

# AT HOME WITH ALZHEIMER'S DISEASE

Useful Adaptations to the Home Environment



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Useful Adaptations to the Home  
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## INTRODUCTION

The suggestions to caregivers contained in this booklet are based on the result of a study on the ways in which private homes may be adapted for Alzheimer's Disease (AD) patients and their caregivers. They are clustered into four groups, according to the intent of the adaptations:

- to increase the safety and security of AD persons;
- to adapt to their pacing, wandering and confusion about where they are;
- to prevent or reduce their anxiousness and restlessness; and
- to meet caregivers' needs.

Naturally, not all of the suggestions will be appropriate in an individual case, especially since sameness and familiarity at home are very important to persons with AD. Too many changes may upset them.

If even a few of the suggestions given in this booklet are carried out, however, the amount of time required to supervise the AD patient, and the intensity of that attention, can be reduced. This may relieve the stress and exhaustion experienced by caregivers.

## Alzheimer's Disease

Alzheimer's Disease (AD) affects over 300,000 Canadians. It is a disease that attacks the brain and results in mental, behavioural and physical changes. Although not all persons with Alzheimer's Disease have the same symptoms, there are some symptoms that are typical.

The main *mental* changes include the following:

- gradual memory loss, especially recent memory;
- loss of ability to make logical or sensible decisions;
- difficulty making a connection between what they see and what the images mean;
- less and less ability to learn new things;
- a decline in the ability to carry out routine tasks;
- loss of language skills (forgetting words and names and how to explain or describe something so that it can be understood); and
- disorientation, (getting lost or confused about where they are).

The typical *behavioural* changes are:

- constant movement that seems to have no purpose, such as pacing and rummaging;
- changes in sleep patterns (typically getting up in the night);
- a short temper, with anger often directed at the person who takes care of them (usually the husband or wife);
- fear of darkness and fear of being alone;
- noticeable decline in personal grooming habits.

Although many persons with AD remain physically very fit well into the advanced stages of the disease, others experience physical changes, such as loss of muscle strength, sometimes resulting in the need for a walker or wheelchair, and the tendency to stumble (usually because of visual problems) and to suffer unexplained "very heavy" falls.

AD victims eventually become unable to control their bladders or bowels, and totally incapable of caring for themselves.

## A Study on Adapting Private Dwellings to Alzheimer's Disease

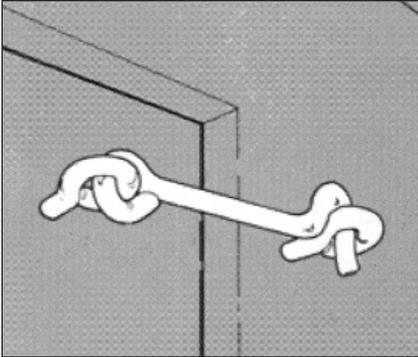
About 80 per cent of people with Alzheimer's Disease live at home with a caregiver, usually a husband or wife. To learn how caregivers adapt their homes to suit both their patients' behaviour and their own needs, a national study was carried out in 1998. The focus of the study was on the practical physical changes made to private dwellings to accommodate the behaviour of persons with Alzheimer's Disease and the special needs of their caregivers. The purpose of gathering and reporting this information was to provide Alzheimer's caregivers with helpful ideas about practical changes they could make to their homes.

The information was gathered by means of telephone and face-to-face interviews across Canada and a national mail-out survey of caregivers of persons with Alzheimer's Disease. The study was carried out by Nancy Gnaedinger, a consultant in gerontology in Victoria, BC, and was funded by the External Research Program of Canada Mortgage and Housing Corporation.

## SAFETY AND SECURITY

To protect the safety of people with Alzheimer's Disease in and around the home, and to ensure that they do not wander away and get lost or come to harm, the following precautions are suggested.

### Locks for Safety and Security



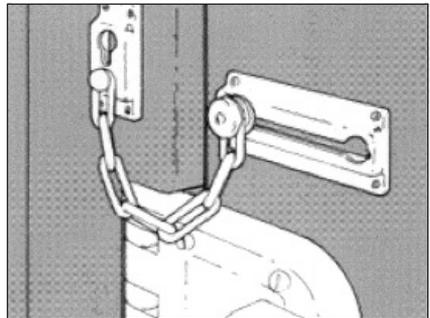
Place door and window locks in invisible or unusual places, such as at the top of doors, above the normal line of vision.

Slide a bolt from the closet door into the floor if the AD person rummages incessantly in the closet.

