

Challenges among Clients with Alzheimer's Disease

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Abstract – *Alzheimer's disease is a progressive mental deterioration that can occur in middle or old age, due to generalized degeneration of the brain. This study focused on determining challenges among clients with Alzheimer's Disease and identifying the problems experienced in the increasing impairment of learning and memory that led Alzheimer's Diseases. The participants of the study were five clients with Alzheimer's Disease, four caregivers and one nurse who are taking care of them from one of the Home for the Aged in Cavite City, Interview guide was used as a tool that focused on the challenges and problems encountered in the development of the said disease. The obtained response from the participants were analyzed and themes were created. Themes such as a feeling of being forgetful, struggles in performing daily activities, the high tide and low tide of emotions/emotional turmoil, distorted sleep pattern and reoccurring of painful memories and problems are among the challenges. When deterioration of mental abilities continues, problems and challenges arise.*

Keywords – *Challenges, Alzheimer's Disease, Alzheimer's Patients*

INTRODUCTION

Alzheimer's disease is a neurologic disorder that kills nerve cells in the brain and causes dementia. It is ultimately fatal and is not a normal part of aging. It gradually erodes its victim's brains and impairs memory, judgement, communication and independence [1]. By killing nerve cells, Alzheimer's disease causes an overall shrinkage of brain tissue.

As we age our brains change along with our bodies and minor memory problems and slower thinking can occur. Alzheimer's Disease can be inherited, those patients who are experiencing this may feel irritable and sometimes may find hard to make plans on their own. They are also at risk of falls and fracture because there were times that they are experiencing a remote childhood which they doesn't know what they are doing and

sometimes they like to escape at their house and go to some places that they remember during their early years.

Some symptoms that they may experience are difficulty of finding exact words that they want to say or repeating words and misplacing some things. There are some healthy food that may help Alzheimer's patient and good for their health like eating omega 3, vegetables and fruits.

Many factors such as age, genetics, and familial disease are potential contributors to the said disease including cardiovascular disease, diabetes, oxidative damage, and inflammation and brain injury.

Alzheimer's disease is most common form of dementia, wherein the prevalence of dementia us 46 million, continue increasing to 74 million by 2030, then by 2050 it become 131 million according to present study done by Bright Focus Foundation.

Martinez [2] cited that the estimated people who suffer from dementia worldwide is 46.8 million, as the gradual decline in an individual's total mental function. From 2003-2004, the Philippines had a population of 84 million, 2.9 percent of which were 65 years old above 11.9 percent, or 289,884 had dementia.

Thus, challenges such as being forgetful, confused and difficult in handling daily routines are present to Alzheimer's patient. Even in early stages of the disease, caring for them can be demanding and 24-hour day task. Primary caregivers need to be patient and understanding in times like this.

Challenges experienced by the patients and the caregivers serve as the basis in giving care for the patients. Especially in early stage it will guide the caregivers in recognizing the struggles and will become aware if the necessary care needed by the patients.

OBJECTIVE OF THE STUDY

This study aimed to explore challenges of patients with Alzheimer's Disease.

Reconnaissance

Alzheimer's Disease

Alzheimer's disease is a disease of the brain where abnormal proteins collect in brain cells. Alzheimer's diseases cause symptoms of dementia such as memory loss, difficulty performing of daily activities and it also changes in judgment, reasoning, behavior and emotions. Memory loss or dementia symptoms can be due to treatable conditions such as vitamin deficiencies, thyroid disease, sleep disorders or mental illness. It is said that there is no current cure yet of Alzheimer's disease but there are some treatment options and lifestyle choices that may slow it down. Most Alzheimer's that do not run in families is called sporadic, it is due to a complex combination of genes, environment and lifestyle it begins after age 60-65. Some studies show that it may be possible to decrease the likelihood of sporadic Alzheimer's disease by keeping your mind active, avoiding head injury, reducing vascular disease risk factors and effectively managing stress and depression [3].

Alzheimer's disease is a common type of dementia, or a decrease in intellectual function. This weakening disease affects not only the elderly but even individuals who are in their 40s. Ingestion of meat can increase the risk of the disease the most with eggs and high fat dairy. High consumption of fruits, vegetables and grains reduces the risk for Alzheimer's disease. Potential mechanisms for such a correlation to happen would include increased intake of metal ions, such as copper and saturated fat, both common in meat [4].

The discourse and the underlying biomedical model has been criticized by many scholars in the past decades. Based on the biomedical model, Alzheimer's disease is a condition of a person, caused by deterioration of the brain. Consequently, the way to deal with dementia is by medical control although there is currently no cure, it should be diagnosed, managed and treated by medical authorities. The biomedical model has been critiqued for neglecting the social components, thereby affecting choices in policy and research, and having negative effects on the experience of living with dementia. Claudia Chaufan showed how Alzheimer's disease as we currently know it has actively been constructed as a medicalized condition with a biomedical model of dealing with it. It "excludes alternative problem definitions" and has led to a "triumph of cure over care" in policy domains. In the same vein, Ingunn Moser studied how Alzheimer's disease has been made to matter in different locations. She argued that "pharmaceutical and biomedical versions of the disease are made present,

visible, strong and dominant", and on the other half alternatives are "made absent, invisible and less real" [5].

The general term for memory loss and other cognitive abilities serious enough to interfere with daily life is Alzheimer's disease. Alzheimer's disease accounts for 60 to 80 percent of dementia cases. Alzheimer's disease is the sixth leading cause of death in American adults. It affects more than 5 million Americans and 8 million more people worldwide. In Early Stage of Alzheimer's, the memory loss is mild. While in late stage individuals lose the ability to carry on a conversation and respond to their environment [6].

Alzheimer's disease is called a family disease, because the chronic stress of watching a loved one slowly decline affects everyone. An effective treatment will address the needs of the entire family. Caregivers must focus on their own needs, take time for their own health, and get support and respite from caregiving regularly to be able to sustain their well-being during this caregiving journey. Emotional and practical support, counselling, resource information, and educational programs about Alzheimer's disease all help a caregiver provide the best possible care for a loved one. Absolutely the easiest thing for someone to say and the hardest thing to accept is the advice to take care of yourself as a caregiver. As stated by one caregiver, "The care you give to yourself is the care you give to your loved one." It is often hard to see beyond the care tasks that await you each morning. Through training, caregivers can learn how to manage challenging behaviors, improve communication skills, and keep the person with Alzheimer's safe. Research shows that caregivers experience lower stress and better health when they learn skills through caregiver training and participate in a support group(s) (online or in person). Participation in these groups can allow caregivers to care for their loved one at home longer [7].

According to the U.S. Alzheimer's Association, one in eight people age 65 and older and nearly one in two people over age 85 have Alzheimer's disease. Alzheimer's disease is a neurological disorder in which the death of brain cells causes memory loss and cognitive decline. The researchers do not fully understand why the changes that leads to Alzheimer's disease. There are several factors involved. Risk factors for developing the condition include aging, a family history of Alzheimer's, and carrying certain genes. There are three basic stages of progression of Alzheimer's disease. Preclinical, Mild cognitive, impairment Dementia [8].

