



Alzheimer's Buddy Program

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Introduction

As of 2019, there are estimated to be approximately 5.8 million Americans living with Alzheimer's disease; 1 in 10 Americans over the age of 65 has been diagnosed with this most prevalent form of dementia.¹ Moreover, this number is expected to increase drastically as the population of Americans over the age of 65 is projected to rise from 55 million to 88 million by the year 2050.¹ The initial symptoms of Alzheimer's dementia involve memory impairment, decrease in cognitive abilities, as well as alterations in mood and personality while the later stages of the disease involve impairment in communication, disorientation and confusion, and loss of motor function leading to difficulties speaking, swallowing, and walking.¹ The direct cause of Alzheimer's disease is still left to be understood; however, it is known that the symptoms of this form of dementia are a result of neuronal cell death and impaired nutrient transport between neurons.² Although there is no current treatment that is able to either slow or stop this neuronal damage, there are medications that can improve some symptoms of the disease by increasing the concentration of certain neurotransmitters in the brain as well as cognitive treatments that aim to aid some of the impaired behavioral functions.¹

Considering the prevalence of Alzheimer's disease, it is no surprise that the healthcare cost of dementia in the U.S. was approximately \$290 billion in 2019.¹ Furthermore, it is estimated that the United States has about only half of the number of geriatric healthcare professionals that it needs to care for this patient population which can make it difficult to find proper care for patients with dementia.¹ It is because of this that a large portion of care for those diagnosed with Alzheimer's is provided by family members and unpaid caregivers seeing as in 2018, about 18.5 billion hours of unpaid care was provided.¹ Moreover, compared to family members of people without dementia, these caregivers reported increased emotional, financial, and even physical difficulties.¹ Therefore, it is clear that volunteer work is essential to the care of dementia patients.

Objective

The goal of the Alzheimer's Buddy Program at Union College has been to not only improve the well-being of seniors in the local community suffering from Alzheimer's disease but also to create an opportunity for students hoping to pursue a career in the medical field to gain experience working with patients with dementia. The efforts of the student volunteers were aimed at assisting the residents with routine tasks, as well as engaging with the residents socially and attempting to promote cognitive functioning through various activities.

Subjects/Setting

The program took place over the course of the Fall term of 2019 and the Winter term of 2020. Through the assistance of the Union College Kenney Center as well as the Pre-Health Society, a total of 13 student volunteers were recruited and selected to participate in the program. The group of volunteers consisted of students from each class year with majors in various fields (see Figure 1) as well as career interests (see Figure 2).

The Alzheimer's Buddy Program was developed to take place in the dementia units of two local nursing homes, Schenectady County Glendale Home and Baptist Health Nursing and Rehabilitation Center. The dementia unit of Glendale Home, also referred to as "Mohawk Trail", is currently home to 40 residents with ages ranging from 60 to 100 years old. The dementia unit of Baptist Health is currently home to 23 residents (a large majority being women) with an age range of 73 to 102 years old. A majority of the nursing home residents are originally from the local Capital District area and, therefore, are still able to be visited by their family members.

Once the logistical aspects of coordinating clinical volunteers (paperwork such as applications and background checks) were completed, the group was able to begin the weekly 1.5-hour (as recommended by the nursing homes) visits to the dementia units. The students were split up into three groups based off schedules, two groups going to Glendale Home and one group going to Baptist Health, each on different days of the week.