Keep one closet in the house locked, where precious items can be locked away.

Add a thermostat lock if the AD person is continually adjusting the temperature in accordance with their body temperature swings.

Install second locks on exit doors (for example, add a chain lock to a dead bolt, to make the process of unlocking too complicated for the AD person to carry out) or lock the exit doors with a key from the inside and pocket the key.



Lock large, openable windows in closed position.

Add a fence to the backyard and a lock to its gate.

### Safe Furniture/Furnishings

Make swinging chairs stationary and remove rocking chairs.

Move furniture away from the middle of rooms for patients using walkers.

Use chairs with arms, and if purchasing new furniture, make sure it has rounded corners.

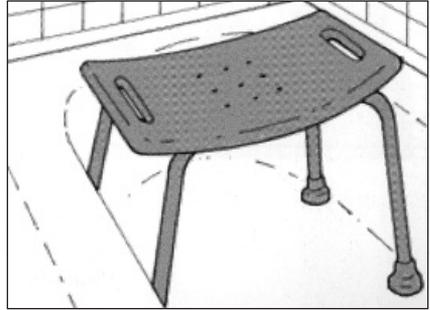
### Safety Precautions in the Bathroom

Keep pills out of reach, locked in a cupboard away from the bathroom (for example, in the pantry) or locked in the medicine cabinet.

Install a grab bar by both toilet and tub (or clamp a grip handle to side of tub).

Reinforce towel bars if they are used for balancing (a grab bar is better).

Purchase a plasticized seat and a shower hose for bathing the AD person seated.



Slip-proof the bottom of the tub or use a rubber mat.

Keep shampoo and other liquids out of the bathroom so that they cannot be swallowed.

Purchase a deep soap container so that the soap will not fall into the tub or on the floor.

Stick contrasting coloured tape around the edge of the tub to help define its edges and depth.



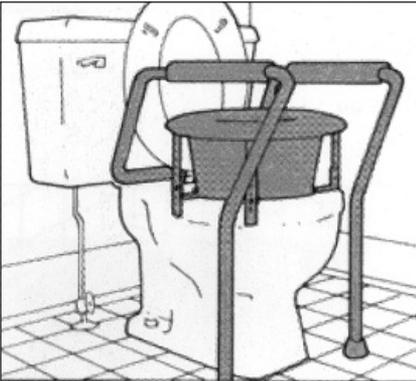
Install non-skid flooring and tiles that contrast with the tub, if building or renovating a bathroom with AD in mind.

Use contrasting colours in bathroom so that fixtures will stand out.

Install washable, rubber-backed bathroom carpeting to reduce chances of slipping on a wet bathroom floor.

Always leave a night light on in the bathroom.

Rent or buy a raised toilet seat.

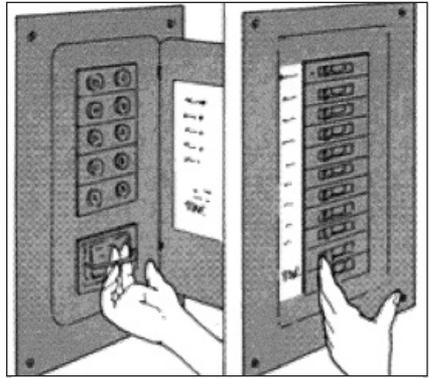


Remove the lock from the bathroom door, so that the AD person cannot get locked in.

Do not put a waste paper basket in the bathroom (unless it is hidden in a vanity) because it may be confused with the shape of a toilet and used as one.

## Safety in the Kitchen

Hide away sharp knives and other small appliances in cupboards. This does not have to be elaborate; simply put the items out of sight.

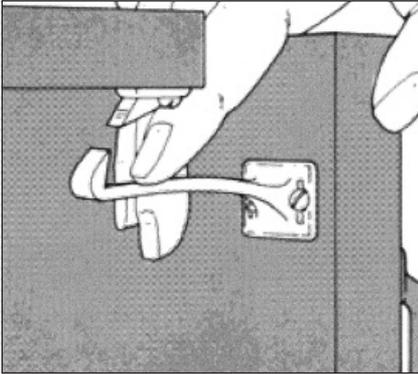


When not working in the kitchen, remove and hide the stove switch knobs, or take the fuses out of the stove or unscrew them, or turn off the gas underneath the stove, or switch off the circuit breaker for the stove.

Leave countertops bare if items and food tend to be stuffed into pockets, to be lost or to rot.

