The Pleasure of Pets
Roles for Animals in Alzheimer’s

Many people around the world acknowledge the pleasures and benefits of having a pet. Animals and humans form unique bonds that can endure throughout challenging circumstances, including Alzheimer’s disease (AD). Although lifestyles, allergies, costs, or other concerns may make owning a pet impractical or undesirable for some, this article acknowledges some of the benefits of pets for people with AD.

Companionship and Purpose

For many people, pets can provide meaningful and rewarding companionship. For the person with memory loss, a pet can be a non-judgmental presence that won’t blink an eye if you tell the same story twice. In his book Partial View – An Alzheimer’s Journal, Cary Henderson writes, “It’s kind of nice to talk to a dog that you know is not going to talk back. And you can’t make a mistake that way. She’s just a companion who’s always there.”

For other people with mild AD or a related disorder, a pet provides a satisfying feeling of value and purpose. Since pet care is quite a responsibility, it is usually important to have a care partner involved, as well. Memory loss may limit a person’s ability to remember feeding or grooming schedules, but some people with AD find these responsibilities to be rewarding. Interviewed for the video Alzheimer’s Disease: Inside Looking Out, one woman with early-onset dementia speaks about her dog: “Muffin doesn’t care what kind of mood I’m in – she doesn’t care if I remember her name. All she cares about is being my friend. I needed a little responsibility, but not too much because there were so many responsibilities being taken away from me.”

Enhanced Communication

Care partners often discuss the challenges of trying to understand the needs and feelings of their loved one with AD or a related disorder. For one couple caring for a mother with AD, they find that the cat (as well as discussion with peers in their caregiver support group) is often the key to understanding their mother’s moods. Diane, the daughter-in-law says, “We learn a lot about mom by what she tells us about her cat. If she says the cat is having a bad day, we know she’s not doing so well herself. And if she says the cat needs extra attention today, we know she wants a little company.” A pet may also serve as the catalyst or subject for communication and can stimulate discussion among other pet

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owners. One facilitator of an early-stage support group says, “The topic of pets is always a big hit because the animal is a member of the family and the feeling of that relationship changes very little with the onset of Alzheimer’s.”

Health Benefits

Dogs often prompt their owners to take daily walks. Walking is a beneficial exercise and activity for persons with memory loss. Regular exercise can improve mood and help one to feel more alert and engaged. Walking can also help to maintain important muscle tone and coordination. The following poem written by Renee French, a woman with early-onset AD, is testimony to the comfort and sense of purpose that can be derived from caring for a pet:

My Little Dog

My little dog needs a walk
But I stayed in bed all day.
I didn’t sleep
I wasn’t sick
I spent the time
Wandering in my mind.

For I am determined to locate
Where my fragmented life
Has hidden me.

I rejected the thought
To just leave...leave or run away

For my little dog deserves his walk
He stayed with me all day.

© Renee B. French

Pets may also help to reduce stress and improve mood. Petting a dog or cat can be very relaxing and can help to slow the heart rate and lower blood pressure. Studies at the University of Nebraska Medical Center College of Nursing suggest that visits by a therapy dog to a nursing home can ease agitation in residents with Alzheimer’s, especially around sundown when confusion and irritability can peak. A therapy dog can be a calming presence that also promotes social interaction. Some long-term care homes allow residents with AD to bring their pet with them when they move in. This can make the transition from home much smoother and lessen the feelings of loss that can accompany such a move.

Alzheimer’s Aid Dogs

Okada is a non-profit, Virginia-based organization that has been providing specialized training for Alzheimer’s Aid Dogs since 1990. Dogs are particularly trained to work with both the person with AD and the caregiver as an active member of the family team. They are taught to recognize the sound of the footsteps of their owner with Alzheimer’s. If the person with AD begins to try to leave the home or gets up in the middle of the night, the dog alerts the care partner and leads the care partner to the person with AD. Okada founder
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Patti Putnam reports numerous examples of how dogs reduce stress for both the person with AD and the care partner by providing companionship, supervision, and a kind of unconditional devotion. To view a video about this program see http://www.alzheimersnotes.com/video-about-okada-alzheimers-assistance-dogs/. To learn more about Okada, visit their website at http://www.okadadogs.com or call Patti Putnam at 540-635-3937.