As much as possible the relationships with family and friends should be fostered. Provide care that responds to their needs and focuses on abilities rather than losses. Acknowledge and recognize that their interests may

change over time and avoid imposing former values and expectations. Should also ensure that everyone who provides care for them recognizes that people with the disease are to be valued and should be treated as individuals. Recognizing that all their actions and behaviors are meaningful and reflect a desire to communicate something. Recognizing that their quality of life is closely linked to the quality of life of the caregiver. As the disease progresses, the connection between the two becomes stronger. A diagnosis of Alzheimer's disease does not automatically prevent the presence of other health concerns and diseases. Failure to treat other illnesses can worsen the symptoms of Alzheimer's disease [9].

Alzheimer's has no current cure. Symptoms can be diagnosed at any stage of Alzheimer's dementia and the progression through the stages of the disease is monitored after an initial diagnosis, too, when the developing symptoms dictate how care is managed. There are available treatments for a symptom and can stop Alzheimer's from progressing and it can temporarily slow the worsening of dementia symptoms and improve quality of life. According to the Alzheimer's Association there is a worldwide effort to find better ways to treat disease, delay its onset, and prevent it from developing [6].

The common early symptom of Alzheimer's is difficulty remembering new information. The Alzheimer's patient may experience disorientation, mood and behavior changes, deepening confusion about events, time and place, unfounded suspicions about family friends and professional caregivers, more serious memory loss and behavior and difficulty speaking, swallowing and walking. People with memory loss or other possible signs of Alzheimer's may find it hard to recognize they have a problem [10].

Age is the single most significant factor in the development of Alzheimer's disease. The likelihood of developing the condition doubles every five years after you reach 65 years of age. It is not just older people who are at risk of developing Alzheimer's disease. Around 1 in 20 people with the condition are under 65. This is called early onset Alzheimer's disease and it can affect people from around the age of 40 [11].

Early-onset Alzheimer's disease can be a difficult disease for people to cope with. The best thing you can do is have a positive outlook and stay as active and mentally engaged as possible. It's also important to realize that you are not alone. Rely on your friends and family as much as possible. And don't be afraid to seek out a support group if you feel that it might be helpful to you. When the disease is still in its early stages, it's

critical to think about the future. This can include: doing financial planning, working with employers on current and potential job responsibilities, clarifying health insurance coverage, and getting all your important documents in order should your health take a turn for the worse. Although Alzheimer's disease has no cure, you can make the best of a bad situation by focusing on keeping your mind and your body as healthy as possible. This can include eating a healthy diet, getting regular exercise, cutting down on alcohol, and using relaxation techniques to reduce stress [12].

As the Alzheimer's disease progresses, you will lose the abilities that you may consider important on quality of life. Some people think that quality of life is lost once a person is diagnosed with Alzheimer's disease. Others feel that quality of life can be maintained well into the disease process. However, the disease does not remove your ability to appreciate, respond to and experience feelings such as anger, fear, joy, love or sadness. While symptoms are mild to moderate, patients will likely know what gives them pleasure and contributes to their sense of well-being. Patients might like to seek help to adapt with changing abilities and participate in meaningful activities. Once the patient can no longer make choices or decisions, caregivers, family members or health-care providers will need to make decisions for them, so it is important to talk with them. People with Alzheimer's disease and other dementias are individuals and need to be treated with respect, integrity, compassion, dignity, and concern for their privacy and safety. People with mild to moderate symptoms may need support in finding opportunities to enhance their quality of life. As the disease progresses, preserving the quality of life of the person with the disease will require appropriate social and physical environments [13].

At present, there is no single test that leads to a diagnosis of AD. The doctor first needs to establish that the memory loss is abnormal and that the pattern of symptoms fits AD. This sometimes requires specialized memory testing. The doctor then needs to rule out other illnesses that can cause the same symptoms. For example, similar symptoms can be caused by depression, malnutrition, vitamin deficiency, thyroid and other metabolic disorders, infections, side effects of medications, drug and alcohol abuse, or other conditions. If the symptoms are typical of AD and no other cause is found, the diagnosis is made. In the hands of a skilled doctor, this diagnosis is very accurate. An evaluation for Alzheimer's disease is often requested by a family member or friend who notices memory problems or unusual behavior. The doctor typically begins the evaluation by taking a health history and performing a

physical examination, as well as evaluating the patient's cognitive abilities (mental processes of perception, memory, judgment, and reasoning). This approach can help the doctor determine whether further testing is needed. A primary care physician may refer a patient for more extensive examination by a designated Alzheimer's diagnostic center, or by a neurologist, dementia, or geriatric specialist. This examination will likely include a thorough medical evaluation and history, blood tests, and brain scans (MRI or PET), followed by extensive neurological and neuropsychological assessments. A dementia evaluation should include interviews with family members or others who have close contact with the person being evaluated [7].

This disease is characterized by a loss of cognitive functions, such as memory, comprehension, visual-spatial orientation and judgment. The most common form of dementia is Alzheimer's disease, but vascular dementia and Lewy-body dementia can also cause cognitive impairment. There is currently no cure, but early intervention has been shown to increase the quality of life. It allows for patients to be more involved in their care plan and early pharmaceutical intervention could slow the progression of the disease and lead to better symptom management. In addition, early diagnosis is associated with later admission into nursing facilities, which increases the quality of life and decreases the cost of care. The Rapid Cognitive Screen is a useful tool to screen for patients in clinic, but telemedicine would allow for family members and caregivers to screen patients at home. Epharmix is developing a text-based system to allow for the administration of this screen in between physician visits. A designated caregiver would receive instructions via text every six months. The caregiver would administer the screen and input patient responses through text messages. The physician would receive the data and an alert if the patient's scores indicated cognitive decline or dementia. Since most patients are only screened once a year at the physician's office, this would allow for earlier detection in between visits, which is essential to providing care that not only improves quality of life but is also cost effective [14].

According to Dr. Reisberg, there are seven stages of Alzheimer's disease and he developed the "Global Deterioration scale" which is now used in many diagnosis and care setting as the rating scale. Dr. Reisberg's work has been pivotal in the development of two of the three current pharmaceutical treatment modalities for Alzheimer's [15].

The estimated people with dementia 2015 is 46.8 million worldwide, and it is said that it will have a double number in 2050. The process that shows the successes of

improved health care over the last century. Most people have a 20-50% of dementia cases are recognized and documented in primary care [16].

There are 3.6 million elderly folks in the Philippines aged 65 and above, the majority or 56.8 percent of them were women. To Dr. Marc Evans Abat, elderly is vulnerable to illnesses such as hypertension, heart disease, stroke, chronic obstructive lung disease, cancer, kidney failure, liver disease, cataracts, hearing impairment, arthritis and osteoporosis and infections are more common with the older persons [17].