Get a kettle that whistles when the water is boiling or an electric kettle with an automatic shut-off.

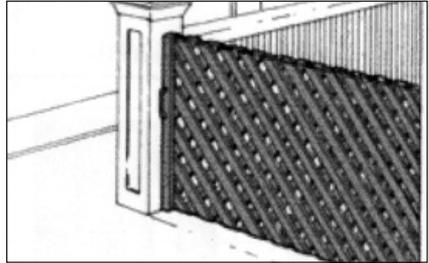
Install plastic safety latches in all kitchen and bathroom cupboards if dangerous items and substances are not removed.



Remove and hide sink stoppers to avoid overflow accidents.

### Safety and Security Near and On Stairs

Install an accordion gate or a wood or metal swinging gate (which looks less like a “baby gate”), or a piece of plywood at the top of the stairs, particularly stairs to the basement.

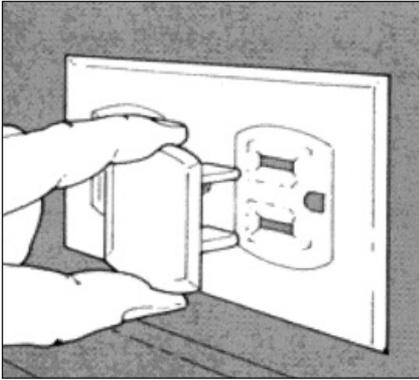


Install solid handrails on both sides of stairways, especially in the steep stairwell to the basement or to the back door.

### Other Safety and Security Measures

Put away power tools, scissors and any other items that the AD person can no longer use safely, such as liquor, fans, keys, lamps with cords, lighters and matches, glassware from the china cabinet, and small electrical appliances (such as hair dryers).

Put plastic plugs in all electrical outlets.



Decrease the height of the AD person's bed by removing the bed frame, so that a fall out of bed will not be so damaging.

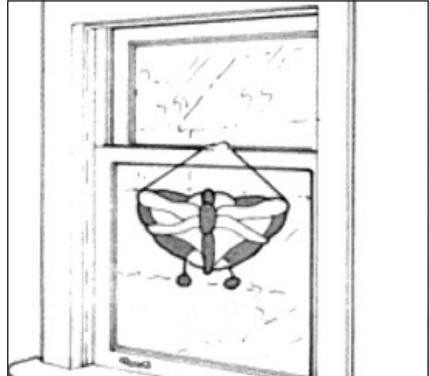
Remove sharp-cornered furniture and sharp objects.

If the AD person smokes, put a little water in all ashtrays.

Keep outside lights off at night to discourage the AD person from going out of the house (as darkness tends to frighten persons with AD).

Remove the rug from under the table where you eat—it may be too difficult for the AD person to push a chair back and may cause a bad fall. It is also easier to clean up a bare floor.

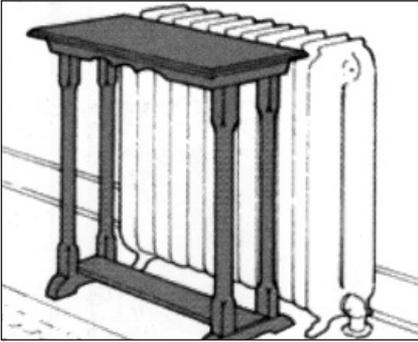
Distract the AD person from escaping through large windows or doors by camouflaging them with decorations—for example, a colourful hanging glass decoration in the window.



Remove items that are precious and breakable, such as ornaments and delicate antiques.

Give away poisonous house plants, which may be eaten by the AD person.

Do not wax floors—the slippery finish is treacherous and the shininess may create frightening reflections.

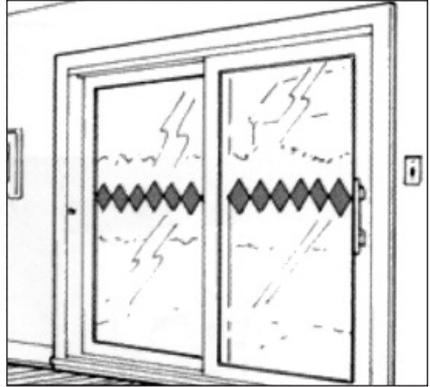


To avoid burns and scalding, lower the hot water temperature, cover the hot water pipes, and put pieces of furniture in front of hot radiators.

If possible, make part of the house so safe that the patient can be up and pacing while the caregiver is asleep in another room.

