

# Cognitive Health Guide



Prestige Care, Inc.  
Prestige Senior Living, L.L.C.

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# 1. Welcome To Our Guide on Cognitive Health

Tending to one's cognitive health is a journey, and we'd like this guide to assist you as you travel on your path.

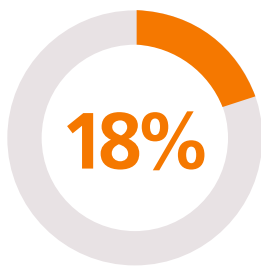
If you or a loved one is noticing lapses in memory, or perhaps has even been diagnosed with dementia, we know it can be a time of stress and anxiety. We know every person, and every family member, experiences cognitive decline in their own way. There's no one-size-fits-all approach to minding cognitive health, but there are baseline elements that can be helpful.

At Prestige, tending to the cognitive health of our residents is one of the core tenets of our care and programming. We have programs in place for our residents at every stage of their cognitive health, as we partner with leading experts to design programming to help our residents maintain and even strengthen their cognitive health.

We hope this guide serves you well, and we encourage you to reach out to the Prestige community nearest you to learn more about our memory care and assisted living support and resources. Wherever you are in your journey of cognitive health, we are here to help.

## 2.

# Signs of Cognitive Decline



**Approximate percentage of adults over 60 living with Mild Cognitive Impairment.**

It can sometimes be difficult to determine the difference between normal, everyday forgetfulness, and the beginning of cognitive decline. Misplacing your keys, forgetting to pick up milk on the way home, or trying to remember if you paid your last credit card bill – you might start to wonder, are these normal signs of aging, or is it the start of something more serious?

While there is natural slowing of our cognitive processes as we age, such as having more difficulty learning new information, decreased mental processing and becoming more easily distracted, there are also common signs to watch for in yourself or a loved one that can indicate the progression of cognitive decline.

Early signs of cognitive decline include the following:

- Forgetfulness is no longer a one-off situation, but is instead becoming more and more common.
- Besides forgetting keys, you or a loved one is forgetting things like appointments, birthdays or social events.
- You or your loved one is more easily distracted and loses track of conversation, or can't focus as much during movies, television or while reading.
- It has become increasingly difficult to make decisions, plans or understand instructions or directions.
- You or your loved one becomes confused or disoriented in familiar environments, for instance getting lost on the way to or from a location that is on a regular route.
- Judgment is impaired, and you or your loved one has become more impulsive.
- Packages are showing up at the house you or your loved one does not remember ordering, or other odd purchasing or monetary patterns are emerging.
- Changes such as any of the above are becoming evident to family, friends, colleagues or other people who know you or your loved one well.

If you or a loved one notice any, or several, of these signs, we recommend seeing a doctor to discuss testing or next steps. If you need help navigating this next step, please reach out to one of our nearby communities for help at [prestigecare.com](https://prestigecare.com).

# 3. Types of Cognitive Decline

At Prestige, we work closely with noted Alzheimer's disease and dementia expert David Troxel, who has a mantra about memory loss: "If you've met one person with Alzheimer's disease, then you've met one person with Alzheimer's disease." In other words, while there are commonalities that can cut across cognitive decline, every person living with the disease is different and may experience varying symptoms or effects. No two people will necessarily experience it the same way.

Within this portion of the guide, we want to offer some information about the different kinds of cognitive decline. It's also vital to remember that if you suspect cognitive decline in yourself or a loved one, consult with a doctor.

## NORMAL AGE-RELATED COGNITIVE DECLINE

The fact is, there is some memory loss that occurs naturally as we age. Our brains don't process information as quickly in our senior years as they did when we were younger, so some forgetfulness or absent-mindedness is to be expected. Additionally, it becomes more difficult to learn new information or techniques. When it doesn't affect you or your loved one's day-to-day life too much, this type of age-related cognitive decline is normal and can be manageable.

## MILD COGNITIVE IMPAIRMENT

When forgetfulness starts affecting someone's ability to perform basic functions throughout the day, it could be Mild Cognitive Impairment (MCI). According to the Mayo Clinic, MCI "is the stage between the expected cognitive decline of normal aging and the more serious decline of dementia. It's characterized by problems with memory, language, thinking or judgment." The Mayo Clinic goes on to list the following as common symptoms:

- You forget things more often.
- You forget important events such as appointments or social engagements.
- You lose your train of thought or the thread of conversations, books or movies.
- You feel increasingly overwhelmed by making decisions, planning steps to accomplish a task or understanding instructions.
- You start to have trouble finding your way around familiar environments.
- You become more impulsive or show increasingly poor judgment.
- Your family and friends notice any of these changes.

Should you or a loved one suspect MCI, it's important to bring it to the attention of a physician so they can begin the process of diagnosis and provide resources and information.

### ALZHEIMER'S DISEASE AND DEMENTIA

Dementia is a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life. Alzheimer's is the most common cause of dementia, with over six million Americans currently living with the disease, comprising 60% - 80% of dementia cases.

Alzheimer's and dementia are not normal parts of aging and worsen over time. According to the Alzheimer's Association, below are areas where people with dementia can struggle:

- Forgetfulness is no longer a one-off situation, but is instead becoming more and more common.
- Besides forgetting keys, you or a loved one is forgetting things like appointments, birthdays or social events.
- You or your loved one is more easily distracted and loses track of conversation, or can't focus as much during movies, television or while reading.
- It has become increasingly difficult to make decisions, plans or understand instructions or directions.
- You or your loved one becomes confused or disoriented in familiar environments, for instance getting lost on the way to or from a location that is on a regular route.
- Judgment is impaired, and you or your loved one has become more impulsive.
- Packages are showing up at the house you or your loved one does not remember ordering, or other odd purchasing or monetary patterns are emerging.
- Changes such as any of the above are becoming evident to family, friends, colleagues or other people who know you or your loved one well.

