



**Alzheimer's Disease  
International**

Alzheimer's disease  
**Help for caregivers**



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DEPARTMENT OF SOCIAL CHANGE AND MENTAL HEALTH

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WORLD HEALTH ORGANIZATION

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GENEVA

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# Alzheimer's disease: help for caregivers

This document gives information on Alzheimer's disease and other forms of dementia in a simple way to families and the public at large.

It presents useful and concrete information on how to cope with the disease, and on how to set up self help and mutual support activities for families with a member affected by dementia.

It was produced with the cooperation of members of Alzheimer's Disease International.

Key words: Alzheimer's disease, dementia, family support groups, community support, self help groups.



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This booklet aims to help those faced with caring for a person with Alzheimer's disease and related dementias. It offers information to caregivers to help them in their challenging task. For simplification, this booklet uses Alzheimer's disease (AD) to refer to all forms of dementia.

Caregivers who are well informed can help make life better for both themselves and the person with AD.

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# Foreword

This booklet has been produced by family self-help groups around the world – from both developed and developing countries. It has been put together by Alzheimer's Disease International, a non-profit-making, non-governmental organisation in working relations with WHO, to whom we are most grateful. It brings together the very germane and cogent views of those who live through the experiences of having a family member affected by dementia.

The origin of this booklet can be traced back to 1991, when Dr J G Sampaio Faria, Regional Adviser for Mental Health, WHO Regional Office for Europe, commissioned Professor G Bucht, from the University of Umeå, Sweden, to prepare a guiding and learning document for families of people with Alzheimer's disease. Under Professor Bucht's supervision, Dr C Sällström and Dr R Adolfsson produced a first draft, which was later revised and finalised by Alzheimer's Disease International.

Most of those who contributed to it are relatives – children, spouses and siblings – of people with Alzheimer's disease, with a long and lively experience of dealing with the disease. We hope that in presenting their views and experiences we are contributing to decreasing many people's sufferings and hardships.

As far as coverage of the content is concerned, although it was primarily written by family members with direct experience, some outstanding professionals have also contributed to it. The presentation of this information was determined by families' experience and is certainly different from a scientific journal publication. Nevertheless, it represents an invaluable contribution to the public health perspective.

The preparation of the first edition in 1994 benefited from contributions from many people, more particularly Mr B Moss, Chair, ADI; Dr N Graham, Chair, ADI Family Services Committee; Mrs F Jordan, Chair, ADI Education Committee; members of those committees; Miss A Shirar, ADI Information Specialist; and Mrs R Billington, ADI Secretary General, who very efficiently and diligently coordinated channels of communication across several continents.

An important point, however, refers to the cultural background behind this text. Despite every effort to include the experience and viewpoints from people from developing countries, it predominantly reflects a specific socio-cultural economic environment. Whether and how the ideas expressed here will work in regions or countries with quite distinct beliefs, social structures, health care systems and socio-economic models remains to be seen. It is anticipated that the basic ideas will remain valid even if local adaptations are needed.

Rather than being the final word on the subject, this publication is intended to stimulate other organisations and groups to produce similar manuals or to make adaptations and translations into their local languages. Those wishing to do so are welcome to contact us at the address given below. Also welcome are comments on this publication as well as additional suggestions and reports on experience.

This publication is now being made available to all WHO Member States, NGOs and the public in general. It is our hope it will be disseminated and put at the disposal of those most concerned and in greatest need.

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# Basic information about Alzheimer's disease

## EXPLAINING DEMENTIA

Dementia occurs as a result of a disease process. When a person is diagnosed by his/her physician, and is said to have a dementing illness – AD or a related disorder – it is because that person shows clear signs of impaired memory, thinking and behaviour.

The first signs the family may see are problems in remembering recent events and difficulty performing routine, familiar tasks. The person may also experience confusion, personality change, behaviour change, impaired judgment, difficulty finding words, finishing thoughts, or following directions. Alzheimer's disease is the most common cause of dementia.

Also common is vascular dementia. See page 10 for more information.

## EXPLAINING ALZHEIMER'S DISEASE

Alzheimer's disease (AD) attacks the parts of the brain that control thought, memory and language. The onset of the disease is gradual and the person's decline is usually slow. Currently, the cause of the disease is unknown, and there is no cure.