Close up the fireplace.

Mark sliding glass doors with decals to prevent the AD person from walking into them.

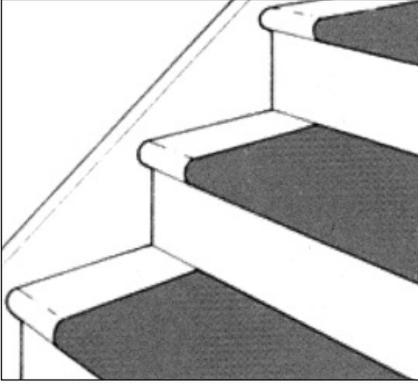


Leave a squeaky door or floor squeaky so as to alert the caregiver to wandering.

Outline porch steps with bright coloured paint contrasting with the rise (to help define the edges of steps and prevent tripping).

## At Home with Alzheimer's Disease

Install rubber treads on uncarpeted indoor and outdoor stairs to improve traction.



Add a safety railing on outside steps or along veranda.

Install bells or an electronic alarm system on exit doors.

Remove locks from all inside doors.

## PACING, WANDERING AND CONFUSION

Following are some examples of adaptations that may be made to a home occupied by a person with Alzheimer's Disease to accommodate the pacing, wandering and confusion that are typical of AD.

### Pacing and Wandering

Move furniture back from the centre of rooms, remove all small pieces of furniture, and keep hallways clear of furniture and knick-knacks, to allow for pacing and circular wandering.

Keep a solid armchair in the kitchen or the centre of quiet activity, so that the AD person can sit there and be part of things. This may discourage wandering.

Move a bed or a sofa bed to the main floor of a two-storey house, so that the AD person can rest when weary without going upstairs.

### Confusion About Whereabouts



For apartment dwellers—mark the door of the AD person's apartment in a very distinct way, perhaps with a photograph, a wreath, or a flag of some sort.

Likewise, put a sign or a symbol that means something special to the AD person on their bedroom door, to help them know where they are.

If the AD person is a rummage-and-hide person, lock away clothes in a separate bedroom and dole them out one outfit at a time.

Allow the person with AD to carry out old habits (like watering the plants or having a nap after lunch or collecting the mail) as long as these habits do not put anyone at risk.

Leave on all the lights in the house if the AD person feels surrounded and frightened by darkness, and adjust the lighting to reduce shadows. This may require adding more lighting.

Remove carpeting if the AD person becomes confused about where to urinate. (It is usually males who have this problem.)

Colour the water in the toilet bowl to assist a male patient's aim.

## ANXIOUSNESS AND RESTLESSNESS

There are three main adaptations that can be made to private homes to prevent or decrease the anxiousness and restlessness of persons with AD.

Keep the television off, move it to a private caregiver's room, or watch only non-violent programs with the AD person.

Play soothing music that is appropriate to the age and era of the AD person.

Cover all the mirrors in the house and keep the curtains drawn at night. Reflections can be very frightening to people with dementia when they do not recognize the people in the reflection.

## CAREGIVERS' NEEDS

Following are some suggestions that can help meet caregivers' need for assistance and respite. These are based on advice from experienced Alzheimer's caregivers from across Canada.

### Assistance

Contact your local Alzheimer Society of Canada, [www.alzheimer.ca](http://www.alzheimer.ca).

It is very important for people in the community to be able to identify AD persons. Their name and address should be clearly marked on an identification bracelet, which they wear at all times.

Get all the assistance that you can from family, neighbours, shopkeepers and hired helpers.

Where "handicapped" parking stickers can be obtained for caregivers, get one and apply it to your car so that you can park closer to shops when out with the AD person.

If you are a spouse-caregiver, go out with another couple so that someone of the same gender can take the AD person to the washroom.

Get a visiting nurse to give baths to the AD person rather than risk a back injury for yourself.

Notify your neighbours and the police of your patient's condition and ask them to alert you if the AD person is seen wandering.

### Respite

Use a basement den, a locked extra bedroom, a study or an attic as a "hideaway" or "refuge" for you when the AD person is under the supervision of another helper.

Keep "adult" things in this refuge, such as television, radio, fine decorations and important correspondence.

Take a break by leaving the house whenever possible.



CMHC offers a wide range of housing-related information. Visit our website at [www.cmhc.ca](http://www.cmhc.ca) or call 1-800-668-2642.

Other useful Canada Mortgage and Housing Corporation information sources include:

*Housing Options for People with Dementia*

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