

## Managing Behavioral Symptoms of Alzheimer's

Most people with Alzheimer's disease experience changes in behavior in addition to memory loss and other thinking symptoms. For many families, these changes can be one of the most challenging and distressing effects of Alzheimer's.

Behavioral symptoms associated with Alzheimer's include sleep disturbance, agitation, delusions, and hallucinations. Of these symptoms, agitation is one of the most common. One-third to one-half of people with Alzheimer's develop agitation to some degree; most exhibit mild symptoms.\* Symptoms of agitation can range from physical or verbal aggression and general emotional distress to restlessness, pacing, and yelling.

### Potential Causes of Agitation

The chief underlying cause of behavioral symptoms like agitation is the progressive deterioration of brain cells in Alzheimer's disease. There may be other contributing factors, however. Potential causes to consider include:

- An underlying infection or medical illness (urinary tract infection, pneumonia, etc.)
- Prescription drug interactions
- Changes in the environment or caregiver arrangements
- Moving to a new residence or nursing home
- Misperceived threats



Angela Wjant/Alzheimer's Association

### Management Strategies

There are two distinct types of treatments for agitation: non-drug interventions and prescription medications (*see related article on page 2*). Non-drug interventions should be tried first. In general, steps to developing non-drug management strategies include 1) identifying the symptom, 2) understanding its cause, and 3) adapting the caregiving environment to remedy the situation. When caring for someone who becomes agitated, consider these preventative strategies:

- Simplify the environment
- Simplify routines and tasks
- Allow adequate rest between stimulating events
- Use labels to remind the person
- Equip doors/gates with safety locks
- Adjust lighting

When an episode of agitation occurs, try these techniques to help calm the situation:

- **Do:** Back off and ask permission, use calm positive statements, reassure, slow down, and redirect the person's attention.
- **Do not:** Raise voice, corner, crowd, restrain, rush, or criticize.
- **Say:** May I help you? Do you have time to help me? You're safe here. Everything is under control.

Anyone experiencing agitation should receive a thorough medical evaluation, especially when symptoms appear suddenly. With proper treatment and intervention, significant reduction or stabilization of symptoms can often be achieved. •

\* D.P. Devenand et al., "The Course of Psychopathologic Features in Mild to Moderate Alzheimer Disease," *Archives of General Psychiatry* 54, no 3 (1997)

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**Behavioral Disturbances Associated with  
Dementia: Medication Options?**

*by Manju T. Beier, Pharm D., FASCP*

When treating behavioral disturbances associated with Alzheimer's, non-drug methods are the first approach and form the cornerstone for dealing with these behaviors. Sometimes medications are used in concert with these strategies to address paranoia, verbal and physical agitation, and other challenging behaviors.

It is important to mention that there are no medications or particular classes of medications that have been approved by the U.S. Food and Drug Administration (FDA) for treating behavioral and psychological symptoms of dementia. However, a class of medications called atypical antipsychotics has been most studied for these behaviors in elderly patients with dementia. This class includes medications like Risperdal, Zyprexa, Seoquel, and Abilify. Older, traditional antipsychotics like Haldol and Thorazine (some examples) are also sometimes used, but are generally not so well tolerated because of side effects, such as the risk of movement disorders, among others. The atypical antipsychotics are not without risks however, and have been associated in clinical studies with increased risk of stroke and mortality in elderly patients with dementia. Other classes of drugs have been less well studied for behavioral problems; their benefits are not so clear cut as atypical antipsychotics and they also carry their own side effect profiles. Medications that are sometimes used include a class of drugs called mood stabilizers (e.g. Tegretol, Depakote), selective serotonin reuptake inhibitor (SSRI) antidepressants, especially when depression is suspected (e.g. Celexa, Lexapro, Zoloft), and benzodiazepines for acute, short-term use (e.g. Lorazepam or Ativan). Drugs like Aricept, Exelon, Razadyne, and Namenda have also shown some beneficial effects in some dementia studies for management of behavioral disturbances such as agitation and irritability.

