CNN recently interviewed three caregivers whose spouses have or had dementia. This is a compilation of their stories:

When did you first become concerned about your loved one's memory loss or cognitive function? What were the earliest symptoms that you can remember? What was your "aha" moment?

I had noticed some "odd" things over the years such as how a very smart world traveler and professional mechanical and electrical Engineer could never remember that the green can was for trash, the blue one was for recycling. I thought he was "playing" me so he would not have to do the trash anymore. Some things I would let go, other things I would ask him about. His answers usually had a logical explanation but something was "off". We had a couple of events, one was when he went to drop papers off at the attorney's office and "forgot how to get there". He told me how he stopped at a place of business, asked for a telephone book, sat and thought and finally figured it out. It obviously upset him as he normally would not have told me. Another incident some months later was, we made a grocery list together after dinner and I asked if he wanted to go to the store with me, he did not. I got home about 20 minutes later my garage door was disconnected, all lights in the house were off and the doors were locked. He was very upset. I brought it up the next morning, he was still angry and said he thought I had left him. He did not remember making the grocery list.
She began to have more trouble finding words and would sometimes say an incorrect word without realizing it. She started to show some memory problems. Previously her memory had been exceptional- I had always depended on her to remember things for me. For example, she began to forget where she had left things like her keys and her phone. Or she'd call me back immediately after a phone conversation to ask again about something we'd decided like what to have for dinner. She also began to have more spatial confusion- she'd bump into things or couldn't locate things in the kitchen. Although she had always done the filing, she began to put things where I couldn't find them.

We were concerned about short-term memory problems for about a year before starting to look for a medical reason beyond menopause. She was staying at work later into the evenings because it was taking her longer to get her job done than it used to.

What were your biggest challenges in the early months/years?

Determining when to help him and when to leave him alone. One morning he had cereal in the dog food and dog food in the cereal. I left him alone so he would not be humiliated. He and the dog had the same breakfast in different bowls and he was none the wiser. The morning he poured orange juice in his cereal he realized it so I just helped him straighten it out and said it's okay, nobody got hurt.

It was very difficult to understand that I was not being "used". I had a terrible time figuring out when he was slyly trying to get me to do something he didn't want to do or he just could not do it. It is really hard to change one's relationship and conversation style, to support your loved one, when you think you are being taken advantage of. An example, one morning he had the fridge door open with the gallon of milk in front of him. He said, oh, you forgot to get milk, that's ok we'll get it today. I was ticked and walked over and touched it; then he was confused as to why he had not seen it. It took a support group member to explain to me that there was a disconnect between his eyes and his brain caused by the disease. That also helped me realize I was not being "used" as much as I suspected.

The biggest challenge early on was our confusion about what was happening to us. Looking back it's easy to say that we were in denial but at the time we just were not sure what was going on. We desperately needed someone to identify and label the disease for us even if that confirmed our worst nightmare. Even though we were well educated health professionals we could not do that for ourselves; we needed someone to do that for us.

The come-and-go nature of the early days made it particularly difficult to "remember" she was sick. She could deliver a speech that produced standing ovations, yet would mess up the laundry. I never knew which entity was standing in her shoes.

What were your biggest challenges as time went on?

The constant changes in his behavior, ability to do things or not, his anger and figuring out "where he was today" versus yesterday.

I think my biggest challenge was trying to manage my anger, since my getting angry at her just made things worse. Sometimes my anger was a reaction to how angry and provocative she could be. Even though I knew she had Alzheimer's I still took her angry attacks personally. I was trying so hard to take care of her in every way I could and yet she could quickly become so deeply disappointed and critical of me. But sometimes my reactions had to do with my anger and sadness.
over gradually losing her. Even though it was happening in bits and pieces, I was constantly experiencing her slipping away from me. As her disease worsened we both came to accept it more and we both came to be more comfortable with her growing dependency on me for help. At that point she became poignantly grateful for my help.

It was an increasing challenge to adjust expectations of her capabilities, and adjust for her deteriorating ability to perform tasks, especially with the use of tools, cooking, and driving - tasks that may hurt her or someone else. To guide her without making her feel "stupid" was probably the most difficult work I have ever done. I don't think I ever got very good at it. Because she became increasingly defensive, I backed off on trying to guide her. Instead, I resolved to redo her tasks later, and tell her she had done well.