Learning about Alzheimer's disease, understanding how the disease progresses and learning how to communicate with the person with such diseases, learn how her face conveys emotions such as joy and fear. Asking them about their likes, dislikes and opinions if they can't tell you, talk to someone close to them who can. Becoming aware of people, activities and things that are known to give them pleasure. Supporting them to be as independent as possible. Building on their strengths and abilities, encourage a sense of feeling useful and valued. Should give them opportunities to make choices. To ensure that their overall health is monitored and assessed, and that appropriate treatments are given. Should provide living space that is safe, familiar and provides a sense of security, while allowing them to maintain remaining abilities. Respecting the need for companionship and lastly including physical intimacy [13].

Problems Experienced

According to the Associação Brasileira de Alzheimer (the Brazilian Alzheimer's Association) (ABRAZ), AD is a dementia characterized by three major phases. It starts with forgetfulness and subtle loss of memory and difficulties at work. It can be confused with depressive states and progresses through more severe memory loss and the inability to perform complex tasks such as calculations and planning. The third stage is manifested by the marked impairment of functional capacity, such as difficulty in eating, dressing and bathing [18].

In the early stage of Alzheimer, people may also encounter some problems in motor coordination. In general, they can continue to live independently with a minimum assistance. Those people who encountered the moderate stage of Alzheimer's their judgment starts to be impaired it becomes hard for them to do their daily activities and may lose their independence by experiencing trouble in completing familiar task such as preparing their meals, grooming themselves, or budgeting their money. They find it much harder to learn and retain new information, but the memories of their

childhood and middle ages are remaining. At this stage, they will not understand the explained things clearly and they will also stop reading and writing. Once the severe stage of Alzheimer's reach, most of the cortex is seriously damaged. Those people who has Alzheimer's may have trouble in expressing themselves and in recognizing their friends and even their closest family [19].

Dementia, depression, weight loss is also a common problem among elderly. Elderly has a thinner skin compare to younger ones, their skin can lead to tears or have wounds that don't heal easily. Their immune system is also weak that's why they are prone in viruses, bacteria and disease. Delirium and dementia are the most common causes of cognitive dysfunction. Although delirium and dementia may occur together, they are different. Delirium begins suddenly, causes fluctuations in mental function and is usually reversible. Dementia begins gradually, is slowly progressive, and is usually irreversible. There are common among older people, because of age-related changes in the brain. The two disorders affect mental function differently. Delirium impairs the ability to pay attention and to think clearly. Dementia causes loss of memory and a severe decline in all aspects of mental function. Dementia in older people is often under-diagnosed, it is important to identify people with cognitive impairment early in their care [20].

It is common for Alzheimer's patients to experience night-time restlessness and changes in their sleep schedule. It's not well understood why sleep disturbances occur. The symptoms experienced by Alzheimer's patient referred to as sun downing it can aggravate behavioral issues and create misery for caregiver and senior alike [21].

The three major stages in the progression of Alzheimer's-type dementia are generally referred to as mild, moderate, and severe. Not every person will display the same symptoms in the same order, with the same severity or for the same length of time. The first part of the brain affected in Alzheimer's is the hippocampus, which lies deep inside the temporal cortex, so it is no surprise that the first symptoms of Alzheimer's consist of memory problems. These problems initially manifest as minor instances of forgetting such as one's keys or an appointment, or name that can easily be confused with one of the common effects of normal aging. People in this early or mild stage of Alzheimer's preserve their oldest memories well but start to frequently forget things that they learned more recently. As they begin to ask questions more and more often and repeatedly about things such as some upcoming events. People in this stage of Alzheimer's also use various

strategies to aid their memories, such as posting notes to themselves around the house. Even so, at first, they may tend to make light of these losses of episodic memory [19.]

Patient education, support and counselling are an insidious disease recognizable at its moderate stage and a chronic illness with a terminal course, the practitioner whom the patient was referred to should carefully consider certain factors. Given the opportunity, many patients will discuss their thoughts and feelings shock, anger, disbelief, fear and despair after receiving the bad news. Some patients feel that they have been given a death sentence, a loss of self [2].

Other complications of AD are bladder and bowel problems. As the disease progresses, a loved one may no longer recognize the sensation of needing to use the bathroom. They may also be unable to respond quickly to urges. This can result from limited mobility or limited communication skills. A loved one may also become confused and use the restroom in inappropriate places, but you can help them cope. If possible, remind your loved one to use the bathroom and offer help. You can also make it easier for them to get to the bathroom alone. Make sure they can easily remove clothing and install night lights to ensure they get to the bathroom safely at night. If mobility is an issue, your loved one may appreciate a commode near their bed or undergarments for incontinence [22].

The Alzheimer's Disease Association of the Philippines believes that it is the patient's right to be informed of his or her diagnosis. Disclosing the disease gently and slowly with a listening attitude is, often, the beginning of a successful treatment program with the active participation of informed patients. Alzheimer's disease patients have the right to determine how they will live their remaining years while they still have cognitive capacity in the early stages. Realistic discussions about the nature of their illness can be the basis for future. Qualified professionals aware of the emotional impact of Alzheimer's disease on patients should also be available to assist them and help them adjust to and accept the realities surrounding their illness. Maintaining physical health and function through physical and occupational therapy or with the trained family caregiver is still the primary management goal for the elderly demented patient [2].

Studies have shown that dementia has a negative impact on the patient's nutritional status. Food-related problems including lack of appetite and altered food preferences may cause significant weight loss and a subsequent increase in the risk of mortality. The burden of caring for the Alzheimer's patient may also have a

negative influence on the Cg's health. Depression and poor quality of life are observed at disproportionately high rates among Caregiver. As their family member's autonomy and cognition decline, caregivers face increasing challenges, including those related to management of the family member's diet [23].

Common problems are poor appetite, cognitive impairment (problems with mental abilities), physical disabilities and sensory impairments (hearing and sight loss) can all cause the person with dementia to have problems eating and drinking. Although eating and drinking difficulties are fairly common in people with dementia, each person's difficulties will be unique to them and their situation. Because of this you should take into account the person's preferences, beliefs, culture and life history. For example, their religious beliefs may mean they do not eat certain foods such as pork or shellfish, or they may be affected by the environment around them. You should tailor solutions to the person's individual needs and preferences. As dementia progresses, the person is likely to need more support to meet their needs [24].

People with dementia may struggle to recognize food and drink, which can result in it going uneaten. This can be due to damage that dementia causes to the brain, unfamiliar food, or how food is presented. If the person with dementia has problems with their sight, they may not be able to see the food. It may help to explain what the food is and to use pictures. Make sure the person is wearing the correct glasses. It's important not to assume that the person doesn't want to eat. People with dementia may not be able to concentrate well, which means they may have difficulties focusing on a meal all the way through. This may be because they are tired. Don't assume someone has finished because they have stopped eating. Finger foods and smaller portions can help to make the task easier. If you are helping someone to eat and it goes on for too long, it can turn into a negative experience example the food can become cold [24].

