



Dementia vs Alzheimer's: Which Is It?

How to understand the difference - and why it matters

The terms "Dementia" and "Alzheimer's" have been around for more than a century, which means people have likely been mixing them up for that long, too. But knowing the difference is important. While Alzheimer's disease is the most common form of dementia (accounting for an estimated 60 to 80 percent of cases), there are several other types. The second most common form, vascular dementia, has a very different cause - namely, high blood pressure. Other types of dementia include alcohol-related dementia, Parkinson's dementia and front temporal dementia; each has different causes as well. In addition, certain medical conditions can cause serious memory problems that resemble dementia.

A correct diagnosis means the right medicines, remedies and support. For example, knowing that you have Alzheimer's instead of another type of dementia might lead to a prescription for a cognition-enhancing drug instead of an antidepressant. Finally, you may be eligible to participate in a clinical trial for Alzheimer's if you've been specifically diagnosed with the disease.

What it is

Dementia

In the simplest terms, dementia is a nonreversible decline in mental function.

It is a catchall phrase that encompasses several disorders that cause chronic **memory loss**, personality changes or impaired reasoning, Alzheimer's disease being just one of them, says Dan G. Blazer, M.D., a professor of psychiatry at Duke University Medical Center.

To be called dementia, the disorder must be severe enough to interfere with your daily life, says Constantine George Lyketsos, M.D., director of the Johns Hopkins Memory and Alzheimer's Treatment Center in Baltimore.

Alzheimer's

It is a specific disease that slowly and irreversibly destroys memory and thinking skills.

Eventually, Alzheimer's disease takes away the ability to carry out even the simplest tasks.

A cure for Alzheimer's remains elusive, although researchers have identified biological evidence of the disease: amyloid plaques and tangles in the brain. You can see them microscopically, or more recently, using a PET scan that employs a newly discovered tracer that binds to the proteins. You can also detect the presence of these proteins in cerebral spinal fluid, but that method isn't used often in the U.S.

How it's diagnosed

Dementia

A doctor must find that you have two or three cognitive areas in decline.

These areas include disorientation, disorganization, language impairment and memory loss. To make that diagnosis, a doctor or neurologist typically administers several mental-skill challenges.

In the Hopkins verbal learning test, for example, you try to memorize then recall a list of 12 words - and a few similar words may be thrown in to challenge you. Another test - also used to evaluate driving skills - has you draw lines to connect a series of numbers and letters in a complicated sequence.

Alzheimer's

There's no definitive test; doctors mostly rely on observation and ruling out other possibilities.

For decades, diagnosing Alzheimer's disease has been a guessing game based on looking at a person's symptoms. A firm diagnosis was not possible until an autopsy was performed.

But that so-called guessing game, which is still used today in diagnosing the disease, is accurate between 85 and 90 percent of the time. The new PET scan can get you to 95 percent accuracy, but it's usually recommended only as a way to identify Alzheimer's in patients who have atypical symptoms.

Alzheimer's Disease

Progressive mental deterioration that can occur in middle or old age, due to generalized degeneration of the brain. It is the most common cause of premature senility.

Dementia Disease

Dementia refers to a category of **diseases** that cause loss of memory and deterioration in other mental functions. **Dementia** occurs due to physical changes in the brain and is a progressive **disease**, meaning it gets worse over time.



Recognize the stages and symptoms of Alzheimer's disease

As symptoms worsen over time, the disease will progress through 3 stages. In the early stage, you may notice some mild memory loss, but, as the disease progresses to the moderate and severe stages, you may notice new symptoms appear or existing ones worsen.

