

# An Ounce of Prevention

Complimentary

July 2017

Issue 247

Printed by:

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## Hoarding Disorder Symptoms

The main feature of hoarding disorder is a person's irrational, persistent difficulty in discarding or parting with possessions — regardless of their actual value. This is a long-standing difficulty, not just something related to a one-time circumstance (such as having difficulty discarding property from something you inherited from a loved one). *Discarding* means that the person can't seem to give away, throw away, recycle, or sell things they no longer need (or sometimes, even want).

There are many reasons people give for not wanting to discard or part with things in hoarding disorder. Some feel they are just being frugal and don't want to be wasteful. Others have a sentimental attachment to their things, regardless of whether there is any actual history or sentiment that ordinarily one might have (such as a collection of old newspapers or magazines). Still others fear there is "important information" in the things that could be discarded, and they just need to "go through" them all to ensure that information is removed.

The inherent value of an object is not important in the definition of this disorder; people with hoarding disorder will keep many invaluable things along side of valuable objects. People with hoarding disorder make a conscious effort to save things; it is not the result of simply passive accumulation of stuff (due to, for instance, depression and the lack of energy to deal with organizing and getting rid of no longer needed items).

When faced with the prospect of discarding or parting with their things, a person with hoarding disorder will experience distress.

Last, a person with this disorder will usually collect so many things over a long period of time, that the actual use of any given item — or indeed the person's normal living space — is next to impossible. The clutter collected over time impedes the person from living in their apartment or home in a normal manner. For instance, their bed may be so full of collected clothes or newspapers, they sleep on the floor; kitchen counters are so full of things, there is no place to prepare and cook food.

It is estimated that hoarding disorder affects somewhere between 2 and 6 percent of the population.

### Specific Symptoms of Hoarding Disorder

1. Persistent difficulty discarding or parting with possessions, regardless of their actual value.
2. This difficulty is due to a perceived need to save the items and to distress associated with discarding them.
3. The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, or the authorities).
4. The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment safe for oneself or others).
5. The hoarding is not attributable to another medical condition (e.g., brain injury, cerebrovascular disease, Prader-Willi syndrome).
6. The hoarding is not better explained by the symptoms of another mental disorder (e.g., obsessions in obsessive-compulsive disorder, decreased energy in major depressive disorder, etc.).

*Specify if:* **With excessive acquisition:** If difficulty discarding possessions is accompanied by excessive acquisition of items that are not needed or for which there is no available space. (Approximately 80 – 90 percent of individuals with hoarding disorder display this trait.)

*Specify if:*

**With good or fair insight:** The individual recognizes that hoarding-related beliefs and behaviors (pertaining to difficulty

discarding items, clutter, or excessive acquisition) are problematic.

**With poor insight:** The individual is mostly convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.

**With absent insight/delusional beliefs:** The individual is completely convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.

~By John M. Grohol, Psy.D.

<https://psychcentral.com/disorders/hoarding-disorder-symptoms/>

## 10 People to be Wary of at Work

Sometimes the key to success is in knowing whom to avoid at work. Having the wrong association can be the difference between promotion and demotion. In some cases, the casualty could even be a loss of employment. So how can a person navigate through the different personality? Here are ten types of people to be wary of at work.