Another program, the Alzheimer’s Aid Dog Project, has been underway in Israel to train guide dogs for persons with AD. Dogs can be trained to help their owners find their way home if they become disoriented on a walk. Some dogs are fit with a global positioning device so they can be tracked with their owners, if needed. Dogs can also be trained to recognize a fall or other crises and can activate a distress button for the owner in an emergency. Although it is labor-intensive to train dogs to provide this type of assistance, a person with mild AD can experience greater feelings of security and independence with the companionship of a trained dog. For more information contact the Service Therapy and Dog Center at their website http://www.dservicedogs.com/english13.htm

If you do not have a pet and are considering getting one, it is essential to take pet care requirements into consideration and to make sure that you have a care partner on board to assist if or when it’s needed. Although a pet can provide companionship, activity, and comfort that can assist the whole family in coping with AD, some care partners may be reluctant to take on added responsibilities and these concerns must be carefully weighed and respected.

Question and Answer

I have a hard time with stairs. I can’t always tell how far apart they are or how far down to step. Is this because of Alzheimer’s?

Many people with Alzheimer’s or a related disorder describe changes in their ability to manage sidewalk curbs, stairs, or uneven surfaces when walking. This can be due to “visuospatial” problems that result from changes in your brain. By definition, visuospatial refers to your ability to make sense of what you see (visual) and to accurately judge distance and depth (spatial). Other eye conditions such as macular degeneration, cataracts, or outdated glasses or corrective lenses can complicate visual problems, so it is always wise to have your eyes examined if you or your care partner notice any problems with vision or spatial relationships.

Some tips:

Try using a walking stick. It can be very helpful for testing depth and distance before taking a step forward.

Make sure any stairs inside or outside your home are very well-lit.

Use a handrail when possible, or install one if needed.

Consider putting brightly colored tape or paint on the edge of each stair to better define each step.

If you are walking with someone else, let your companion know that curbs and stairs can be hazardous for you so you can slow down and concentrate as needed.

Wear comfortable and sturdy shoes to lessen the risk of tripping or slipping.
Research Updates

Flurizan Update

In previous issues of Perspectives, we reported on clinical trials for Flurizan, a drug that had shown promise in Phase 2 trials. Unfortunately, in more comprehensive Phase 3 trials, Flurizan failed to show benefits for reducing symptoms of Alzheimer’s (AD) or slowing rate of decline. Flurizan was aimed at reducing the production of a form of beta-amyloid, the toxic protein that builds up and forms plaques in the brains of those with AD. Most scientists believe that beta-amyloid plays a major role in causing AD and studies with other compounds are underway (see below) that hope to provide more promising results.

Trial of LY450139

Eli Lilly Pharmaceuticals is beginning enrollment of a Phase 3 clinical trial of its promising compound, LY450139. This international trial will enroll 1500 persons with mild-to-moderate AD across the United S, Canada, and Europe. LY450139 works by inhibiting gamma secretase, an enzyme that may be responsible for producing the beta amyloid protein found in brain plaques. By blocking gamma secretase, there is less beta amyloid formed, potentially slowing the progression of AD. Currently available medications treat the symptoms of AD but have not been shown to change the rate of progression.