People with dementia may struggle to handle cutlery or pick up a glass. They may also have trouble getting food from the plate to their mouth. A person with dementia may not open their mouth as food approaches and may need reminding to do so. They may also have other conditions that affect their co-ordination, for example Parkinson's disease. This could lead them to avoid mealtimes because they are embarrassed by their difficulties or want to avoid struggling. A person with dementia may have difficulties with chewing food. They may forget to chew, or they may hold food in their mouth. Certain foods, such as sweet corn or dry biscuits, may be more difficult for the person to chew or swallow.

These should be avoided if chewing is an issue. Good oral hygiene is important. If the person is feeling pain in their mouth, chewing will be uncomfortable and difficult. If the person wears dentures, they should be comfortable and fitted properly. People with dementia can get tired easily. Eating soft, moist food that needs minimal chewing can help [24].

Age is a very well-known risk factor for Alzheimer's disease. The risk of developing the disease doubles every 5 years after the aged of 65. Alzheimer's becomes increasingly common as people reach their 80s, 90s, and beyond. The more researchers learn about Alzheimer's disease, the more they realized that genes play an important role in its development. Scientists have found genetic links to both early-onset and late-onset Alzheimer's disease. Early-onset Alzheimer's is infrequent, accounting for only about 5 percent of people with the disease. Its symptoms usually appear when people are in their 30s, 40s, and 50s. Most cases of early-onset Alzheimer's are familial, caused by mutations (permanent changes) in one of three known genes inherited from a parent. Late-onset Alzheimer's disease, the most frequent type, usually evident after age 65. The causes of late-onset Alzheimer's are not yet fully understood, but researchers have determined several risk-factor genes. One of those genes, called Apo lipoprotein E (APOE), has three forms, or alleles ($\epsilon 2$, $\epsilon 3$, and $\epsilon 4$). One form, APOE $\epsilon 4$, increases a person's risk of developing the disease. It is present in about 10 to 15 percent of the society. However, carrying APOE $\epsilon 4$ does not necessarily mean that a person will get Alzheimer's disease and people without APOE $\epsilon 4$ can get the disease [11].

As dementia progresses, swallowing difficulties become more common, although they can vary from person to person. If a person is having difficulty with swallowing, a referral to a speech and language therapist can help. Difficulties can include holding food in the mouth, continuous chewing, and leaving foods that are harder to chew on the plate. Swallowing difficulties can also lead to weight loss, malnutrition and dehydration. If the person is drowsy or lying down, they may struggle to swallow safely. Before offering food and drink, make sure they are alert, comfortable and sitting upright or in bed well positioned [24].

A nutritionally complete diet, adequate exercise and immunizations to maintain wellness are not only for disease-free elderly people. Demented persons with depression are at higher risk for protein-energy malnutrition and functional decline, especially for the basic tasks of self-care and hygiene; hence a preventive attitude by healthcare providers will greatly improve the

quality of life of the patient and family. Ignoring undercurrent disease in general, especially in the early stages, is likely to have great negative impact on the quality of the remaining existence of the patient and caregiver. Dementia worsens rapidly with the following: adverse drug effects, infection, pain, cardiorespiratory problems or a subdural hematoma. Sleep deprivation and sensory deprivation can also worsen agitation and confusion, so these factors must be addressed accordingly. Once the chain of behavior occurrence and response is understood, caregivers are provided with methods to change either the antecedents or the consequences of the problem behavior [2].

Some people with dementia will lose the ability to judge the temperature of food. Make sure food is not too hot, as it could burn the person's mouth and cause eating to become uncomfortable. The sensation of thirst changes as people get older, which can sometimes mean the person isn't aware they're thirsty. A person with dementia may also have similar problems. They may be less able to provide drinks for themselves. The person should be encouraged to drink throughout the day. Just placing a drink in front of someone doesn't mean they will drink it. Also, an empty cup doesn't always mean that the person has drunk its contents. It may have been spilled, drunk by someone else, or poured away [24].

Although the cause and progression of AD are not fully understood, increasing evidence shows that the first changes in the brain happen as much as 15 years before symptoms of dementia are exhibited by the person with AD. Certain kinds of brain scans can detect these changes. However, this work is not yet advanced enough for it to be of practical use in predicting who will later develop Alzheimer's disease. The prevention of Alzheimer's disease is a popular topic in the media. A number of non-medical, lifestyle practices are recommended for possible prevention, a healthy way to manage the disease, and general age-related well-being. There is evidence, but not definitively documented proof, that mental stimulation (brain games), exercise (like walking, swimming, yoga), social activities, and a healthy diet (fruit, vegetables, and foods high in antioxidants) may help [7].

A person with dementia may refuse to eat food or may spit it out. This may be because they dislike the food, are trying to communicate something such as the food being too hot, or they are not sure what to do with the food. The person with dementia may become angry or agitated or behave during mealtimes in a way that challenges. They may not want to accept assistance with eating. It can be a challenge to identify what the problem is, particularly if the person is struggling to find the words to explain it.

It is important to remember that these reactions are not a deliberate attempt to be 'difficult', or a personal attack. Try not to rush the person with dementia and help them maintain as much independence as possible. Look for non-verbal clues such as body language and eye contact as a means of communication. If a person is agitated or distressed, do not put pressure on them to eat or drink. Wait until the person is calm and less anxious before offering food and drink. Knowing about someone's life history, including past routines, may help with understanding any behavior around eating or drinking that seems unusual [24].

The book titled "The China Study", authored by scientist T. Colin Campbell PhD and co-author Thomas MCampbell II, MD, said that one of the risk factors of cognitive impairment is nasty free radicals, which cause destruction on brain function in later years. Researchers concluded that consuming dietary antioxidants can shield the brains from becoming damaged because free radical damage is important to the procedure of cognitive dysfunction and dementia. Food that lack of antioxidants tends to innately free radical formation and cell damage, while plant based foods with their plentiful of antioxidant will prevent such damage [4].

Challenges Encountered

Alzheimer's disease poses real challenges for both the person diagnosed with AD and to those who assume caregiving responsibilities. This does not mean that there will no longer be times of joy, shared laughter, and companionship. AD often develops gradually, offering time to adjust to the diagnosis, plan ahead, and spend quality time together. Nearly 15 million Americans provide unpaid care to a person living with Alzheimer's disease or another dementia [6]. Dr. Alois Alzheimer, a German psychiatrist and neuropathologist, is credited with identifying the first published case of "presenile dementia" in 1907, a condition that is now called Alzheimer's disease. Alzheimer's is the most common form of dementia in older adults. The terms Alzheimer's and dementia are often used interchangeably, but the conditions are not the same. Dementia is a term that means a person is no longer able to function on their own because of a lasting impairment of multiple mental abilities affecting memory, attention, and reasoning. Dementia can be caused by many different medical conditions, such as a severe head injury or major stroke. Other common dementias are Lewy body dementia, frontotemporal dementia, vascular dementia, and Parkinson's disease dementia [7].

