
DISEASE PROCESS

Dementia is measured in years, so when you have a loved one with Alzheimer's or another form of dementia it can be hard to get a sense of where the patient is in the disease process.



Here we will explain some of the changes that may mean your loved one is approaching his or her final months of life, and how Pathways Hospice care can help.

WHY HOSPICE?

Hospice is covered under all types of Medicare plans, Medi-Cal and other health insurance. It provides specialized comfort care for people who most likely will not live more than six months.

Patients can go off hospice at any time and they may be discharged if their prognosis improves.

The hospice team works to ensure the best quality of life for the patient—relieving pain, providing pleasant experiences (such as massage, music or aromatherapy), giving spiritual and emotional support, and extra personal care.



WHAT DOES HOSPICE DO?

Each patient has visits from a nurse who is a specialist at managing symptoms (such as assessing for pain when the patient can't express himself). The nurse also reviews medications, does treatments, and teaches caregivers. A hospice aide can supplement personal care and comfort measures.

Team members like the social worker or spiritual care counselor may be just as likely to visit the family as the patient. Hospice supports patients and their friends and family. Volunteers can provide companionship.

Less visible team members include a pharmacist and hospice physician who review each patient's care.

HOW CAN I TELL?

No one can know for sure how long a person will live—no matter what the disease. But Medicare gives us guidelines, things to look for that most people with dementia experience in their last months.

Hospice nurses are experts at gauging where patients are in the course of the disease.

CLUES IN THE CHANGES

Here are some of the most common changes that paint a picture of someone with dementia who may be nearing the end of life:



- They spend more and more time sleeping or nodding off.
- Almost all people near the end of life lose their appetites and they begin losing weight. They eat less and less, but do not feel hunger.
- You may notice that communication is all but gone. If the person talks, it doesn't make sense, and they may no longer smile.
- The patient may have developed pressure ulcers (bedsores).
- Now he or she requires help to walk, and might fall out of the chair if it did not have arms.
- The patient is incontinent of urine and feces and needs help for all activities of daily living, such as bathing and dressing.
- Your loved one has been to the hospital or emergency room in the last few months. He or she has had a serious infection in the last year.
- If the resident has other serious health conditions, there may be six months or less to live, even before these changes occur.

Pathways Home Health, Hospice & Private Duty
Community based, not-for-profit, serving the Bay Area for 33 years.
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