



LIVING ALONE

Background

An increasing number of older people live alone. If they also have Alzheimer's disease or a related dementia, they are more likely to be diagnosed later in the disease because their symptoms often go unrecognized.

Our society values independence and the ability to live alone. Moving people away from home to live, for example, with a son or daughter, or in a long-term care setting, is often viewed as a loss of independence. This is not necessarily so, as a move may offer people not just better support and safety but also an environment that supports independence.

The issues

For people with Alzheimer's disease:

Loss of independence: Some people with Alzheimer's disease can tell when living alone is no longer safe or desirable. Others may want to stay in their own home for as long as possible, even if there are some safety issues. They may be concerned that a move away from home would mean a loss of self-reliance and control in their daily lives.

Premature move from home: The person with the disease may have a higher tolerance for risk than family members and caregivers and may feel pressured into moving out of the home earlier than necessary.

For family members, caregivers and health care professionals:

Determining when living alone is no longer safe or desirable: When people with Alzheimer's disease no longer have an understanding of their own safety and ability to look after themselves, family members and health-care professionals often have to determine if it is still suitable for the person to live alone. This includes weighing the risks of living alone against the benefits of providing support that enables the person to live at home.

Barriers within the health-care, community care and legal systems: Family members and health-care professionals often face barriers when trying to determine if a move from home is needed or if additional support can be provided in the home. These barriers include the difficulty of sharing information under privacy and confidentiality regulations; the limited availability of services to support independent living; and the complexities of competency legislation (the laws that determine when a person is no longer able to make a certain decision).

Preferred choice

Living environments that provide safety, quality of life and support

People with Alzheimer's disease need to live in environments that best support their safety and quality of life. For some, this may mean living at home with support services, even if there is some risk. If risks have been identified, it is important that family members and health-care professionals try to lessen them, wherever possible. For example, if a person frequently leaves the stove on, consider disconnecting the stove and finding other ways to provide hot food, for example, Meals on Wheels. The amount and type of support available are important factors in determining if a person can live

alone. For example, a person with a large family living in a community with many services may be better able to live alone than someone with no family living in a community with limited services. Wherever possible, the person with the disease should take part in discussions concerning whether to continue living alone.

Some factors to consider:

Overall well-being

- Does the person have a good quality of life at home?
- Is there enough stimulation during the day?
- Could the person benefit from the level of care and support provided by another environment, such as a son or daughter's home, retirement home or long-term care facility?

Health

- Is the person able to take medication properly?
- If sick, would the person be able to understand and take appropriate action, such as calling for help?
- Is the person able to take care of personal hygiene, such as bathing and toileting?
- Are there current or past health problems that might put the person at risk of harm?

Nutrition

- Is the person able to maintain a proper weight?
- Is the person able to eat nutritiously throughout the day?
- Is the person able to store foods properly?

Safety

- Is the person at risk of harm? If yes, is the amount of risk acceptable to the person, to family members, to caregivers?
- Is it possible to find a level of risk with which everyone is comfortable? For example, the risk of falling on the stairs might be considered an acceptable risk if the person has no problems with balance or walking.
- Does the person pose a risk to others? For example, does the person live in an apartment and regularly cause fires with the stove or cigarettes?
- Is the person able to react and take action in an emergency, such as a fire?
- Is the person's home safe? For example, are stairs well lit? Are there handrails?

Finances

- Can the person handle day-to-day financial transactions, such as keeping track of bills and paying bills promptly?
- Is the person at risk of exploitation or abuse regarding finances?

Strategies to enhance independent living

The following day-to-day strategies may help provide support to a person with Alzheimer's disease who lives alone. The abilities of the person should be assessed before initiating any of these strategies.

Concern	Strategy	Benefits	Drawbacks
Safety	- leave a set of house keys with trusted neighbours	- access to the home is available - someone can enter if there is a problem	- neighbours not always at home
	- arrange for someone to call or visit once a day	- regular checks can reassure person as well as family - may be able to monitor areas of concern	- only once a day - problems may arise at other times
	- register with Safely Home program	- provides peace of mind for the person and family should the person wander away from home and become confused	
	- appliance safety measures: - automatic shut off kettle - stove safety -- remove fuses, put burners on timers, shut off gas - lower temperature of hot water heater	- minimizes the chance of accident	- some people may find the changes confusing or frustrating
	- emergency call system	- person has 24-hour access to help should a problem arise	- person may not be able to understand concept or use of call button
Daily Living	- get help with tasks, such as housekeeping and meal preparation	- someone is in the home to supervise activity and provide companionship - tasks get accomplished	- person with disease may be reluctant or resistant to accepting help
	- sort closets and dresser drawers to make only the necessary clothes available	- makes decisions about what to wear easier	- does not help if person has trouble knowing when or how to dress
Food	- meals on wheels	- delivery of hot meal once a day	- no way to monitor if food has been eaten or stored properly
	- provide toaster oven or microwave for heating food	- good alternatives to stove - allows use of pre-prepared foods with little work	- person may not know how to use or may not be able to read or follow instructions - concern about use of metal in microwave
	- use prepared foods, non-perishable foods and foods that do not need to be stored in a refrigerator	- preparation is easier - less concern about spoilage	- preparation may still be too complex - the person may not like the food

Medication	- simplify medication routines for example: - use a pill dispenser - have someone visit to give pills	- allows only a small supply of pills at once Helps person take the pills on the right day and time	- possibility for confusion about day and time - may not prevent person from taking extra medication, if more than one day's supply is available
Finances	- bank-at-home services	- person does not have to leave home - personalized service	- person may not be able to deal with finances - does not protect from overpayment/non payment of bills, or from scams - person may not be willing to use new methods or have someone help with finances
	- make someone else, such as a substitute decision-maker, responsible for handling finances, such as writing cheques, paying bills, monitoring accounts	- allows person to manage finances with some independence yet provides protection	
	- direct deposit of cheques and direct payment of bills	- this hands-free approach to banking offers fewer chances for problems	

In closing...

Living in a place that is safe, familiar and comfortable is important to everyone, including people with Alzheimer's disease . A diagnosis of Alzheimer's disease does not automatically mean that a person is incapable of living alone. Some people may be capable of living on their own for some time after the diagnosis. Others may be at too much risk to continue living alone. It is often difficult to decide when a person living at home is at too much risk to continue living alone. However, a premature move from home should be avoided. Each person's living situation should be monitored and assessed carefully, as the disease progresses.

Some of the barriers to making informed decisions about a person's ability to live at home include privacy of information regulations, availability of community support programs and competency legislation. With growing numbers of people with Alzheimer's disease living on their own, there is a need for more public discussion of these issues.

Resources:

1. "Freedom Fading: On Dementia, Best Interests and Public Safety." Bruce Jennings, Georgia Law Review 2001;35(2): 593-619
2. At Home with Alzheimer's Disease: useful adaptations to the home environment. Canada Mortgage and Housing Corporation, 2001. Also available at: www.cmhc-schl.gc.ca or 1-800-668-2642

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