- The **moderate** stage is often the longest stage, where your loved one will require a greater level of care and will typically experience the fastest rate of decline. Their symptoms will progress, and you may notice new symptoms
- When they've progressed to the **severe** stage, they may lose the ability to perform daily activities, like carrying on a conversation or even being aware of their surroundings, and may be entirely dependent on your help

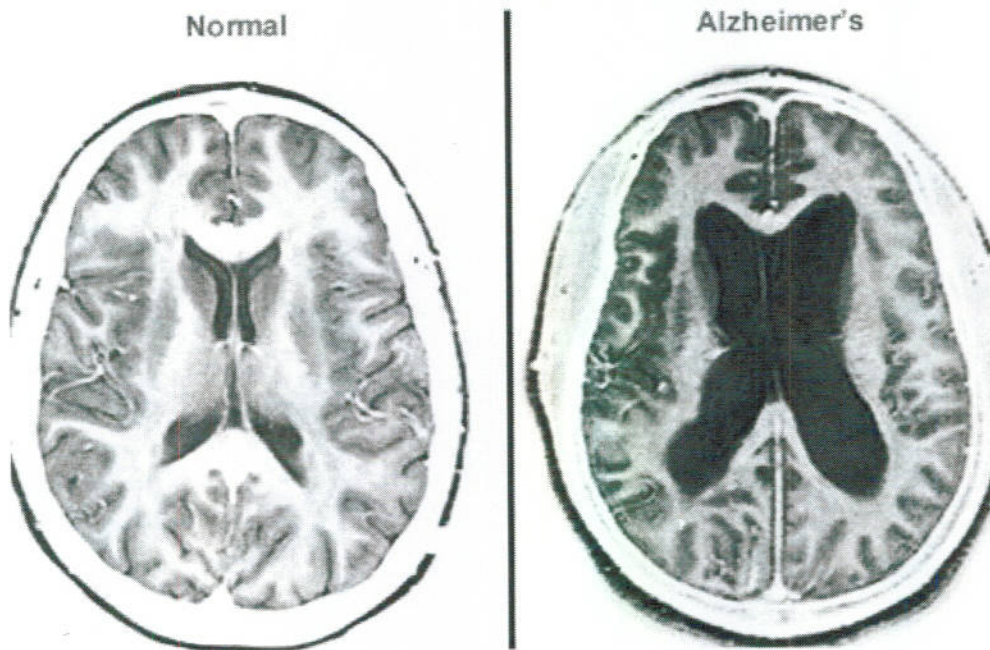
Noticing a change in your loved one's symptoms may mean their Alzheimer's has progressed. It's important to make an appointment with the doctor as soon as possible. That way, the doctor can make an informed decision about whether it's time to adjust your loved one's treatment for moderate Alzheimer's disease.

Some examples of moderate stage

- Difficulty with household tasks (laundry, making meals)
- Problems with personal care (bathing, grooming, toileting)
- Wandering or getting lost
- Changes in sleep patterns
- Difficulty managing finances (paying bills)

Symptoms

- May not recognize oneself or family
- May not communicate
- Lack of control of bowel or bladder
- Groaning, moaning, or grunting
- Needing help with all activities of daily living
- Feeling moody, withdrawn, or detached
- Forgetfulness about one's own personal history
- Being unable to recall their own address or phone number
- Needing help choosing proper clothing for the season
- Continuously repeating stories



Handling Troubling Behavior

Some of the greatest challenges of caring for a loved one with dementia are the personality and behavior changes that often occur. You can best meet these challenges by using creativity, flexibility, patience and compassion. It also helps to not take things personally and maintain your sense of humor.

To start, consider these ground rules:

We cannot change the person. The person you are caring for has a brain disorder that shapes who he has become. When you try to control or change his behavior, you'll most likely be unsuccessful or be met with resistance. It's important to:

- *Try to accommodate the behavior, not control the behavior.* For example, if the person insists on sleeping on the floor, place a mattress on the floor to make him more comfortable.
- *Remember that we **can change our behavior** or the physical environment.* Changing our own behavior will often result in a change in our loved one's behavior.

Check with the doctor first. Behavioral problem may have an underlying medical reason: perhaps the person is in pain or experiencing an adverse side effect from medications. In some cases like incontinence or hallucinations. There may be some medications or treatment that can assist in managing the problem.

Behavior has a purpose. People with dementia typically cannot tell you that they want or need. They might do something like take all the clothes out of the closet on a daily basis, and we wonder why. It is very likely that the person is fulfilling a need to be busy and productive

Always consider what need the person might be trying to meet with their behavior and, when possible, try to accommodate them.