Prescribing any medications for older patients with dementia is guided by the risk-benefit consequences of those medications and the general increased sensitivity of older adults to medications in general. Some prescribing and monitoring principles include using one drug at a time and low initial starting doses that are increased very slowly until any benefit or side effects are seen. Also, any medication that is used for challenging behaviors needs to be periodically evaluated to see if it is showing any benefit. The severity and frequency of the behaviors may change over time and effort needs to be made at all times to minimize the dose and use it for the shortest period possible.

It is best for family caregivers and loved ones to work closely with their healthcare providers (physician, pharmacist, nurse, social worker) to understand expectations and risks and benefits from any medications that are used to treat challenging behaviors. As mentioned previously, non-drug methods should always be used first and if not adequate, used in concert with certain classes of described medications. •

*Manju T. Beier, Pharm D., FASCP, is senior partner at Geriatric Consultant Resources LLC (<http://www.gcrweb.com/>), and clinical associate professor of pharmacy at the University of Michigan, Ann Arbor.*

## Meeting the Emotional Needs of People with Alzheimer's

People with Alzheimer's may feel joy and serenity and "live in the moment." At other times, they may be angry, anxious, depressed, fearful, and lonely, emotions often expressed through behavioral changes, aggression, and wandering.

Instead of forcing people with Alzheimer's to deal with reality, empathize with them, suggests the *Harvard Health Letter*. Alzheimer advocates provide these tips for making emotional connections and treating people humanely:

**Put yourself in their place.** If someone mistakenly believes his wallet has been stolen, acknowledge his feelings. Say, "You must feel terrible. Let's see if we can find it." If someone talks about her dead father as being alive, instead of denying it, you

might say, "He sounds wonderful. Tell me more about him."

**Preserve self-esteem.** Allow the person to continue performing easy tasks and making simple decisions. That may mean asking questions to help decision-making. Instead of asking, "What would you like to drink?" ask "Would you like coffee?"

**Take charge.** Caregivers still must make decisions and be responsible for the person with Alzheimer's. But acknowledge his or her abilities without losing sight of the disabilities. For example, while someone may not be able to put on a jacket, they may still be able to zip it up.

**Limit delays.** Waiting even a few minutes can be difficult for those with a shortened attention span. They may

exhibit impatience, agitation, and even aggression.

**Minimize distractions.** Avoid exposing them to too much crowd noise. Turn off the television or music when people are talking. Limit visits. Set aside time for rest or quiet.

**Encourage physical activity.** Exercise may sharpen thinking, settle down emotions, and maintain physical well-being. Exercise may also lessen the depression that often accompanies Alzheimer's.

**Play music.** A Swedish study found that singing and background music positively influenced people in the late stages of Alzheimer's. They sat up straighter, their movements became stronger and more regular, and their awareness improved. •

### Alzheimer's Association Program Offers Support and Information for Caregivers

Caring for a person with Alzheimer's is a challenging job. Each day, caregivers are forced to confront difficult issues, such as the behavioral symptoms featured in this newsletter.

To help individuals cope with the constant demands of caregiving, the Alzheimer's Association has developed a three-part education and support program titled "Building Caregiver Skills." The series offers practical strategies for improving communication and managing challenging behaviors when caring for a person with dementia.

