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Adaptive Clothing as a Fundamental Castigatory Requirement of Old Patient with Alzheimer

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ARTICLE DETAILS	ABSTRACT
History: <i>Accepted 29 October 2018</i> <i>Available online 31 December 2018</i>	<p>Families have vital role in the medical care of Alzheimer's which is most common among the old age people. It is kind of dementia that fosters problems in the thinking, memory and the incapability to activate modest implementations, or orient clothing to the human body. In such cases family members have vital role for the care of patients. Dressing of Alzheimer's patient is main tension for care contributors therefore this research discourse the dressing difficulties to Alzheimer's patient encountered by care givers. A qualitative research method found to explore care givers perception about dressing issues that arise when their family member loss the capacity to dress independently. In-depth-interview was used as a data collection instrument from the care givers of the patients. Doctors were also interviewed to acquire the understanding about Alzheimer disease. In order to improve the quality of care givers survives and sustain their ability to sustenance and care for the enduring adaptive dress is very valuable as it provides ease to them while dressing. Therefore after examination of interviews researcher identified dressing difficulties and believers clothing adaptations that provide accessibility to care giver.</p>
Keywords: <i>Alzheimer's Disease, Family Caregivers, Adaptive Clothing</i>	
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1. Introduction

Provincial Health Minister Punjab Dr Yasmeen Rashid has focused to establish memory and Alzheimer hospitals in all government hospitals; directed these directions on the inauguration of Alzheimer clinic in services institute of medical service. Dr. Yasmeen Rashid communicated with specialists and patients in Memory and Alzheimer hospital. She similarly contributed in the walk connected to "World Mental Health Day" also alleged on this case that simple drive of inauguration of

this Memory and Alzheimer clinic be located to guarantee best treatment of patients of Alzheimer. Four billion individuals in Pakistan are fronting this Alzheimer and short memory difficulties. This illness is cumulative in large. Age factor is the basic cause of this illness. (BY STAFF REPORT, JULY 23, 2019)

The beginning of a Alzheimer's is initiated from the expiration of brain cell. It is a neurodegenerative ailment, that is meant for eventual ruin of brain cell but it happens over a period of time. Alzheimer's remains not only a common portion of aging, while the utmost known menace feature is increasing age, and mainstream of societies by Alzheimer's are around 65 and elder. Nonetheless Alzheimer's is not only found in people of old age. Up to 5% of individuals through the disease take initial onset Alzheimer's (similarly identified as younger-onset), which frequently look like when someone is in their age of 40-50 year.

The consequence of this disease patient requirement persistent support .The household is the key source of care giving. Coward (1992) conveyed that 85 percent of the elder persons tested(Sample received) with the help of their family,10 percent usual support from friends, 15 percent's received support from remunerated domestic workforces, also 13 percent's customary help from social/community service agencies. Family members tend to provide personal care, while friends tend to provide emotional support. Older people tend to feel that family members are obligated to provide personal care and do not expect much personal care from friends (Antonucci, et al., 1996).

Care for individuals with dementia is usually providing by IHCP's, informal coworkers such as mature children and partners (Stone, Cafferata, & Sangl, 1987). Household caregivers of individuals by dementia experience a mostly tragic abnormal of stress, problems in dressing due to the failure in both cognitive along with physical capacities of ;loved one. Family caregivers are challenged with harms of a diversity of different features of the individual they distinguish through the progression of the syndrome, such as the harm of expressive announcement, demonstrative intimacy, and characteristics of his or that woman personality. Studies have established that care giving has powerful influence on the caregiver's existence, with augmented pressure due to imprisonment, abandoning job to take care of ageing domestic member 9 percent, varying work agenda 29 percent, falling hours of labor 21percent and taking time off since work without wage 19 percent. To raised level of anxiety of charitable usually consequence from the stresses of caring for bitterly decreased elderly individuals, upsetting lifestyle, lack of foundations of release, and great levels of supposed burden (Blieszner and Alley, 1990).

The two goals of this research are to increase understanding of Alzheimer's family caregivers' experiences with dementia-related dressing issues at home, setting and to facilitate the care givers by suggesting clothing adaption on behalf of Alzheimer patient.

Statement of the Problem

The incidence of dementia in the Pakistan makes it one of the most common health conditions needing intensive contribution of family caregivers support. An acute phase of Alzheimer generates high levels of burden and distress, making it one of the most challenging diseases faced by the caregivers. Clothing and dressing of these patients has been a neglected dimension in Pakistan therefore this research was designed to identify the dressing problems and to suggest some adaptations that would open the door for ease of caregivers.