Alzheimer's disease is named after Dr Alois Alzheimer, who in 1906 described changes in the brain tissue of a woman who had died of what was thought to be an unusual mental illness. These changes are now recognised as the characteristic abnormal brain changes of Alzheimer's disease.

AD affects all groups in society and is not linked with social class, gender, ethnic group or geographical location. And, although AD is more common among elderly persons, younger persons can also be affected.

## WHAT ARE THE SYMPTOMS OF ALZHEIMER'S DISEASE?

AD affects each person in a different way. Its impact depends largely on what the person was like before the disease, ie, personality, physical condition and life style. The symptoms of AD can be best understood in the context of three stages of its development – early, middle and late.

As stated before, not all persons with AD will display all these symptoms and they vary from individual to individual. The stages serve as a guide to the progress of the disease to help caregivers be aware of potential problems and to allow for planning of future care needs. No one person will experience the progress of the disease in exactly the same way as another.

Some of these items may appear in any of the stages, eg a behaviour listed in the late stage may occur in the middle stage. Also, caregivers should be aware that in all stages, short, lucid periods can occur.

### Early stage

The early stage is often overlooked and incorrectly labelled by professionals, relatives and friends as 'old age' or a normal part of the process of ageing. Because the onset of the disease is gradual, it is difficult to identify the exact time it begins. The person may:

- Show difficulties with language
- Experience significant memory loss – especially short-term
- Be disoriented in time
- Become lost in familiar places
- Display difficulty in making decisions
- Lack initiative and motivation
- Show signs of depression and aggression
- Show a loss of interest in hobbies and activities

### Middle stage

As the disease progresses, problems become more evident and restricting. The person with AD has difficulty with day-to-day living, and:

- May become very forgetful – especially of recent events and people's names
- Can no longer manage to live alone without problems
- Is unable to cook, clean or shop
- May become extremely dependent
- Needs assistance with personal hygiene, ie, toilet, washing, and dressing
- Has increased difficulty with speech
- Shows problems with wandering and other behavioural abnormalities
- Becomes lost at home and in the community
- May experience hallucinations

### Late Stage

This stage is one of total dependence and inactivity. Memory disturbances are very serious and the physical side of the disease becomes more obvious. The person may:

- Have difficulty eating
- Not recognise relatives, friends, and familiar objects
- Have difficulty understanding and interpreting events
- Be unable to find their way around in the home
- Have difficulty walking
- Have bladder and bowel incontinence
- Display inappropriate behaviour in public
- Be confined to a wheel chair or bed

## WHAT CAUSES ALZHEIMER'S DISEASE?

Currently the cause of AD is unknown. However, it is known what does not cause AD. AD is not:

- Caused by hardening of the arteries
- Caused by under-use or over-use of the brain
- Related to sexually transmitted diseases
- Caused by infection
- Caused by old age; it is not a normal part of the ageing process
- Caused by exposure to aluminum or other metals

## WHY IS DIAGNOSIS IMPORTANT?

Early diagnosis is helpful in order that the caregiver can be better equipped to deal with the disease and to know what to expect. A diagnosis is the first step towards planning for the future.

There is no simple test to make a diagnosis. The diagnosis of Alzheimer's disease is made by taking a careful history of the person's problem from a close relative or friend, together with an examination of the person's physical and mental status. It is important to exclude other conditions or illnesses that cause memory loss.

The diagnosis of Alzheimer's disease is only confirmed at postmortem by examination of the brain.

## IS THERE TREATMENT?

No. At the moment there is no curative treatment for Alzheimer's disease. However, there is a great deal that can be done for the person with Alzheimer's as well as things to ease the burden on you the caregiver. Consult your physician, social worker or other health professional for more information.

There are now some drugs available in some countries for people with mild to moderate AD. These drugs are not a cure but may help some people with some of the symptoms of AD. Caregivers should contact their nearest Alzheimer association or physician for more information.

## VASCULAR DEMENTIA

Alzheimer's disease is the most common cause of dementia. Also common is vascular dementia which occurs when the blood supply to small areas of the brain fails and cells in those areas of the brain die.

### Cause

The multiple strokes (infarcts) may be caused by high blood pressure – causing blood vessels in the brain to burst; or by blood clots that cause blockages in the vessels which prevent the blood supply from getting through.