Alzheimer patients may find trouble when concentrating and may forget some meetings and

appointments that they have to attend. They also find it difficult to do new things and tasks and hard to do multitasking. It is important to make sure that you have provided lots of emotional support and reassure that they are accepted for who they are and not on what they can do [6].

The cognitive and neurological effects of AD hit us where it hurts: at the very core of our personality. Ever since the writings of John Locke (1689), psychological continuity has been widely regarded as essential to personal identity. It is because of psychological continuity that we remain one and the same person throughout our lives. Loss of memory and of memory function and a general change of cognitive capacities consequentially affect our personality and shake our sense of identity. For many people, such a change presents a nightmarish scenario. Some even state that they would rather die prematurely than live out their life with a severe, personality changing, and cognitive disorder. This stated preference is of considerable interest in itself; as mentioned above, the risk of a depressive or even suicidal reaction to a diagnosis should be taken into account. But it also demonstrates a more general problem: There is a potential conflict between my current wishes for my future self, and the actual wishes of my future self. What I want for myself if the disease progresses might not be what I want as it progresses [25].

People diagnosed with AD commonly have periods of agitation and anxiousness. A loved one's ability to reason and understand certain situations can also decline as the disease progresses. If they can't make sense of a confusing world, they can become fearful and agitated. You can do things to help a loved one feel safe and calm. You can start by providing a safe environment and removing any stressors that could cause agitation, such as loud noise. Some people with AD also becomes agitated when their physically uncomfortable. Their agitation might increase if they are unable to speak or express how they feel. Take steps to make sure their pain, hunger, and thirst levels remain at a comfortable level. You can also calm agitation by reassuring them that they're safe [22].

Some people with AD also has depression and do not know how to cope with a loss of cognitive functions. The symptoms of depression may include sleeping problems, changes in mood, withdrawing from friends and relatives, difficulty concentrating. The symptoms of depression can be similar to the general symptoms of AD. This can make it difficult to determine whether your loved one is experiencing depression or just the normal symptoms of AD. A doctor can refer your loved one to a

geriatric psychiatrist to make this determination. Treatment options for depression in people with AD include attending support groups and speaking with a therapist. Speaking to others with AD can also be helpful. Getting regular exercise and participating in activities they enjoy can also improve their mental outlook. Wandering is another common complication of AD. People with AD can experience restlessness and sleeplessness due to disruption in their normal sleep patterns. As a result, they may wander out of the home believing that they're running an errand or going to work. The problem, however, is that a loved one may leave home and forget their way back. Some people with AD wander from home at night when everyone is asleep. In some cases, a doctor may recommend antidepressants [22].

Other challenges that patient may experience can also affect balance and coordination. The risk of falling increases as the disease worsens. This can lead to head trauma and broken bones. You can reduce your loved one's risk of falling by assisting them as they walk and making sure pathways are clear in their home. Some people with AD don't want to lose their independence. In this case, you might suggest walking aids to help them maintain their balance. If a loved one is home alone, get a medical alert device so they can contact emergency services if they fall and can't get to a phone [22].

According to Dr. Legg, Alzheimer's disease can cause your loved one to lose control of normal body functions, and they may forget how to chew food and swallow. If this happens, they have an increased risk of inhaling food and drinks. This can cause pulmonary aspiration and pneumonia, which can be life-threatening. It can help someone avoid this complication by making sure they eat and drink while sitting up with their head elevated. It can also cut their food into bite-size pieces to make swallowing easier. The symptoms of pneumonia include a fever, a cough, shortness of breath, excess phlegm. Pneumonia and other respiratory infections need medical treatment with antibiotics. If you notice that your loved one coughs after drinking, you should alert their doctor who may refer them to a speech therapist for further evaluation [22].

Family caregivers of people with dementia, often called the invisible second patients, are critical to the quality of life of the care recipients. The effects of being a family caregiver, though sometimes positive, are generally negative, with high rates of burden and psychological morbidity as well as social isolation, physical ill-health, and financial hardship. Caregivers vulnerable to adverse effects can be identified, as can factors which ameliorate or exacerbate burden and strain.

Psychosocial interventions have been demonstrated to reduce caregiver burden and depression and delay nursing home admission. Comprehensive management of the patient with dementia includes building a partnership between health professionals and family caregivers, referral to Alzheimer's Associations, and psychosocial interventions where indicated [26].

It is important that your loved one eats and drinks enough fluids. However, this can be difficult because they may refuse to eat or drink as the disease progresses. Also, they may be unable to consume food and drinks because of difficulty swallowing. The symptoms of dehydration include a dry mouth, headaches, dry skin, sleepiness, irritability. Your loved one may be malnourished if they're losing weight, they have frequent infections, or they experience changes in their level of consciousness. Visit during mealtimes and help with preparing meals to ensure they don't experience dehydration or malnutrition. Observe your loved one eating and drinking to ensure they consume plenty of fluids. This includes water and other beverages, such as juice, milk, and tea. If you're concerned about dehydration or malnutrition, speak with their doctor [22].

Alzheimer's disease is called a family disease, because the chronic stress of watching a loved one slowly decline affects everyone. An effective treatment will address the needs of the entire family. Caregivers must focus on their own needs, take time for their own health, and get support and respite from caregiving regularly to be able to sustain their well-being during this caregiving journey. Emotional and practical support, counselling, resource information, and educational programs about Alzheimer's disease all help a caregiver provide the best possible care for a loved one. Absolutely the easiest thing for someone to say and the hardest thing to accept is the advice to take care of yourself as a caregiver. As stated by one caregiver, "The care you give to yourself is the care you give to your loved one." It is often hard to see beyond the care tasks that await you each morning. Through training, caregivers can learn how to manage challenging behaviors, improve communication skills, and keep the person with Alzheimer's safe. Research shows that caregivers experience lower stress and better health when they learn skills through caregiver training and participate in a support group(s) (online or in person). Participation in these groups can allow caregivers to care for their loved one at home longer [27].

When you're starting out as a family caregiver, it's hard to know where to begin. Perhaps you've only recently realized that a loved one needs assistance and is no longer as self-sufficient as he or she once was. Or perhaps there has been a sudden change in their health.

Now it is time to take action, and take stock of the people, services, and information that will help you provide care. The earlier you get support, the better. The resources listed at the end of this fact sheet will help you locate local training classes and support groups. The role of the caregiver changes over time as the needs of the person with AD change. The following table offers a summary of the stages of AD, what kinds of behaviors to expect, and caregiving information and recommendations related to each stage of the disease [27].

The problems in their surroundings may affect the behavior of an Alzheimer's patient. Too much noise can cause frustration and confusion. When they are looking of if they see a mirror they will think that a mirror image is another person in the room [6].

When you are starting out as a family caregiver, it's hard to know where to begin. Perhaps you've only recently realized that a loved one needs assistance and is no longer as self-sufficient as he or she once was. Or perhaps there has been a sudden change in their health. Now it is time to take action, and take stock of the people, services, and information that will help you provide care. The earlier you get support, the better. The role of the caregiver changes over time as the needs of the person with AD change [7].