Significance of Study

Increasing durability and life expectancy has enlarged the amount of elderly individuals with prolonged health settings who are essential of distinct social services and care giving by family associates.

Alzheimer's dementia is unique of the sickness in which patient knowledge an incessant fall in their mental actions. As Jenkins and Price (1996, 86) note: dementia's impact upon the patient's body image is progressive, though insidious in the first instance. Initially the sense of color co-ordination of clothes might be lost, or objects of dress left obtainable from outdated wears. Loss of independence is unique of the utmost handicapping part of the infection and it requires substantial treatment attention. Many fully developed children, who have the accountability of thoughtful for their individual children, have the additional charge of caring for their aging parents. Sometimes this indications to role conflict and role strain indoors the family or among the family also the job. About one-fourth of employed caregivers reported having family conflict arising from care giving (National Alliance for Care giving, 1997). This research would facilitate the care giver by providing suggestions in clothing that overcome dressing difficulties of Alzheimer patient faced by care givers secondly, would not only help to low their stress level but also safe their time the researcher promises to open new avenues in functional dressing that would help the attendants.

Research Objective

- To explore dressing difficulties of Alzheimer's patients faced by care givers.
- To suggest the adaptations for clothing of Alzheimer's patients

Research Question

1. What are the dressing issues of Alzheimer's patients faced by caregivers at home?
2. What adaptations should be made in clothing of Alzheimer patient to facilitate the caregivers?

2. Literature Review

(Mace, & Rabins, 2011) argue that Dementia is a radical mental decline that can happen in middle or old age, in line for generalized failing of the mind. It is the common reason of rash senility. Dementia period practice for the suggestions of mental mix-up, memory loss, disorientation, rational damage or similar complications. Doctors practice the word dementia in distinct way. Dementia doesn't mean crazy. It has been selected by the medical occupation as the least aggressive and most precise tenure to describe this set of illness. Neuro-cognitive disorder is a newer term that some clinicians and researchers are used instead of dementia. Indications usually progress gradually moreover get worse over period, becoming severe plenty to interfere with daily tasks. Alzheimer's disease accounts for 60% to 80% of dementia cases. However, it is evident that at the initial stage of disease memory repose is miner but when it gets severe at its later stage the individuals squander their capability to speak and react to the certain social conditions. It is estimated that this disease is causing many deaths and ranked 6th leading cause of casualties in the USA. Those people who are suffering from Alzheimer's can spend eight years with the disease, after this period disease becomes striking and visible. It depends on the age and the health status of patient because it takes 4 to 20 years. In the recent studies it has been dig out that the general sign of the ailment is trouble memory. The reason for the distorted memory is that it exerts the negative effects on the learning of individuals. Alzheimer's has various symptoms, at the start it is reamed by the temperament and behavioral alterations with as well as confusion. When the disease gets acute the symptoms may be observed non recognition of the situations, time and the space. The patient becomes doubted around the social circle, family and friends. Consequently, the memory destruction, problems in walking, swallowing and the difficulty in the speaking can be observed.

(Marshall et al., 2011) articulated that Alzheimer's is very lethal because with the passage of time individual loses his her cognitive functioning. Certainly other dementias associated with this diseases cause various issues. It restrains the ability of patient to perform and comprehend what is happening

around them. Correspondingly, the patients have been observed with the low self-esteem and the have reduced worth of live among their household. (Logsdon, & McCurry, 2007)unfold the primary stressors arise straight beginning the care giving condition, such as performance complications, corporeal and mental losses of the care receiver, and quantity of care providing, all of which established and relatives with upper levels of affliction and sadness (Pinquart, & Sorensen, 2005) elucidates with the rise of the dementia the patients lose the ability to dress up their selves hence the care givers and attendants role is increased to give physical assistance to the patients. Dressing has the essential role in the prescription in the early stages of dementia. (Farran, Loukissa, Perraud, & Paun, 2004; Nichols, Martindale-Adams, Greene, Burns, Graney, & Lummus, 2009;) postulated that it is difficult for the adult families performing the role of attendant of the Alzheimer patient and it is more stressful if they do not have the same genders. (Kolanowski, Fick, Waller, & Shea, 2004)stated that adaptive clothing affords explanation that both patient and caregiver have informal time with dressing. Adaptive dress is a special dress scheme made for publics with damage, who face problems in covering themselves. These especially deliberate clothes brand clothing knowledge informal, and cater a wide variety of incapacities. Each incapacity needs a diverse type of project agreeing to their disabilities (Valley & Court, 2003) explain that adaptive wear permits a caregiver to clothing somebody without stressed with limb or leg difficulty. It declines the volume of patient management made by associated (Meinander &Varheenmaa, 2002) express that designers have documented that caregivers too face back and knee disturbance from exciting persons, or may meet hostility and confrontation in struggling to dress persons in old dress. (Azher etl, 2013) stated that adaptive clothing is designed to resolve numerous of the everyday issues allied with special requirements of dressing.