1. **Blamers.** The boss is fuming over a missed customer call. Mark, who is the service rep, immediately starts blaming his assistant for the oversight. When he realizes she was out sick, he shifts the blame to his cell phone, the new computer program, and lastly claims the customer is needlessly demanding. Blame shifters hate to take responsibility for any error because they believe this makes them look weak or vulnerable.
2. **Complainers.** Susie comes into work with a new complaint nearly every day. The traffic was bad and it made her late. The deadline was unrealistic. The bathroom is dirty. Worse yet, she criticizes any new idea or process well before it is tested or implemented. Just being around her is exhausting. Underneath the complaining is actually attention seeking behavior and a desire to be kept at the center of the discussion.
3. **Hoarders.** John learns about a new technique that reduces his work processing time. But he refuses to share his knowledge with his colleagues or will share only a small portion of his new method. Information hoarding is a passive aggressive way of outshining the perceived competition. Secretly, it demonstrates anger that John is able to figure out something his colleagues cannot therefore only he should benefit from the knowledge. Additionally by withholding key information, it forces others to rely on John for the missed details.
4. **Guilt-trippers.** Move over moms, guilt-tripping can happen even at work. Ann, a team manager, tries to encourage her team to produce more sales by saying that her job is in jeopardy if they don't generate higher numbers. She takes it even further by pulling one person aside to say that their sales are bringing down the whole team. The use of guilt as motivation is the lazy way to inspire and shows a lack of managerial training.
5. **Wisenheimers.** During a team meeting, Steven can't resist the opportunity to demonstrate his superior knowledge by cutting others off and inserting his opinion. He comes across as a know-it-all who frequently irritates others with useless details and undisputable facts. Wisenheimers are often deeply insecure people who believe their knowledge is the only way they can stand out from the crowd.
6. **Braggers.** Marie's assistant comes back from a Yellowstone vacation excited about her latest adventure. But as she attempts to share her travel stories, Marie interrupts with her with a more adventurous vacation, better hotel accommodations, and prettier views. She seals the demoralization by sharing her pictures while criticizing her assistant's photos. Braggers can't stand to be out shown and frequently resort to belittling others.

7. **Deceivers.** Ken's confidence and smile has a way of disarming just about anyone. He seems to evade blame, deflect accountability, and artfully manipulate others with the greatest of ease. When co-workers start to see through the illusion of perfection, he manages to move up the ladder to another position. A person, who looks too good to be true, probably is. Deceivers like to cover up their true intentions.
8. **Close-lippers.** Silence is not always golden. Beth remains silent at department meetings, refusing to offer any input even when prompted. Instead she stares at her co-workers like a tiger studying their prey. Her patience in waiting for the right moment to attack is well-thought out and happens when others least expect it. Close-lippers have learned that silence can be equally controlling as verbal bullying.
9. **Big-talkers.** The opposite of a close-lipper is a big-talker. Allen talks a big game to customers about how well he is connected within the community and corporation. His list of conquests grows by the minute as he overinflates his numbers to everyone. Any attempt to bring him back to reality is countered with accusations of negativity and jealousy. Big-talkers are afraid of being seen for whom they really are and use their calculated numbers to intimidate the competition.
10. **Ragers.** Last but not least are the ragers. Tina is furious and embarrassed that upper management called her into a private meeting to express their concerns. So she takes her anger out on her team by verbally assaulting nearly everyone in her path. Nothing is off limits including things that happened last year, personality differences, how a person dresses, and when they take breaks. Tina obviously has poor anger management skills which really is a mask for deeper personal issues.

Being able to quickly identify these types of personalities at work and avoid them as much as possible could be a job saver. Sometimes it is necessary to keep documentation of these events and report them to human resources when needed. But the timing of this should be calculated and not reactionary.

~By Christine Hammond, MS, LMHC

<https://pro.psychcentral.com/exhausted-woman/2017/06/10-people-to-be-wary-of-at-work/>

## Treatment of Alzheimer's Disease

There is no cure for Alzheimer's disease and no way to slow the progression of the disease. For some people in the early or middle stages of Alzheimer's disease, medication such as tacrine (Cognex) may alleviate some cognitive symptoms. Donepezil (Aricept), rivastigmine (Exelon), and galantamine (Reminyl) may keep some symptoms from becoming worse for a limited time. A fifth drug, memantine (Namenda), has also been approved for use in the United States.

Combining memantine with other Alzheimer's disease drugs may be more effective than any single therapy. One controlled clinical trial found that patients receiving donepezil plus memantine had better cognition and other functions than patients receiving donepezil alone. Also, other medications may help control behavioral symptoms such as sleeplessness, agitation, wandering, anxiety, and depression.

Alzheimer's disease is a progressive disease, but its course can vary from 5 to 20 years. The most common cause of death in Alzheimer's patients is infection.