There are some strategies involve trying to manipulate the situation in order to reduce the problem or prevent it from happening in the first place. This might include organizing practical help, rearranging the home, creating routines or changing the way you do things. If this involves leaving notes all over the house or making other visible changes, try not to be too house proud. Above all, it is important to set yourself realistic targets, acknowledge what you have achieved and try different solutions until you find one that works. As the disease progresses, caregivers will gradually learn how to handle different situations, sometimes by trial and error. This may involve changing or adapting their technique [18].

According to Amanda King, Executive Director at Clarity Pointe Jacksonville, a Memory Care Assisted Living Community in Jacksonville, FL, "Changes in routine or environment can be distressing or uncomfortable for someone with Alzheimer's disease, and that distress may trigger a variety of behaviors. At the core of most reactions is the person's frustration with trying to make sense of an increasingly confusing world." Alzheimer's disease involves stages of cognitive decline and gradually damages the brain. For those who suffer from Alzheimer's, people and places that were once familiar and comfortable can become strange and confusing as the disease progresses. Changes to their environment, such as traveling, going to the doctor,

moving to a new home or receiving houseguests, can trigger challenging behavioral symptoms [11].

METHODS

Research Design

To achieve the aims of the study, the researchers utilized a qualitative research of a small group, term that includes a group of approaches that in turn rely on the written or spoken words or visual representation of individuals. Qualitative research is designed to reveal a target audience's range of behavior and the perceptions that drive it with reference to specific topics or issues. It uses in-depth studies of small groups of people to guide and support the construction of hypotheses. The results of qualitative research are descriptive rather than predictive. These approaches typically focus on the lives of individuals as told through their own stories. The emphasis in such approaches is on the story, typically both what and how is narrated. It is the most appropriate approach used because real life problem is investigated. Each respondent encompasses the study of the experiences of a single individual embracing stories of the life and exploring the learned significance of those individual experiences. Respondents are not just the patients but also the caregivers and nurse who took care of them in the home for the aged.

Alzheimer's Disease the case and each respondent were considered as individual case. Most experts believe that the majority of Alzheimer's disease occur as a result of complex interactions among genes and other risk factors. Age, family history and heredity are all risk factors we can't change. Now, it is beginning to reveal clues about other risk factors may be able to influence through general lifestyle and wellness choices and effective management of other health conditions. There may be a strong link between serious head injury and future risk of Alzheimer's, especially when trauma occurs repeatedly or involves loss of consciousness. Protect your brain by buckling your seat belt, wearing your helmet when participating in sports, and fall-proofing your home. Some of the strongest evidence links brain health to heart health. This connection makes sense, because the brain is nourished by one of the body's richest networks of blood vessels, and the heart is responsible for pumping blood through these blood vessels to the brain. The risk of developing Alzheimer's or vascular dementia appears to be increased by many conditions that damage the heart and blood vessels. These include heart disease, diabetes, stroke, high blood pressure and high cholesterol. Work with your doctor to

monitor your heart health and treat any problems that arise [28].

Participants

The home for the aged had several patients in their care. Ten informants participated in this study using purposive sampling. It composed of four caregivers who are taking care of Alzheimer's Disease patients for at least two months only in the institution and willing to participate in the study.

In addition, one informant from the nurses was also chosen purposively to participate in the study. This nurse is the one in-charge of the total patient care, who supervises the services given to Alzheimer's Disease Patients.

Instrument

The researcher utilized the semi-structure interview guide that underwent validation from experts. It was formulated by the researchers to elicit challenges among clients with Alzheimer's Disease. At the same time, observation was made during the interview with the participants

Procedure

The researchers chose an interesting topic based on current literatures was approved by the adviser. Then the researchers collected and read different related literatures to gain further understanding of the chosen topic. The chosen title was then approved by the dean of the department. A list of all home for the elderly in the Philippines was acquired from the internet. The home for the aged that was chosen was then the target source of respondents of the researchers. The home for the aged that was chosen was contacted to obtain a verbal consent. A letter of consent was also sent to them along with a copy of the objectives of the study, as well as the protocol of the researchers. A letter was also address to the head of the chosen home for the aged to obtain endorsement and consent to conduct the research. During the data collection, each respondent was given a consent to signed with the objectives of the study. The interview was explained to the participants along with their rights to answer the questions or not. Recording devices were also explained that it was used as reference and that all the answers of each respondent were kept confidential all throughout the study.

Data Analysis

Each response was analyzed by creating statements per interviewed respondent. Familiarizing with the data collected by listening to the recordings. Then identifying

the significance in each statement created. Validation of data helps to confirm useful information that helps in creating the theme in data analysis.

The researchers adapted the Colaizzi's method of data analysis. It was used to provide assistance in extracting, organizing and analyzing data collected.

Ethical Consideration

Considering ethical aspect of research, enough time is given to the participants of the study so that they can depict their true view on research questions. Primary and secondary sources data were used in this study. A letter of consent was sent through email to one of the heads of the institution to request for participation of both staff and clients in research. When permission was granted, the research topic was introduced, and people were invited to participate in voluntary basis. A list was requested from which respondents were selected among other clients for the research. Consent from the participant was taken and appropriate permission was ensured for usage of their given data. Confidentiality of the responses were maintained strictly to ensure privacy of their data. Semi-structured interviews were utilized extensively as interviewing format possibly with an individual or sometimes even with a group. These types of interviews are conducted once only, with an individual or with a group and generally cover the duration of 30 min to more than an hour. The disclosure of respondent identity was based on their permission where if they were not willing to disclose identity, their identity would not be exhibited.

FINDINGS OF THE STUDY

Profile of the Patient

The researchers gathered all the information of patient's profile upon interviewing the nurse, caregiver and the patients. The patient's profile includes the age, medical history and past health history.

Patient A is 79 years old, from Manila. Her past medical history is Ulcer; she can't remember when but was operated years ago. Her present illness includes dementia with symptoms revealed forgetfulness and sometimes disoriented to Person, Place and Time. She kept on saying that she is an Accountant Major and she saw her husband being killed, she always says that she was battered by her second husband. She's been there for 2years due to depression; she was brought by her son because no one can take care of her.

Patient B is 71 years old from Visayas, had a depression when his wife passed away, he also had some suicidal attempt and when he was brought in a home by his child he tried to skip. He was an engineer and His

past medical History is stroke at left side. He's already staying there for a month, before he went there he was like a vegetable, but now he can already move his legs and shoulders and can perform passive ROM. He is diabetic and hypertensive.

Patient C is 84 years old from Cavite, was brought by her kids, she is in denial about her condition and she has visual hallucinations, she easily gets irritable and jealous whenever someone is visiting her roommate or when someone is talking with her. She came from America and worked there. She is experiencing visual hallucinations.