3. Research Methodology

The information which would have immense importance in this study was acquired through in-depth interviews. The sample of the study was purposively drawn. Due to limited resources and time, only 5 care givers of Alzheimer patient were interviewed. Suitability for inclusion compulsory that the caregiver be a local associated or local contact of adult with Alzheimer, who at the time of participation in the study provided some level of care and support for that person. On regular, caregivers had been providing care for nearby two and half years. The researcher used common methods like interviewing the medical specialist to progress to appropriate understanding of Alzheimer disease. Interviews remained verified and each audio file of interview dialogue was transcribed into English by the researcher to ensure consistency and validity.

The study was conducted in Sahiwal city. Time and resources are two elements that forced the need to limit the number of interviews and the methods of collecting information from participants of the study.

4. Finding and Discussion

4.1 Themes Related to Cognitive Impairments in Coordination and Body Movements

Brain just fails to take all that information on board to actually act on it. Their day to day drills are getting affected. Alzheimer patient want to do things but he can't coordinate the movement because he can't remember the drill, how to perform the task. The strength is in the muscles but he has forgotten how to use them. That is how Alzheimer is going to affect the physical ability of the patient. They can't coordinate how to climb up stairs, dexterity is lost, balance is lost, and are much prone to fall. The way his body reacts to stimuli that is a kind of fading away.

“When he is awake, he cannot sit for a single minute. He keeps on walking for the whole day”.
(Wife)

“He wants to spit, but he cannot....because he doesn’t know how to do that”. (Wife)

“I give her small bites of food like custard, daliya She keeps the bite into her cautious and I have to move her shoulders and ask her to swallow the bit”. (Daughter in law)

Clothing and dressing is not a simple task either. The patient can’t identify what they want to wear and in the proper manner. They are helpless and impaired, they cannot decide thing on their own.

“He was inappropriately dress like not able to wear shirt properly, trying to wear the under garments on top of their clothes”. (Wife)

“I have seen he put their right arm first in the shirt or to put the left arm or trying to put torso first.....then I realized that I need to guide him and give him step by step instructions”. (Daughter)

“He cannot move his body parts. My son moves his father by holding him in his arms like a 3-4 months old baby, when changing clothes, making him sit on the bed, moving him for the car, while taking to the hospital etc”. (Wife)

4.1.1 Difficulties in Water Works and Bowls Control

As cognitive functions continuously deteriorating water works and bowls control problem become severe it very clear that the care givers job is very tiring and tough. All participants had evident problems with toileting.

“I have to take him to the toilets on the regular basis, after time intervals i.e. 2hrly for water works and bowls every day”. (Wife)

“My mother in law has no control over water works and bowel movement. I have made 4 different beddings, which are used on alternative days and washed daily because I can’t afford pampers”. (Daughter in law)

Neat and clean clothing has a positive impact on the patients. It is very difficult condition to handle the patient and the dressing difficulties related to cleanliness and toileting problem. Care givers are reported that clothes are changed 2-3 times a day.

“I am using shalwar kurta as it is very hard to wash so many clothes daily as I am living alone in a nuclear family and I have no help or nurse”. (Wife)

“My shoulders are started aching while washing clothes because his clothes washing is not like regular washing of clothes I have to clean them three times so that there should be no smell”. (Wife)

“During toileting I tied front and back side of shirt so that I can handle easily”. (Daughter)

4.1.2 Limitation of Sensation

Alzheimer patient has inability to access cold and heat, dirt on clothing the care giver herself becomes vigilant and conscious about cleanliness and hygiene of the patient. All caregivers responded that they don’t feel that their clothes are dirty and need to change similarly they cannot judge change in weather.

4.2 Themes Related to Dressing Difficulties Difficulty in Donning and Doffing

All caregivers described that they faced difficulty in donning and doffing, for them it is a very stressful job. As the disease progressed, more demands were placed on the caregiver to provide increasing cueing and guidance.

