



Photo by George Howson

A progressive, degenerative illness, Alzheimer's Disease attacks parts of the brain that control memory, thinking, and judgment. In the course of its progression, which can last between three and twenty years, this catastrophic disease gradually steals the mental and physical capacities of those whom it attacks. Eventually, it robs its victims of their independence and dignity. They are left severely debilitated and completely dependent upon others for daily care.

According to the latest statistics available from the Alzheimer's Disease and Related Disorders Association, 4-to-5 million people in the United States are currently affected by Alzheimer's. Their numbers are expected to increase as the country's older population increases. Ten percent of those over age 65 and nearly half of those over age 85 have the disease. It is the fourth leading cause of adult death in the United States.

No treatment will stop or reverse the mental deterioration of Alzheimer's Disease, which continues to mystify the medical community. Neither the cause of the disease nor its cure has been discovered, although some experimental drug treatments seem to improve memory—but temporarily—in the early stages of the disease.

Those living with Alzheimer's Disease and their caregivers need compassionate, sensitive attention. Patients face an uncertain future, knowing that they may soon require 24-hour-a-day care. Eighty percent of Alzheimer caregivers report high levels of stress and stress-related illness.¹

A massage therapist can work with a client in the earlier stages of Alzheimer's Disease in much the same

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Dawn Nelson

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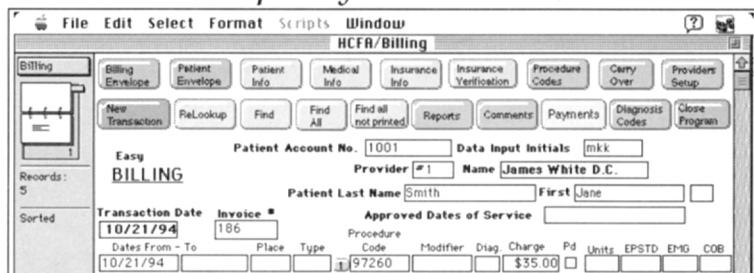
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Touch in Alzheimer's Care

Early Stage (Onset) Symptoms:

- anxiety
- confusion
- progressive forgetfulness
- changing or unpredictable moods
- difficulty expressing thoughts
- difficulty sleeping
- impaired judgment
- difficulty adapting to new situations
- difficulty performing familiar tasks

Intermediate Stage Symptoms:

- short-term memory loss
- shortened attention span
- inappropriate responses
- spatial disorientation
- overwhelming confusion
- restlessness, wandering behavior
- trouble separating fact from fiction
- difficulty listening, understanding
- nonsensical verbal expression
- repetitive sounds, verbal expression
- inability to recognize family and friends
- frustration, anger, depression
- occasional muscle twitching, jerking

Advanced Stage Symptoms:

- regression to childlike behavior
- long-term memory loss
- little capacity for self care
- inability to communicate with words
- inability to recognize self in mirror
- muscle cramping
- incontinence
- limb rigidity
- seizures
- personality changes
- combative or abusive behavior
- weight loss
- hallucinations

way that he or she would work any other client. Some clients are still independently mobile near the onset of the disease and are often able to tolerate a massage session of 30 minutes or longer. Work slowly and sensitively, apply nonjudgmental hands, emphasize the relaxation aspects of massage. Assure clients that this time is strictly for them, that they have nothing to do during the session; that they need neither talk nor make decisions. This may serve to ease the anxiety that accompanies forgetfulness and confusion. Nothing should be forced in the ses-

AFTER NOTICING HOW MUCH M., WHO was often unable to communicate through words, loved music and dancing, I was able to use this interest both as a resource for relating to her and as a tool in eliciting her cooperation during our sessions. Staff members in the facility got used to seeing M. and I singing and dancing our way down the hall toward her room. Sometimes we'd stop at a bench in the hallway to rest, as M. preferred sitting "in the sunshine in the park" to the smaller and darker space of her room, and she would receive her foot massage there, chatting all the while about things that must have been part of her life at least 50 years earlier. Once inside M's room, I found I could often get her to lie down on the bed for a back massage by singing her a lullaby.

sion, including its period of time.