If you or a loved one notice any, or several, of these signs, we recommend seeing a doctor to discuss testing or next steps. If you need help navigating this next step, please reach out to one of our nearby communities for help at [prestigecare.com](https://prestigecare.com). you are in your journey of cognitive health, we are here to help.

## 4. Memory Care Questions With Angie Frantz



**Angie Frantz** is Prestige's Celebrations and Expressions product manager, overseeing the wellness programming at our communities. She began her career with Prestige as a caregiver at a memory care community before rising to become an award-winning Executive Director. She regularly presents at industry conferences and is an expert on memory care and cognitive health.

### 1. WHAT ARE SOME OF THE EARLY SIGNS OF MEMORY DECLINE IN SENIORS THAT PEOPLE NEED TO TAKE NOTE OF?

"Certainly forgetfulness, but that's not always a sign of cognitive decline, we all forget things. But forgetting to do normal daily tasks like shutting off the water or shutting off the stove or maybe leaving the house and leaving the door open or forgetting to pay some bills. Maybe getting lost when someone is out driving or just struggling with finding their way around generally, or maybe going out for a walk and getting lost...it could be forgetting words, like they might have lost their car keys, but they can't tell you that they're the car keys. They can't find that word any longer. And that tends to be something else that we see quite often."

### 2. WHEN SHOULD YOU BE CONCERNED THAT IT DOES GO BEYOND NORMAL FORGETFULNESS AND MAY BE A DEEPER PROBLEM?

"I think back about my mother-in-law, she would sometimes pay bills three times because she forgot she paid them originally. And then issues with people calling and trying to financially compromise you, and not having that cognition about decision-making. If you see someone is making decisions that are inappropriate or they're befriending people that you're concerned about, that is certainly something to take note of. I know we've had some communities where people have moved in because they were allowing strangers into their homes because it was somebody to talk to. They were lonely and loneliness certainly feeds memory issues."

### 3. A LOT OF ADULT CHILDREN MAY STRUGGLE TO BRING UP THE SUBJECT OF COGNITIVE DECLINE WITH A PARENT OR LOVED ONE. WHAT WOULD YOU TELL THEM?

“It’s important to journal those things when you see them, but don’t harp on them right away because generally people that are having a decline in their cognitive abilities know it’s happening and they’re trying to compensate for it...Like maybe you want to go in and say, ‘Well, the laundry is not getting done. Mom’s forgetting to do the laundry so I’m going to do the laundry.’ Well, it’s better to do it alongside them and involve them in the activity of doing it rather than taking something away from them. We have to be really cautious about trying to take over, but do it in a way that still preserves their dignity and not cause them to feel like you’re trying to take everything away from them.”

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## 5. Memory Care Questions With David Troxel



**David Troxel** is a highly respected author and expert on the topic of Alzheimer’s disease and memory decline. He helped design Prestige’s award-winning Expressions memory care wellness program and along with his research partner Virginia Bell, founded the Best Friends Approach™ to memory care. He is also a highly sought-after speaker at industry conferences and events.

### 1. WHAT ARE SOME OF THE BIGGEST INDICATORS BEYOND NORMAL FORGETFULNESS THAT MAKE YOU START TO WONDER IF THERE IS POSSIBLE MEMORY DECLINE?

“It’s more than just forgetfulness and memory loss; it’s personality change, confusion, apathy, a lot of things...So I always say that if you are having some forgetfulness or some lapses or some issues, don’t panic. Keep your sense of calm. But if it’s really disrupting your daily life, I think that’s when I get concerned.



Some sophisticated medical providers are looking at other things too, like maybe a first-time diagnosis of depression after the age of 65, because that can mimic Alzheimer's. So I would say changes that are impactful, that people notice, that are causing some stress is when I would want to make sure someone goes to the neurologist and gets a good evaluation."

### **2. SUPPOSE A DIAGNOSIS DOES COME BACK OF ALZHEIMER'S DISEASE OR DEMENTIA. WHAT SHOULD THEY DO NEXT?**

"Most dementias are slow and progressive, so it does give you time to get your affairs in order. It's important to get a power of attorney for health care or advanced directives, and power of attorney for finances. For loved ones, it's important to talk to your person with dementia about their wishes and what their ideas are.

I think for the person with dementia, I would say that what we know is good for the brain is keeping an active life, exercising, the Mediterranean diet, socialization, music, time outdoors, time with family. Try to give yourself a sense of purpose. I think trying to have kind of a brain-friendly lifestyle is not necessarily going to stop the progression of dementia per se, but it will help you help you perform at your very best."

### **3. AS YOU LOOK AT HOW ALZHEIMER'S AND DEMENTIA ARE TREATED NOW, WHAT DOES THE FUTURE LOOK LIKE?**

"I think we're going to have better ways to screen people where you can diagnose Alzheimer's much earlier, because something like 60% of people with dementia are diagnosed very late in the game... I think there will be a lot more around biomarkers, around genetic testing, about more sensitive kinds of behavioral and neuropsychological tests. I think we're going to have greater ways that maybe instead of being pinged by your doctor's healthcare system to do a cognitive test when you're 65, and maybe when you're 50 or 45, then that's actually a good thing. And I know it's scary, the idea that you could probably have early, early, Alzheimer's, but it will actually be a good thing for medical intervention. And the research pipeline certainly looks very robust, along with lots of different things in terms of caregiving models."

## 6. Diet and Cognitive Health



**Percentage of Americans who say Mild Cognitive Impairments sounds like “normal aging”.**

Do you find yourself dreaming of a Mediterranean vacation? Even if you can't visit, you can bring the Mediterranean home instead. And in doing so, help your cognitive health. Studies show that adopting a Mediterranean diet can help maintain cognitive function – according to one report, the results showed that “higher adherence to a Mediterranean diet was associated with better cognitive function, lower rates of cognitive decline, and reduced risk of Alzheimer disease in nine out of 12 studies”.