The series, presented in three, two-hour sessions, is being offered in the following cities in September:

**Kalamazoo** - September 15, 22, 29 - Senior Services, Inc., 918 Jasper

**Lansing** - September 13, 20, 27 - Sparrow Professional Bldg., 1200 E. Michigan Ave.

**Muskegon** - September 13, 20, 27 - DeBoer Nursing Home, Hermitage Activity Center, 1750 Vulcan

There is a \$15 fee for program materials per session, or a \$40 fee for all three sessions; fee is waived for those who are unable to pay – please call for an application. Advance registration and payment are required. To register, call 800.272.3900 or visit [www.alzmgreatlakes.org](http://www.alzmgreatlakes.org). •

### Resources

#### Books

*"Understanding Difficult Behaviors"*  
Robinson, Spencer & White, 1989  
\$16

#### Brochures/Fact Sheets

*"About Behavioral and Psychiatric Alzheimer Symptoms"*  
Alzheimer's Association, 2005

*"Steps to Understanding Challenging Behaviors"*  
Alzheimer's Association,  
Reprinted 2004

*"Steps to Enhancing Communication"*  
Alzheimer's Association,  
Reprinted 2003

**To obtain these and other resources, contact the chapter office nearest you at 800.272.3900.**

## Research Center Receives Funding for Another Five Years

by Martha Quinn, MPH, MADRC

The University of Michigan's Alzheimer's Disease Research Center (MADRC) was recently awarded another five-year grant from the National Institute on Aging, part of the National Institutes of Health. The new grant, which runs from July 2005 to July 2010, will continue to fund the Center's large memory and aging project, studies that test new treatments for Alzheimer's disease, advanced brain scanning technologies, laboratory research, and efforts to increase minority participation in research studies. MADRC is one of only 33 centers nationwide and has been the only federally-funded Alzheimer's research center in Michigan since it began in 1989. For more information or to sign up for one of the many Alzheimer studies underway, please contact the MADRC research coordinator at 734.615.8462. •

## Association To Host Research Programs During National Alzheimer's Disease Month

### *Physicians to Present Latest Findings in Alzheimer Research*

The Alzheimer's Association will host "Advances in Alzheimer Research," an education program for families and health care professionals, in five cities this November. The programs will feature presentations by area physicians who will discuss the latest developments in Alzheimer research and treatment options including new research on prevention. A question and answer session will be held at the conclusion of each presentation.

Make plans now to attend one of the five upcoming programs:

#### **Ann Arbor**

**November 10, 2005, 6:00 - 8:00 p.m.**

Kellogg Eye Institute - Auditorium

1000 Wall St., Ann Arbor

Presenter: Sid Gilman, M.D.

*Professor of Neurology, University of Michigan; Director, Michigan Alzheimer's Disease Research Center*

#### **Muskegon**

**November 17, 2005, 7:00 - 9:00 p.m.**

Hackley Hospital - Auditorium

1700 Clinton, Muskegon

Presenter: Kevin Foley, M.D.

*Medical Director, Hauenstein Alzheimer's Disease and Memory Disorders Program, St. Mary's Hospital, Grand Rapids*

#### **East Lansing**

**November 2, 2005, 6:00 - 8:00 p.m.**

Hannah Community Center

819 Abbott Rd., East Lansing

Presenter: Anthony Ellis, M.D.

*Medical Director, Geropsychiatry Evaluation and Management Services, Ingham Regional Medical Center*

#### **Portage**

**November 21, 2005, 6:30 - 8:30 p.m.**

Portage Senior Center

320 Library Lane, Portage

Presenter: Jeanette Meyer, M.D.

*Medical Director, WMU Geriatric Assessment Center and Hospice Services for Borgess Visiting Nurses*

#### **Jackson**

**November 17, 2005, 6:00 - 8:00 p.m.**

Anderson Building at Foote Hospital

Auditorium

205 N. East Ave., Jackson

Presenter: John Wald, M.D.

*Neurology, Foote Health System*

Programs are free and open to the public; registration is required. To register, contact the chapter office nearest you at 800.272.3900 or visit [www.alzmgreatlakes.org](http://www.alzmgreatlakes.org).