## Symptoms

The onset can be sudden or gradual. The first symptom to be noticed is generally the loss of short term memory. Then, more and more abilities are lost as more little strokes occur. Typically, the disease progresses in a step-wise fashion in which mental function deteriorates and then stabilizes – or even improves for a time – only to deteriorate again. Episodes of acute confusion are quite common. In the early stages of the disease, there is usually a greater degree of awareness of disability than is found in Alzheimer's disease, and relative preservation of personality.

## Diagnosis

Diagnosis is made by taking a careful history of the problem and an examination of the person's physical and mental state.

## Treatment

There is no curative treatment for vascular dementia. However it is possible that control of blood pressure through diet, exercise and/or drugs may be one of the best preventive measures for vascular dementia.

## OTHER CAUSES OF DEMENTIA

There are other rarer causes of dementia. For information, contact the Alzheimer's society in your country, or Alzheimer's Disease International (address on page 27).

## LIVING WITH AND CARING FOR A PERSON WITH AD

Caregiving can be very difficult at times. However, there are ways to deal with the situation. Here are some tips that have worked for other caregivers:

### Establish routines but keep things normal

A routine can decrease the decisions you will need to make and bring order and structure into an otherwise confused daily life. A routine may come to represent security for the person with AD. Although a routine can

be helpful, it is important to keep things as normal as possible. As much as the changing condition will allow, try to treat the person as you did before the disease.

### **Support the person's independence**

It is necessary that the person remains independent as long as possible. It helps to maintain self respect and decreases the burden on you.

### **Help the person maintain dignity**

Remember that the person you care for is still an individual with feelings. What you and others say and do can be disturbing. Avoid discussing the person's condition in his or her presence.

### **Avoid confrontation**

Any type of conflict causes unnecessary stress on you and the person with AD. Avoid drawing attention to failure and maintain a calm composure. Becoming upset can only make the situation worse. Remember it is the disease, not the person's fault.

### **Keep tasks simple**

Try to make things simple for the person with AD. Don't offer too many choices.

### **Maintain a sense of humour**

Laugh with (but not at) the person with AD. Humour can be a great stress reliever.

### **Make safety important**

Loss of physical coordination and memory increases the chance of injury, so you should make your home as safe as possible.

### **Encourage fitness and health**

In many cases, this can help maintain the person's existing physical and mental abilities for a time. The appropriate exercise depends on the person's condition. Consult your physician for advice.

### **Help make the best of a person's existing abilities**

Some planned activities can enhance a person's sense of dignity and self-worth by giving purpose and meaning to life. A person who was once a homemaker, gardener, trades person or business executive may gain satisfaction from using some types of abilities related to these jobs. Remember, however, that because AD is progressive, the person's likes, dislikes and abilities may change over time. This will require you, the caregiver to be observant and flexible in planning activities.

### **Maintain communication**

As the disease progresses, communication between you and the person can become more difficult. It may be helpful if you:

- Make sure the person's senses are not impaired – such as eyesight and hearing, (eg spectacles may no longer be of the right prescription, or a hearing aid may not be functioning properly)
- Speak clearly, slowly, face to face and at eye level
- Show love and warmth through hugs, if this is comfortable for the person
- Pay attention to the person's body language – people whose language is impaired communicate through non-verbal means
- Be aware of your own body language
- Find out what combination of word reminders, or prompting words, guidance and demonstration is needed to communicate effectively with the person
- Make sure you have the person's attention before speaking

### **Use memory aids**

In the early stages of AD, memory aids can help the person to remember, and they can help prevent confusion. The following are successful examples:

- Display large clearly-labelled pictures of relatives so the person can keep track of who is who
- Label doors of rooms with words and bright distinctive colours
- Memory aids will not be so useful in the later stages of AD

# Practical tips on dealing with the common challenges of Alzheimer's disease

The following suggestions are taken from the experiences of caregivers. You may find some difficult to carry out. Remember, nobody is perfect. You the caregiver can only do your best.

## Bathing and personal hygiene

The person with AD may forget to bathe or no longer recognise the need, or may have forgotten what to do. In this situation it is important to respect the person's dignity when offering to help.

Suggestions:

- Maintain the person's former routine for washing as much as possible
- Try to make bathing a pleasant and relaxing occasion
- A shower may be easier than a bath but if the person has not been used to a shower it may seem alarming
- Simplify the task as much as possible
- If the person refuses to bathe, try again a little later, when the mood may have changed
- Allow the person to do as much as possible unaided
- If the person appears embarrassed, keeping portions of the body covered while bathing may be helpful
- Think about safety. Something firm to hold on to, such as grab rails, a non-slip mat or an extra chair, all help
- If bathing always leads to conflict, a stand-up wash might be better
- If you constantly have problems helping with this, get someone else to do it

## Dressing

The person with AD will often forget how to dress and may not recognise the need to change clothes. Persons with AD sometimes appear in public with inappropriate clothing.

