

## MEMORY CARE TIP

### Cognition Decline With Fear and Paranoia

**M**any people think of dementia-related illness only in terms of memory loss. While memory challenges may be among the most easily observed deficits, a person living with dementia can be struggling in other ways that they may not (or cannot) communicate.

Dementia interferes with the way the brain receives and processes information, which

can result in the person becoming suspicious of others around them, hallucinating, and experiencing delusions.



#### **Suspicious** or

paranoia can involve irrational beliefs that someone is stealing from them, hiding their belongings, or otherwise doing something improper. **Hallucinations** are perceptions of sensory objects that are not actually there. **Delusions** are firmly held beliefs in something that is not true.

Whichever of these three things a person with dementia is experiencing, care providers need to understand that the situation is very real to the patient. No amount of arguing with the person is going to convince them that something

(See "Paranoia" on page 2)



### Mild Cognitive Impairment

**A** moderate amount of confusion and memory struggles are normal parts of aging. These symptoms can manifest in ways such as occasional word loss or forgetting names/terms, difficulty in using complex or new technology, and needing people to slow their speech when talking to you. As we age, we tend to slow down, but without losing the ability to function.

In some people, care partners may observe increasing memory lapses or that the person in their care seems especially confused, perhaps fearful. In these cases, consult the person's doctor to determine if there is a medical problem.

One explanation for increased confusion is called Mild Cognitive Impairment (MCI). This is a brain state that sits somewhere between normal aging and dementia. MCI can be marked by the following symptoms that are observed over a period of time (not acute or infrequent occurrences).

- More frequent difficulty remembering simple things.
- Struggling to follow along in a conversation.
- Frequently losing train of thought.
- Inability to handle basic finances, including timely bill paying.
- Feeling overwhelmed when needing to make decisions or plans.
- Getting lost on familiar routes or in familiar environments.
- Increased impulsivity or poor judgment.

(See "MCI" on page 2)

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#### MCI *(continued from page 1)*

MCI can have several possible causes, one simply being over age 65. The condition is more common in individuals who have a family history of brain-degenerative disease like Alzheimer's, and in those who have certain medical conditions like high blood pressure, stroke history, high cholesterol, or heart disease. Drug/alcohol use and a sedentary lifestyle also can contribute to MCI.

A doctor will perform an assessment of the person's cognitive status to evaluate memory, planning, and judgment. The study should also involve interviewing the person's care partners to gather their observations, as the patient may not have full self-awareness of their struggles.

It's important to note that a diagnosis of MCI does not always mean that the person will develop dementia. With attention to diet, exercise, sleep, and social engagement, it is possible that the symptoms would not worsen and may even improve. The person can continue to live a full and independent life, albeit with some nurturing and patience from their loved ones:

- The primary family caregiver or legal representative should ensure that the person's legal affairs are in order and have an established power of attorney. Important medical choices should be recorded in an Advanced Care Directive with a healthcare proxy named (durable power of attorney).
- Ensure the person is eating a healthy, balanced diet and is hydrated.
- Plan a variety of activities throughout the week that nurture brain health. A mix of puzzles, reading, art, and social engagement exercises the brain.
- Build a community of care partners who can share in the responsibilities of checking on the person, entertainment/socialization, and errands/chores. It's a lot for one person. Having different family members, friends, church volunteers, and paid help rotate according to a schedule ensures that no one person will feel burned out. ➔

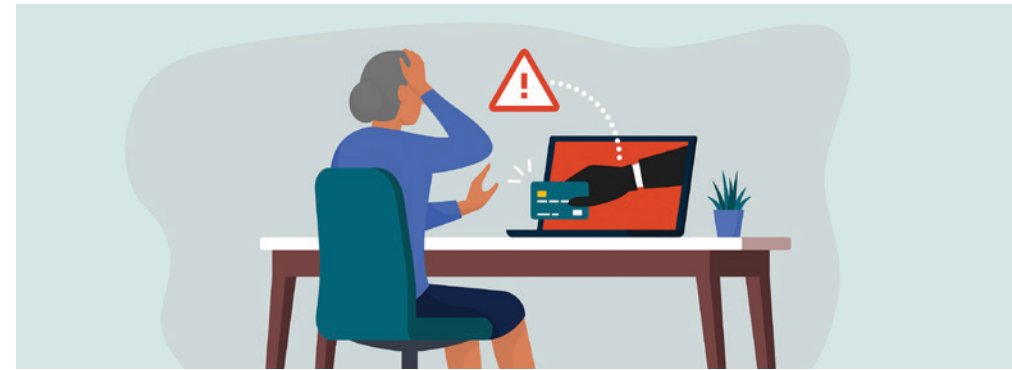
*Sources: Family Caregiver Alliance and National Institute on Aging*

#### Paranoia *(continued from page 1)*

is not actually real, and arguing can lead to agitation and aggression. The Alzheimer's Association offers tips to care providers who encounter repeated instances of paranoia and delusions in those under their care:

- Listen to what is troubling the person, and try to understand that reality. Then be reassuring, and let the person know you care.
- Don't argue or try to convince. Allow the individual to express ideas. Acknowledge his or her opinions.
- Offer a simple answer. Share your thoughts with the individual, but keep it simple. Don't overwhelm the person with lengthy explanations or reasons.
- Switch their focus by engaging the individual in an activity.
- If the person is often searching for a specific item, have several available. For example, if the individual is always looking for their glasses, keep two of the same kind on hand. ➔

*Sources: Alzheimer's Association, Teepa Snow*



#### Financial Scams of the Elderly

Financial elder abuse, in which an older adult is coerced, bullied, or tricked into giving money or other assets, is the most common and fastest growing form of elder abuse. Most of the abuse is committed by people the senior knows. Scams by strangers, though less common, often happen more quickly and can result in bigger financial losses.