"Advances in Alzheimer Research" is being presented as part of National Alzheimer's Disease Month activities in November. When President Ronald Reagan proclaimed National Alzheimer's Disease Month in 1983, fewer than 2 million Americans had the disease. Today, the estimated number of individuals with Alzheimer's disease has more than doubled to 4.5 million, and by 2050, between 11 and 16 million people will likely have Alzheimer's unless a cure or prevention is found. •



## Research News

### Next Generation Vaccine Trial Underway

The first clinical trial of AN-1792, a drug targeting the protein fragment beta-amyloid, a prime suspect in Alzheimer's brain damage, has ended with cautious optimism, according to two reports in *Neurology*.

One study followed those enrolled in the original trial, which was halted in 2002 before participants received all planned doses of the Alzheimer "vaccine" after some developed brain inflammation. The vaccine built up antibodies against beta-amyloid, so its effects lasted after the trial's end. Scientists monitored participants for a year after they stopped getting the drug to learn more about its safety and effects.

Compared with those getting the placebo, vaccine recipients did not do any better on tests of memory, thinking, and overall function. Those who developed the highest levels of antibodies to beta-amyloid, however, declined less in their average performance on nine additional tests of mental function; on a few tests, their scores improved slightly. Also, brain autopsies of a few vaccine recipients revealed lower-than-expected levels of plaques, the abnormal deposits formed by beta-amyloid. Finally, spinal taps of some study participants with the highest levels of antibodies showed lower levels of tau, a protein that forms tangles found in degenerating nerve cells. Plaques and tangles are widely believed to be related, although it's not known how. The fact that AN-1792 lowers tau by targeting beta-amyloid could be another sign of its effectiveness.

Even though researchers didn't see any dramatic benefit from the drug, there were enough hopeful signs to keep this approach to treatment in the forefront of development efforts. Researchers are exploring a number of strategies to produce a robust immune response to beta-amyloid without triggering inflammation and other unwanted reactions.

Elan Corp. plc and Wyeth Pharmaceuticals have completed a phase I safety trial of their second-generation Alzheimer's vaccine AAB-001. They have now launched the phase II study of this new Alzheimer's immunotherapy vaccine strategy, which aims to stimulate an immune attack against beta-amyloid without raising brain inflammation risk. The trial will enroll about 180 individuals age 50 to 85 with mild to moderate Alzheimer's disease at 30 study centers nationwide, **including the University of Michigan's Alzheimer's Disease Research Center (MADRC).**

Nancy Barbas, M.D., M.S.W., a U-M neurologist who is recruiting participants for the new trial, calls the approach, known as immunotherapy, exciting. "Safety is paramount, given the experience with the last trial, and the new study is designed to be extraordinarily cautious and conservative," says Dr. Barbas. "But if we can show an effect, it will mean that we're that much closer to giving patients and their families better options for treatment."

For more information on this study, please contact Joanne Lord, MADRC, clinical research coordinator, at 734.647.7760 or e-mail [neuro-dementrials@med.umich.edu](mailto:neuro-dementrials@med.umich.edu). •

### Fruit and Veggie Juices May Help Ward Off Dementia

According to research presented at the Alzheimer's Association International Conference on Prevention of Dementia, antioxidants and other natural chemicals in fruit and vegetable juices may help shield the brain from dementia.

Amy R. Borenstein, Ph.D., M.P.H., and colleagues studied nearly 2,000 Japanese-Americans for an average of more than six years and found those who reported drinking fruit and vegetable juices at least three times a week had a 75 percent lower risk of developing dementia than those who drank juice less than once a week.

The researchers believe the key factor may be polyphenols, natural chemicals abundant in juices. Polyphenols give fruits their scent, taste, and vibrant color. They also protect plants from strong sunlight, which not only fuels energy production but also generates lots of damaging, highly reactive oxygen molecules. Many experts believe brain cell damage from highly reactive forms of oxygen also plays an important role in dementia.