Behavior is triggered. It is important to understand that all behavior is triggered, it occurs for a reason. It might be something a person did or said that triggered a behavior or could be a change in the physical environment. *The root of changing behavior is disrupting the patterns that we create.* Try a different approach or try a different consequence.

What works today, may not tomorrow. The multiple factors that influence troubling behaviors and the natural progression of the disease process means that solutions that are effective today may need to be modified tomorrow-or may no longer work at all. The key to managing difficult behaviors is being creative and flexible in your strategies to address a given issue.

Get support from others. You are not alone-there are many others caring for someone with dementia. Locate your nearest Area Agency on Aging, the local chapter of the Alzheimer's Association, or visit the Family Care Navigator (www.caregiver.org/family-care-navigator) find support groups, organizations, and services that can help you. Expect that, like the loved one you are caring for, you will have good days and bad days. Develop strategies for coping with the bad days (see the FCA Fact Sheet, *Dementia, Caregiving and Controlling Frustration*).

The following is an overview of the most common dementia-associated behaviors with suggestions that may be useful in handling them. You'll find additional resources listed at the end of this fact sheet.

Wandering

People with dementia walk seemingly aimlessly, for a variety of reasons, such as boredom, medication side effects or to look for "something" or someone. They also may be trying to fulfill a physical need-thirst, hunger, a need to use the toilet or exercise. Discovering the triggers for wandering are not always easy, but they can provide insights to dealing with the behavior.

- Make time for regular exercise to minimize restlessness.
- Consider installing new locks that require a key. Position locks high or low on the door; many people with dementia will not think to look beyond eye level. Keep in mind fire and safety concerns for all family members; the lock(s) must be accessible to others and not take more than a few seconds to open.

- Try a barrier like a curtain or colored streamer to mask the door. A "stop" sign or "do not enter" sign also may help.
- Place a black mat or paint a black space on your front porch; this may appear to be an impassable hole to the person with dementia.
- Add "child-safe" plastic covers to doorknobs.
- Consider installing a home security system or monitoring system designed to keep watch over someone with dementia. Also available are new digital devices that can be worn like a watch or clipped on a belt that use global positioning systems (GPS) or other technology to track a person's whereabouts or locate him if he wanders off.
- Put away essential items such as the confused person's coat, purse or glasses. Some individuals will not go out without certain articles.
- Have your relative wear an ID bracelet and sew ID labels in their clothes. Always have a current photo available should you need to report your loved one missing. Consider leaving a copy on file at the police department or registering the person with the Alzheimer's Association Safe Return program or other emergency tracking service.
- Tell neighbors about your relative's wandering behavior and make sure they have your phone number.

Incontinence

The loss of bladder or bowel control often occurs as dementia progresses. Sometimes accidents result from environmental factors; for example, someone can't remember where the bathroom is located or can't get to it in time. If an accident occurs, your understanding and reassurance will help the person maintain dignity and minimize embarrassment.

- Establish a routine for using the toilet. Try reminding the person or assisting her to the bathroom every two hours.
- Schedule fluid intake to ensure the confused person does not become dehydrated. Know that some drinks (coffee, tea, cola, or beer) have more of a diuretic effect than others. Limit fluid intake in the evening before bedtime.
- Use signs (with illustrations) to indicate which door leads to the bathroom
- A commode, obtained at any medical supply store, can be left in the bedroom at night for easy access.
- Incontinence pads and products can be purchased at the pharmacy or supermarket. An urologist may be able to prescribe a special product or treatment.
- Use easy-to-remove clothing with elastic waistbands or Velcro closures, and provide clothes that are easily washable.

Agitation

Agitation refers to a range of behaviors associated with dementia, including irritability, sleeplessness, and verbal or physical aggression. Often these types of behavior problems progress with the stages of dementia, from mild to more severe. Agitation may be triggered by a variety of things, including environmental factors, fear and fatigue. Most often, agitation is triggered when the person experiences "control" being taken from him or her.

