In addition to explaining the anticipated changes with AD, suggest practical solutions to identified problems. It is important to evaluate both the client and caregivers; interventions must be appropriate for the family’s situation and resources. Maintaining the least restrictive environment that promotes safety for the client is a major goal of teaching. Using memory cues, such as labeling drawers to indicate the specific types of clothing and labeling rooms, can help orient the client and foster independence. Consistency in the environment and daily routine is an essential part of care. Emphasizing realistic expectations means adjusting care and communication techniques to the client’s level of ability.

Address the following topics for home care of the client and for the caregiver.

- Support groups and peer counseling are helpful in handling caregiver stress.
- A person with AD who is confused or agitated is not comfortable and is usually frightened.

Arthur and Ruth Joste, both age 73, have been married for 47 years; he is a retired history teacher, and she has been a homemaker. They have four children; two live in the same town, and two live out of state. Arthur has noticed that he is having problems remembering friends’ names and phone numbers; his wife has been asking him if he is driving in the correct direction when they go shopping.

Mrs. Joste has severe osteoarthritis and is unable to lift heavy objects or perform all but light housekeeping tasks. For about 18 months, Mrs. Joste has been aware of her husband’s progressive cognitive decline, including forgetting current news from last night’s newspaper; miscalculating checkbook balances; neglecting his hygiene needs; and confusing their children’s and grandchildren’s names. The Jostes are referred to a neurologist for evaluation.

**Assessment**

Martha Spital, RN, assesses Mr. Joste at the neurologist’s office. She notes that he is unable to recall his home address without prompting, to name the correct date (although he does know the day of the week), to subtract serial 7s more than twice, and to recall two of three objects. He is alert to his surroundings. Mr. Joste scores 21 of a possible 30 points on the Mini Mental Status Exam. Mrs. Joste states that the problems seem to be getting worse with time and that she has had to “cover up” mistakes for her husband. Mr. Joste seems easily agitated, and his wife reports that his sleep habits are “jumbled”; he has long periods of wakefulness in the nighttime hours.

Following a thorough evaluation and diagnostic testing to rule out other possible disorders, the neurologist tells the couple that Mr. Joste has probable dementia of the Alzheimer’s type. Both have feared this diagnosis; they want to know how they can be sure that Mr. Joste has this disease and what they can do to prevent further decline. Both are obviously much saddened, and they verbalize their feelings of being overwhelmed. The Jostes intend to remain in their home “for as long as we can.”

**Nursing Care Plan**

**A Client with AD**

**Diagnoses**

- Chronic confusion, related to deterioration of brain function and dementia
- Self-care deficits, related to forgetfulness and declining physical abilities
- Risk for injury, related to decreased orientation
- Disturbed sleep pattern, related to time disorientation
- Caregiver role strain (wife), related to need to care for self and husband

**Expected Outcomes**

- Remain free of injury.
- Navigate home environment with modifications as needed.
- Participate in grooming and hygiene activities with prompting and supervision.
- Obtain a minimum of 7 uninterrupted hours of sleep a night.
- Mrs. Joste will participate in a minimum of two out-of-home activities a week.

**Planning and Implementation**

The home health nurse, Erick Montane, RN, makes a home visit to evaluate the environment, assess available support, and determine needs. He meets two of the Jostes’ children, Dawn and Jay, who live in the same community and are willing to participate as much as possible in providing care and modifying the home.

Mr. Montane discusses the importance of establishing and maintaining a consistent daily routine. He emphasizes the importance of matching activities to Mr. Joste’s mental abilities to avoid frustration and increased agitation. Mr. Montane recommends labeling drawers with their contents, such as Mr. Joste’s sock drawer. Labeling rooms may eventually be necessary. Because his inability to comprehend and process information distresses and agitates Mr. Joste, Mr. Montane teaches the family to modify their communications to fit Mr. Joste’s cognitive ability, such as using simple, direct statements and directions.

*Continued*
Multiple sclerosis (MS) is a chronic demyelinating disease of the central nervous system, associated with an abnormal immune response to an environmental factor. The symptoms of MS vary according to the area of the nervous system affected. The initial onset may be followed by a total remission, making diagnosis difficult. In about 60% of clients, MS is characterized by periods of exacerbation, when symptoms are highly pronounced, followed by periods of remission. The end result, however, is progression of the disease with increasing loss of function.

INCIDENCE AND PREVALENCE

Approximately 500,000 people in the United States have MS. Females are affected 2 times more often than males, and the incidence is highest in young adults (age 20 to 40). The disease occurs more commonly in temperate climates, including the northern United States. This association is established by approximately age 15, and moving to or from a temperate climate after that age does not change it.

The onset of MS is usually between 20 and 50 years of age, with a peak at age 30. MS is the most prevalent CNS demyelinating disorder, and is a leading cause of neurologic disability in young adults. Although all races are affected, MS is primarily a disease of Caucasians. Although a definite genetic factor has not been established, 15% of those with MS have a relative with the disease (McCance & Huether, 2002).

PATHOPHYSIOLOGY

MS is believed to occur as a result of an autoimmune response to a prior viral infection in a genetically susceptible person. The infection, which is thought to occur early in life, activates T cells. T cells usually move in and out of the CNS across the blood-brain barrier, but for an unknown reason, they remain in the CNS in people with MS. The T cells facilitate infiltration by other leukocytes, and an inflammatory response to a prior viral infection in a genetically susceptible person. The infection, which is thought to occur early in life, activates T cells. T cells usually move in and out of the CNS across the blood-brain barrier, but for an unknown reason, they remain in the CNS in people with MS. The T cells facilitate infiltration by other leukocytes, and an inflammatory response. This may lead to demyelination of the nervous system, resulting in the symptoms of MS.