienzo de olvidar a dónde van las cosas. Otro síntoma que los miembros de la familia pueden percibir como "no interesa" en hacer las cosas que siempre han amado, es en realidad que el paciente olvida cómo hacer eso mismo".

P. Y cuando se detecta demencia, ¿cuáles son algunas de las formas en que los profesionales médicos pueden comenzar a hacer pruebas de demencia y/o Alzheimer?

"Hacemos algo llamado "mini-examen mental", que es una serie de preguntas y ejercicios mentales que se le dan al paciente. Un paciente puede obtener hasta 25 puntos en el examen, pero debe obtener una puntuación superior a 15 para ser "normal".

Algunos de los ejercicios incluidos son;

deletrea la palabra "mundo" al revés, dibuja un reloj o traza dos rectángulos. Cada ejercicio ilustra diferentes partes de la función cognitiva de uno".

P. ¿Cuál es su consejo para un paciente y su familia si se detecta demencia y/o Alzheimer?

"Siempre pregunto a mis pacientes qué están haciendo para mantener su 'círculo de la vida'. Como paciente de Alzheimer recién diagno-

Go to page 11

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LA DEMENCIAS Y
ENFERMEDADES
RELACIONADAS

Dementia Care Central Forums

Online caregiver community with message boards for peer support.

Access: Online

Website: dementiacarecentral.com/forum

ALZConnected Message Boards

Covers topics like "I Have Alzheimer's" and "Caregivers Forum" in English and Spanish.

Access: Online

Website: alzconnected.org

Family Caregiver Alliance (FCA)

Support for caregivers of Alzheimer's and other health conditions.

Access: Online & Virtual

Phone: 800-445-8106

Website: caregiver.org

Alzheimer's Foundation of America (AFA)

Offers live chat with licensed social workers.

Access: Online

Phone: 866-232-8484

Website: alzfdn.org

Come from page 10

ticado, ¿está haciendo lo que hay que hacer para entregar las cosas a su(s) hijo(s)? Y adversamente, ¿qué están haciendo sus hijos para asegurarse de que saben dónde están las cosas y qué hay que hacer cuando la salud de los padres comienza a decorar aún más? Esos traspasos entre generaciones son una parte muy importante para asegurarse de que el proceso invertido del niño que cuida al padre sea más ágil.

P. ¿Qué haces para cuidarte y asegurarte de que no estás experimentando el agotamiento común que experimentan muchos en la profesión médica?

A. "Me aseguro de tomarme al menos dos días libres a la semana. Me aseguro de tomarme un sábado para mí, que en realidad puede ser cualquier día de la semana, no tiene que ser un domingo. Tienes que tomarte ese tiempo libre para ti en la profesión médica. Tampoco solo se va a abrir para ti, tienes que ponerlo en el calendario y realmente tomarlo para ti. Es muy importante para tu cordura, tu bienestar emocional, la salud de tu corazón y tus relaciones familiares. Tienes que hacer que reservar ese tiempo sea una prioridad".

The Association for Frontotemporal Degeneration (AFTD)

Support for caregivers of individuals with Frontotemporal Degeneration.

Access: Online

Phone: 866-507-7222

Website: theaftd.org

Lewy Body Dementia Association (LBDA)

Online groups for caregivers and individuals with LBD.

Access: Facebook (Living with Lewy & Care Partner Groups)

Phone: 800-539-9767

Website: lbda.org

VA Caregiver Support

Support groups and professional assistance for veterans and caregivers.

Access: In-Person Nationwide & Phone

Phone: 855-260-3274

Website: caregiver.va.gov

ALZHEIMER'S AND DEMENTIA CARE FACILITIES IN LOS ANGELES COUNTY

LOS ANGELES AREA

Belmont Village Senior Living Westwood. Offers a dedicated memory care neighborhood with a carefully monitored, secure environment for safety.

Contact: 310-475-7501

GENERATIONS OF LOS ANGELES Assisted Living Facility Inc.

3540 Martin Luther King Jr. Blvd, Lynwood,
Contact: 310-638-4113

Sakura Gardens of Los Angeles. Provides forward-thinking memory care services tailored to meet the individual needs of residents.
Contact: 213-800-5115



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CONVALESCENT HOSPITAL**
Offers memory care and
assistant living services.
837 W. Manchester Ave.
Los Angeles, CA 90044
Contact: 323-753-1789

SAN FERNANDO VALLEY
The Preserve at Woodland
Hills Assisted Living &
Memory Care. Offers assisted
living and memory care ser-
vices with a focus on
personalized care.
Contact: 818-835-9614

Los Angeles Jewish Home
Provides a range of services,
including independent living,
residential care, skilled nursing
care, and specialized Alzhei-
mer's and dementia care.
Contact: 855-227-3745

WEST LOS ANGELES
Sunrise Villa Culver City
Offers memory care services
with a focus on creating a
safe and stimulating environ-

ment for residents.
Contact: 310-837-8355

Atria Park of Pacific Palisades
Provides memory care ser-
vices with personalized care
plans and engaging activities.
Contact: 310-573-9545

SOUTH BAY

Sunrise of Hermosa Beach
Offers memory care services
with a resident-centered
approach and a variety of
activities.
Contact: 310-937-0959

**Silverado Beach Cities Memory
Care Community**
Specializes in memory care
with a focus on enriching the
lives of residents through
personalized care.
Contact: 310-896-3100

PASADENA AREA

Pasadena Highlands
Provides memory care ser-
vices with a focus on main-
taining residents' indepen-
dence and dignity.
Contact: 626-768-7764

The Kensington Sierra Madre
Offers memory care services
with a personalized approach
and a variety of programs to
engage residents.
Contact: 626-355-5700

SOUTH LOS ANGELES, INGLEWOOD, COMPTON, CARSON, AND LONG BEACH AREAS

Alabaster Elderly Care
Location: Inglewood, CA
A memory care facility pro-
viding specialized care for
seniors with Alzheimer's and
dementia.
Contact: 323-971-2964

Crofton Manor Inn
Location: Long Beach, CA
(near Compton)

Offers assisted living and mem-
ory care services with a focus
on personalized care plans.
Contact: 562-437-0093

Palmcrest Grand Residence
Location: Long Beach, CA
(near Compton)

Provides assisted living,
memory care, and indepen-

dent living options with a
variety of amenities.
Contact: 562-595-4551

Carson Senior Assisted Living
Location: Carson, CA

Offers assisted living and
memory care services in a
homely environment.
Contact: 310-830-4010

Vista Del Mar Senior Living

Location: Long Beach, CA
Provides assisted living and
memory care services with
a range of amenities and
activities.
Contact: 562-595-1559

Glen Park at Long Beach

Location: Long Beach, CA
Offers memory care and
assisted living services with
personalized care plans.
Contact: 562-432-7468

Brittany House

Location: Long Beach, CA
Provides assisted living and
memory care services with a
focus on creating a support-
ive environment.

Contact: 562-427-2237

Regency Palms Long Beach

Location: Long Beach, CA
Offers assisted living and
memory care services with a
variety of programs to en-
gage residents.
Contact: 562-432-9260

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