Suggestions:

- Lay out clothes in the order they are to be put on
- Avoid clothes with complicated fastenings
- Encourage independence in dressing as long as possible
- Use repetition if necessary
- Use non-skid rubber-soled shoes

## Toileting and incontinence

The person with AD may lose the ability to recognise when to go to the toilet, where the toilet is or what to do when in the toilet.

Suggestions:

- Create a schedule for going to the toilet
- Label the toilet door using bright colours and large letters
- Leave the toilet door open so it is easy to find
- Make sure clothing can be easily removed
- Limit drinks within reason before bed time
- Providing a chamber pot or commode by the bedside may be helpful
- Get professional advice

## Cooking

For the person with AD, the ability to cook may be lost in the later stages. This poses severe problems if the person lives alone, with an increased risk of injury. Poor physical coordination can lead to burns and cuts.

Suggestions:

- Assess how well the person can do their own cooking
- Enjoy cooking as a shared activity
- Install safety devices
- Remove sharp utensils
- Provide meals, or meal service, and try to see that enough nutritious food is eaten

## Eating

Persons with dementia often forget if they have eaten, or how to use utensils. In the later stages of AD the person may need to be fed. Some

physical problems will arise such as not being able to chew properly or swallow.

Suggestions:

- You may have to remind the person how to eat
- Use finger food – it can be easier to manage and not as messy
- Cut up food in small pieces to prevent choking. In the late stages of the disease, it may be necessary to mash or liquidise all food
- Remind the person to eat slowly
- Be aware that the person may not be able to sense hot or cold, and may burn their mouth on hot foods or liquids
- When the person has difficulty swallowing, consult your physician to learn a technique to stimulate swallowing
- Serve one portion of food at a time

### **Driving**

It could be dangerous for the person with AD to drive, since judgment is impaired and reactions are slowed.

Suggestions:

- Discuss the subject with the person gently
- Suggest using public transportation, as appropriate
- If you cannot dissuade the person from driving, it may be necessary to consult with your doctor or the drivers licensing authority

### **Alcohol and cigarettes**

There is no problem with the person with AD drinking alcohol in moderation, if medication problems are not involved. Cigarettes introduce a greater danger because of the risk of fire and damage to health.

Suggestions:

- Supervise the person when smoking; or discourage smoking altogether – perhaps with a physician's prescription
- Check alcohol and medication with your doctor

### **Difficulty sleeping**

The person with AD may be restless at night and disturb the family. This can be your most exhausting problem as a caregiver.

Suggestions:

- Try to discourage sleeping during the day
- Try daily long walks, and add more physical activity during the day
- Try to make the person as comfortable as possible at bed time

### **Repetitive behaviour**

A person with AD may forget what they have said from one moment to the next, leading to repetitive questioning and actions

Suggestions:

- Try to distract the person with AD, offering something else to see, hear or do
- Write down the answer to commonly asked questions
- Give hugs and reassure with warmth, if appropriate for the person

### **Clinging**

The person with AD may become extra dependent on you and follow you everywhere. This can be frustrating, difficult to handle, and rob you of your privacy. The person may act this way as a result of feeling insecure and fear that when you leave, you will not return.

Suggestions:

- Provide something to occupy his/her attention while you step away
- You may want to call on a sitter to give yourself some privacy

### **Losing things and accusations of theft**

The person with AD may often forget where objects were placed. In some cases they will accuse you and others of taking missing objects. These behaviours are caused by insecurity combined with a sense of loss of control and of memory.

Suggestions:

- Discover if the person has a favourite hiding place
- Keep replacements of important items, eg, keys
- Check waste baskets before emptying them
- Respond to the person's accusations gently – not defensively
- Agree with the person that the item is lost and help find it

### **Delusions and hallucinations**

It is not uncommon for the person with AD to experience delusions and hallucinations. A delusion is a false belief. For example, the person may hold the false belief of being under threat of harm from the caregiver. To the person with AD the delusion is very real and causes fear, and may result in distressing self-protective behaviours.

If the person is experiencing an hallucination, he/she might see or hear things that are not there; for instance, figures at the foot of the bed, or people talking in the room.