Reputable clinical trials are “placebo-controlled” meaning that a percentage of the participants do not receive a placebo instead of the drug. This can make some people reluctant to participate in clinical trials. Although this study is also placebo-controlled, all participants will eventually receive active drug at some point during their study participation. Each person’s participation will last approximately two years and those who are taking approved AD medications may continue taking these medications during the clinical trial. For more information on this study and the locations for enrollment, call Eli Lilly at 1-877-285-4559 or view details at: http://clinicaltrials.gov/ct2/show/NCT00594568?term=Alzheimer%27s%2C+LY450139&rank=1

Circadian Rhythms

Circadian rhythm is an internal biological clock that helps to regulate our 24-hour sleep and wake cycle. This rhythm can become disturbed in persons with AD resulting in irritability, confusion, too much sleeping during the day, or getting up at night thinking it is daytime. Circadian rhythms are stabilized by light as well as the hormone, melatonin. Findings from a multicentered, randomized trial in the Netherlands support the benefits of light on adjusting circadian rhythms. Residents with AD at 12 care homes were randomized to receive placebo, melatonin, light, or light plus melatonin groups. Exposure to bright light reduced mental decline by 5 percent, depression by 19 percent and problems with daily activity by 53 percent. Although melatonin improved sleep, some participants on melatonin became more withdrawn. Bright light and melatonin combined provided the best results, so the researchers recommend the use of melatonin only in combination with bright light. Although these findings are encouraging, it is important to discuss any use of melatonin with your doctor.
Mailbox

Editor’s note:
The following letter was written by Maryalice Gordon to her friends in the choir of her church. She shares her letter with Perspectives readers in the hope that it will “help other persons struggling with the impairment of Alzheimer’s in any way possible.” She notes that she feels fortunate because “all who have read the following letter have been very accepting and supportive.”

If you have something you would like to share with Perspectives readers, please send it by mail or email to Lisa Snyder at the contact information on page 2. While we can’t commit to printing everything we receive, we certainly value hearing from you and will try to respond to your correspondence.

Dear Friends,

What I’m going to share is something personal and I ask for your prayers. I want you to smile and laugh with me. You are my friends and as the song goes, “that’s what friends are for.”

In May, 2006, after a battery of tests, I was diagnosed with early-stage of late-onset Alzheimer’s disease (AD). It is considered “late-onset” because I was over 65. Actually I was 70 then. Alzheimer’s is not contagious, but it does tend to run in families. My mother’s sister and father both had AD and that was before anything could be done about it. I take Aricept daily which will hopefully slow the progression. Yes, it’s really scary. Of course this is only a preliminary diagnosis as the only sure way to determine AD is with an autopsy. I immediately ruled that out! I’m part of a long-term study at Oregon Health Science University in Portland. Both my husband, Bob, and I attend AD meetings where we can learn coping skills, both as a patient and as a caregiver.

The results of a battery of psychological tests indicate that I’m very intelligent and have a large vocabulary. That’s the good news! My 12 year-old grandson thinks I’m the smartest person he knows. (He’s so sweet!). The bad news is that I know I’m losing my short-term memory. This is where I ask for your help. Please be patient with me if I look at you blankly when you tell me something that we talked about yesterday or last week. Just repeat the information, and please without the “I told you” or “Don’t you remember?” If we are planning something, please be sure that I write it down, or else give me a simple written note with instructions, date, time, and place. If I can see it, I can do it. If I can’t see it, it doesn’t exist! I may know your name now, but may not be able to recall it later. Nametags help. Please don’t ignore me; I’m still here!

Two mental activities that I can do is play “UpWords” (similar to Scrabble) with Bob, and I play solitaire on the computer. I’m surprised that I can type words without looking for the keys. My fingers know what I want! I guess that’s an ingrained part of my long-term memory.

I am so thankful for my husband Bob, my daughters, and stepchildren who have been and continue to be so supportive. By the way, this process may take 8-to-10 years or more. This is why I’m telling you now while I can still function quite well with a little help and lots of prayers. Please don’t be afraid to ask me questions. Sometimes I even know the answer!

Thank you everyone,
Maryalice Gordon
Vancouver, Washington
Meeting of Minds
A Program for the Body, Heart, and Spirit
By Jody Curley, MA

Meeting of Minds is a program for people with early-stage memory loss offered through the South Central Wisconsin Chapter of the Alzheimer’s Association. Twice a week, participants engage in a program of memory enhancement and cognitive stimulation activities, tai chi-based exercise, and creative expression. The desire to practice cognitive activities that may help with memory was the initial draw for several group members, but the tai chi movements and collaborative group poetry creation have become welcome components of the program.