### **ADOPTING THE MEDITERRANEAN DIET MEANS MAKING THESE ITEMS STAPLES OF YOUR MEAL PLANNING:**

- Fish & seafood (at least twice a week)
- Poultry
- Fruits & vegetables
- Nuts, seeds & legumes
- Whole grains, including pasta and bread
- Healthy fats (extra virgin olive oil, avocado oil, etc.)
- Eggs
- Dairy
- Herbs & spices

Water is the most prominent beverage as part of the Mediterranean diet, although some studies suggest a glass of red wine can be beneficial too. Coffee and tea that don't include sugar or cream are also acceptable.

### **AS PART OF THE DIET, HERE ARE ITEMS YOU'LL WANT TO AVOID:**

- Processed food (fast food, etc.)
- Processed meat (beef jerky, hot dogs, etc.)
- Sugar-heavy food (candy, soda, ice cream, etc.)
- Refined grains (white bread, pasta, etc.)
- Trans fats (margarine, etc.)

FOR MEAL PLANNING IN THE MEDITERRANEAN DIET,  
CONSIDER THE FOLLOWING IDEAS FOR EACH MEAL OF THE DAY

**Breakfast:** Greek yogurt with granola, oatmeal with berries, whole wheat toast, omelets

**Lunch:** Whole grain sandwiches, quinoa salads, whole grain pasta dishes

**Dinner:** Greek salad, salmon with brown rice, grilled chicken with vegetables

**Snacks:** Vegetables with hummus, fruit with almond butter, nuts, Greek yogurt

Red meat is fine from time to time but should be eaten in moderation. Any adjustment in diet can require significant changes in your habits – so start small and work your way up. For example, you can start by substituting fish for red meat once a week or changing white bread to whole wheat. Every small step towards eating better and fueling your body is a step in the right direction.

MEAL PLANNING & PREP FOR BRAIN HEALTH

What you put into your body has a significant effect on your cognitive health, but taking care of your brain through diet starts before you sit down to eat – just the acts of meal planning and grocery shopping can be beneficial. According to Dr. Jeffrey Cummings, Director of the Cleveland Clinic Lou Ruvo Center for Brain Health, planning and prepping a meal are executive functions of the brain, which “help us plan and control goal-directed thoughts and actions”.

He goes on to say: “Executive functions test our ability to organize, prioritize, sustain focus, solve problems, retrieve memories and multitask.” From creating a meal plan, driving to the store, purchasing the items and cooking your meal, the entire process is as vital to cognitive health as it is to physical health.



**1 in 3 people with Mild Cognitive Impairment develop dementia within five years.**

DID YOU KNOW?

# 7. Cognitive Decline And Mental Health

According to the Centers for Disease Control and Prevention (CDC), adults 65 or older are more likely to report that they “rarely” or “never” receive the social and emotional support they need.

And while mental health is talked about in our modern society more openly than ever before, for many people of older generations, it can remain a taboo topic. It becomes especially vital when an older adult is dealing with cognitive decline. It's common in that situation for people to wonder how long it will be before the symptoms progress, what it will mean to possibly not recognize loved ones and worry about the costs of treatments.

Grief, loss, anger, shock, fear and disbelief can all be common emotions when living with cognitive decline. However, there are steps both the person with cognitive decline and their loved ones can take to address mental health, in addition to seeing a therapist or mental health practitioner.

## FOUR TIPS FOR SOMEONE LIVING WITH COGNITIVE DECLINE:

- **Stay physically active**

Studies link physical health to mental health, and staying active can have a tangible impact on one's mindset. Whether it be a brisk walk, a bike ride, a round of golf or weight training, keeping active is key to maintaining a healthy mind.

- **Maintain close social ties**

Maintaining friendships is one of the biggest keys to a sense of meaning and well-being, which can dramatically impact our mental health.

- **Join a support group**

Often, it can be difficult to receive the support you need for your cognitive decline. And while your loved ones may have the best intentions in supporting you, joining a structured support group with others of similar experiences is a great resource for an added layer of guidance.



**Percentage of Americans who know little, or have not heard of, Mild Cognitive Impairment.**

- **Find an outlet for stress relief**

It could be writing in a daily journal, walking outside, or playing a musical instrument. Having an outlet to turn to during stressful moments can allow for some much-needed relief.

**FOUR TIPS FOR THE LOVED ONES OF SOMEONE WITH COGNITIVE DECLINE:**

- **Minimize distractions in their company**

When you're having a conversation with your loved one, turn off the TV, radio or any music that may be playing. If kids are running around, either ask them to play elsewhere or move to a quieter room. Allow the focus to be on the conversation. It will help build connection and a sense of their own value.

- **Stay upbeat**

It can be difficult watching a loved one struggle to remember names, details or shared memories. That said, they'll be able to pick up on any sadness, frustration or negativity through your facial expressions and body language. Always try to focus on the positive.

- **Don't interrupt or finish a thought**

As someone is telling a story, they may grasp for details or repeat themselves. That said, allow them space to do so – interrupting them or jumping in to finish their story can be discouraging and make them reluctant to try again in the future. Part of living with cognitive decline is exercising the brain through conversation.

- **Recognize when a break would be welcome**

If you sense frustration creeping in, change the topic in conversation, or suggest a different activity – maybe a walk or a change of location. You can even just lean in for a hug or take their hand. Small gestures can bring big feelings of support.

As noted above, any serious mental health concerns like depression or anxiety should be handled with the help of a professional. But it's always important to maintain healthy habits on your own and with your loved ones to care for both your, and their, mental health.