- Reduce noise, clutter or the number of persons in the room.
- Maintain structure by keeping the same routines. Keep household objects and furniture in the same places. Familiar objects and photographs offer a sense of security and can suggest pleasant memories.
- Reduce caffeine intake, sugar, and other foods that cause spikes in energy.
- Try gentle touch, soothing music, reading or walks to quell agitation. Speak in a reassuring voice. Do not try to restrain the person during a period of agitation.
- Keep dangerous objects out of reach.
- Allow the person to do as much for himself as possible support his independence and ability to care for himself.
- Acknowledge the confused person's anger over the loss of control in his life. Tell him you understand his frustration.
- Distract the person with a snack or an activity. Allow him to forget the troubling incident. Confronting a confused person may increase anxiety.

Repetitive Speech or Actions (Perseveration)

People with dementia will often repeat a word, statement, question or activity over and over. While this type of behavior is usually harmless for the person with dementia, it can be annoying and stressful to caregivers. Sometimes the behavior is triggered by anxiety, boredom, fear or environmental factors.

- Provide plenty of reassurance and comfort, both in words and in touch.
- Try distracting with a snack or activity.
- Avoid reminding them that they just asked the same question. Try ignoring the behavior or question, and instead try refocusing the person into an activity such as singing or "helping" you with a chore.
- Don't discuss plans with a confused person until immediately prior to an event.
- You may want to try placing a sign on the kitchen table, such as, *"Dinner is at 6:30"* or *"Lois comes home at 5:00"* to remove anxiety and uncertainty about anticipated events.
- Learn to recognize certain behaviors. An agitated state or pulling at clothing, for example, could indicate a need to use the bathroom.

Paranoia

Seeing a loved one suddenly become suspicious, jealous or accusatory is unsettling. Remember, what the person is experiencing is very real to them. It is best not to argue or disagree. This, too, is part of the dementia try not to take it personally.

- If the confused person suspects money is "missing," allow her to keep small amounts of money in a pocket or handbag for easy inspection.
- Help them look for the "missing" object and then distract them into another activity. Try to learn where the confused persons favorite hiding places are for storing objects, which are frequently assumed to be "lost." Avoid arguing.
- Take time to explain to other family members and home-helpers that suspicious accusations are a part of the dementing illness.
- Try nonverbal reassurances like a gentle touch or hug. Respond to the feeling behind the accusation and then reassure the person. You might try saying, *"I see this frightens you; stay with me, I won't let anything happen to you."*

Sleeplessness/Sundowning

Restlessness, agitation, disorientation and other troubling behavior in people with dementia often get worse at the end of the day and sometimes continue throughout the night. Experts believe this behavior, commonly called *sundowning*, is caused by a combination of factors, such as exhaustion from the day's events and changes in the person's biological clock that confuse day and night.

- Increase daytime activities, particularly physical exercise. Discourage inactivity and napping during the day.
- Watch out for dietary culprits, such as sugar, caffeine and some types of junk food. Eliminate or restrict these types of foods and beverages too early in the day. Plan smaller meals throughout the day, including a light meal, such as half a sandwich, before bedtime.
- Plan for the afternoon and evening hours to be quiet and calm; however, *structured, quiet activity is important*. Perhaps take a stroll outdoors, play a simple card game or listen to soothing music together.
- Turning on lights well before sunset and closing the curtains at dusk will minimize shadows and may help diminish confusion. At minimum, keep a nightlight in the person's room, hallway and bathroom.
- Make sure the house is safe: block off stairs with gates, lock the kitchen door and/or put away dangerous items.
- As a last resort consider talking to the doctor about medication to help the agitated person relax and sleep. Be aware that sleeping pills may solve one problem and create another, such as sleeping too much at night but being more confused the next day.

Eating/Nutrition

Ensuring that your loved one is eating enough nutritious foods and drinking enough fluids is a challenge. People with dementia literally begin to forget that they need to eat and drink.

Complicating the issue may be dental problems or medications that decrease appetite or make food taste "funny." The consequences of poor nutrition are many, including weight loss, irritability, sleeplessness, bladder or bowel problems and disorientation.