The study found no benefit from taking any kind of vitamin supplement or from dietary intake of beta-carotene or vitamins E or C. Conclusions were based on observations and participants' own reports of what they ate, so the study does not prove any of these associations between diet and dementia. •



**safe  
return** alzheimer's association

Alzheimer's disease causes millions of Americans to lose their ability to recognize familiar places and faces. Many people cannot even remember their name or address. They may become disoriented and lost in their neighborhood or far from home.

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alzheimer's  association™

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**1.888.572.8566**

**[www.alz.org/safereturn](http://www.alz.org/safereturn)**

## Public Policy News

### Michigan Selected to Receive Funding from the AoA

The Administration on Aging (AoA) has announced \$10.5 million in funding to develop innovative approaches to providing care for people with Alzheimer's disease and support for their family caregivers. The award includes \$2.6 million to expand three-year systems change demonstration programs in nine states, including Michigan. The Alzheimer's Disease Demonstration Grants to States (ADDGS) program works to improve the responsiveness of home and community-based services to persons with dementia and their caregivers. The Michigan Department of Community Health received a grant of more than \$240,000: the Alzheimer's Association will be among the partners working to implement the grant's objectives. Our chapter will assist the Primary Care Dementia Network with efforts to provide primary care physicians with information on Alzheimer resources. We will also work with the Michigan Dementia Coalition to promote dementia training for direct care workers and to develop a tool for home and community-based service providers to assess staff training needs. •

### Extra Help for Medicare Beneficiaries in Paying for Prescription Drugs

The Alzheimer's Association is working to make sure Medicare beneficiaries are well informed about the new Medicare prescription drug benefit that offers help in paying for prescription drugs. All Medicare drug plans are required to have at least two cholinesterase inhibitors, as well as memantine, on their formularies (therefore covered by the plan). Medicare will also cover most of the other drugs that people with Alzheimer's need, such as the antipsychotics, and drugs related to other conditions, such as diabetes or heart disease.

Medicare beneficiaries with limited incomes and resources may be eligible to receive this new prescription drug coverage, which includes no or reduced premiums and deductibles, and low co-payments. This drug benefit will be provided through private entities, such as health insurance or managed care. Individuals who are eligible for the drug benefit will have four options for coverage. Persons who are automatically eligible for this benefit are being notified by the Center for Medicare and Medicaid Services (CMS). The Social Security Administration (SSA) is mailing letters and applications to those individuals who may be eligible. Enrollment in drug plans will begin November 14, 2005. Medicare beneficiaries can apply for this benefit by filling out the application form sent by the SSA and returning it by mail, by calling 1.800.772.1214, or by applying online at [www.ssa.gov/prescriptionhelp](http://www.ssa.gov/prescriptionhelp).

To learn more about this new prescription drug coverage, please call 800.272.3900 and request a fact sheet or visit [www.alzmigreatlakes.org](http://www.alzmigreatlakes.org) to download this information or link to helpful sites. •

## Chapter News

### Dementia Training for Care Coordinators

The chapter recently conducted dementia training for home and community-based care coordinators in Adrian, Ann Arbor, and Lansing (as part of the Mental Health & Aging Conference). More than 50 health care professionals attended the program and learned how care coordination is different when a person has dementia; how communication strategies and behavior modification can help when caring for a person with dementia; and the importance of inter-agency collaboration. Upon completion of the training sessions, 100 percent of participants reported greater understanding of the key characteristics of agencies that provide services to the person with dementia and their caregiver and how to coordinate care for a person with dementia.

Additional training will be held in Lansing and Muskegon this year. For more information on these trainings or to register to attend, please call 800.272.3900. •

### Maintain Your Brain™ Campaign

The chapter has been awarded a \$9000 grant from the Ann Arbor Area Community Foundation to provide “Maintain Your Brain: How to Live a Brain Healthy Lifestyle” workshops. The chapter will begin promoting and offering these workshops through corporate health and wellness programs this fall.