## 8. Concessions That May Come With Cognitive Decline

If you or a loved one is living with cognitive decline, there may come a point where lifestyle changes need to be considered. As memory loss continues, there are likely concessions that will need to be made to accommodate the disease. What follows are examples that you or a loved one may need to consider in the event of continued cognitive decline:

### HOUSE AND YARD WORK

If you or your loved one lives alone, house and yard work can be daunting. And if the to-do list keeps growing, it can be overwhelming for someone struggling to retain details to manage everything that goes into home and yard upkeep. If finances allow, hire a cleaning company to come to your home once or twice a month to handle all the vacuuming, dusting, mopping, scrubbing and everything else that comes with keeping a home clean.

The same goes for the exterior – if you can hire a company to handle the mowing, weeding, pruning and other property maintenance, it can provide significant relief. Even if you can't afford professionals, consider a neighbor you can hire to mow the lawn. Every little bit helps.

### PAYING BILLS & MANAGING FINANCES

Mortgage, utilities, property taxes, cable/internet, insurance, credit cards... it can be a challenge for someone with cognitive decline to keep up with monthly bills. It's not uncommon for a bill to be paid twice, or not at all. And unfortunately, there are unscrupulous people out there who take advantage of vulnerable older adults. You worked your whole life to build a savings – if decision-making and details are becoming difficult to manage, it may be time to let a family member step in and handle it.

There may come a point where it is no longer safe for you or an older loved one to be driving. Perhaps their cognitive impairment is causing them to get lost even on familiar routes, or they're more easily distracted, or their judgment isn't what it once was.

They are possibly a danger to themselves and others, and while you may recognize that it's time for them to give up driving, they may not see it the same way. It creates a delicate situation where a family member is placed in a position of being seen as "the bad guy" as they try to address the situation, leading to pushback from their loved one. But with driving, there can't be any middle ground. If someone is becoming a danger on the road, it's time to have that conversation.

### LIVING ALONE

This can perhaps be the most fraught conversation of all. If memory loss becomes more pervasive, it makes every day-to-day task that much more difficult, and for purposes of safety or comfort, there could come a time where living independently just isn't an option anymore.

Perhaps you have a home aide come and assist daily, or a couple times a week. It could mean moving in with a family member, or eventually, long-term care. But if living arrangements must change, try to think of it as an opportunity, and maybe a blessing: there are people in your life who care for you and want the best for you, and are willing to do what it takes for that to happen.

**11 million** Americans provide unpaid care for people living with Alzheimer's or other dementias.



DID YOU KNOW?

# 9.

## Differences in Cognitive Support Between Assisted Living and Memory Care

**The cost of Alzheimer's and other dementias in America this year is \$321 billion**

When researching senior living for yourself or a loved one, attention to cognitive health should be top-of mind. There are differences in how cognitive health, wellness and safety are handled at assisted living versus a memory care community. What follows are four ways the two differ:

### 1. HOW DO I DECIDE BETWEEN AN ASSISTED LIVING OR MEMORY CARE COMMUNITY?

**Assisted Living:** If you or your loved one is showing only natural forgetfulness that comes with age, or even mild decline, then assisted living is likely the proper choice. For instance, if you or your loved one can still recognize family and friends and largely handle basic day-to-day tasks, then assisted living is the right place to call home.

**Memory Care:** If your loved one is losing the ability to make sound choices, their memory loss is making it unsafe to be alone, or they are starting to forget the names and faces of family and friends, then it is likely time to consider memory care. It's particularly important if your loved one is displaying agitation or other challenging behaviors.

### 2. WHAT ARE THE LIVING ARRANGEMENTS AT ASSISTED LIVING AND MEMORY CARE COMMUNITIES?

**Assisted Living:** An assisted living apartment allows for residents to live relatively independently. In their apartment, they will likely have a bedroom, living room, kitchenette and bathroom with added safety features, such a weight-bearing handrails, pull cords and easy to access shelving. Residents will be able to come and go as they please and enjoy life both inside and outside of the community.



**Memory Care:** Memory care residents typically do not have a kitchenette in their apartment and most memory care communities are secured to ensure residents cannot leave and access areas that are unfamiliar to them. Furthermore, there are often options for shared living arrangements in memory care apartments as studies show residents are soothed by the presence of another person.

### 3. WHAT ARE THE DINING ARRANGEMENTS AT ASSISTED LIVING AND MEMORY CARE COMMUNITIES?

**Assisted Living:** Assisted living communities will have a communal dining room where residents can gather, choose from different menu items and enjoy a meal as they might at a local restaurant. There are typically also anytime menus, coffee bars and cafes in the community for residents to grab a snack or beverage outside of normal mealtimes. In addition, there can be planned group meals and activities outside of the community at local favorite restaurants and bars.

**Memory Care:** Memory care communities also have communal dining where residents can enjoy the company of others while they eat. Memory care dining rooms typically use brightly-colored plates to help residents better differentiate food, as dementia often causes vision deficits. Furthermore, staff in memory care are trained to understand non-verbal cues that might indicate a resident is not enjoying their meal and may need a different option.

### 4. HOW ARE THE DAY-TO-DAY ELEMENTS OF COGNITIVE HEALTH HANDLED?

**Assisted Living:** An assisted living community should have appropriate cognitive programming that helps maintain or strengthen cognitive health. That may include brain games, proprietary cognitive programs (at Prestige Senior Living that includes Mind Masters, see on page 20), regular check-ins, baseline testing and fitness programming that activate the brain as well as the body.

**Memory Care:** Our Expressions memory care programming at Prestige considers the resident's past and works together with the resident and their loved ones to gather information from their Life Story that recounts important life events and experiences. Important areas of their life story that may include: family members and friends, where and how they grew up, education, career, military service, spiritual traditions, travel, homes and cars they've owned, favorite celebrities and musical interests, and foods that bring them comfort, etc.