- Make meal and snack times part of the daily routine and schedule them around the same time every day. Instead of three big meals, try five or six smaller ones.
- Make mealtimes a special time. Try flowers or soft music. Turn off loud radio programs and the TV.
- Eating independently should take precedence over eating neatly or with "proper" table manners. Finger foods support independence. Pre-cut and season the food. Try using a straw or a child's "sippy cup" if holding a glass has become difficult. Provide assistance only when necessary and allow plenty of time for meals.
- Sit down and eat with your loved one. Often, they will mimic your actions and it makes the meal more pleasant to share it with someone.

- Prepare foods with your loved one in mind. If they have dentures or trouble chewing or swallowing, use soft foods or cut food into bite-size pieces.
- If chewing and swallowing are issues, try gently moving the person's chin in a chewing motion or lightly stroking their throat to encourage them to swallow.
- If loss of weight is a problem, offer nutritious high-caloric snacks between meals. Breakfast foods high in carbohydrates are often preferred. On the other hand, if the problem is weight gain, keep high-calorie foods out of sight.

Tips for Eating Problems that Accompany Dementia

<p>Forgetfulness</p>	<p>Keep routines simple Use assigned seating</p> <p>Define eating space with a placemat</p> <p>Minimize distractions</p> <p>Simple table settings. No "extra" silverware Eliminate choices</p> <p>Give simple one step instructions when prompting</p> <p>Avoid arguing</p> <p>Anticipate problems</p>
<p>Pacing</p>	<p>Minimize distractions</p> <p>Serve promptly upon arrival in dining room Redirect, but don't argue.</p> <p>Provide finger food for "on the go" if unable to redirect</p> <p>Be flexible with meal times, provide food whenever hungry Give calorie dense foods to compensate for "burned" calories Offer rest periods before meals to reduce agitation</p> <p>Toilet individual prior to meals</p>
<p>Unable to eat independently</p>	<p>Involve occupational therapy</p> <p>Prompt individual until signs of frustration - then assist</p> <p>Minimize distractions</p> <p>Hand them beverages, and utensils with food already on</p> <p>Serve cream or pureed soups in a cup</p> <p>Try adaptive equipment - lip plates, special cups and utensils</p> <p>Simplify meals - offer one item at a time</p> <p>Offer finger foods</p> <p>Cut appropriate foods into bite size pieces before serving</p>

Plays in food	<p>Serve on item at a time Serve liquids separately Fill beverages half full, then refill Minimize distractions</p>
Combative	<p>Don't argue Minimize distractions Avoid use of the word "NO" Use unbreakable dishware Anticipate problems, remove from problem before outburst Treat as an adult, not as a child Offer meal in a quiet area Evaluate if agitation is the result of individual not understanding what to do. Avoid conversation that requires verbal response Provide adequate rest period before meals Use quiet, calm, confident tone of voice. Don't show frustration Instead, keep handy fresh fruits, veggie trays and other healthy low-calorie</p>

Bathing

People with dementia often have difficulty remembering "good" hygiene, such as brushing teeth, toileting, bathing and regularly changing their clothes. From childhood we are taught these are highly private and personal activities; to be undressed and cleaned by another can feel frightening, humiliating and embarrassing. As a result, bathing often causes distress for both caregivers and their loved ones.

- Think historically of your loved one's hygiene routine - did she prefer baths or showers? Mornings or nights? Did she have her hair washed at the salon or do it herself? Was there a favorite scent, lotion or powder she always used? Adopting-as much as possible-her past bathing routine_ may provide some comfort. Remember that it may not be necessary to bathe every day-sometimes twice a week is enough.
- If your loved one has always been modest, enhance that feeling by making sure doors and curtains are closed. Whether in the shower or the bath, keep a towel over her front, lifting to wash as needed. Have towels and a robe or her clothes ready when she gets out.
- Be mindful of the environment, such as the temperature of the room and water (older adults are more sensitive to heat and cold) and the adequacy of lighting. It's a good idea to use safety features such as non-slip floor bath mats, grab-bars, and bath or shower seats. A hand-held shower might also be a good feature to install. Remember-people are often

afraid of falling. Help them feel secure in the shower or tub.

- Never leave a person with dementia unattended in the bath or shower. Have all the bath things you need laid out beforehand. If giving a bath, draw the bath water first. Reassure the person that the water is warm-perhaps pour a cup of water over her hands before she steps in.
- If hair washing is a struggle, make it a separate activity. Or, use a dry shampoo.

