

# Alzheimer's Update

December, 2000

## Wandering

Wandering is a common behavior of people who have Alzheimer's disease (AD) or a related dementia. People with AD have poor short-term memory, impaired visual/spatial skills, and a poor sense of direction. They lack the ability to estimate distances and judge time. The loss of these key abilities makes it very easy for a person to become lost and disoriented.

People with AD wander for many different reasons. Sometimes they have a destination in mind when they start out, but they forget where they are, where they are going, or how to get back home. Sometimes they are in search of a childhood home because they no longer recognize their current house as their own. Sometimes they wander out of fear of someone or something.

It can be very hard for families to convince a loved one with dementia not to leave the house alone. People with AD no longer exercise sound judgment. They can't understand that they are at risk of becoming lost.

50% of individuals with moderate to severe AD will wander. One-third of incidents where a lost person is not located within 24 hours result in fatality. 94% of wanderers are found within 1.5 miles from the point last seen. **They are usually found in bushes, creeks, drainages, and open fields.** They leave few verifiable clues and do not cry out for help or respond to shouts. This makes search and rescue efforts difficult, lengthy, and expensive.

Surprisingly, searching at night can yield better results. The subject does not generally move at night, so ground searchers can hear more than during the day. Additionally, changes in ground moisture and local winds assist dogs that rely primarily on scent. About 25% of lost AD individuals are found at night.

Time is absolutely critical when searching for a person with AD or dementia. Identification programs like *Safe Return* and tracking systems like *Project Lifesaver* are crucial. **Encourage families to call the local chapter of the Alzheimer's Association. It could save a life.**

*Adapted from the Alzheimer's Association, SAR data from Robert J. Koester, Virginia Department of Emergency Services, 1999*

## Safe Return

*As she had done a dozen times before, Leslie, 76, walked to her doctor's office for an afternoon appointment. On the way home, she became confused and just kept walking. Concerned her mother was not answering the phone at home, Leslie's daughter called the police, and then Safe Return. Two hours later, two police officers noticed an elderly woman walking alone at night and stopped her. After reading her ID bracelet, they called toll-free Safe Return crisis line. The Safe Return operator called Leslie's daughter who picked her mother up four miles away from home. Leslie was missing for less than four hours.*

A missing person with Alzheimer's disease represents an emergency situation. The National Alzheimer's Association, in partnership with the U.S. Department of Justice, developed *Safe Return*, a nationwide program to assist in the return of people who wander and become lost due to AD or a related dementia.

*Safe Return* operates a 24-hour, toll-free crisis number. Calls to *Safe Return* to report a lost or found person receive immediate attention from a trained clinician. The crisis line is multi-lingual with 140 languages.

When a person is found, a police officer or citizen calls the 800-number on the person's *Safe Return* ID bracelet, wallet card, or clothing label. *Safe Return* accesses the person's information and notifies his/her contacts. The local Alzheimer's Association provides support to the family.

When *Safe Return* receives a call that a registrant is lost, the clinician confirms that the local law enforcement department has been notified and a missing person report completed. The clinician makes a detailed report of the incident and faxes it and a photo of the missing person to the police department.

Families should call their local Alzheimer's Association chapter for information. The *Safe Return* Registration number is (800) 572-1122. If you would like your department to receive training on the *Safe Return* program, call Jane Priest at 703-359-4440.

## Ibuprofen may delay onset of AD

Arthritis sufferers seem to have fewer cases of Alzheimer's disease (AD). Coincidence?

Dr. Greg M. Cole, a researcher at the UCLA Alzheimer's Disease Center and the Veteran's Affairs, Greater Los Angeles Healthcare System believes there is something to this phenomenon. He has observed population surveys that seem to show a lower rate of AD among patients who regularly use ibuprofen and other anti-inflammatory treatments. Cole initiated a study to determine if his theory could be substantiated in laboratory mice genetically altered to develop AD.

With the research completed, his team found that the mice treated with ibuprofen for six months had less brain inflammation and fewer amyloid plaques. Cole calculates that if it takes people roughly 20 years to develop AD to the point where it affects memory, taking ibuprofen could possibly delay onset of the disease by up to 10 years. Always consult a physician before taking any new medications.

*Courtesy Alzheimer's Association*

## Future Training Sessions

In 1998 the General Assembly passed legislation authorizing DCJS to set standards regarding Alzheimer's training. All law enforcement officers have been mandated to receive 40 hours of in-service training every two years.

In 1999 DCJS, with the support of local chapters of the Alzheimer's Association, hosted two Train-the-Trainer conferences in Richmond and Virginia Beach. As requested by the 1999 attendees, we will provide a follow-up training on a regional basis entitled **Dementia-Specific Refresher Course**.

We will also be hosting a repeat training, **Dementia-Specific Train-the-Trainer**, for individuals who were not able to attend the 1999 training. This training will be offered on a regional basis. Any officer who is certified as an instructor is encouraged to attend.

Training sessions are currently being organized in Northern Virginia and Charlottesville. If you or someone you know is interested in attending these training sessions, please call Julie Ana Skone at (757) 721-7185, or Ron Bessent at (804) 786-7802.

### ***Training I: Dementia-Specific Train-the-Trainer***

- Information about Alzheimer's disease and related dementia
- Recognizing a person with dementia
- Communicating with people with dementia
- Circumstances in which you may encounter a person with dementia:
  - Wandering
  - Missing person reports
  - Indecent Exposure
  - Shoplifting
  - Victimization/False Reports
  - Appearance of Intoxication/ Erratic Driving
- Search and Rescue training to locate missing Alzheimer's patients

Overview of Programs such as:

- Alzheimer's Association *Safe Return*
- Project Lifesaver (CareTrak)

### ***Training II: Dementia-Specific Refresher Course***

For officers who have completed *Training I*. Review of Alzheimer's disease and related disorders. Update on current data and treatment. Update on programs available to assist law enforcement.

*Apologies to all who tried to fax back the survey on follow-up training. My fax machine crashed right after the survey went out and I ended up having to have it replaced.*

*If you still have the survey, I would appreciate any comments you may have.*