The National Center on Elder Abuse estimates that only one in four cases of financial abuse is reported. Most seniors never report these crimes—even when they know their funds are being taken—because they're overwhelmed at the idea of involving the police, they fear being viewed as unable to care for themselves, or they are ashamed. Be aware of these common scenarios:

#### IRS or Social Security Scam

*Complaints of stolen pension, Social Security checks, or credit cards.*

A scammer pretends to be an IRS investigator or someone from the Social Security Administration. They say that you owe additional taxes or that your Social Security number has been suspended. They talk about the back taxes and penalties owed or say that your Social Security number has been used in a crime. They say that this can all be cleared up quickly if you will simply wire them money. They may ask you to verify your Social Security number and date of birth—if you oblige, you will have given them data needed to steal your identity and use your information to make fraudulent purchases, open lines of credit, and otherwise cause financial harm.

Neither the Social Security Administration nor the IRS will ever call you or send you an email. Social Security numbers are never blocked or suspended. If you receive any such phone call, or even a questionable letter by mail, call the appropriate organization's support phone number found on the respective official website. Do not click a weblink or call a number that was provided to you from the suspicious person.

#### Banking Scams

*Sudden changes in a senior's banking habits.*

Monitoring a senior's purchases and payments can clue you into payment requests and activity that may be fraudulent. Watch for frequent withdrawals being made through ATMs or funds transferred to accounts with which the victim has had no prior connection. It's an immediate red flag to observe a new signatory added to a senior's account—even if the person is a friend or family member. A sudden transfer of assets to a family member or acquaintance without a reasonable explanation is suspect. Abrupt changes in a will or other financial documents are questionable.

*(See "Scams" on page 4)*

#### QUICK QUIZ

Read the issue and answer True or False to the questions below.

1. Financial abuse is the fastest growing form of elder abuse.  
[True or False](#)
2. Mild Cognitive Impairment (MCI) always evolves into dementia.  
[True or False](#)
3. People living with dementia may experience hallucinations because the underlying disease is impacting the way the brain processes information.  
[True or False](#)
4. If a senior is fixated on a delusion, one intervention option is to distract the person with an activity or chore.  
[True or False](#)
5. Not remembering names from time to time is a symptom of normal aging.  
[True or False](#)
6. Increased impulsivity and poor judgment observed over a period of time may signal MCI.  
[True or False](#)
7. When a person with dementia exhibits paranoia, explain repeatedly that they are wrong until they admit that their suspicions are unfounded.  
[True or False](#)
8. The availability of personal details through social media makes it easy for a scammer to pretend a relative needs your help immediately.  
[True or False](#)
9. An abrupt change to a will or other financial document is questionable.  
[True or False](#)
10. Occasional word loss is a symptom of MCI.  
[True or False](#)

*Find the quiz answers at the bottom of page 4.*

## Scams *(continued from page 3)*

Set up safeguards at the bank: If there are concerns, an authorized person can set up a small bank account and debit card for the senior with spending limits. Other funds can be safeguarded in a separate, more secure account.

### Sweetheart Scam

*The scammer befriends the senior online.*

The scammer will prey on the senior's loneliness and willingness to help. They may ask for money because they have financial troubles. They try to isolate the senior from family and friends. They may disingenuously claim to be in a romantic relationship with the senior or even attempt a legal marriage in order to secure rights to assets.

### Relative in Trouble Scam

*A scammer poses as either your relative or someone trying to help your relative through a dire situation.*

Social media makes the task of gathering personal details easy. Scammers make threatening calls using the name of an actual relative, so seniors fear the threat is real. The pressure from the scammer to act right away and not consult anyone else is a red flag. Resist the urge to act immediately, no matter how dramatic the story is. Check the story out with someone else in your family or circle of friends—especially if you've been told to keep it a secret.

### Home Repair Scams

*Scam artists target homeowners in a variety of ways.*

Older adults are most likely to have accumulated cash savings, own a home with equity, and have excellent credit. This makes them ideal victims for a scammer who knocks on the front door and says that they noticed some repair that needs to be done immediately.

Seniors may genuinely need home modifications to accommodate

changing needs, so they are a perfect target for dishonest contractors.

Before hiring a contractor, contact the local builders association to learn about what licenses are required for your project, then ask to see the contractor's valid documents.

Check reviews from the Better Business Bureau. Verify that contractors are licensed and bonded and have liability/worker's compensation insurance.

If possible, get referrals from friends and neighbors you know who can vouch for past projects completed to satisfaction. Reviews posted on public webwwwsites like Yelp may or may not be authentic.

Get written estimates from several contractors and insist on a written contract with your chosen company. Never pay by cash. Stagger payments based on milestones in the project plan; never pay in full up front. ➤

*Sources: Consumer Reports, Forbes Advisor*

## Senior-Care Education

Hope Hospice is committed to helping our community offer the best care to seniors. Our experts are available to present complimentary educational seminars to professionals in the medical field and to the public. If you oversee a team of care providers who would benefit from a refresher on such topics as hospice, best practices in dementia care, or any of the



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other subjects listed at right, please connect today to discuss your needs. We can tailor certain lectures to the layperson and conduct seminars for residents of senior living communities, church groups, and the like. We are available to present in-person at your facility or over Zoom. ➤

### Available Topics

- Agitation/terminal restlessness
- Advance healthcare directives
- Body mechanics
- Dementia care
- Fall prevention
- Hospice education
- Infection control
- Medication administration
- Nutrition for seniors
- Pain in the elderly
- Respiratory concerns
- Skin care of the elderly

### Connect With Us

Contact Delinda Brown, Director of Outreach, to discuss your group's needs. (925) 829-8770; delindab@hopehospice.com.