## Treatment for Mild to Moderate Alzheimer's Disease

Four of these medications are called cholinesterase inhibitors. These drugs are prescribed for the treatment of mild to moderate Alzheimer's disease. They may help delay or prevent symptoms from becoming worse for a limited time and may help control some behavioral symptoms. The medications are: Reminyl (galantamine), Exelon (rivastigmine), Aricept (donepezil), and Cognex (tacrine).

Scientists do not yet fully understand how cholinesterase inhibitors work to treat Alzheimer's disease, but current research indicates that they prevent the breakdown of acetylcholine, a brain chemical believed to be important for memory and thinking. As Alzheimer's disease progresses, the brain produces less and less acetylcholine; therefore, cholinesterase inhibitors may eventually lose their effect.

No published study directly compares these drugs. Because all four work in a similar way, it is not expected that switching from one of these drugs to another will produce significantly different

results. However, an Alzheimer's disease patient may respond better to one drug than another. Cognex (tacrine) is no longer actively marketed by the manufacturer.

## Treatment for Moderate to Severe Alzheimer's Disease

The fifth approved medication, known as Namenda (memantine), is an N-methyl D-aspartate (NMDA) antagonist. It is prescribed for the treatment of moderate to severe Alzheimer's disease. Studies have shown that the main effect of Namenda is to delay progression of some of the symptoms of moderate to severe Alzheimer's disease. The medication may allow patients to maintain certain daily functions a little longer. For example, Namenda may help a patient in the later stages of Alzheimer's disease maintain his or her ability to go to the bathroom independently for several more months, a benefit for both patients and caregivers.

Namenda® is believed to work by regulating glutamate, another important brain chemical that, when produced in excessive amounts, may lead to brain cell death. Because NMDA antagonists work very differently from cholinesterase inhibitors, the two types of drugs can be prescribed in combination.

## Dosage and Side Effects

Doctors usually start patients at low drug doses and gradually increase the dosage based on how well a patient tolerates the drug. There is some evidence that certain patients may benefit from higher doses of the cholinesterase inhibitor medications. However, the higher the dose, the more likely are side effects. The recommended effective dosage of Namenda is 20 mg/day after the patient has successfully tolerated lower doses. Some additional differences among these medications are summarized in the table on the other side.

Patients may be drug sensitive in other ways, and they should be monitored when a drug is started. Report any unusual symptoms to the prescribing doctor right away. It is important to follow the doctor's instructions when taking any medication, including vitamins and herbal supplements. Also, let the doctor know before adding or changing any medications.

## Caring for Someone with Alzheimer's

Try to keep a daily routine for your family member who has Alzheimer's disease. Avoid loud noises and overstimulation. A pleasant environment with familiar faces and mementos helps soothe fear and anxiety. Have a realistic expectation of what your family member can do. Expecting too much can make you both feel frustrated and upset. Let your family member help with simple, enjoyable tasks, such as preparing meals, gardening, doing crafts and sorting photos. Most of all, be positive. Frequent praise for your family member will help him or her feel better—and it will help you as well.

As the caregiver of a person who has Alzheimer's disease, you must also take care of yourself. If you become too tired and frustrated, you will be less able to help your family member. Ask for help from relatives, friends and local community organizations. Respite care (short-term care that is given to the patient who has Alzheimer's disease in order to provide relief for the caregiver) may be available from your local senior citizens' group or a social services agency. Look for caregiver support groups. Other people who are dealing with the same problems may have some good ideas on how you can cope better and on how to make caregiving easier. Adult day care centers may be helpful. They can give your family member a consistent environment and a chance to socialize.

~By Jane Framingham, Ph.D.

<https://psychcentral.com/lib/treatment-of-alzheimers-disease/>

### Self- Help Corner:

Alcoholics Anonymous:	780-424-5900
	<a href="http://www.alcoholics-anonymous.org">www.alcoholics-anonymous.org</a>
Al-Anon/Alateen:	780-433-1818
Support Network / Referral Line:	211
Distress Line:	780-482-4357
Cocaine Anonymous:	780-425-2715

### Informative Links:

#### The National Women's Health Information Center:

<http://4woman.gov>

#### How to Discipline Toddlers

<https://childmind.org/article/how-discipline-toddlers/>