Suggestions:

- Do not argue with the person about the validity of what was seen or heard
- When the person is frightened try to give comfort. Your calm voice and gently holding a hand can be comforting
- Distract the person by drawing attention to something real in the room
- Check with your doctor about medications that are being used, these may contribute to the problem

### **Sexual relationships**

Alzheimer's disease does not usually affect sexual relationships, but the person's attitude may alter. Gentle cuddling and holding may be mutually satisfying, and will let you know if the person is able or inclined to engage in further intimacy. It is wise to be patient. The person may not respond in the same way as before, or may seem to lose interest. For some couples, sexual intimacy continues to be a satisfying part of their relationship.

The opposite may occur, too. The person may make excessive demands for sex, or behave in a manner that makes you feel uncomfortable. You may feel guilty about needing or wanting to sleep separately.

Suggestions:

- Seek help from other caregivers or professionals you trust
- In some countries there are people with special skills in this area, such as psychologists, social workers or counsellors who can provide advice and guidance

- Don't be afraid to discuss these and related issues with a professional who is trained to understand and help you manage them

### **Inappropriate sexual behaviour**

The person with AD may display inappropriate sexual behaviour, but it is rare. Behaviour may include undressing in public, fondling the genitals, or touching someone in an inappropriate way.

Suggestions:

- Try not to over-react to the behaviour – remember it is the disease taking effect
- Try to distract the person to another activity
- If the person removes clothing, gently discourage the behaviour, and try to distract the person

### **Wandering**

This can be a worrying problem which you may need to manage. The person with AD may wander around the home or leave the house and wander around the neighbourhood. They may get lost. Safety is a primary concern when the person with AD is out in public alone.

Suggestions:

- Make sure the person carries some form of identification
- Make sure your home is secure and that the person is safe in your home and cannot leave without your knowing
- When the person is found, avoid showing anger – speak calmly, with acceptance and love
- It is helpful to keep an up-to-date photograph in case the person gets lost and you must ask for help from others

### **Violence and aggression**

From time to time, the person may become angry, aggressive or violent. This can happen for a variety of reasons such as sense of loss of social control and judgment, loss of the ability to express negative feelings safely, and loss of the ability to understand the actions and abilities of others. This is one of the most difficult things to cope with for a caregiver.

Suggestions:

- Keep calm, try not to show fear or alarm
- Try to draw the person's attention to a calming activity
- Give the person more space
- Find out what caused the reaction – and try to avoid it in the future
- If violence occurs often, you will need to seek help. Talk to someone for support, and speak with your doctor about help in managing the person

### **Depression and anxiety**

The person with AD may experience depression and be withdrawn and unhappy, and will speak, act and think slowly. This can affect the daily routine and interest in food.

Suggestions:

- Speak with your doctor, who may be able to help or offer a referral to a counsellor, psychologist or psychiatrist
- Give more love and support to the person
- Don't expect the person to snap out of the depression immediately

# The personal and emotional stress of caregiving

AD not only affects the person with AD, it affects the entire family. The greatest burden is placed on you, the caregiver. The personal and emotional stress of caring for a person with AD are enormous and you need to plan ways of coping with the disease for the future.

Understanding your emotions will help you successfully cope with the person's problems as well as your own. Some of the emotions that you experience may be grief, guilt, anger, embarrassment, loneliness, and possibly others.

### **Grief**

This is a natural response for someone who has experienced a loss. Because of AD you may feel that you have lost a companion, friend, or parent, and often grieve for the way the person used to be. Just when you think you have adjusted, the person changes again. It may be devastating when the person no longer recognises you. Many caregivers have found that joining Alzheimer support groups are the best way to get help to keep going.

### **Guilt**

It is common to feel guilty for being embarrassed at the person's behaviour, for anger at the person, or for feeling that you can not carry on and are thinking about nursing home placement. You may find it helpful to talk to other caregivers and friends about the feelings

### **Anger**

Your anger may be mixed. It may be directed at the person, yourself, the doctor or the situation, all depending on the circumstances. It is important to distinguish between your anger at the person's behaviour – which is a result of the disease – and your anger with the person. It may help to seek advice from friends, family, and a support group. Sometimes people

feel so angry that they are in danger of hurting the person they care for. If you feel like this, you must seek professional help.

