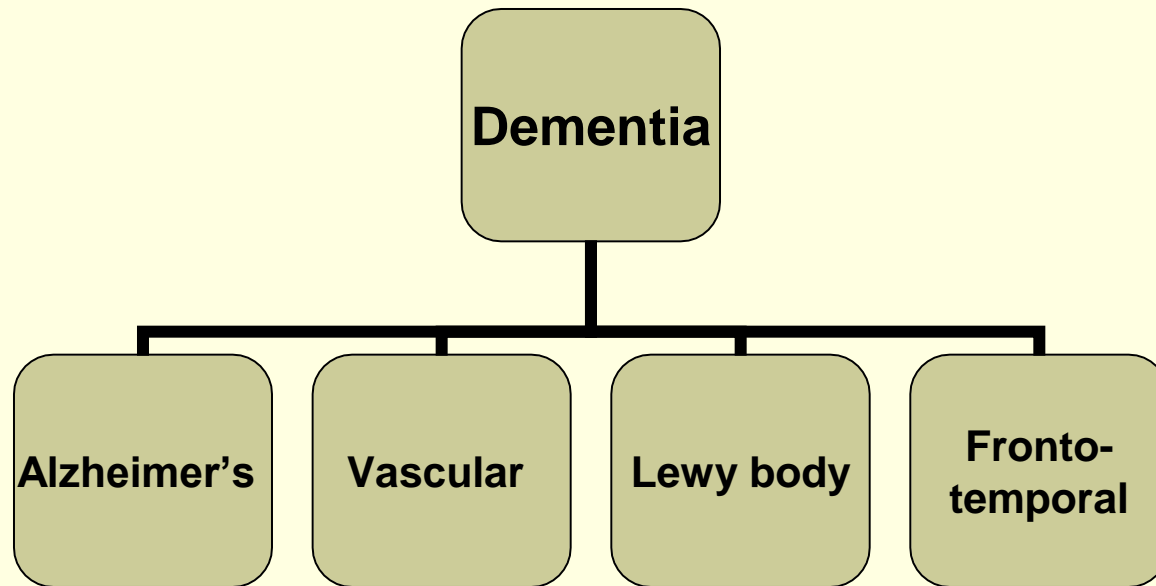

COMING INTO CONTACT
WITH ALZHEIMER'S DISEASE: A
CONVERSATION WITH LAW
ENFORCEMENT

ALZHEIMER'S ASSOCIATION,
HEART OF AMERICA CHAPTER

alzheimer's  association®

COMMON TYPES OF IRREVERSIBLE DEMENTIA



ALZHEIMER'S DISEASE

- Progressive, fatal brain disorder
- 5.3 million Americans have Alzheimer's disease
- 25,000 people in KC Metro Area/50,000 in Heart of America territory
- 1 in 3 Americans know someone with the disease
- More than 7 out of 10 people with Alzheimer's live at home
- Involves memory, cognition, language and eventually physical capacity

MYTHS OF ALZHEIMER'S DISEASE

- Old person's disease
 - Youngest diagnosed case is 26.
 - 500,000 Americans under the age of 65 have Alzheimer's
- You would know someone with the disease right away
 - Long disease which starts very subtly, with many capacities fully retained for extended periods of time.
- Individuals with the disease are frail
 - Physical capacity is affected later in the disease, so individuals can be physically able for years into the course.
- Memory problems are normal
 - Memory problems that are progressive and require accommodation are not normal.
- Most people with Alzheimer's live in nursing homes
 - 70% of individuals with the disease live at home.

HIGHEST RISK FOR CONTACT WITH LAW ENFORCEMENT IS IN MIDDLE STAGE

- Way Finding
- Psychosis
- Disinhibition
- Language Deficits
- Executive Function Destruction
- Visual Spatial Field implications
- Noise filter destruction

WANDERING

- 67% of people with a dementia will wander
- Wandering is considered an emergency
- If not found within 24 hours, 50% of people risk serious injury or death
- Wandering happens on foot, by car, or via other forms of transportation, although on foot is most common
- 95% of people are found within 1.5 miles
- When wandering in a car, the person will drive until they run out of gas or get stopped.
- You can't always prevent triggers that lead to wandering.
- Often the person gives warnings

HOW SIGNIFICANT IS THE PROBLEM?