Opportunities to participate in fitness programming tailored to the needs of memory care residents to highlight movement, cognitive stimulation and enjoyment are provided daily. The goal of memory care is to provide a stimulating environment, that celebrates the resident's life and accomplishments, presents a respectful and dignified approach, and allows them to participate in, enjoy, and find purpose in their activities and events of daily living.

# 10.

## Transitioning to Memory Care

**6 million  
Americans  
live with  
Alzheimer's  
disease.**

As you move forward in the decision to transition a loved one into a memory care setting, many questions and concerns arise regarding the process, timeliness, emotions and what the future looks like. We'll address a few of those areas and provide some guidance to help you feel more at ease and confident in this journey.

### EXPLAINING THE MOVE TO YOUR LOVED ONE

Try not to use terms like, "you need more help", we don't want to challenge their spirit of independence or "I can't take care of you", we don't want them to feel they are a burden. Ask their physician to be part of the conversation and prepare with them ahead of the visit.

If they are early in their diagnosis, you might consider taking them along on tours of communities but be cautious not to cause them unneeded anxiety; speak of this time at a community as a mini-vacation or retreat.

### AS THE MOVE-IN DAY APPROACHES

Try not to alert your family member to the move too far ahead of time and you also don't want to involve your loved one in the packing and moving process. With dementia it is difficult for them to make decisions on what to take and it can cause increased confusion, anxiety or depression.

Be aware of those things that surround them and bring them joy such as favorite pictures (framed and in a special album), knick knacks and books, but don't take too much.

Label everything including clothing, hygiene products and personal items. Provide the community with your loved one's history and life story so they're prepared to engage with them the moment they arrive. You'll also want to put together a file paperwork like copies of insurance, ID/driver's license, POA, family contacts, End of Life/POLST form, pre-planned funeral arrangements, etc.

## **MOVE-IN DAY HAS ARRIVED, NOW WHAT?**

Communicate with the community to coordinate the best time of day for your loved one to make the move; are they a morning person or are their afternoons better? Consider having a family member take them out for breakfast or lunch, or on a drive while you move their furniture and personal items to their new home.

The community can also have activities set up to keep them engaged while you are handling the move-in process. Allow the staff to do their job, they are the experts and know how to help with the transition for your family member and for you. Bring any medications they're currently taking and that file of paperwork you've been creating.

## **WHAT HAPPENS NOW AFTER THE INITIAL TRANSITION?**

You're either exhausted from being a primary caregiver for your family member or still struggling with the decision to make this move to a supportive community – it's OK! Be prepared to allow yourself time to adjust, just as your loved one will need time to adjust.

There will be challenges but allow yourself and your family member time to ease in to this new normal. This move is not a worst-case scenario, it is best-case for you and your loved one, so do not feel ashamed or guilty for seeking help. Initially, you may need to consider limiting visits, outings or visits back home for your family member until everyone has found their balance and new routines within this new living journey.

## **WHAT DOES THE FUTURE LOOK LIKE?**

Persons with Dementia will ebb and flow through this disease, experiencing good days and difficult moments. It is important to listen, but also remain positive in your conversations. They may complain of loneliness or frustration with another resident, they may miss home and certain foods, they may talk about a spouse who has passed away and they may not remember your name. Talk with the community about your concerns and tools or interventions they have found successful in re-directing your loved one in a positive and validating way.

Reminiscing about their life, the joys and adventures you experienced as a family are always helpful, and continue to celebrate birthdays and anniversaries. If a spouse has passed, talk about them but try not to remind them regularly that they have passed, so as not to cause them daily grief. Keep an album of family pictures nearby to chat about the special times in life and don't forget to laugh!

We at Prestige Senior Living, are here to help navigate you through this process and provide reassurance in your decision to choose memory care for your loved one.

# 11. Cognitive Assessments and Brain Games

At Prestige Senior Living, we work with cognitive and dementia experts to develop tests, assessments, brain games and other activities to help stimulate and activate cognitive health in our residents.

In this section you'll find samples of those, including Mind Masters exercises, Cranium Crunches, Q+A activities and much more. We encourage you to contact the Prestige community nearest you and talk to our team to learn more about how we use these tools to help our residents maintain and strengthen their cognitive health.

# SENTENCE INHIBITION

*Dr. Rob Winningham*

## Instructions

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Explain to participants that they should try not to finish the sentence with the typical ending. You might give an example. Then read one sentence at a time and pause for a response.

1. The captain wanted to stay with the sinking \_\_\_\_\_.
2. We love to decorate the Christmas \_\_\_\_\_.
3. The student was late catching the \_\_\_\_\_.
4. I love my mom and \_\_\_\_\_.
5. Could you please pass the salt and \_\_\_\_\_?
6. Three strikes and you are \_\_\_\_\_.
7. Today I went to the Red Cross and gave \_\_\_\_\_.
8. The school bus stopped to pick up \_\_\_\_\_.
9. The sun is out; it sure is a beautiful \_\_\_\_\_.
10. He doesn't like to dance; he claims he has two left \_\_\_\_\_.
11. Would you mind putting another log on the \_\_\_\_\_?
12. I don't have any cash with me. Do you take \_\_\_\_\_?
13. Would you like another cup of \_\_\_\_\_?
14. The grass often seems greener on the other side of the \_\_\_\_\_.
15. Let's get going; time is \_\_\_\_\_.
16. Wow, she got there just in the nick of \_\_\_\_\_.
17. It is hot enough to fry an \_\_\_\_\_.
18. The judge said it was an open and shut \_\_\_\_\_.
19. Everyone was thinking about the 800-pound gorilla in the \_\_\_\_\_.
20. He preferred to be a big fish in a small \_\_\_\_\_.
21. It was raining cats and \_\_\_\_\_.
22. She always was the apple of his \_\_\_\_\_.
23. Speak softly but carry a big \_\_\_\_\_.
24. There is no place like \_\_\_\_\_.

