

Alzheimer SOS - Hygiene Head to Toe



"Mom, you need to take a shower."

"No I don't. I just took one yesterday."

"Mom it's been three weeks."

"I don't do anything to get dirty so I don't need a shower."

"Mom I've got to tell you you're starting to smell bad."

"That can't be. I live in air conditioning so I don't get sweaty."

The Alzheimer's Association website lists bathing as "often the most difficult personal-care activity that caregivers face." Every caregiving website has a section on the *Battle of the Bath*. But why? What happens to patients with dementia that makes them resist a nice shower and fresh clothes?

Vision changes. Patients with dementia have difficulty seeing the stains, pet hair, or holes in their clothing and shoes.

Anosmia, the loss of sense of smell, is very common in Alzheimer's disease. Patients can have overwhelming body odor or lingering urine aroma and not notice it.

By the way, as we age our body odor changes because of increased production of a chemical called 2-nonenal that is secreted from skin glands. The smell has been described as a "dull sweet stink," "greasy and grassy," or a "flat beer" scent. Without bathing (or changing clothes, or keeping the house clean and aired out) the smell permeates the person and their surroundings.

Familiarity, routine, and repetition are comforting to someone with a failing memory. Hence, "This is my shirt. This is the shirt that I wear." Families bemoan the fact that they will buy "all new things" but the patient grabs the same outfit over and over, often wearing it to bed and definitely not taking it off to shower.

Also, we forget how complex taking a shower is. It involves going into a different room, preparing soap, towels and shampoo, turning the faucet on and off, adjusting water temperature, remembering to wash and rinse each section of the body then drying each part. There are actually dozens of steps that have to be done in the right order to complete the task.

Fear is all around. There is a fear of falling, of being cold, of the shower noise that drowns out everything else, and of being pelted by blinding streams of water.

So, a frustrated caregiver giving an extended and escalating explanation as to the importance of bathing followed by a battle of wills in a cold bathroom is not going to work.

Instead, let there be some other reason to shower. Enlist the help of your medical team to stress the use of showers for skin care and prevention of infections – and have them put it in writing. Hire an aide to give the shower, so that the patient will feel more comfortable that a trained professional is doing it - not their “child.” Schedule an outing that requires a special outfit and primping before going. Sometimes just putting it on the calendar makes it part of the familiar routine- not just something you decided to do.

Get the bathroom prepped ahead of time. A space heater and some essential oils make the room comfortable and spa like. Throw a towel over the commode as a place to sit while dressing and undressing. Use a shower chair and a hand-held sprayer to reduce falls. Have the person face away from the showerhead and have them wear a shower cap. Use a towel to cover the person in front so they don't feel so exposed. Put a washcloth or bath puff in their hands so that they can help (with a little coaching). Older skin is drier and often sensitive so opt for a moisturizing soap. Consider buying a mesh bath pouf with a handle for an easier reach to the back and the feet.

As far as hair care, it's much easier to wash the hair in the kitchen sink, with the patient protecting their eyes with a folded hand towel. Or take them to a salon once a week for a wash- and- blow- dry. (Some of our fellows visit the barber weekly for a shave.) In between shampoos, you can use a dry shampoo spray – available in drug and discount stores.

Nail care is a must. Many patients enjoy going out for a mani- pedi (even the gents). Emphasize the together time, the relaxation and the leg massage for circulation. Let the nail tech know ahead of time that you want the nails trimmed short – sometimes they need to use a sander (Dremel tool) instead of clippers. Of course, some patients fight having their nails trimmed. A podiatrist visit may be necessary, and the doctor can stress nail care as a health issue as her or she provides a much-needed trim.

You can't argue with the disease, but you can outsmart it. Some people will buy several of the same outfit and make the dirty one disappear into the laundry while the patient is sleeping or otherwise occupied. Some families use a ruse like, “You don't want to ruin that outfit while we garden – try these work clothes.”

Old, worn-out shoes need to disappear into the trash. This is a safety issue – not a fashion statement. Comfortable, non-skid, easy on-and-off (think Velcro) shoes should appear. (“Just wear these for now and we’ll look for your old ones when we get back.”)

Nothing works for everyone every time, but a matter of fact, gentle approach goes a long way.