Patient D is 70-year-old from Manila, Present illness is dementia with a symptom old sometimes acting like a child, he is taking off his clothes then ran all over the place and he is also forgetful but according to him he is not convinced that he has dementia, hypertension is also one of his illnesses. He is also saying bad words and throwing some things when restless. He sometimes doesn't know what he was doing, he is also energetic and cheerful.

Patient E is 84 years old, she does not remember where she lived, Present illness are hypertension and dementia as said by the caregiver and was brought by her relative five months ago, she is unaware of her surroundings. She is anti-social and only communicating with the caregivers, she also has a habit of doing things repeatedly like folding of tissues then kept on her bag and after a few minutes she will then bring it back to its place and fold again.

Problems and Challenges Encountered

As can be gleaned from the responses of the participants to the questions regarding problems and challenges encountered, the researchers were to draw significant statement.

Thus, based on the significant themes identified from the data collected from the informants, the following compacted themes were drawn; 1. The feeling of being forgetful; 2. Struggles in performing activities of daily living; 3. The high tide and low tide of Emotions/Emotional Turmoil; 4. Distorted Sleep pattern; and 5. Recurring Painful Memories.

The feeling of being forgetful

According to Alzheimer's Society Muskoka [13], the Alzheimer's disease does not remove the ability to appreciate, respond to and experience, feelings such as anger, fear, joy, love or sadness. Once the patient can no longer make choices or decisions, the caregivers will need to make decisions for them.

Alzheimer's patients are really experiencing remote childhood and having a severe mood swings. This was

supported by the caregivers upon noticing the patient 's behavior, memory impairment and difficulty finding words. (*Nagiging makakalimutin sila at matindi ang mood swings at ang pagkabagal ng memorya.*)

A patient with Alzheimer's disease has a big tendency of developing forgetfulness. There were times that they will not remember their caregiver or even the names of their family members, so it is really important to keep an eye to Alzheimer patients especially when doing things that may harm them.

When someone told them that they already repeated what they have said for lots of time, they will just say smile and say (*nakalimutan ko*). Forgetfulness is said to be a normal part of aging. They may have a hard time to learn new things and remembering some information. Patients with Alzheimer's disease that experiencing forgetfulness includes losing track in the start and end time and troubling how to have conversation with others.

In terms of forgetfulness, caregivers support their Alzheimer patients by answering their questions about the things they would want to know, caregivers also made sure that their patient are still in safety measures when they are feeling restless. The caregiver's best thing to do is let them know that they are not alone and treat them normally.

It is really embarrassing when you forget something, and you are trying hard to remember what it is but some may try to hide it. Patient with Alzheimer's disease may also fill in gaps in the memory with wonderful and superficially believable stories but more detailed review that may show them to be unreal.

Struggles in Performing Activities of Daily Living

People with Alzheimer's Disease finds that their mental abilities declining. Support and assistance are what they need because at times they become vulnerable. Sometimes, the person with AD just forgets to do the task or how to perform it. They might not remember. For example, to put on clean clothes on in the morning or comb their hair. This was supported with the statement that "*We are here just to remind them. We just prepare their things*" (*Nandito lang kami para magpaalala, naliligo sila magisa. Inaayos lang namin mga gamit nila*). They become depend on people such as caregivers to the things that they can do well by themselves before. This was supported by "*After the caregivers will give them a shower if they can't. But if they can, the caregivers will just watch them*". (*tapos yung iba pagnililiguan sila ng caregiver paghindi kaya, pero ung iba naman naliligo sila ng kanila pero may bantay na caregiver.*)

As the disease worsens, risk of falling because of poor coordination and balance is evident in AD patients. Which can lead to head trauma and broken bones. Assisting them in walks and clearing their pathways can reduce the risk [22]. When patient wants to gain their independence, assistive devices are given to them but make sure to keep an eye on them at all times. This was validated by "*Every morning Mommy M2 is put in her wheelchair then she will be brought to the terrace to have her morning walk with the assist of the caregiver. After that she will be returned to her bed*". (*Tuwing umaga nilalagay si Mommy M2 sa wheelchair tapos dinadala sa may terres tapos paglalakaran dun pero may kasama caregiver para umalalay. Pagtapos nun babalik na ulit siya sa kama niya.*)

Performing certain activities such as exercise can also be assisted by people who are taking care of AD patients. In the case when patient is unable to do them correctly by themselves and will put them in greater risk when done alone. Caregivers for instance help them. This was supported by "*Daddy A will do his range of motion with the help of caregiver*".

People who have Alzheimer's Disease often make routine daily activities a challenge. They need help in handling routine daily activities, such as bathing, dressing and using the bathroom. Bathing can be confusing experience for a person who has Alzheimer's the physical and mental impairment of Alzheimer's can make dressing a frustration experience. Thus, as part of helping loved one to meet daily challenges, be patient and compassionate.

The High Tide and Low Tide of Emotions/Emotional Turmoil

People diagnosed with AD find it difficult to deal with significant changes brought about by the condition. Mood or behavioral changes can be a great deal of concern in people involved in the caring process. For many caregivers, sudden change of mood can be surprising. Especially when one is used to a behavior and all of a sudden it changes to another. This was supported by the statement "*every day they show different mood*" (*paiba iba ng mood araw-araw.*)

Agitation and anxiousness can be one of the mood changes experienced by an Alzheimer's patient. It is because of their inability to understand and reason certain situation as the disease progresses. When they cannot make sense in something that confuses them. They become agitated and fearful to the idea which can be a burden for caregivers. Sometimes they don't recognize the shift in mood which brings great stress to

AD patients because they don't know how to express how they feel [22].

People caring for patients with AD need patience and a great understanding with patient experiencing mood changes. It can be a struggle and it will sure put patience to test. This was validated by "*Sometimes they hard to handle because of their tantrums*" (*Mahirap sila ihandle kapag ngatantrums*). Taking a break help when the person is in a safe environment, walk away and take a moment to breath and regain the strength to face the challenge again.

Factors such as surroundings, medications and food can affect the alter in the mood of a person diagnosed with AD. Too much noise can cause frustration and confusion [6]. This is supported by "*She gets mad when someone is laughing (iba minsan ngagalit siya pagmay tumatawang iba.)*, *Sometimes they hard to handle because of their tantrums especially patients who doesn't take their medication. They quickly change their mood. Sometimes they are nice, sometimes there not. Sometimes it depends on what they have ate like chocolates it boost their energy.*" (*Mahirap sila ihandle kapag ngatantrums lalo na mga pasyente na hindi umiinom ng gamut. Pabago-bago sila ng ugali, minsan mabait minsan naman depende kung ano kinakain nila tulad ng chocolate ngpapataas ng enerhiya saknila.*) Relaxing activities such as music, massage and exercise can help soothe a patient with AD.

