Understanding Alzheimer's & Dementia

A practical guide for families and carers

Dementia is not a normal part of ageing. It is a group of symptoms caused by changes in the brain that affect memory, thinking, language, mood and daily living. Alzheimer's disease is the most common cause. The person is still the same person — their needs, feelings and dignity remain. This guide explains what to expect and how to make everyday life calmer for both of you.

What is happening to the brain?

Alzheimer's disease slowly damages brain cells, beginning in the areas that store recent memories and later spreading to areas that control language, judgement, orientation and movement. Other common types include vascular dementia (after strokes or poor blood supply), Lewy body dementia (with visual hallucinations and stiffness) and frontotemporal dementia (with early personality or speech changes). Because the causes differ, a medical assessment matters — some memory problems come from thyroid disease, vitamin B12 deficiency, depression, infection, poor sleep or medication side effects, and those are treatable.

Early signs worth checking

- Repeating the same question or story within a short time.
- Difficulty with familiar tasks — cooking, handling money, taking medicines.
- Getting lost on a known route, or confusion about day, date and place.
- Searching for words, or calling things by the wrong name.
- Misplacing items and suspecting others of stealing.
- Withdrawal from work, hobbies and social life; unusual irritability, anxiety or apathy.

How the condition usually progresses

Early stage

What you may see: forgetfulness, repeated questions, mild disorientation, reduced initiative.

What helps: confirm the diagnosis, plan legal and financial matters together, keep routines, use calendars, labels, pill boxes and phone reminders. Encourage the person to stay active and social.

Middle stage

What you may see: greater memory loss, confusion about time and people, wandering, sleep reversal, agitation in the evening, difficulty dressing or bathing, suspicion or hallucinations.

What helps: simplify choices, supervise medicines and cooking, make the home safe, keep a steady daily rhythm, arrange respite so the carer can rest.

Late stage

What you may see: very limited speech, difficulty walking and swallowing, incontinence, full dependence for personal care.

What helps: focus on comfort, skin and mouth care, safe feeding positions, pain relief, gentle touch, music and familiar voices. Care is about dignity and comfort now.

Talking with your person: ten things that work

- Approach from the front, make eye contact, say your name and their name.
- Speak slowly, one short sentence at a time; then wait — allow up to ten seconds for a reply.
- Ask questions that can be answered with yes or no, or offer two choices you can point at.
- Use pictures, objects and gestures. A picture board or a simple app can replace a lost word.
- Do not argue, test or correct ("Don't you remember?"). Join their reality and respond to the feeling behind the words.
- If they are looking for a person who has died, ask about that person instead of repeating the loss.
- Keep background noise low — turn off the television before you talk.
- Watch your tone and face; they read emotion long after they lose words.
- Break tasks into single steps: "Here is the soap." … "Now your hands."
- End on warmth — a smile, a hand held, a thank you.

Managing difficult behaviour

Behaviour is communication. Agitation, shouting, refusal or wandering usually means an unmet need: pain, hunger, thirst, needing the toilet, constipation, infection, too much noise, boredom, fear or fatigue. Look for the trigger before reaching for medication.

- **Sundowning (evening restlessness):** keep the room bright in the late afternoon, reduce naps and caffeine, plan a calm routine before dusk.
- **Wandering:** secure doors, use an ID bracelet with the helpline number, sew contact details into clothing, inform neighbours and the local police station.

- **Repetition:** answer calmly, then redirect to an activity — folding, sorting, music, a short walk.
- **Refusing a bath:** try a different time of day, warm the room, keep the person covered, use a hand-held shower and few words.
- **Aggression:** step back, keep your voice low, do not restrain, give space, return in a few minutes.
- **Hallucinations:** if they are not distressing, leave them; if frightening, reassure and change the surroundings and lighting.

Everyday practicalities

- **Daily routine:** same wake, meal, activity and sleep times. Predictability reduces anxiety.
- **Nutrition:** small frequent meals, finger foods, strong flavours, contrasting plate colour, regular fluids. Watch for weight loss and for coughing while eating.
- **Home safety:** remove loose rugs, add grab bars and night lights, lock away medicines, sharp tools and cleaning fluids, set a safe geyser temperature, turn off gas at the mains when unsupervised.
- **Medication:** one written list with doses and times; use a weekly pill box; take the list to every hospital visit.
- **Activity:** daily walking, gentle exercise, prayer, gardening, familiar songs, photo albums, simple household jobs that give a sense of purpose.
- **Sleep:** daylight in the morning, limited evening fluids, no television in bed.
- **Documents:** arrange power of attorney, wills and bank access early, while the person can still take part.

Looking after the carer

Carer exhaustion is real and it is not a weakness. Guilt, grief, anger and loneliness are normal responses. Share the work — rotate nights, accept help, and book regular respite before you reach breaking point. Keep your own check-ups, sleep and friendships. Seek help early if you feel persistently low, hopeless or unable to cope; support for you is part of the treatment for your person.

When to call a doctor urgently

- Sudden worsening of confusion over hours or days (often infection, dehydration or a drug reaction).
- Fever, burning urine, breathlessness, chest pain or a fall with injury.
- New weakness on one side, facial droop or slurred speech — treat as a stroke emergency.
- Repeated choking or coughing while eating and drinking.
- Refusal of food and fluids, or rapid weight loss.
- Talk of self-harm, or behaviour that puts the person or the family at risk.

How Kadji can support your family

Warm care, expert rehab — Vadodara

Caring for someone with dementia at home is easier with a team beside you. Call the Kadji helpline and our staff will guide you to the right assessment, therapy or home-care support for your situation, and will tell you clearly what is available and what it involves.

- Memory and cognitive assessment, and help in reaching the right diagnosis.
- Rehabilitation and physiotherapy to keep walking, balance and strength for as long as possible.
- Occupational therapy advice on home safety, falls prevention and daily-living aids.
- Speech, swallowing and communication guidance, including picture-based communication tools.
- Nursing and attendant support, wound and skin care, and help with feeding and hygiene.
- Nutrition counselling for weight loss, poor appetite and swallowing difficulty.
- Family training sessions and counselling, plus guidance on respite arrangements.
- Coordination with your treating physician for medicines, follow-up and emergencies.

Kadji Kadji House, Opposite Shell Petroleum, Vadsar Road, Vadodara, Gujarat	**Helpline** **9403900406** **Website** www.kadji.co.in

You can also use **Kadji Talk**, our free picture communication board at talk.kadji.co.in — large pictures for needs, feelings, pain, people and places that speak aloud, so your person can show you what they mean when words are hard.

This guide is general information for families and does not replace medical advice. Please discuss your person's diagnosis, medicines and care plan with their treating doctor.