Stay tuned for Part 2 of "Caregiver Journeys" in the May-June issue of Caregiver Network News

DEMENTIA
(IT'S MORE THAN JUST MEMORY LOSS)
a new CNN series

In this series, Caregiver Network News (CNN) will address a myriad of common symptoms of dementia, maybe even some that you hadn't been aware of, and will take a deeper look at what is happening and how you can respond.

Our focus for 2018 will be on what are commonly referred to as Executive Function skills, which include judgment, decision-making, insight, logic and reason, sequencing, safety awareness, social filters, and self-awareness. These are our higher thought processes, and are located in the prefrontal cortex of the brain. Nearly all forms of dementia target this area early in the disease - but often the changes are not obvious or even very noticeable to the casual observer.

Part 2: LOGIC, REASON, and RATIONAL THOUGHT

It's what defines us as humans - the ability to think logically, to make sense of things, to figure something out based on the available information. It's a skill most of us take for granted. Even those of us who might not classify ourselves as "logically-minded" still apply the principles of logic and reason to our everyday thought processes without realizing it.

But this isn't a skill we are born with. We have to grow into it, we have to wait until our prefrontal cortex is fully developed - which for most of us is when we hit our early twenties. Children and teenagers don't have a fully-functioning prefrontal cortex yet, so thinking logically isn't something they usually do well - which, if you have ever tried to explain something logically to a 4-year-old or a 16-year-old, is pretty obvious!

Once our prefrontal cortex is completely developed, it continues to be our higher-thinking center right through old age - that is, unless we get dementia. Most forms of dementia target the prefrontal cortex - which means that most persons living with dementia start having difficulty with logic, reason, and rational thought early in the disease, often before the people closest to them are even aware it's happening.
What this means for the person living with dementia is that they have difficulty with problem-solving, or thinking things through in a way that makes sense, or understanding information and then reaching a logical conclusion. For instance, a person may acknowledge that they have diabetes but then not understand why they can't have dessert. Or they may want to heat water for a cup of tea but not understand that they can't put a metal cup in the microwave. Or they may agree to go to church but don't understand that they have to first get dressed and have breakfast.

What this means for caregivers is that you must change how you respond to these puzzling or unexpected behaviors. Your go-to reaction has always been to explain to your loved one WHY they need or not need to do something - but the problem is, your loved one's explainer is broken. Logical explanations don't work much any more. The more you try to explain, the more you are likely to confuse your loved one - and in most instances, increased confusion usually leads to increased agitation...for both of you.

Or to put another way: stop trying to teach a pig to sing, it wastes your time and annoys the pig!

**What can you do?**

- Stop explaining. Remove "Why?" and "Because" from your vocabulary. You're wasting your time and you're annoying your loved one. Exception: you may, at any time, answer "because the doctor said so" or "because I love you!"

- Don't assume a person with dementia will act logically just because they used to. If you ask them to chop the vegetables and they choose to do it with a spoon, realize that's the disease again. They don't realize they're doing it wrong. Their brain makes mistakes, and so they make mistakes. Instead of scolding, simply say "here, this might work a little better," hand them the correct utensil, and show them what you want them to do.

- Be sure you are in charge of the important jobs. Bringing in the mail or putting away the laundry may cause some inconvenience if not done properly, but it's probably not dangerous. Making mistakes in the kitchen, in the car, with machinery such as lawn mowers, with medications, and with finances can have serious consequences. Be aware that you may need to supervise and eventually take over some duties that previously were your loved one's responsibility.

- You're explaining again. Stop.

- Adjust your expectations. Remember that your loved one is working with a severe disability - their brain doesn't work like it used to, so they're doing the best they can with what they have left.