# SENTENCE INHIBITION

*Dr. Rob Winningham*

## Instructions

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Explain to participants that they should try not to finish the sentence with the typical ending. You might give an example. Then read one sentence at a time and pause for a response.

1. My daughter's wedding is going to cost me an arm and \_\_\_\_\_.
2. I find myself between a rock and \_\_\_\_\_.
3. He sure is a chip off the old \_\_\_\_\_.
4. It is raining, so be sure to bring your \_\_\_\_\_.
5. Cross my heart and hope \_\_\_\_\_.
6. I know you are upset, but don't get your nose \_\_\_\_\_.
7. Tommy was covered in mud from head \_\_\_\_\_.
8. Boys will be \_\_\_\_\_.
9. Those kinds of problems are just swept under \_\_\_\_\_.
10. He doesn't like to sing; he claims he can't carry \_\_\_\_\_.
11. Her answer was short and \_\_\_\_\_.
12. I really mean it from the bottom of my \_\_\_\_\_.
13. Let's let bygones be \_\_\_\_\_.
14. She spoiled the surprise by letting the cat out of the \_\_\_\_\_.
15. Let the chips fall where they \_\_\_\_\_.
16. Mary and her sister are not on speaking \_\_\_\_\_.
17. The movie was so exciting it had me sitting on the edge of my \_\_\_\_\_.
18. The baby is just as cute as \_\_\_\_\_.
19. Brilliant minds think \_\_\_\_\_.
20. He is at the top of his class and as smart as \_\_\_\_\_.
21. The new widow was the talk of \_\_\_\_\_.
22. You took the words right out of my \_\_\_\_\_.
23. If you can't stand the heat, then get out of the \_\_\_\_\_.
24. It isn't over until the fat lady \_\_\_\_\_.

Prestige Care, Inc. & Prestige Senior Living, L.L.C.

















# LETTER SYMBOLS

Dr. Rob Winningham













Use the key to decode the Mark Twain quote, substituting letters for the symbols.

## KEY















A	B	C	D	E	F	G	H	I	J	K	L	M
												
N	O	P	Q	R	S	T	U	V	W	X	Y	Z
												









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# LETTER SYMBOLS

Dr. Rob Winningham

Use the key to decode the Mark Twain quote, substituting letters for the symbols.

## KEY



											
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____		
											
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____		
											
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____		
											
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____



# Culinary Arts Word Quilt

The following words are hidden in the puzzle in oddly shaped patterns. Move from letter to letter vertically, horizontally, backward, or forward to spell the words. The patches of letters do not overlap, and all of the letters in the puzzle are used in a word. One of the words is already outlined for you.

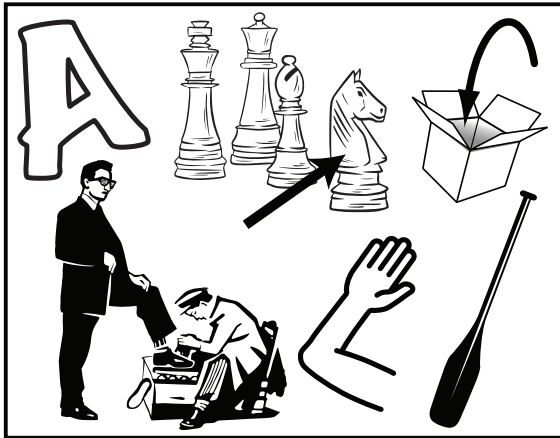
P	R	O	A	C	H	P	O	O	N
A	O	P	M	I	S	S	T	A	R
W	N	K	M	E	R	A	E	G	N
H	I	S	C	E	C	U	A	S	I
E	F	E	H	S	U	G	I	L	S
T	D	T	R	A	R	A	R	L	H
S	R	E	Q	U	F	R	G	K	C
A	I	L	F	R	E	Y	S	T	O
B	Z	Z	L	R	E	C	I	P	E
E	B	M	A	N	O	S	A	E	S



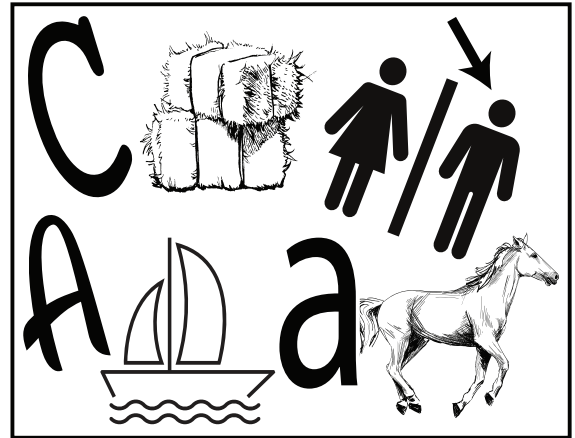
APRON	GARNISH	SEASON
BASTE	GRILL	SIMMER
CHEF	POACH	STOCK
DRIZZLE	QUART	SUGAR
FLAMBÉ	RECIPE	TEASPOON
FRYER	SAUCE	WHISK

# Concentration Puzzles

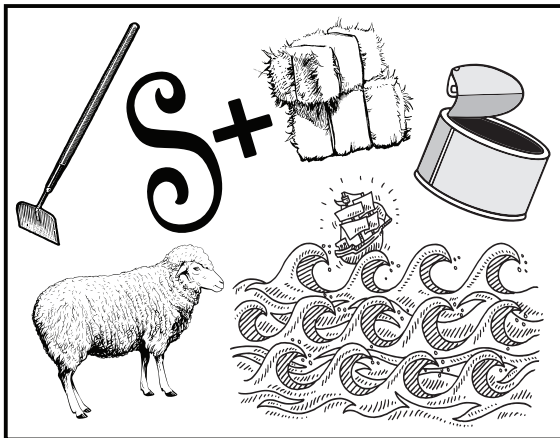
Use the visual clues in the puzzle to figure out what it says.