Depression is a common side effect, especially in the early stages. Clients feel saddened by what is happening to them and may become emotionally upset and cry easily. Simply perceiving and understanding whatever these clients wish to communicate, reinforced by gentle touch, can be of great comfort. The massage practitioner should convey permission to express feelings, whatever they are—even anger.

Those afflicted with Alzheimer's become progressively more frail and vulnerable in both body and mind. They may have dry and brittle skin that can easily tear. In addition to the ravages of that disease, they may experience such other conditions as impaired eyesight and/or hearing.

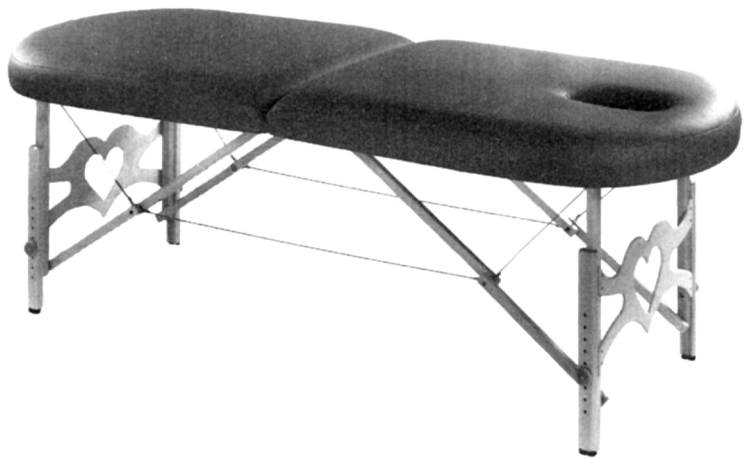
In the final stages of Alzheimer's, so much of the nervous system is failing that the rest of the body is significantly affected. Death may be hastened by a complicating condition such as pneumonia, dehydration, or infection.

Women and men in the advanced stages of Alzheimer's Disease are, quite literally, looking for themselves. They do not know who they are, where they are, what they are, or what

P. USUALLY DISPLAYED A SWEET DISPOSITION and was almost always happy to see me, often thinking I was one family member or another. One day, however, when I knocked and opened the door to her room, P. told me in no uncertain terms to get out. She didn't want to see me and didn't need anything I might have to offer her that day! P. proceeded to usher me out of her room and then went through the motions of locking the door. I decided to just wait outside her door in the hallway for a few minutes and then I knocked again. Sure enough, this time P. seemed pleased to see me and welcomed me into her room. A few minutes later she consented to a foot massage, then to lying down on her bed for a back rub.

others want or expect of them. They are unable to demand the dignity and respect they deserve as individuals in our society at the time when they may need it the most.

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Massage therapy can help "ground" those who are spatially disoriented and confused by reminding them of their connection with physical reality and with other human beings. Gentler and more subtle forms of bodywork are best. Touch in any form must be administered with great care and sensitivity. The actuality of the physical contact provides a reconnection to something familiar. This reassurance needs to be offered frequently since it is not retained and the memory of the experience can fade in a matter of moments.

The most challenging aspect of the bodywork session may be getting the client's attention long enough to make physical contact rather than deciding what particular massage technique to use. The person with Alzheimer's may never recognize, remember, or be able to carry on a conversation with the massage therapist and may not want to sit down or sit still, for more than a few moments. Attempts at persuasion through logic or reasoning won't work. Attention spans during the later



Photo by Barry Barankin

stage of the disease are short and moods may change from moment to moment. In the middle of a session, the person may suddenly start giggling uncontrollably, begin swearing loudly, break into song, or simply get up and walk away. At this stage of dementia, the person may act like a small child. Interacting, communicating effectively, or getting him or her to move from one place to another, as necessary, takes a great deal of patience, compassion, understanding, and creativity.