If you missed Part 1, *Loss of Initiative*, [Click Here to read it](#)
a concert to benefit

Featuring Mia Green, Several Dudes, and Skinny Legs and All

**Saturday, June 23, 2018 - Isis Music Hall in Asheville, NC**

Buy Tickets Now! ($25) at


**Sponsored by:** Sigma Nu Gamma Chapter Reunion, Jonas and Meryl Goldstein in honor of their 25th Anniversary, Asheville Radiology Associates, and the performances by Mia Green, Several Dudes, and Skinny Legs and All

---

**RECOMMENDED ONLINE READING**

**What Not to Do to People with Alzheimer's Disease**
by Esther Heerema, MSW
February 16, 2018
[Click Here to read the article](http://weblink.donorperfect.com/memorycarebenefit)

**6 Ways to Help Someone Who Doesn't Know They're Ill: Anosognosia in Dementia**
by DailyCaring Editorial Team, 2018
[Click Here to read the article](http://weblink.donorperfect.com/memorycarebenefit)

---

**Notable Quotable**

"Life is like underwear... it needs to be changed every now and again."
ONGOING PROGRAMS
Open to the Public

MEMORYCAREGIVERS NETWORK
PEER SUPPORT & EDUCATION GROUPS

FLETCHER GROUP
First Tuesdays, 1:00-3:00 p.m.
Fletcher 7th Day Adventist Church
Howard Gap Road and Naples Road, Fletcher, N.C.
(just past Park Ridge Hospital)

NEW HOPE GROUP
Third Tuesdays, 1:00-3:00 p.m.
New Hope Presbyterian Church
3070 Sweeten Creek Road, Asheville, N.C. 28803
(across from Givens Estates)

NORTH ASHEVILLE GROUP (formerly the Weaverville Group)
Fourth Tuesdays, 1:00-3:00 p.m.
Woodfin YMCA at Reynolds Mountain
40 N. Merrimon Ave (exit 23 off I-26 West)

Network meetings are open to the public.

The Network relies on charitable support to keep its program going.
To make a donation, CLICK HERE.

For more information about the MemoryCaregivers Network, contact:

Mary Donnelly
828.230.4143
network@memorycare.org

Pat Hilgendorf
828.301.0740
patricia.hilgendorf@gmail.com
CAREGIVER COLLEGE
MemoryCare's ongoing educational series for caregivers

A series of six lectures will be provided for anyone caring for a person with a memory disorder. The program is taught by one of the MemoryCare physicians, and is designed to improve caregiver understanding of different aspects of dementia care. Related presentation materials will be provided.

There is no cost for families who are enrolled in MemoryCare. For those not enrolled, the cost is $85 for the 6-part series.

Course Content:
What Is Dementia?
Transitioning from Independence to Interdependence
Functional and Behavioral Changes of Dementia
Dementia Treatment Options & Risk Reduction
Caring for the Caregiver
Dementia and Legal Planning Issues

The next ASHEVILLE session of Caregiver College will begin on Thursday, July 19 and continue on consecutive Thursdays through August 23
2:00 - 5:00pm
at the new SECU Center for MemoryCare
100 Far Horizons Lane (Givens Estates)

The next WAYNESVILLE session of Caregiver College will begin on Tuesday, May 1 and continue on consecutive Tuesdays through June 5
3:00 - 5:00pm
at Maple Leaf Adult Day Center
64 Elmwood Way (next to Senior Resource Center), Waynesville

SPACE IS LIMITED, so please sign up in advance by contacting MemoryCare:
828.771.2219 or office@memorycare.org

Do you need a program for a group event?
The MemoryCaregivers Network staff presents on a variety of subjects, including Recognizing Early Warning Signs of Memory Loss, Facts and Fiction about Dementia, Better Communication Techniques, and more.

We are happy to speak at your event to raise awareness and knowledge about Dementia.

Contact Mary Donnelly at network@memorycare.org

Caregiver Network News and The MemoryCaregivers Network are auxiliary programs of

We rely on charitable donations to continue these programs!
Please consider donating... perhaps in honor of a loved one’s birthday... or a memorial... or a sustaining gift to support families like yours who depend on the services that MemoryCare provides!

Make a difference. Make a donation. CLICK HERE to donate.

For more information about MemoryCare, click this link to visit our website: www.MemoryCare.org

Thank you for your interest and support!

OTHER COMMUNITY PROGRAMS & EVENTS
(The following programs are not part of MemoryCare but help our community by serving those impacted by memory impairment.)

Meetings are open to family members, professionals, or anyone interested in making WNC more Dementia Friendly!