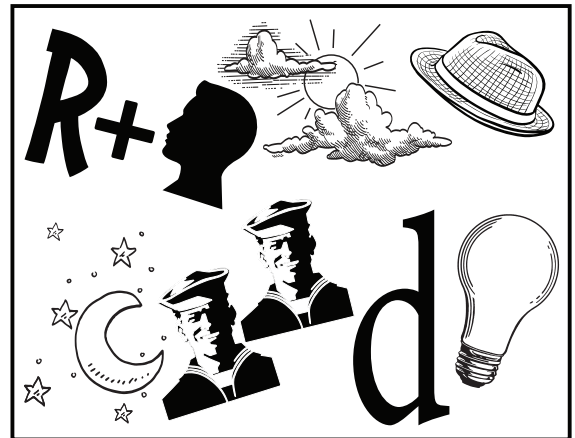
Puzzle #1



Puzzle #2



Puzzle #3



Puzzle #4

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# Brain Game Solutions

## LETTER SYMBOLS

### Page 23

If you tell the truth, you don't have to remember anything. – *Mark Twain*

### Page 24

He who falls in love with himself will have no rivals. – *Benjamin Franklin*

## CULINARY ARTS WORD QUILT

P	R	O	A	C	H	P	O	O	N
A	O	P	M	I	S	S	T	A	R
W	N	K	M	E	R	A	E	G	N
H	I	S	C	E	C	U	A	S	I
E	F	E	H	S	U	G	I	L	S
T	D	T	R	A	R	A	R	L	H
S	R	E	Q	U	F	R	G	K	C
A	I	L	F	R	E	Y	S	T	O
B	Z	Z	L	R	E	C	I	P	E
E	B	M	A	N	O	S	A	E	S

## CONCENTRATION PUZZLES

Puzzle 1: A knight in shining armor

Puzzle 2: See a man about a horse

Puzzle 3: Oh, say can you see

Puzzle 4: Red sky at night, sailors' delight



## STANDARDIZED MINI-MENTAL STATE EXAMINATION (SMMSE)

NAME OF PATIENT

DATE

### Directions for administration of the SSMSE:

1. Before the questionnaire is administered, try to get the person to sit down facing you. Assess the person's ability to hear and understand very simple conversation, e.g. *What is your name?* If the person uses hearing or visual aids, provide these before starting.
2. Introduce yourself and try to get the person's confidence. Before you begin, get the person's permission to ask questions, e.g. *Would it be alright to ask you the same questions about your memory?* This helps to avoid catastrophic reactions.
3. Ask each question a maximum of three times. If the subject does not respond, score 0.
4. If the person answers incorrectly, score 0. Accept that answer and do not ask the question again, hint, or provide any physical clues such as head shaking, etc.
5. The following equipment is required to administer the instrument: A watch, a pencil, Page 3 of this SMMSE with CLOSE YOUR EYES written in large letters and two five-sided figures intersecting to make a four-sided figure, and Page 4, a blank piece of paper.
6. If the person answers: What did you say?, do not explain or engage in conversation. Merely repeat the same directions a maximum of three times.
7. If the person interrupts (e.g. What is this for?), reply: *I will explain in a few minutes, when we are finished. Now if we could proceed please... we are almost finished.*

I am going to ask you some questions and give you some problems to solve. Please try to answer as best as you can.

### 1. Time: 10 seconds for each reply:

- |  |    |
|--|----|
| a) <i>What year is this?</i> (accept exact answer only).   | /1 |
| b) <i>What season is this?</i> (accept either: last week of the old season or first week of a new season).         | /1 |
| c) <i>What month is this?</i> (accept either: the first day of a new month or the last day of the previous month). | /1 |
| d) <i>What is today's date?</i> (accept previous or next date).  | /1 |
| e) <i>What day of the week is this?</i> (accept exact answer only).  | /1 |

### 2. Time: 10 seconds for each reply:

- |   |    |
|---|----|
| a) <i>What country are we in?</i> (accept exact answer only).   | /1 |
| b) <i>What province are we in?</i> (accept exact answer only).  | /1 |
| c) <i>What city/town are we in?</i> (accept exact answer only).   | /1 |
| d) (In home) <i>What is the street address of this house?</i> (accept street name and house number or equivalent in rural areas). |    |
| (In facility) <i>What is the name of this building?</i> (accept exact name of institution only).                                  | /1 |
| e) (In home) <i>What room are we in?</i> (accept exact answer only).  |    |
| (In facility) <i>What floor of the building are we on?</i> (accept exact answer only).  | /1 |

### 3. Time: 20 seconds

**Say:** *I am going to name three objects. When I am finished, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes.* (Say the following words slowly at approximately one-second intervals): *Ball / Car / Man.*

For repeated use: Bell, jar, fan; Bill, tar, can; Bull, bar, pan.

*Please repeat the three items for me.* (score one point for each correct reply on the first attempt.)

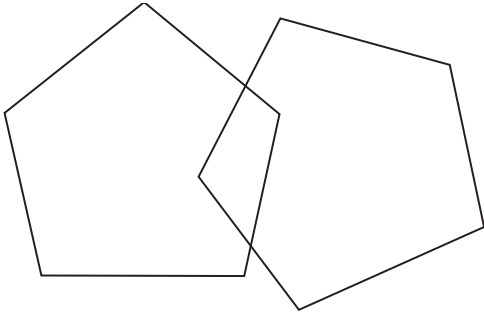
If the person did not repeat all three, repeat until they are learned or up to a maximum of five times (but only score first attempt).

