

**In This Issue:**

<i>Alzheimer's and Understanding Sundowning</i>	<b>1</b>
<i>Where Shall We Go For Dinner?</i>	<b>1</b>
<i>Amazing Home Remedies</i>	<b>1</b>
<i>The Obesity Epidemic</i>	<b>2</b>
<i>End of Life Decisions...</i>	<b>2</b>
<i>About Prestige...</i>	<b>2</b>

**Alzheimer's and Understanding Sundowning**

It can be that horrific time of the day when persons afflicted with Alzheimer's Disease (AD) lose their sense of connectedness, comfort and security. According to the Alzheimer's Association: "Studies indicate that as many as 20 percent of people with Alzheimer's may experience increased confusion, anxiety, agitation, pacing and disorientation beginning at dusk and continuing throughout the night. These late-day increases in behavioral problems are often called 'sundowning.' Sundowning can disrupt the body's sleep-wake cycle, causing more behavioral problems."

The otherwise gentle family member is often consumed by what appear to be demons. What causes it? Many theories exist. Some ascribe the condition tiredness from the day-long challenges of coping with extraneous stimuli, the decrease in light as evening comes, or increased commotion that the AD-afflicted person cannot assimilate. Here are some things you can do to help prevent "Sundowning": When the person appears tired during the day, put them down for a nap. Let them wake when they are ready, even if it interferes with

lunchtime or other activities. Give yourself a break. Hire an outside caregiver for a few hours in the morning and evening, so you can retain your strength and sanity and prevent the inevitable burnout. You don't have to feel guilty or useless by asking for help. Keep your loved one's environment comfortable, safe, quiet and organized. This makes them feel secure. In the late afternoon and early evening, Consider using a sun lamp for a short while. It will decrease the shadows that may make them misinterpret what they are seeing, making them more agitated

Wolfe, Chris. "Sundowning When Evening Brings Its Own Problems for Dementia Patients." Memory-Loss-Facts.com. Memory Loss Staff. 2012. Web. 23 Feb 2012. <http://www.memory-loss-facts.com/sundowning.html>



For each petal on the shamrock-

This brings a wish your way -

Good health, good luck, and happiness-

For today and every day.

~Author Unknown

**Where shall we go for dinner?**

A group of 45-year-old guys discuss where they should meet for dinner. Finally they agree on Kelley's restaurant because the waitresses have low-cut blouses. Ten years later at age 55, the group agrees to meet at Kelley's because the food is good and the wine selection is excellent. Ten years later at age 65, the group agrees to meet

At Kelley's because they can eat there in peace and quiet and the restaurant is smoke free. Ten years later at age 75, the group agrees to meet at Kelley's because the restaurant is wheelchair accessible and it has an elevator. Ten years later at age 85, the group agrees to meet at Kelley's because they have never been there before.

-Anonymous

**Amazing Home Remedies**

- Avoid cutting yourself when slicing vegetables by getting someone else to hold the vegetables while you chop.
- A mouse trap placed on top of your alarm clock will prevent you from hitting the snooze button.
- If you have a bad cough, take a dose of laxatives. Then you'll be afraid to cough.
- You only need two tools in life, WD-40 and Duct Tape. If it doesn't move and should, use the WD-40. If it shouldn't move and does, use the Duct Tape.
- If you can't fix it with a hammer, you've got an electrical problem.

**Be sure to follow Robert Griesemer on LinkedIn**

**TREATMENT OF OBESITY:** Goal of obesity therapy is to achieve and sustain loss of about 10% of body weight for obese and overweight individual. Approaches for the management of obesity include therapeutic lifestyle changes, drug therapy and bariatric surgery. Therapeutic lifestyle changes include dietary therapy, physical activity and behavior modifications.