Mounting evidence suggests that we can manage certain risk factors and maintain optimal brain function. The Maintain Your Brain workshops feature interactive exercises, colorful audiovisuals, and comprehensive materials to take home for further reading. The three-part structure – centered on brain, body, and person – also provides an accessible framework for participants to apply what they learn. Through these workshops and the dissemination of information on brain health and healthy aging, the Alzheimer’s Association is changing the way people think about Alzheimer’s disease. To learn more about the Maintain Your Brain campaign or to request a “10 Ways to Maintain Your Brain” handout call 800.272.3900. •

## Your Support Makes a Difference

The record growth in the number of people we serve each year is made possible by the generous support of thousands of donors and volunteers. We could not offer our services and expert assistance without your support.

Please consider renewing and increasing your gifts to the Alzheimer’s Association to help those fighting the battle against Alzheimer’s disease. Your gifts of time and talent as a volunteer helping with chapter operations, Memory Walks, Helpline, or programs are invaluable. Your financial support is also vital, and there are many ways to give.

**Gifts of cash** are quick and easy by check and credit card. **Long-term appreciated stocks or bonds** are a simple and frequently used alternative.

**Life insurance policies** with cash surrender value are another gift option. Donors who no longer need death benefits can discover hidden assets in paid-up life insurance policies. When you donate a life insurance policy, you receive an income tax deduction for the surrender value, avoid the need for any subsequent premium payments and remove death benefits from a possibly taxable estate.

Consider one of the simplest and most rewarding gifts you can make to the Alzheimer’s Association: a **bequest** in your will or other estate plans. To make a bequest to the Michigan Great Lakes Chapter, consult a professional – your attorney, accountant or trust officer – who will work with you to design a bequest that fits your situation and meets your goals. A professional will also make sure you receive the tax benefits allowed for your

gift. If you already have a will, it may be amended by codicil to include the Alzheimer’s Association.

Your attorney may have his or her own style for drafting a will, but the following statement contains the necessary elements for making a bequest to the Alzheimer’s Association, Michigan Great Lakes Chapter: “I give and bequeath (describe dollar amount, property to be given, percentage or remainder) to the Alzheimer’s Disease and Related Disorders Association, Michigan Great Lakes Chapter, 107 Aprill Drive, Suite 1, Ann Arbor, MI 48103.” For information, contact Julie Seagraves, development director, at 734.677.3081 or [julie.seagraves@alz.org](mailto:julie.seagraves@alz.org). •

## Take Steps to End Alzheimer's Disease at Memory Walk 2005

Put your best foot forward and register today for Memory Walk 2005, the nation's No. 1 fund-raiser to help people battling Alzheimer's disease. You'll join thousands of family members, caregivers, advocates, and community and corporate leaders in raising funds to support local Alzheimer education and support programs.

The chapter will host walks in 10 cities this fall; we encourage you to participate by walking as an individual, organizing a team, joining a team, soliciting online Walk donations through your own Web page, pledging support to a walker, or volunteering to help the day of the Walk.

Walkers turning in the most money will be eligible for great prizes; all walkers turning in \$75 or more on Walk day will receive an official Memory Walk 2005 T-shirt.

Call 800.272.3900 or visit [www.alzmigreatlakes.org](http://www.alzmigreatlakes.org) for more information on how you can participate. Your support makes all the difference. Please join us!



ANN ARBOR  
Gallup Park  
October 2

BATTLE CREEK  
Binder Park Zoo  
September 10

COLDWATER  
Heritage Park  
September 24

FREMONT  
Veterans Memorial Park  
September 10

JACKSON  
Ella Sharp Park  
September 25

KALAMAZOO  
KVCC – Texas Twp  
Campus  
September 17

LANSING  
MSU Campus  
Auditorium  
September 18

MASON/OCEANA  
Oriole Field,  
Ludington HS  
September 24

MUSKEGON  
Roosevelt Park  
Community Center  
September 17

THREE RIVERS  
Armstrong Field,  
Three Rivers HS  
September 25