For more information, contact wncdementiafriendlycommunities@gmail.com or call Land of Sky at 828.251.6622
West Buncombe Caregivers
An education & support group for caregivers
sponsored by Pisgah Valley Retirement Community

Meets every second THURSDAY
1:00 - 3:00 p.m.
Pisgah Valley’s Community Center
6 Rhododendron Way, Candler NC

Free and Open to the Public

Mary Donnelly 828.230.4143 marydd60@charter.net
Pat Hilgendorf 828.301.0740 patricia.hilgendorf@gmail.com

Memory Loss Caregivers of East Buncombe
An education & support group for caregivers
sponsored by the Highland Farms Residents’ Corporation

Meets every second Tuesday
9:30-11:30 a.m.
Lounge Room 3 (lower level), J-K entrance of Brookside Building
Highland Farms Retirement Community, Black Mountain, NC

Free and Open to the Public
For more information, contact:

Mary Donnelly 828.230.4143 marydd60@charter.net
Pat Hilgendorf 828.301.0740 patricia.hilgendorf@gmail.com

Henderson County Caregiver Support Group

Meets every third Tuesday, 1:30 - 3:30
First United Methodist Church
204 6th Ave W, Hendersonville, NC 28739
For more information, contact Lisa Kauffman at 828.696.9799

Haywood County Caregiver Support Group

First United Methodist Church of Waynesville
4:30 on the fourth Tuesday of each month
For more information, contact 828.926.0018

Mitchell County Caregiver Support Group
"Care & Share"

First Friday of each month, 1:00-3:00 p.m.
Hospice & Palliative Care of The Blue Ridge
36 Hospital Dr., Spruce Pine
For more information, contact Jane Ouzts at jnutozts@yahoo.com
Support Groups for Persons Living With Memory Loss

Initial screening required for all early-stage groups.

**Memory Loss Navigators (The New Hope Group)**
1:00-2:30 p.m. on the third Tuesday of each month
(meets concurrently with the Memory Caregivers Network New Hope Group above)
Contact Mel Kelley, 828.301.0529, avant_garden@msn.com

**Memory Loss Navigators (The Biltmore Group)**
1:00-2:30 p.m. on the second Thursday of each month
Biltmore Methodist Church
376 Hendersonville Road Asheville, 28803  (Exit 50 off I-40)
Contact Mel Kelley, 828.301.0529, avant_garden@msn.com

**Memory Loss Navigators (The Highland Farms Group)**
9:30-11:00 a.m. on the second AND fourth Tuesdays of each month
(2nd Tuesday group meets concurrently with the Memory Loss Caregivers of East Buncombe above)
Contact Mel Kelley, 828.301.0529, avant_garden@msn.com

**The Hendersonville Group**
1:30-3:30 on the second and fourth Tuesdays of each month
Mud Creek Baptist Church, 403 Rutledge Rd., Hendersonville
Contact Patty Williams at 828.692.1262 or patty@mudcreekchurch.org

**Support Groups at the Creek**
Two separate groups for those in early stages of dementia and their significant others
Every Thursday afternoon from 1:30-3:30pm
Mud Creek Baptist Church, 403 Rutledge Rd., Hendersonville
REGISTRATION REQUIRED
Contact Patty at AlzMaze@gmail.com

THE MEMORY LANE CAFE
*Reminisce & Visit.....Socialize & Laugh.....Relax & Enjoy!*

2nd Monday of each month
1:00 - 3:00 pm
Mud Creek Baptist Church
403 Rutledge Drive, Hendersonville NC

No registration necessary, but those with a diagnosis must be accompanied by a caregiver unless they drive
themselves to the Memory Lane Cafe.

*For more information, contact Patty at 828.692.1262 or alzmaze@gmail.com*

---

MemoryCare is a charitable non-profit organization whose mission is three-fold:
To provide specialized medical care to older adults with cognitive impairment;
to support caregivers with education, counseling, and improved access to services; and to provide community education.

Caregiver Network News is written and edited by Mary Donnelly.
Contact network@memorycare.org for more information.

**Click Here** to subscribe to Caregiver Network News.

Click Here
to access our archives and read previous issues.