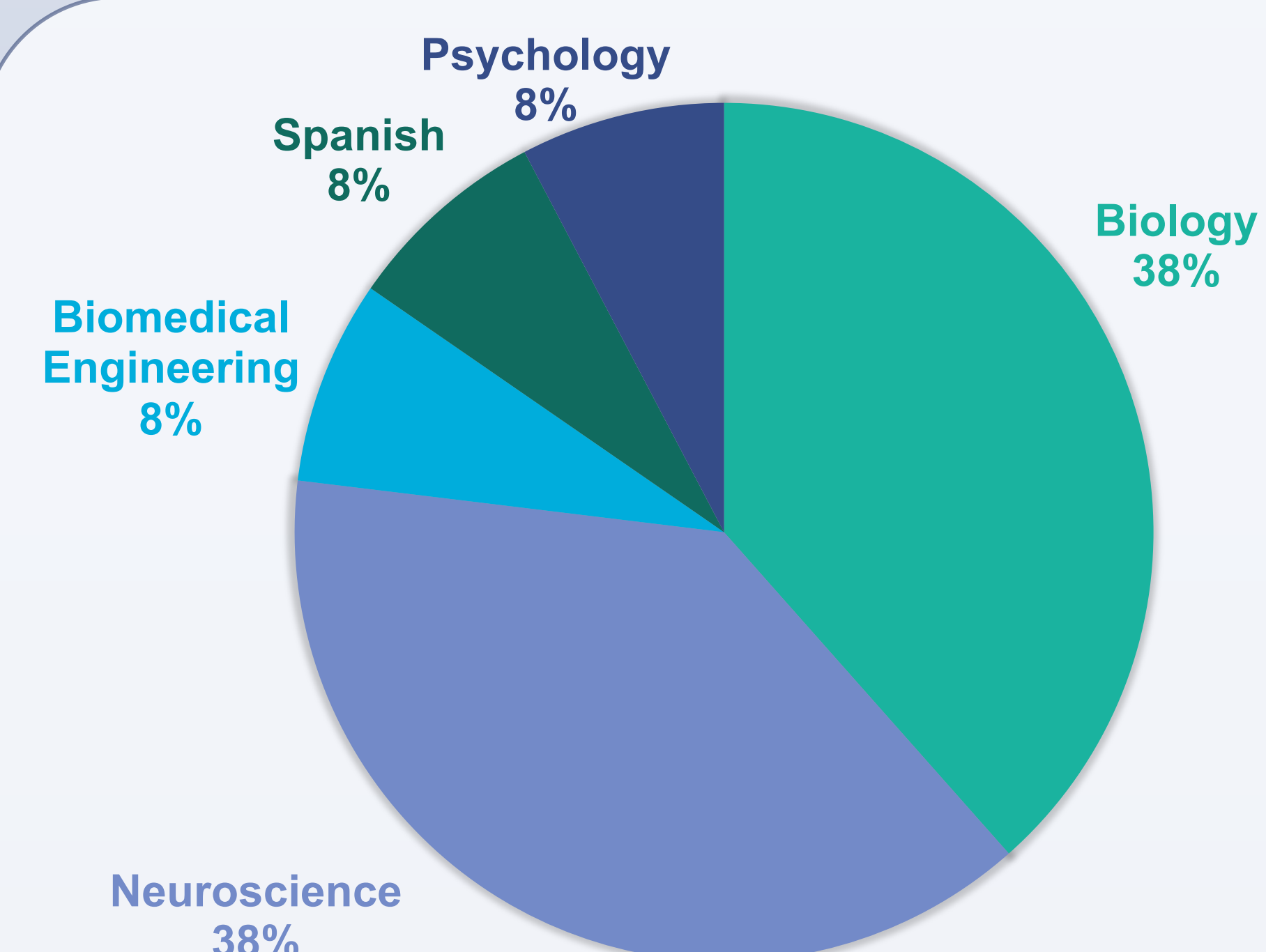


Figure 1. Distribution of academic majors of student volunteers.