- 69% of wandering cases are associated with severe consequences
- 54% survival rate if not found in first 24 hours
- 32% of caregivers do not see wandering as a problem
- 27% of cases get reported to the police
- Facilities have an average of 1-2 critical incidents a year.
- Majority are repeat wanderers

POSSIBLE REASONS FOR WANDERING

- Medication side effects
- Stress
- Confusion related to time, or environment
(ex. exiting a door and can't find their way back)
- Restlessness
- Agitation, sometimes related to medical problems, like UTI
- Anxiety
- Inability to recognize familiar people, places, and objects
- Being put in new situations

CONTINUED...

- Fear arising from the misinterpretations of sights and sounds
- Delusions/hallucinations
- Desire to fulfill former obligations, such as going to work or looking after a child
- “Shadowing” phenomena (responding to visual exit cues)
- Escape patterns, sometimes related to agitation, often related to manner in which they were placed in a facility. The “trick”. (57% admitted to facilities involuntarily have made prior attempts)
- Aimless, non-directed walking

PREDISPOSING FACTORS THAT TRIGGER WANDERING

- Fear, hallucinations or stress
- Personality or life long habits
- Going Home
- On a mission
- Lack of supervision

RECOGNIZING A PERSON WITH DEMENTIA

- Can be difficult as there may be no indication, but we can attend to possible clues
- Age
- Facial expressions – flat/blank or distressed
- Attire – Is the person dressed appropriately for the weather? Does clothes match? Are they disheveled?
- Balance/gait – May have unbalanced gait, weakness, fatigue
- Actions – Is the person doing something that is unsafe yet they are unaware of their actions? (Like walking along the side of a highway, or crossing busy streets against the light)

TALK Tactics

- T – Take it slow
 - *Approach slowly*
 - *Speak slowly*
- A – Ask simple questions
 - *Avoid multi part questions*
 - *Be patient when waiting for answers*
- L – Limit reality checks
 - *Avoid correcting the person when they give a wrong answer*
 - *Redirect as necessary*
- K – Keep eye contact

WHEN A FAMILY CALLS TO REPORT SOMEONE MISSING:

- Police Report
- Familiar places
- Prior homes or obligations
- Have they wandered before and when did they go?
- Has there been times they have been gone for longer than expected?
- Are there neuropsychiatric complications – psychosis/mood instability?
- Have they missed any medication doses?

FAMILY

- Majority of wandering incidents occur between 4-9
- Family wait, on average, until near or at darkness to report incident
- Families have looked for the person for hours before they consider calling the police
- May have minimized or denied issues until incident occurs
- If person found without injury in moderate amount of time, at risk of returning to state of denial
- Law Enforcement key player in altering denial state

POLICE RESPONSE

- Immediate
- Good shift communication
- Average distance on foot is 1/2 mile
- Short distances from road
- Look in brush, areas with “cover”, near water
- No cries for help
- No response to shouts
- Few physical clues
- Consider search and rescue dogs/scent articles

CONTINUED....

- Use nickname/name they were called when younger
- Dominant hand
- Do not ignore
 - Locked doors
 - Wooded areas
 - Dangerous area
 - Barricaded areas
 - Tight spots

SUPPORT OPTIONS

- Medic Alert/Safe Return
- Project Lifesaver
- Comfort Zone
- Alzheimer's Association involvement

What is MedicAlert + Alzheimer's Association Safe Return

- Call center
- Master's Level Staff
- National Database
- Access to fax and email
- Photos and Medical Records
- Identification available to enrollee and caregiver
- Local Chapters



PROJECT LIFESAVER

- A radio transmission system
- The transmitter is a small circular radio device on a wristband, approximately the size of a wristwatch.
- The transmitters and wristbands are worn 24 hours a day, 7 days a week and are difficult to remove without the appropriate tools..
- It *does not* replace the need for supervised care.
- Transmitter bracelets are \$275.00 each and require a \$10.00 a month charge for the bands and batteries that are changed monthly by volunteers. A limited number of scholarships are available
- Enroll through Raytown Police, Westwood Police or the Alzheimer's Association

