



# OASIS

## Adult Day Program

Quarterly Newsletter

### WHO WE ARE

We are an innovative day program for individuals in early to mid stages of Alzheimer's disease and/or other related dementias.

### STAFF

#### Program Manager:

Meghan Velasquez

#### Site Coordinator:

Nora Munoz

#### Program Assistants:

Pete Arguijo, Teresa Flores-Lopez, Maria Garcia, Dolores Perez

### CONTACT INFORMATION

#### Program Manager:

Meghan Velasquez

#### Phone Number:

(559)224-9121

#### Email:

[mvelasquez@valleycrc.org](mailto:mvelasquez@valleycrc.org)

A program of

**valley**  
CAREGIVER  
RESOURCE CENTER

## Celebration of Care

By Michelle DiBuduo  
Executive Director

As I watch our OASIS members being dropped off every morning by their loved ones, I feel immense joy. We understand the importance of providing an alternative option for those who care for their loved ones at home. Our families rely on us, and we are preparing for our most significant annual fundraiser, the "Celebration of Care." This year's event, "Under the Tuscan Sun," will allow you to explore the beauty of October in Italy, witness the changing colors of the olive leaves, indulge in delicious hors d'oeuvres, sip wine, and peruse silent and live auction items. You will then enjoy a lovely sit-down dinner. As a non-profit, every donation we receive ensures we can continue providing our valuable services. We are reaching out to the wider community for help in networking to find sponsorships, merchandise, or monetary donations. Helping people is a universal principle, and we hope you will consider supporting us in any way possible.



### SAVE THE DATE

OCTOBER 27, 2023

CLOVIS VETERANS HALL • 6:30PM

TICKETS: \$150 PER PERSON  
DINNER / SILENT & LIVE AUCTION

UNDER THE  
TUSCAN  
SUN



#### FOR SPONSORSHIP OPPORTUNITIES

Contact Michelle DiBuduo at:  
(559) 224-9154 or [mdibuduo@valleycrc.org](mailto:mdibuduo@valleycrc.org)

## Ways to Give...

- Gift Certificates
- Restaurant gift cards, from fast food to fine dining
- Services: hair, nails, massages, housekeeping, home repair
- Tutoring, tax services, babysitting
- Lessons: art, musical instruments, swimming, golf
- Vacation get-a-ways, cabins, beach cottages, hotels
- Sporting event items: memorabilia, game tickets, box suites
- Electronic equipment: computers, iPods, iPads, notebooks, Kindles
- Antiques, art, collectibles, craft sets
- Themed baskets: coffees/teas, spa, wine, bath & body, car care, picnics
- Jewelry and watches
- Cash donations

# Anxiety and Dementia

By Meghan Velasquez



We all feel anxious from time to time. Anxiety is typically caused by fear or worry of the unknown. Whether that be a big event, buildup of smaller stressful situations, or a life changing event, for those with dementia it can also be associated with poor quality of life, lack of sleep, and decreased cognitive function.

Anxiety for those with dementia is no different. Between their fear of not knowing what is to come, where they are, or recognizing those around them, it can be difficult to move past their fearful state.

It can be hard to tell the difference between your loved one's confusion due to their diagnosis or actual anxiety because the

symptoms look familiar: tiredness, uneasiness, irritability, restlessness and difficulty concentrating. Checking for more physical signs can be helpful such as fast or irregular heartbeats, shortness of breath, dizziness, nausea or even diarrhea.

Regardless if it is true anxiety or worry due to their forgetfulness, how you respond is very important to help calm their worry. Respond to the emotion behind the question or worry. Try saying phrases like "You are safe here;" "I am sorry you are upset;" and then try redirecting their attention to a preferred activity. Offer a walk, a favorite snack, go for a drive if able. Sometimes the change of scenery can help them reset and feel at ease.

Do your best to not tell them "Don't worry" or belittle their feelings or thoughts regardless of how far from reality they may be. Talk about the worry or fear with them and then slowly try to divert the conversation in another direction.

If you feel your loved one is in a constant state of worry or anxiety it may be time to call their physician and see if there are medications that can be safely administered and would help alleviate their anxiety. No one should have to live in fear, be sure to advocate for your loved one to help give them the best quality of life as possible.

**Travel Notes Update: To follow up on our article on traveling with people who have dementia (January 2023), please check out this source: Dementia-Friendly Airports Working Group at <https://www.dementiafriendlyairports.com>.**

**It is user friendly and has more detailed information!**

## Upcoming Events

- **Welcome Fall Breakfast**  
Friday, September 22nd  
10:00am-11:00am
- **Jazzercise with Josie**  
Monday, September 25th  
2:00pm-2:30pm
- **Alzheimer's & Dementia Support Group**  
1st Monday and 3rd Wednesday of every month  
10am-11:30am

### Newsletter Staff

Lynne Rayner  
*Editor*

Meghan Velasquez  
*Editor & Design*

# Staff Spotlight- Maria Garcia

By Lynne Rayner



Although not a person who likes to get up in the morning, Maria Garcia says, “for OASIS and the participants I’m happy to wake up early any day!” This enthusiasm must have shown through when Maria said she “bugged” Meghan Velasquez, the Program Manager, to move her from two days a week to full time.