“While changing the clothes, I have to move his arms upwards and put the kurta down the head and arms. In the same way I make him sit on the bed and puts on paincha first on one leg and the other paincha on the other leg, and then tie the azarband”. (Wife)

“To be very honest at times I get irritated while dressing because he doesn’t move his arm may be his brain doesn’t receive signals I experience extreme difficulty in putting his arm into sleeve...I said to him let your head down so I can remove your shirt but he lift his head up”. (Daughter)

“ It takes me much long time to insert his foot in paincha of shalwar”. (Wife)

4.2.1 Difficulty Managing Fastenings

Fastenings are major problem for care givers of Alzheimer patients because due to continuous deterioration in cognitive functions they become somewhat unpredictable some time they face difficulty in fasten their button and need assistance at the other time the disrobe himself.

“I put his shirt down and fasten the button after a while I have seen, he unbutton himself”. (Wife)

“When I take him to the wash room I feel difficulty to untie the arzarbad.... many times it happened that he became wet”. (Wife)

“One day I came back from my work place and I saw she disrobed herself....and it was winter season”. (Daughter in law)

Inappropriate and uncomfortable fabrics

Material of fabric is important aspect in clothing of Alzheimer patients. Dementia is a progressive disease and the trajectory of care giving needs increases. Many caregivers answered that they no longer wear same material as they used to.

“I put one of his old dresses which he liked so much but he got bed sore and rashes..... may be due to the hard material ... I got astonished”. (Wife)

“I always aware about fabric material because many times he get severe allergies”. (Daughter)

4.2.2 Style of Clothing

Although style of clothing doesn’t matter to Alzheimer patients but mostly care giver gave importance to style of clothing and some participant responded very emotionally.

“He cannot choose any thing for himself. He has no understanding and awareness of surroundings..... But I don’t want to see him dress up like patient I mean I just can accept this appearance”. (Wife)

“I want when my children meet their grandmother, her dressing should look normal rather it seems that my children enter into patient room”. (Daughter in law)

“In past he used to wear designer wear suits, pants, and shirts”. (Wife)

5. Recommendations

Behavioral involvements have been the key stay of surviving with casing difficulties come across in people with dementia. These general connection suggestion cover approaches that cover instruction caregivers to rationalize the dress selections offered to the individual with dementia, forming clothing in the command to be put on. More pro-active caregiver psychoanalysis efforts by clinicians who help patients' with AD are essential to measure the caregivers' position and refer to them dressing strategies and other incomes preferably to shorten the long learning curve period. The determination of the study was to find out diverse possibilities of making adaptive clothing for patients anguish from dementia. Obtaining material concerning needs and requirements of Alzheimer patients.

- Choose easy and loose-fitting dress that's relaxed to put on then remove.
- The skin of the elderly is often more crumbly and will tear, score and discoloration more simply so it is significant that the fabric which is adjoining to the skin.
- Good clothing is also accommodating to avert skin tears, so look at organizing outfits with sweaters, vests and fleece.
- Make sure that dress length is suitable as per body need.
- Open back dress which permits the clothing to be put on ahead, eradicating the need to bend or rotate muscles or joints.
- Garments wholly open up letting the caregiver to slide the clothing against the patient without always select the neck openings dress.
- In adding, they can uniform the enduring from behindhand if they have developed hostile. i.e. Adaptive .
- Buttons and zippers are changed with relaxed touch Velcro.
- Many caregivers find that cardigans or max that secure in obverse are more contented and calmer to work through than sweaters.
- Trouser should be switched with elastic waists
- Women's Special Needs One Piece Jumpsuits can help solve Alzheimer's disrobing problems. They feature a strong weave and long heavy duty back zipper to provide even more protection against disrobing.
- The elastic waist ensure fit and luxury. Anti-Strip outfits are accessible in daywear and nightwear.
- Adaptive shoes besides pants are modifiable in scope and suggestion non-restrictive closings.

6. Conclusion

Designers should focus on the adaptive clothing for Alzheimer's patient. Adaptive clothing mentions to clothing designed for individuals with physical disabilities, the ageing, and the unwell who may knowledge difficulty dressing themselves outstanding to incapability to use conclusions, such as buttons and zippers, or due to a deficiency of a full series of signal required for self-dressing. Adaptive clothing can be dressed more easily by a caretaker. Nations like Pakistan wherever the family

bonds are very strong and household don't let their elder ones to living in old house they trust that it is their duty to appearance afterward their precious ones. This advanced method to dressing delivers ease and psychological relief to care giver. Adaptive dress reduced the time required to dress.

Abbreviations

IHCP's: Informal health care providers.

AD: Alzheimer`s disease .

Daliya: A type of food

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