In working with someone in late-stage Alzheimer's Disease, the

massage therapist needs to let go of preconceived ideas about how and where to administer massage and need to let go of specific bodywork skills in favor of simply being with the individual. When the person is open to accepting such contact, offer whatever kind of touch or gentle massage seems appropriate. The practitioner must be creative in accessing the person who is wheelchair- or bed-bound. Prepare for the unexpected and develop the ability to remain calm and centered, no matter what happens.

K., AN 85-YEAR OLD WOMAN WITH progressed dementia, seemed unresponsive to almost all external stimuli and often sat in a chair for long hours at a stretch, saying nothing and staring into space. Her family caregivers, who knew nothing about Alzheimer's Disease, grew increasingly exasperated with K's behavior and eventually stopped trying to interact with her in any way. Doubtful that K. would respond but willing to "try anything," they invited me to visit her. The rigidity in K's body began to give way almost immediately when her upper back and shoulders were gently massaged. By our third session, K. was answering direct questions with words instead of nodding or shrugging. Eventually she consented to moving from her chair to the couch so that I could better access her back and legs to massage them. Although her response to the massage may have seemed minimal to an outside observer, I experienced shifts in K's body energy, as well as subtle changes in her demeanor, both during and after our sessions.

Benefits of Massage and Touch

Many of the benefits of therapeutic massage which apply to the general population may also be applicable to those living with Alzheimer's. These general benefits are: improving circulation, softening contracted muscles, relieving minor aches and pains, and, inducing a relaxation response. Even more serious may be the numerous psychosocial benefits: unconditional, one-on-one attention; companionship; mental stimulation; opportunity for social interaction; skin-on-skin contact; sensory stimulation; tactile stimulation; a means of nonverbal communication; acknowledgement; nurturing; and, pleasure.

A six-month pilot program on the use of massage therapy as an intervention for problem behaviors in Alzheimer's patients was conducted at the Methodist Home in Chicago. Correlations were found between certain types of massage, the area of the body where massage was applied, and specific behaviors. Some examples: back rubs for those confined to wheelchairs, in chronic pain, and exhibiting

irritability or anger; foot massage for those exhibiting hyperactive behavior or restlessness and "wandering" behavior; hand massage or face stroking for those exhibiting anxiety, worry, sadness, and fear; temples, scalp, and forehead massage for headaches and tension; and, shoulder and neck massage for tiredness, irritability or mild upset.²

To succeed in administering massage to those living with Alzheimer's Disease, the practitioner must be comfortable with them. In addition, the practitioner must be able to adapt easily and quickly to every situation that presents itself. Touch must be offered unconditionally and unobtrusively. It must never be forced or given without permission. Remember, the technique is not as significant as the practitioner's ability to relate to that person rather than to the disease, mental state, or behavior. The therapist must foster trust and enable real contact to occur.

It is important to remember that

the individual with Alzheimer's has not always been in this mental state. Before the onset of the disease he or she lived a full and productive life, contributed to society, and related successfully to others in myriad ways. View the wholeness of the person's life, not just what you see now.

As a universal language, touch is an important tool in relating to those who are no longer able to communicate verbally. Focused touch and gentle massage techniques are often effective as a means of reassuring and calming a person who is confused or afraid. The skillful practitioner can also redirect the energy of a person who tries to communicate by striking or hitting. This type of behavior usually stems from frustration or fear and, indeed, some people in the later stages of Alzheimer's seem to be frightened much of the time. Some are easily startled by loud or unusual noises. Some become upset or agitated by any kind of change in routine, by new faces, for seemingly inex-

plicable reasons. When someone is striking out, the key is not to stop the flow of energy but to channel it so that the person does not get hurt or hurt another.

Communication Guidelines

Good communication skills are essential in relating successfully to individuals experiencing any form of dementia. Without being condescending, the massage therapist must be very clear and concise in communicating with those who are forgetful, confused, or disoriented. Be sure to offer assistance in such a way that the person suffering from dementia does not feel incompetent. Be willing to learn and use the appropriate and supportive verbal and nonverbal communication strategies outlined below.