Distorted Sleep Pattern

Alzheimer's disease is a brain disorder that affects a person's thoughts, memory, speech, and ability to carry out daily activities. It is common for Alzheimer's patient to experience nighttime restlessness and changes in their sleep schedule. It's not well understood why sleep disturbances occur [21]. This is supported by the statement "she is always sleeping, there were time that she was awake for 1week then she is sleeping at the following week". (*Lagi siyang tulog minsan naman may 1 week siyang tulog at 1 week na gising*). With Alzheimer's disease the loss of brain tissue leads to loss of mental abilities that may also disrupt the sleep/wake cycle that can cause sleep problems.

Just one night of poor sleep is enough to trigger a spike in a brain chemical linked to Alzheimer's disease, a new study has shown. Although there was a link between dementia and lack of sleep, it was unclear whether the disease was driving insomnia or vice versa. They also found that after several nights of sleep disruption another chemical began to rise. Called tau, it is known to cause tangles in the brain and is also linked to Alzheimer's disease [31].

"We showed that poor sleep is associated with higher levels of two Alzheimer's-associated proteins," said Professor David Holtzman, head Department of Neurology at Washington Medical School.

"We think that perhaps chronic poor sleep during middle age may increase the risk of Alzheimer's later in life."

It is shown that poor sleep increases the risk of cognitive problems. People with sleep apnea, for example, a condition in which people repeatedly stop breathing at night, are at risk for developing mild cognitive impairment an average of 10 years earlier than people without the sleep disorder. Mild cognitive impairment is an early warning sign for Alzheimer's disease [31].

The brain deterioration associated with various forms of dementia tends to affect the way the brain sleeps. In most cases, this causes less deep-sleep time, and more awake time at night. Problems with the circadian rhythm system (the body's inner system for aligning itself with a 24-hour day) also become more common in dementia. Furthermore, Lewy-body dementia and Parkinson's are also associated with a sleep disorder, which can cause violent movements during sleep and can even emerge before thinking problems become substantial.

In short, most seniors develop lighter sleep as they age, and many older adults have health problems that prompt night-time awakenings. Sleep-related disorders such as sleep apnea are also common in aging. Seniors with Alzheimer's and other dementias are likely to be affected by any of these factors that change sleep in older adults, plus dementia brings on extra changes that make night-time awakenings more common [32].

Recurring Painful Memories

It is also known as "late-day confusion". Their confusion and agitation may get worse in the late afternoon and evening. This is supported by the statement Mommy M1 became wild when she hears the word "police". We don't know the exact reason why she becomes wild after she hears that word. But according to other caregivers, "Mommy M1 is traumatized because her husband was a police and died because of a gunshot after two years she fell in love with another man but their relationship did not last because they fight physically. That is the reason her youngest son called the police." (*Kapag naririnig nya ang word na police para siya nawawala sa sarili, hindi rin namin alam kung bakit pero sabi ng mga caregivers na trauma si Mommy M sa una nyang asawang pulis kasi binaril ito sa harap nya. Pagkatapos ng dalawang taon muli syang umibig pero hindi nagtagal ang relasyon nila dahil lagi silang*

nagkakasakitan kaya tumawag ng pulis ang kanyang bunsong anak.). The symptoms may be less pronounced earlier in the day.

The patient's behavior can often be a reaction to stress or a frustrated attempt to communicate. If you can establish why the patient is stressed or what is triggering any discomfort, you should be able to resolve the problem behavior with greater ease. Remember, the patient responds to your facial expression, tone of voice, and body language far more than the words you choose. Use eye contact, a smile, or reassuring touch to help convey your message and show your compassion. Try not to take problem behaviors personally and do your best to maintain your sense of humor. It was supported by the informants *"Sometimes they feel depressed, but we just make them laugh to divert their mind. We just have a small chat with them and tried to make them smile until they forget whatever makes them feel depressed. (Minsan na dedepress sila kaya iniiba namin yung atensyon nila. Nakikipagkwentuhan kami basta pinatatawa lang naming sila. Hangang sa makalimutan nila yung nagcacause ng depression nila).*

Dementia makes it very difficult to process stimuli and new information, causing many people with Alzheimer's disease to become anxious. Anxiety often triggered by very specific details in the environment. Divert their attention by taking a short walk, listening to soft music or singing a song. It was supported by the nurse that *"We just made them happy whenever they are depressed. (Pinapasaya nalang namin sila sa mga panahon na ganun.)*

The patient's behavior can often be a reaction to stress or a frustrated attempt to communicate. If you can establish why the patient is stressed or what is triggering any discomfort, you should be able to resolve the problem behavior with greater ease. Remember, the patient responds to your facial expression, tone of voice, and body language far more than the words you choose. Use eye contact, a smile, or reassuring touch to help convey your message and show your compassion. Try not to take problem behaviors personally and do your best to maintain your sense of humor. It was supported by the caregiver during interview that *"Before she was brought here by her son, she has trouble with names, places, location and date. The patient became angry at the suggestion that she may have a progressive impairment. (Dinala sya dito dati ng anak nya, lagi sya nakakalimot sa mga pangalan, lugar at araw. Nagagalit din sya kapag sinasabi na pwede sya makaranas ng pagbabago sa sarili).*

Alzheimer's disease is commonly caused by dementia, a group of brain disorder that cause the loss of

intellectual and social skills. Recurring bad memories are a horrible thing to experience. It has also traumatic, painful, frightening and frustrating moments that they all unfortunately familiar with. Life is full great moments and living through these once is bad enough and relive them countless times as they play enough [33].

CONCLUSIONS

People with Alzheimer's Disease often need help in handling routine daily activities due to forgetfulness. Relatives and caregivers are there to guide them. Inabilities to understand certain situations cause sudden changes in emotions. Patience and understanding will help people with AD in this type of situations. Night-time restlessness and changes in the sleeping schedule are challenges in patient with AD. Routine schedules helped people with AD overcome this problem. When the environment triggers specific details especially painful memories. That is where the challenge begins. Creating a happy and light atmosphere elevated the situation and became a distraction to prevent unwanted environment. Relatives and caregivers also experience challenges brought about by the disease. Studying about the condition helped relatives and caregivers to know the specific changes felt by people with AD.

RECOMMENDATIONS

Maintain a sense of dignity despite the loss of control such as making the bathroom easy to find, making clothing easy to remove and by praising toileting and by offering reassurance when accident happens. There is a need for continuous advertisements in health which emphasizes caring for AD patients. Public knowledge and awareness on the disease is important. The clinical focus in caregivers may learn to cope with them such as keeping things simple, reassuring that she or he is safe, and there are caregivers who help and focus on feelings rather than words. Green Breeze Home for Elderly and Health personnel may propose program to the authority specifically those related to Alzheimer's disease cases. The patient should also feel that their caregivers are interested and has affection. The College of Nursing may continue sending student nurses for RLE who may conduct exposure in Home for the Aged to enhance residents better understanding about the contributory factors of Alzheimer's Disease and some ways of rendering proper care to them. Further studies are recommended to future researchers for continuous education of the compliance of elderly with regard to different challenges of clients with Alzheimer'. They may focus on the content indicated in each practice.

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