Several participants have some trouble with communication and language due to their Alzheimer’s or related disorder. Creative use of words, as poetry calls for, is a way to exercise language abilities while feeling far less pressure to perform in expected ways. Consequently participants experience more freedom, spontaneity, and joy while connecting with others.

The poetry we make is inspired in part by Kenneth Koch (I Never Told Anybody: Teaching Poetry Writing to Old People) and John Fox (Poetic Medicine: The Healing Art of Poem-Making and Finding What You Didn’t Lose: Expressing Your Truth and Creativity Through Poem-Making). It is non-rhyming and nonmetrical free verse. A theme is presented by the group facilitator or a group member, and the exploration of the theme that takes place in discussion, questions to one another, wonderings, and personal stories is captured by the facilitator and a volunteer and crafted into a poem that is refined and edited so that all feel ownership of it. The common language-related problems that may occur with a memory disorder, such as repetition, metaphorical language, and word substitutions actually make a poem better. It’s a great way to feel successful while expressing thoughts and feelings and connections that may hint at the very purpose of one’s life. (See page 7 for an excerpt of a poem from the Meeting of Minds participants).

The tai chi exercise component of the group is adapted for the specific individual needs of group members and accompanied by flowing music that mirrors the movements and promotes wellness on many levels. It’s an excellent exercise for mature bodies. Tai Chi can improve physical and emotional balance, build leg strength while protecting joints, and open the way to delight in the sheer joy of being in the body. Group members comment on feeling both relaxed and energized following a session, as well as the subtler but definite contemplative effects of the slow, mindful movement. The consistent attention to breathing fully and rhythmically not only oxygenates the cells of the body, but creates a sense of internal calm - the experience of being absolutely whole.

For more information on Meeting of Minds, contact Jody Curley at 608-661-8427 or jody.curley@alz.org.
Whole
Whole is a feeling.
Whole is feeling not-stressed.
Whole is feeling satisfaction.
Whole is peace.
Whole is feeling connected:
Connected to others,
Connected within myself.
Whole is feeling I am all together.
Sometimes everything feels just right
Not so much because things are right
But in spite of it all.
Sometimes, in spite of
How I feel physically, emotionally
For even just a moment, everything is alright.
That’s whole.
Whole is part of a process.
It’s a place in a cycle where one is whole,
hearty, well.
For me, it’s past tense.
Whole was the place in the cycle when I
was young and athletic
When I remembered everything
When I was complete physically and
mentally
When I could do anything I wanted to do.
Is there anything that is whole now that
I’m older?
Maybe wisdom.
I know now there is a possibility that I
don’t have all the answers.
Whole is in us, and in the stars.
Look at the wonder of it:
The first breath we take here on earth,
The infinity of space.
God has done a pretty good job.
Whole is what we are, together.
There is nothing that is independent.
We are interdependent.
We are all connected.
We are whole.
By Participants of Meeting of Minds

Helpful Resource

Taking Action:
A Personal and Practical Guide for Persons with Memory Loss

Taking Action serves as both a guide and a workbook for persons with early-stage Alzheimer’s or a related disorder who want to learn coping skills and make proactive choices about living effectively with their symptoms. The writing of the workbook was coordinated by Cindy Bauer, LCSW and Marcia Reish, BSN, of the Alzheimer’s Association’s Colorado Chapter. The 75-page guide is divided into twelve sections that each address common concerns and issues. Chapters include: Talking with Your Doctor; Making Decisions; Communication; Family Relationships; Safety; Research; and Understanding Feelings. Taking Action provides educational information and helpful tips, as well as quotes from persons with early-stage dementia. The workbook format provides questions, worksheets, and space for readers to write their own thoughts, feelings, and coping strategies.

Taking Action is available free of charge electronically in a PDF format or in a printed binder format by mail for $15.00. To receive a copy, contact:

Vickie Mohr, MA
Early Stage Services Manager
Alzheimer’s Association Colorado Chapter
303-813-1669
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