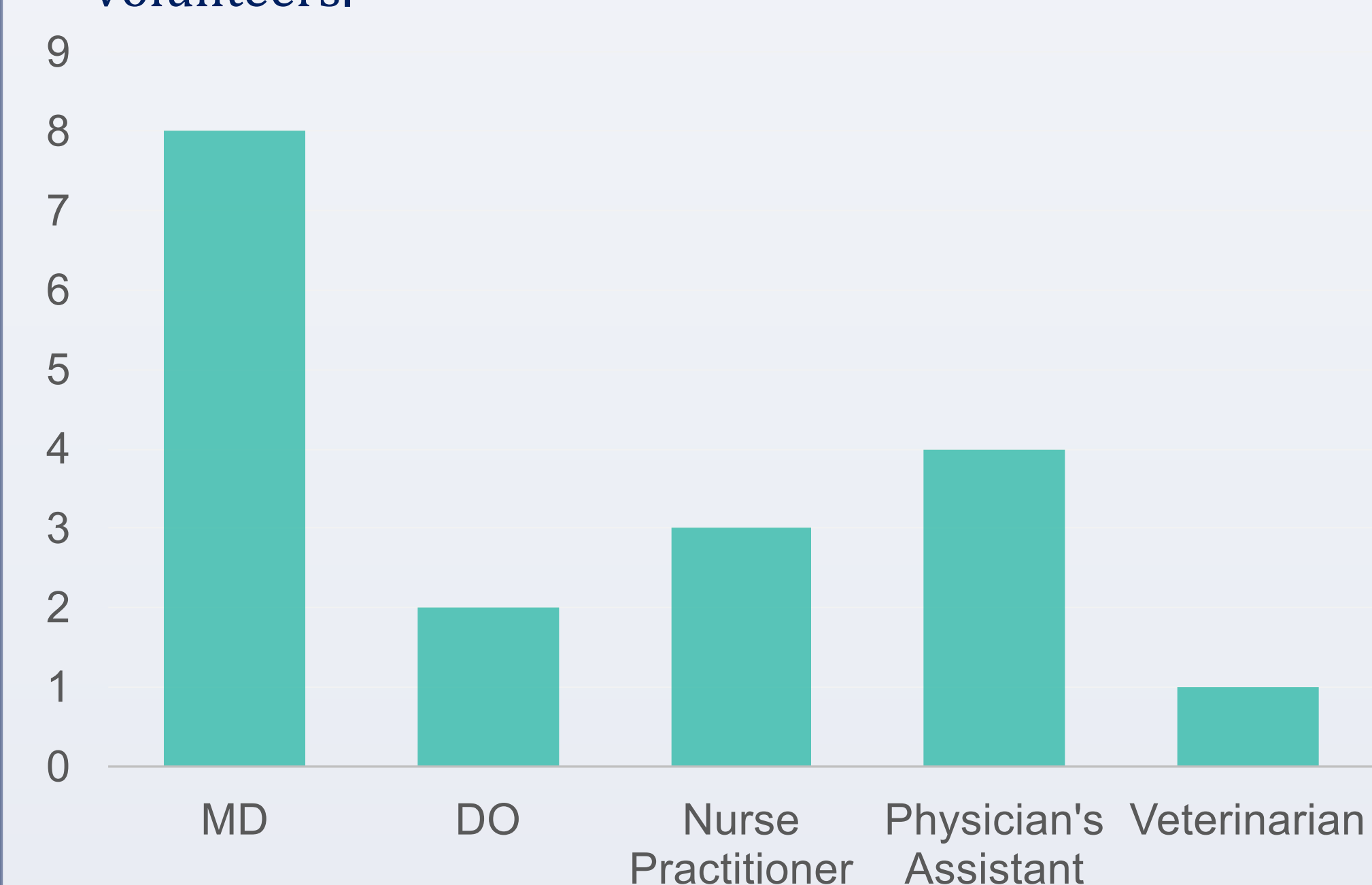


Figure 2. Distribution of career interests of student volunteers. Volunteers that noted multiple career interests and were counted for each listed interest.

Results

Over the course of two 10-week terms, the group of volunteers was able to contribute 134.5 hours of care. Group visits typically involved each volunteer spending time with multiple residents; therefore, the number of dementia residents served exceeded the number of volunteers involved in the program. Visits consisted of a wide variety of activities such as assisting with meals, going on walks, completing puzzles, reading books and magazines, playing games that encouraged muscle movement, and even simply engaging with the residents socially. The care team members of both nursing homes expressed that they appreciated our efforts and believed that we were able to stimulate both the cognitive and behavioral functioning of the residents. The student volunteers described their experiences as great exposure to working in a clinical setting with dementia patients as well as a gratifying way to contribute to the local community.

Conclusion/Limitations

Limitations: The greatest limitation that has been experienced with the coordination of the Alzheimer's Buddy Program has been the inability to physically spend time with the residents during the COVID-19 pandemic. Even so, efforts have been made in order to maintain a form of contact with the residents that the volunteers have developed relationships with. Mainly, several students have expressed an interest in the concept of writing letters to the residents of both Glendale Home and Baptist Health as a manner of continuing to promote social engagement.

Conclusions: The Alzheimer's Buddy Program has appeared to be an effective way to provide patients with dementia an opportunity to interact socially with members of the community. In addition, the program provided students with an opportunity for clinical outreach and to develop their skills for interacting with patients with cognitive decline.

References

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