**DIET THERAPY:** A low fat, low carb, high fiber diet with increased intake of fruits and vegetables is advocated. However, not all fat is evil and not all carbs are bad. In fact, adding the right amounts and right types of fat and carbs actually speeds weight loss. Essential fatty acids found in foods like flaxseed oil, salmon, avocado, olive oil, and natural peanut butter not only boost the immune system but also aid the body in metabolizing stored fat. Animal fats and trans fats found in hydrogenated products like margarine cookies, and candy are much more damaging than the natural fats in butter. Certain elements contained in butter and low fat dairy products actually aid in weight loss by mobilizing stored fat. When you add complex slow-burning carbs, (e.g. cooked oatmeal and whole grain bread) and essential fats together, especially early in the day, they work to provide an even distribution of energy and help suppress afternoon cravings and energy slump. Usually daily caloric intake reduction by 500 to 1000 calories is recommended to promote a weekly weight loss of 1 to 2 pounds per week. Severe calories restriction (30% or more) is not recommended as it causes a stress reaction in the body with increase in stress hormones in the body (adrenal and cortisone) that can have adverse effect on the brain in the long term. Severe calorie restriction and weight loss reduces leptin level which sends a signal of starvation to the brain, resulting in increases appetite, increased food intake, and decreased energy expenditure resulting in re-bound weight

gain. Using the conventional dietary approach only 20% of patients will lose 20 pounds and maintain the loss for 2 years. 5% will maintain a 40 pound loss. Average weight loss is approximately 7% of baseline weight. Careful patient selection will improve success rate and decrease frustration for both patient and dietary therapist. Inner motivation is required for long-term positive results. It is important to stress to the patient that they should take control. They are deciding what they want to do with their bodies. Taking control is an important element both in starting a weight management regime and adhering to it. Long-term changes in eating behavior are required to maintain weight loss. Linking patient with other weight management resources outside of the clinic setting may enhance patient's changes of success.

**EXERCISE:** Increasing energy expenditure through exercise is the mainstay of obesity therapy. Current recommendations are to participate in 3 to 5 hours of moderate to vigorous activity per week. Increasing activity doesn't necessarily require going to a gym on a regular basis. Rather it includes maintaining physical activity in one's daily routine such as increased walking and stairs use at workplaces. Even with moderate weight loss patient should be encouraged to continue increased activity because of the numerous benefits of exercise. Finally, always remember adiposity is never alone; it is usually accompanied by the other high risk diseases induced in the deadly quartet of ABCD (abdominal adiposity, blood pressure, cholesterol abnormalities, and diabetes mellitus). Abdominal adiposity is the starting ringleader of this quartet. So, now we know where to start. So, let us all get up, put on our walking shoes and let our feet do the walking!

By Anil K. Garg, M.D.  
Internal Medicine/Cardiology  
Visiting Medical Doctor  
2426 N Grandview Blvd Unit D  
Waukesha, WI 53188  
Phone# (262) 446-3730

## End of Life Decisions & Choices

When it comes to the human life cycle, time is short and that means eventually some tough decisions and choices have to be made. Do I sell my house and move into assisted living, long-term care, or stay in my home with a caregiver to assist me? My Mom has Alzheimer's and is not eating. Do I just let nature take its course or do I have a G-tube put in? Will that prolong the inevitable? Mom has Alzheimer's and is failing. Can I have them withdraw food and medication? When do I have my Mom or Dad's Health Care or Durable Power of Attorney activated? When is it the right time to start hospice care? What will that get me? Who pays for it? These are all questions that each of us might have to address. The decisions can be difficult. Call Prestige Home Health Care, (262) 970-7102, and our Professional Care Manager will listen to your story and give you information and advice to help you make the right decision.



## About Prestige Home Health Care:

Robert Griesemer RN, BSN, MS, has been helping seniors and elderly individuals stay in their own homes to enjoy a higher quality of life for many years. As a **Professional Personal and Elder Care Manager**, Robert addresses and helps resolve many important issues: Mobility problems, dehydration, medication errors, noncompliance, the need for a new physician, frequent trips to the ER, frequent UTIs, falls, reclusiveness, and much more.

**For a free consultation call Robert at (262) 970-7102**

**Prestige** Home Health Care  
Personal Care and Elder Care Management

**Prestige Home Health Care**  
910 Elm Grove Road, Suite 22  
Elm Grove, WI 53122  
[www.prestigehomehealth.com](http://www.prestigehomehealth.com)