/3

*Continued Over ...*

4. <b>Time: 30 seconds</b> <b>Spell the word WORLD.</b> (you may help the person to spell the word correctly) <b>Say:</b> <i>Now spell it backwards please.</i> If the subject cannot spell world even with assistance, score 0. Refer to Page 3 for scoring instructions.	/5
<hr/>	
5. <b>Time: 10 seconds</b> <b>Say:</b> <i>Now what were the three objects I asked you to remember?</i> (score one point for each correct answer regardless of order)	/3
<hr/>	
6. <b>Time: 10 seconds</b> <b>Show wristwatch. Ask:</b> <i>What is this called?</i> (score one point for correct response: accept "wristwatch" or "watch"; do not accept "clock" or "time", etc.).	/1
<hr/>	
7. <b>Time: 10 seconds</b> <b>Show pencil. Ask:</b> <i>What is this called?</i> (score one point for correct response; accept "pencil" only; score 0 for pen)	/1
<hr/>	
8. <b>Time: 10 seconds</b> <b>Say:</b> <i>I would like you to repeat a phrase after me: No ifs, ands or buts</i> Score one point for a correct repetition. Must be exact, e.g. no ifs or buts, score 0).	/1
<hr/>	
9. <b>Time: 10 seconds</b> <b>Say:</b> <i>Read the words on this page and then do what it says.</i> Then, hand the person the sheet with CLOSE YOUR EYES on it. If the subject just reads and does not close eyes, you may repeat: <i>Read the words on this page and then do what it says,</i> (a maximum of three times. Score one point only if the subject closes eyes. The subject does not have to read aloud.	/1
<hr/>	
10. <b>Time: 30 seconds</b> <b>Hand</b> the person a pencil and paper (Page 3). <b>Say:</b> <i>Write any complete sentence on that piece of paper.</i> Score one point. The sentence must make sense. Ignore spelling errors.	/1
<hr/>	
11. <b>Time: 1 minute maximum</b> <b>Place</b> design, eraser and pencil in front of the person. <b>Say:</b> <i>Copy this design please.</i> Allow multiple tries. Wait until the person is finished and hands it back. Score one point for a correctly copied diagram. The person must have drawn a four-sided figure between two five-sided figures.	/1
<hr/>	
12. <b>Time: 30 seconds</b> <b>Ask</b> the person if he is right or left handed. Take a piece of paper, hold it up in front of the person and <b>say:</b> <i>Take this paper in your right/left hand (whichever is non-dominant), fold the paper in half once with both hands and put the paper down on the floor.</i> Score one point for each instruction executed correctly.	
Takes paper in correct hand	/1
Folds it in half	/1
Puts it on the floor	/1
<hr/>	
<b>Total Test Score:</b>	<b>/30</b>
<hr/>	
<b>Adjusted Score</b>	<b>/</b>

Please note: This tool is provided for use in British Columbia with permission by Dr. D. William Molloy. This questionnaire should not be further modified or reproduced without the written consent of Dr. D. William Molloy. Molloy DW, Alemayehu E, Roberts R. Reliability of a standardized Mini-Mental State Examination compared with the traditional Mini-Mental State Examination. American Journal of Psychiatry, 1991; 148(1): 102-105.



FOLD LINE

### Scoring WORLD backwards (instructions for item #4)

Write the person's response below the correct response.

Draw lines matching the same letters in the correct response and the response given.

These lines MUST NOT cross each other.

The person's score is the maximum number of lines that can be drawn without crossing any.

Examples:

D	L	R	O	W
D	L	R	O	W

= Score 5

D	L	R	O	W
		/		/
D	R	W	O	D

= Score 3

D	L	R	O	W
/		/	/	/
L	O	W	R	O

= Score 3

D	L	R	O	W
/				
L				

= Score 1

D	L	R	O	W
	/		/	/
L	R	R	W	O

= Score 3

D	L	R	O	W

= \_\_\_\_\_

FOLD ALONG THIS LINE AND SHOW INSTRUCTIONS TO PERSON

# Close your eyes

Item 10: **Sentence Writing**

# Standardized Mini-Mental State Examination (SMMSE) Scoring

**Table 1:** Stages of Cognitive Impairment as Defined by SMMSE Scores

SCORE	DESCRIPTION	STAGE	DURATION (years)
30-26	could be normal	could be normal	varies
25-20	mild	early	0-23
19-10	moderate	middle	4-7
9-0	severe	late	7-14

**Table 2:** Areas of Functional Impairment

SCORE	ACTIVITIES OF DAILY LIVING	COMMUNICATION	MEMORY
30-26	could be normal	could be normal	could be normal
25-20	driving, finances, shopping	finding words, repeating, going off topic	three-item recall, orientation to time then place
19-10	dressing, grooming, toileting	sentence fragments, vague terms (e.g., this, that)	spelling WORLD backward, language, and three-step command
9-0	eating, walking	speech disturbances such as stuttering and slurring	obvious deficits in all areas

Adapted from: Vertesi A, Lever JA, Molloy DW, et al. Standardized mini-mental state examination: Use and interpretation. Canadian Family Physician 2001; 47:2018-2023.

The score for WORLD reversal is 17 per cent of SMMSE score (5 of 30 points). Incorrect scoring of WORLD reversal may result in incorrect assumptions of clinical change. One can review the score for WORLD reversal at: [www.attentionMMSE.com](http://www.attentionMMSE.com). Self-learning of this task may also be done at this website.

**Reference:**

Davey RJ, Jamieson S. The validity of using the mini mental state examination in NICE dementia guidelines. J Neurol Neurosurg Psychiatry. 2004; 75:343-44.





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