In her position as Program Assistant, she works with other members of the OASIS team to keep schedules and activities moving along as planned, but she also must be flexible enough to make changes and adjustments to accommodate disruptions to those plans and schedules at a moment’s notice.

“OASIS already is such a great program for our participants, but I know once the expansion of the program occurs it will have much more to offer,” and Maria looks forward to being a part of that. As a fourth-year student studying for a Psychology degree, she feels that this experience will help her grow with the program and will enable her to serve even more participants.

At home, the love of her life is Tuxi, her short-haired tuxedo cat, because he is “very playful, active, and sweet.” However, she was concerned about leaving him at home for so long while she was at work and school, so she began looking for a “sibling” for him. Luckily, through Meghan, she found someone who had kittens and now Tuxi has a new buddy named Oliver. That should make for lots of activity, twice as much, in fact!

## Sundowner’s Struggle

By Lynne Rayner

“Forget about sleeping all night. If I can get even three hours of uninterrupted sleep in a night, I feel like I have won the jackpot” (14). Or “My mom is 75 years old and I can’t be sure what is wrong with her as after 6:00 in the evening I can see a change when I try to explain things to her. She can’t understand a thing I try to tell her” (12). Could that be you talking? If it is, you may be dealing with a very difficult situation called Sundowner’s Syndrome, just like the people above who are quoted from *Sundowner’s Syndrome: A Caregiver Guide* from Sundownerfacts.com, a website devoted to caregivers dealing with this problem.

The name itself describes the problem to some extent as the symptoms appear later in the day as the sun begins to set and daylight dims. The Mayo Clinic’s definition is that “The term ‘sundowning’ refers to a state of confusion occurring in the later afternoon and lasting into the night. Sundowning can cause different behaviors such as confusion, anxiety, aggression or ignoring directions. Sundowning can also lead to pacing or wandering.” (para. 1). So, it is not a disease, it is a group of symptoms at a specific time of day that many people with dementia experience. This article will attempt to give you an overview of the syndrome.



Because so little research has been done on Sundowner’s, there are many ideas about what causes it, but a few that seem to be agreed upon are as follows: stress which is the result of overstimulation during the day and overwhelms the person, spending time in an unfamiliar place or feeling the need to transition from one place to another as a person would do in a work environment, or fatigue as a result of medications wearing off, suffering from an infection of some sort such as a UTI or the aftermath of surgery. Another common idea is that it has something to do with darkness or the light patterns caused by shadows, or perhaps the inability to see as well in the dark. The Mayo Clinic also lists possible causes such as “low lighting, depression, being hungry or thirsty, disruption of the body’s circadian rhythms or ‘internal clock’” (para. 2).

With so many possibilities of symptoms and causes, is there anything that can be done? Yes, there are a few, but none that could be labelled “tried and true” because so much depends on the individual affected and her symptom and/or combinations of symptoms. In *Sundowner’s Syndrome: A Caregiver Guide*, a quote is taken from a research paper that

# Sundowner's Struggle-cont.

By Lynne Rayner

states that before a pharmacological approach is made, the caregiver should devise a "tailor-made" program for the person. (Please see box below for other ideas, many of which you may already be using.)

In terms of medication, a word from the editors of *Sundowner's Syndrome: A Caregiver Guide* is, "There are no drugs currently being used exclusively for the treatment of Sundowner's Syndrome. Instead, patients who have Sundowners are normally treated with an array of medications that are more generally used with dementia" (20). The three main groups are a.) Hypnotics, such as Ambien CR, b.) Benzodiazepines such as Xanax or Valium, and c.) Antipsychotics such as Haldol), all with the basic purpose of producing a sedative or tranquilizing effect (21-22).

Finding the right drug in the right dose will be different for each person, which makes this "solution" complicated. As the caregiver it's important to remember that the drug(s) may stop working, even within a short period of time. Overmedicating can be a concern, especially if the patient is being treated for other ailments such as diabetes or a heart condition, which can lead to questioning whether the drug is really helping. At that point, the whole situation may need to be re-evaluated.

So, what's to be done? First do some research about the drug being prescribed and what the dosage is (high or low) and keep a detailed record of the all the medications being taken.

## Strategies for Sundowners Syndrome

- Keep a regular schedule/routine
- Limit stimulating activities sugar to earlier in the day
- Discourage napping during the day if sleeping at night is a problem
- Use soft music, white noise like the sound of the ocean, aromatherapy like lavender for a calming effect
- Redirect to a TV program or audio book
- Do easy repetitive tasks like folding laundry or napkins

**Special note:** For those who wander, especially at night a, installing a baby monitor or cameras throughout your house can be a safeguard.

Keep your eyes open for a change in behavior that could signal a drug interaction, good or bad. And most important, don't be afraid to ask questions to get clarity on what drug is being prescribed, why, and what the expected results would be (*Sundowner's Syndrome* 24-38).

For you the caregiver this is a long difficult road, but there are organizations and people out there to help. Do not be afraid to ask.

Leatherdale, Lyndsay. (2013). *Sundown dementia, Vascular dementia and Lewy body dementia*: IMB Publishing.

The Mayo Foundation for Medical Education and Research. (2023). *Sundowning: Late day confusion*.

Sundownerfacts.com. (2023). *Sundowner's syndrome: A caregiver guide*. Orlando, FL: iSight Technologies.