Verbal

1. Get the person's attention before speaking;
 - a. face the person, making eye contact if possible;

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I DISCOVERED, WITH A LITTLE HELP from my client's daughter, that I could always persuade this resident to sit down or to move in a different direction if I mentioned the word "ice cream," or "Papa." I never misled her by saying, "Do you want some ice cream?" or "Let's go find Papa," but would say something like "Did you have ice cream today?" or "Have you been thinking about Papa?" I could use these words, if necessary, to shift the focus or get this woman's attention.

- b. call the person by name and touch a hand.
2. Communicate one idea or one instruction at a time.
3. Speak slowly, calmly, and in a normal voice; do not shout.
4. Use concrete, exact, and positive phrasing.
5. Allow the person plenty of time to respond, if a response is necessary.
6. Call all people and objects by their proper names.
7. Avoid using vernacular, as well as non-specific or abstract words.
8. Minimize arguing or reasoning.
9. Avoid changing the subject abruptly.
10. Give frequent acknowledgment, encouragement, and support.

Nonverbal

1. Give consistent verbal and nonverbal messages.
2. Accompany words with gestures and facial expressions.
3. Reinforce instructions with gentle physical guidance.
4. Never force physical contact if the

- person is not receptive to it.
5. Put yourself at the same level or height as the client when you converse.
6. If the person seems to become agitated by touch, take your hands away and "hold" the person with your focused attention and presence.
7. Make your touch conscious, focused, gentle, and caring.
8. Treat the person as you would want to be treated in a similar circumstance.

Some Alzheimer's clients who can no longer communicate well verbally will respond to a key word that will jog the memory enough to shift the person's attention to the present.

Clients in advanced stages best relate to one person at a time. They may be easily overwhelmed by a crowd or even by several people. Minimize potential distractions whenever possible without taking the person away from familiar surroundings and without disrupting established routines.

You will notice that moods and behavior of Alzheimer's clients may change frequently or unexpectedly. Use a slightly different approach or simply wait a few moments before trying the same approach again.

Alzheimer's Disease can erode the mind to the point where the person seems to have no memory at all, no sense of self, and little connection with physical reality. This can be devastating to loved ones who watch the person slowly "disappear." When other techniques fail, sometimes the



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As the need for services for the Alzheimer's population increases, and as Americans become more concerned about quality of life in its later stages, skilled touch emerges as a beneficial and cost-effective modality in care. 📖



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Other Resources

Alzheimer's Disease and Related Disorders Association, Inc., 919 N. Michigan Ave., Chicago, IL 60611-1676. 800.272.3900.



Videos:

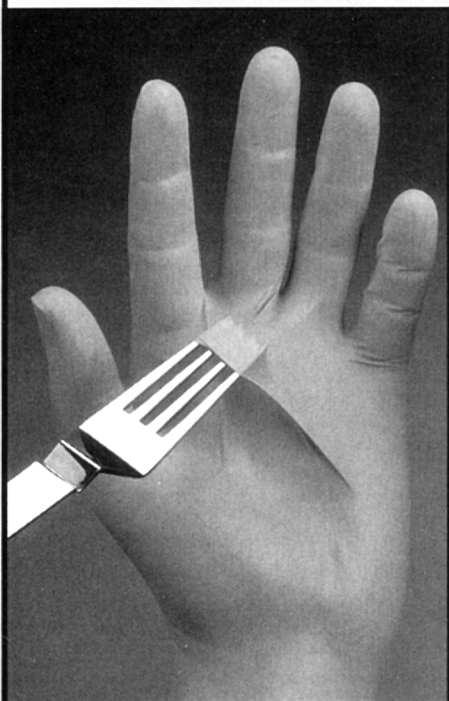
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Dawn Nelson is the founder and director of COMPASSIONATE TOUCH For Those in Later Life Stages® and a nationally recognized speaker, author, and educator. She offers training, videos, books, and other resource materials to massage and health-care professionals, family, and volunteer caregivers.

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