You may find yourself taking on the person's responsibilities, such as paying the bills, housekeeping, cooking. This increase of responsibilities can be very stressful. It may be helpful to talk over your feelings with other family members or a professional.

### **Embarrassment**

You may feel embarrassed when the person displays inappropriate behaviour in public. The embarrassment may fade if you share these feelings with other caregivers who are experiencing similar occurrences. It also helps to give explanations about the illness to friends and neighbours, so that they will better understand the person's behaviours.

### **Loneliness**

Many caregivers withdraw from society and are confined in and around their homes with the person with AD. Being a caregiver can be lonely – you may have lost companionship with the person and lost other social contacts due to the demands of being a caregiver. Loneliness makes it hard to cope with the problems of caregiving. It is helpful to make it a priority to maintain friendships and keep social contacts.

# Caring for yourself

## **Family**

For some caregivers the family is the greatest source of help. For others the family is the biggest source of distress. It is important to accept help from other members of the family if they are available and not to carry the whole burden of caring on your own. If you are feeling distressed because your family members are not helping, and may even be critical because they lack understanding about AD, it may be helpful to call a family meeting to discuss the care of the person.

## **Share your problems**

You need to share your feelings about your caregiving experiences with others. If you keep them to yourself, it may be more difficult for you to look after the person with AD. If you can realise that what you are experiencing is a natural response to your situation, it will be easier for you to cope. Try to accept support when it is offered by others, even if you feel you are troubling them. Try to think ahead and have someone to turn to in an emergency.

## **Make time for yourself**

It is essential that you make time for yourself. This will allow you to spend time with others, enjoy your favourite hobbies and, most important, enjoy yourself. If you need a longer amount of time away, try to find someone to take over the caring for you so that you can have a rest.

## **Know your limits**

How much can you take before it becomes too much? Most people will come to realise how much they can take before they reach the point where the caring becomes too demanding. If your situation is too much to bear, take action by calling for help to prevent and avoid a crisis.

## **Don't blame yourself**

Do not blame yourself or the person with AD for the problems you encounter. Remember, the disease is the cause. If you feel your

relationships with friends and family are dwindling away, don't blame them or yourself. Try to find what is causing the breakdown and discuss it with them. Remember that relationships with others can be a valuable source of support for you. This can prove to be an asset for both you and the person with AD.

### **Take and seek advice**

It will help you to seek advice concerning your changing role and the changes that occur in the person with AD.

### **Remember you are important**

You are important to yourself. And you are an important person in the life of the person with AD. Without you the person would be lost. This is another reason why it is so essential to take care of yourself.

## Help for you, the caregiver

Learning to accept help may be new to you. However, as is often the case, members of your family, friends or neighbours may want to do something to help you and the person with Alzheimer's disease. But, they may not know what might be helpful or welcomed by you. A word or suggestion from you and perhaps some guidance will allow them an opportunity to help. This may help someone else feel useful, help the person with AD, and provide you with some welcome relief as well.

A self help group (a group for caregivers) can be another source of help for you. A self help group (also called a support group) provides an opportunity for caregivers to come together, share their problems and solutions, and support each other. In a growing number of countries there are Alzheimer's disease societies that can help you find such a caregivers' group – or start one.

Additionally, to support you in your care giving role, it is useful to know about any medical, practical, personal, or financial help that may be available where you live. Your physician, a nurse or a social worker may be able to help you identify and refer you to the resources you need.

From country to country, there is wide variation in what is provided for medical and social care for people with Alzheimer's disease and their caregivers. However, wherever you live, there are some basic things that caregivers need. These are:

- Medical help with diagnosis and care
- Help with the practical tasks of caring
- Rests (breaks) from caring
- Regular health checks for you the caregiver
- In-home care, a day centre, or nursing home care

# ADI – a source of help for you

Alzheimer's Disease International (ADI) is a federation of national Alzheimer societies around the world. These national societies represent family members of persons with Alzheimer's disease and related disorders. The societies offer information and help to Alzheimer families within their countries – and in other countries, as well.

In each country, the member society works to develop support groups and educational programmes for affected families and the general public. Each has a medical and scientific component. Some members also provide counseling, day centers, home care, and other types of respite care programmes.

You can contact ADI for:

- More information about Alzheimer's disease
- Updates on advances in research
- To locate the Alzheimer society nearest to you
- For guidance in developing an Alzheimer society in your country
- To contact Alzheimer societies in other countries.

Please call or write:

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