If bathing in the tub or shower is consistently traumatic, a towel bath provides a soothing alternative. A *bed* bath has traditionally been done with only the frailest and bed ridden patients, soaping up a bit at a time in their beds, rinsing off with a basin of water and drying with towels. A growing number of nurses in and out of facilities, however, are beginning to recognize its value including people with dementia who find bathing in the tub or shower uncomfortable or unpleasant. The towel bath uses a large bath towel and washcloths dampened in a plastic bag of warm water and no-rinse soap. Large bath-blankets are used **to** keep the patient covered, dry and warm while the dampened towel and washcloths are massaged over the body. For more information, see the book *Bathing Without a Battle* (details in the *Recommended Reading* section below).

Additional Problem Areas

- Dressing is difficult for most dementia patients. Choose loose-fitting, comfortable clothes with easy zippers or snaps and minimal buttons. Reduce the person's choices by removing seldom-worn clothes from the closet. It's common for people with dementia to continue layering on clothes even though they are fully dressed. To facilitate dressing and support independence, lay out one article of clothing at a time, in the order it is to be worn. Remove soiled clothes from the room. Don't argue if the person insists on wearing the same thing again.
- Hallucinations (seeing or hearing things that others don't) and delusions (false beliefs, such as someone is trying to hurt or kill another) may occur as the dementia progresses. State simply and calmly your perception of the situation but avoid arguing or trying to convince the person their perceptions are wrong. Keep rooms well-lit to decrease shadows and offer reassurance and a simple explanation if the curtains move from circulating air or a loud noise such as a plane or siren is heard. Distractions may help. Depending on the severity of symptoms, you might consider medication.
- Sexually inappropriate behavior, such as masturbating or undressing in public, lewd remarks, unreasonable sexual demands, even sexually aggressive behavior, may occur during the course of the illness. Remember, this behavior is caused by the disease. Develop an action plan to follow before the behavior occurs, i.e., what you will say and do if the behavior happens at

home, around other relatives, friends, or paid caregivers. If you can, identify what triggers the behavior.

- Verbal outbursts such as cursing, arguing and threatening often are expressions of anger or stress. React by staying calm and reassuring. Validate your loved one's feelings and then try to distract or redirect his attention to something else.
- "Shadowing" is when a person with dementia imitates and follows the caregiver, or constantly talks, asks questions and interrupts. Like sundowning, this behavior often occurs late in the day and can be irritating for caregivers. Comfort the person with verbal and physical reassurance. Distraction or redirection might also help. Giving your loved one a job such as folding laundry might help to make her feel needed and useful.
- People with dementia may become uncooperative and resistant to daily activities such as bathing, dressing and eating. Often this is a response to feeling out of control, rushed, afraid or confused by what you are asking of them. Break each task into steps and, in a reassuring voice, explain each step before you do it. Allow plenty of time. Find ways to have them assist to their ability in the process or follow with an activity that they can perform.
- Even with these many potential challenges, it's important to remember that these behaviors are often coping tactics for a person with deteriorating brain function. There's no question dealing with these behaviors can make caregiving especially challenging

30 Activities That Can Be Done In 30 Seconds or Less

- Greeting the person by name.
- Making eye contact and smiling.
- Shaking hands
- Asking someone to "show me" an object
- Teasing " Mr. Smith, I just saw you eat dessert first!"
- Telling someone he is she is loved
- Giving a sustained bear hug
- Giving a compliment: "Wow! Your looking pretty spiffy today, Margie."
- Asking an open-ended question: "How are you feeling today, Mike?"
- Asking an opinion: "What do you think of my new necktie? Does it match my shirt?"
- Playing a quick game of catch
- Noticing unusual bird out the window
- Evoking a memory from the life story of the person: "Tell me more about that grandfather of yours who was a country doctor. Did hereally make house calls?"
- Giving a hand massage
- Sharing a new hand lotion and talking about its pleasing scent
- Blowing bubbles or a balloon and batting it around
- Slipping a little treat to someone (being certain it's dietetically okay)
- Sharing a magic trick
- Showing off family photos of a new grandchild
- Looking at a flower arrangement and comparing colors, textures, and scents
- Asking for advice on a recipe
- Telling a funny appropriate joke
- Doing a quick dance to some fun music playing in the background
- Noticing vivid colors in an unusual dress shirt
- Asking for help with a chore, such as folding a towel, helping make a bed, or squirting some wax onto a piece offurniture about to be polished
- Trying on a hat or a new shade of lipstick
- Clowning around for a moment, making faces, or throwing your hands in the air doing a silly dance
- Stepping outdoors for some fresh air