COMFORT ZONE

- A person with Alzheimer's wears or carries a locator device (such as a pager or wrist-worn device) or mounts one in his or her car.
- As the person travels around town or the country, the device receives signals from satellites or nearby cell towers. The device can then approximate the person's location by measuring the distance between the device and the cell towers or satellite signals.
- The device communicates with the Comfort Zone Web application.
- Family members access information about the person's location by using the Internet or calling the monitoring center.
- Families can also decide on the level of monitoring needed, such as verifying location from a computer; receiving alerts when the person has traveled in or out of a zone; or just emergency assistance if there is a wandering incident.
- Comfort Zone plans start at \$42.99 per month plus a \$45 activation fee. A Comfort Zone plan is designed specifically to each device

DRIVING

- 20% of drivers age 80 and older who attempt to renew their licenses are cognitively impaired
- Not all individuals with Alzheimer's are unsafe drivers
- Impacted judgment and reaction time
- Less aware of other drivers
- Trouble with lane control
- Depth perception issues
- More frequent and unexpected braking

QUESTIONS TO ASK

- Where are you headed?
- Ask about directions to get there.
- What time did you leave your home?
- Has anyone ever expressed concerns about your driving?

POLICE RESPONSE

- Issue citation – individuals may forget being pulled over. Need to establish pattern for license to be revoked and reinforce seriousness of issue
- Do not argue with the person
- Take seriously – Safety of others at significant risk
- Conversation with family/collateral contact
- Do not let the person drive home
- Write brief recommendation for medically based driving evaluation

SUPPORT OPTIONS

- Rehabilitation Institute Driving Evaluation Program
- Shawnee Mission Medical Center Driving Evaluation Program
- Driving should be regularly assessed
- Physician Intervention
- *At the Crossroads: A Guide to Alzheimer's Disease, Dementia and Driving* - Give to family
- DMV
- Alzheimer's Association

ABUSE/NEGLECT

- ABUSE – The infliction of physical or psychological harm or the knowing deprivation of goods or services necessary to meet essential needs or avoid harm.
- NEGLECT – The failure to perform caretaking functions and responsibilities essential to the safe care of a person with dementia.

HOW SIGNIFICANT IS THE PROBLEM

- 89% of abuse occurs in home settings
- 65% of abuse victims are female
- 33% of individuals with a dementia will become violent during disease course
- Majority of abuse occurs at the hands of family members
- Abuse/Neglect underreported
- Financial Abuse rampant and seldom properly investigated

POTENTIAL INDICATORS OF ABUSE/NEGLECT/SELF NEGLECT

- Fear in person with disease/ or caregiver
- Dehydration/Malnutrition
- Excessive dirt/odor
- Unsafe living conditions
- Inadequate/inappropriate clothing
- Sudden influence of a new close friend
- Unusual bank activity
- Changes in spending patterns
- Unpaid bills

POLICE RESPONSE

- If person with the disease is/has been violent, take to hospital ER – may require geriatric psychiatric hospitalization
- Listen to the caregiver, as the mood instability may mean that the person presents as calm at the moment
- If not a situation where trip to hospital indicated, advise family to seek assistance through physician/ Alzheimer's Association

IF THE PERSON WITH THE DISEASE IS THE POSSIBLE VICTIM

- Ask questions regarding support systems – the more isolated the person/dyad, the higher risk for abuse
- Assess non verbal indicators of both person with the disease and caregiver
- Ask about who does what in terms of care
- If concerns about abuse and absent criteria for arrest, contact Adult Protective Services
- Take all potential abuse, including financial abuse seriously

GUNS

- 57% of individuals with dementia have own and have access to firearms
- Often no one is asking about guns in the home in these situations
- The person may not recognize family members and may mistake them for burglars
- Something violent happening on television may appear to the person to be happening in or right outside the home
- May become annoyed or overwhelmed by something in the surrounding (children playing in the yard, someone ringing the doorbell) and react by confronting them with a firearm.

POLICE RESPONSE

- Ask about guns in the home
- Advise families to get rid of guns
- If families reject this, options are guns be secured, unloaded/safety locked, disabled and ammunition stored separately.
- Families should be advised of risk

OTHER POSSIBLE SITUATIONS:

- Shoplifting
- Indecent exposure
- Trespassing

POLICE RESPONSE

- De-escalate the situation
- Talk with individuals in quiet places
- Resolve the situation
- Talk with caregivers
- High risk for catastrophic reaction on the part of the person with the disease

REMEMBER TALK TACTICS

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