

1 The two “R’s”: Routine and Repetition

Most of us like routine in our lives. Alzheimer’s patients *need* routine and structure. They need schedules for toileting, meals, etc. They don’t respond well to change.

For some reason that we don’t know, Alzheimer’s patients tend not only to respond better to routine, but they like repetition. My father’s favorite was folding and unfolding towels. He had been in the linen supply business, so I figured that was the cause. But it seems, for whatever reason, repetition is a common thread, whether it’s folding towels, wiping the counter, or tearing a piece of paper over and over. Pacing is also a common repetitive trait. We learned not to try to stop my father, but to just provide him with a safe place to do it, or accompany him on his journey.

2 Communication

As my father approached the mid cycle of his dementia, we had to use simple words and short, easy-to-understand phrases. We learned not to argue, confront, or interrupt him, even if he constantly repeated himself, as that would just upset him.

3 Safety

We locked any cabinets or closets that contained anything potentially dangerous like medications, toxic products, liquor—anything that could cause him harm, and we put locks and chimes on exterior doors.

Wandering is a prevalent characteristic, so you may want to enroll the in Medic Alert + Safe Return program sponsored by the Alzheimer’s Association.

Some of What I Learned From My Journey *Eric Rill*

4 Sundowning

This is not a disease, but one of the symptoms that sometimes affects mid- to late-stage Alzheimer’s patients. As the name implies, it happens toward the end of the day. There are many theories—a disruption in the circadian rhythm, the 24-hour clock that regulates our bodies; lack of exercise and/or naps during the day; large meals too close to bedtime; caffeine; the sun setting earlier in winter. Any or all of these can cause the patient to become agitated, delirious, confused, even violent.

We did our best to correct the causes mentioned here and found it helped somewhat.

5 You, the caretaker

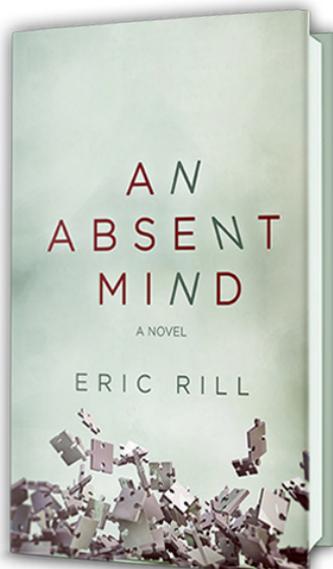
Caregivers are so burdened with their day-to-day responsibilities that they can suffer from anxiety, depression, and other debilitating diseases.

I believe it’s best not to try to do everything yourself. If you can’t afford someone to help you, then reach out to family, friends, and agencies in your community. My mother, Dad’s primary caregiver, had a great support system, and I think that’s what helped her get through this ordeal.

If there is one last thing I can leave you with it is this—remember that outbursts, violence, cursing, ranting, screaming, etc. is not your loved one, but rather the disease. At times, in the midst of everything that went on, I sometimes lost sight of that. It’s only human, I guess, but still makes me sad to this day. ■

Eric Rill was born in Montreal and graduated from Cornell University with a Bachelor of Arts, and from UCLA with an MBA. He held several executive positions in the hospitality industry, including president of a global hotel group. His hobbies include trekking, scuba diving, and collecting antique carpets.

Eric has two sons and divides his time between his residence in Panama and international travel. You can reach him at his website at: www.ericrill.com



Available in Print and eBook Editions