Care for you: The Caregiver

Caregiving" doesn't just mean taking care of someone suffering from Alzheimer's disease. It is important that you remember to take care of yourself too.

It's normal to feel overwhelmed at times by all the added responsibilities of being a caregiver. This can take a significant toll on your physical and emotional well-being. That's why you need to care for yourself.

Here are some things to keep in mind when caring for yourself:

Get support

Many caregivers feel that family and friends don't understand what they are going through. But there are many ways you can get the support you need, such as joining a support group in your area.

Educating yourself on Alzheimer's can help you feel more confident and empowered when caring for your love one.

Reduce guilt

Caring for someone else does not mean it has to consume your entire life. Don't feel guilty if you need to set caregiving responsibilities aside temporarily to care for yourself.

Set limits

It's okay to decline requests that may drain your energy rather than restore it. It is also okay to say yes to offers for help from your friends and family. Remember, as a caregiver, you need to be cared for too.

Ease your mind

Take breaks. And while it may be difficult, it is helpful to deal with family conflicts that pertain to providing care. Acknowledge loss and grief. Maintain connections with family and friends to help keep your spirits high while keeping things in perspective.

Nurture your body

Make sure you're getting enough sleep. Lack of sleep is a major cause of stress and illness among caregivers. This could cause irritability, anger, and exhaustion. A healthy diet and exercise can even help boost your confidence about your caregiving abilities.

SUGGESTED BOOKS FOR YOUR JOURNEY AS A CAREGIVER

Read up on caregiving Jud Alzheimer / Dementia Disease

A library can be a great resource for finding information on caregiving and Alzheimer's disease. Take this list of books with you next time you visit your local library.

• *The 36-Hour Day: A Family Guide to Caring for People Who Have Alzheimer Disease, Other Dementia, and Memory Loss* Caregivers are responsible for a lot. This guide contains detailed advice to make caring for people with Alzheimer's disease a little easier. It also includes condition information, management tips, and advice concerning out-of-home care. *The 36-Hour Day: A Family Guide to Caring for People Who Have Alzheimer Disease, Other Dementias, and Memory Loss*. Mace, N. and Rabins, P. Johns Hopkins University Press, 2017. ISBN: 978-1421422237 • *Caregiver Survival Series*) Caregivers work long, hard hours under constant emotional pressure. And that pressure can make it hard to stay motivated and committed to caregiving. This series contains caregiving tips and techniques for managing the day-to-day responsibilities of caregiving. *Caregiver Survival Series*. Sherman, J. Pathway Books. • *Preventing*

Caregiver Burnout (1996) ISBN: 978-0935538168 • *Creative Caregiving*

(1946) ISBN: 978-0935538175 • *Coping with Caregiver Wornness* (1998) ISBN: 978-0935538205 • *Caregiver's Handbook: A Complete Guide to Home Health Care* Experienced caregivers, volunteers, and staff from the Visiting Nurses Associations of America wrote this illustrated handbook for caregivers like you. It provides practical tips on nutrition, personal hygiene, communicating, and adapting the home to meet your loved one's needs. *Caregiver's Handbook: A Complete Guide to Home Health Care*.

Visiting Nurses Associations of America. DK Publishing, 1998. ISBN: 978-0789419699 • *The Caregiver's Manual: A Guide to Helping the Elderly and Infirm* This manual provides step-by-step advice for caregivers who are taking care of elderly or critical ill people, as well as guidance on coping with the emotional toll that caring for another can take. *The Caregiver's Manual: A Guide to Helping the Elderly and Infirm*. Williams, G. and Kay, P. Citadel Press, 1995.