

Alzheimer's and the Caregiver

Donald L. Madison, MD (with Myron H. Green)

Sadie Green's eyes are closed. She chews, swallows, and opens her mouth when her husband brings another forkful of syrup-soaked pancake near it. She chews each mouthful eagerly, the way anyone who likes pancakes and syrup would. But she doesn't otherwise respond; and her eyes stay closed, as they have for the better part of the past year.

She is 72 and has Alzheimer's disease, a malady named for the German psychiatrist, Alois Alzheimer, who in 1906 first described the characteristic changes in the brain tissue of a woman who had died of an unusual kind of mental illness.

Sadie also has Parkinson's disease, another "named for" malady, this one after the English general practitioner (and social reformer and political activist) James Parkinson. Parkinson described the disease in his "Essay on the Shaking Palsy" (1817), which is a model of the kind of detailed clinical description that made up so much of the medical literature of his time (and would for another 100 years).

Unlike Alzheimer, who observed a single patient's clinical course and later correlated it with the morbid anatomy of her brain, Parkinson relied on the clarity of his description of six clinical cases. And because his description seemed fresh and new to the medical profession, it commanded their attention. Sixty years later, the French neurologist Jean-Martin Charcot applied the name *la maladie de Parkinson*. And that is what we call it still today.

Parkinson said that the disease leaves the "senses and intellect... uninjured," even though some of his case histories revealed mental disturbance. (It is now believed that up to one-half of Parkinson's disease patients show mild to moderate dementia.) Perhaps Parkinson allowed this discrepancy to stand because he wished to emphasize that the dominant characteristic of the "Shaking Palsy" was the impairment of an involuntary function. Both Alzheimer's and Parkinson's result from degeneration of the brain—the cortex (the outermost region) and the sub-cortex. Alzheimer's is thought to affect the cortex primarily, and Parkinson's the sub-cortex primarily. But, since both diseases may affect both areas, it is usually presumed that the patient has Alzheimer's when the dominant symptoms represent defects of

cognition; and when the dominant symptoms refer mainly to involuntary functions (but the patient at the same time shows defects of cognition), the diagnosis is Parkinson's Dementia.

"Presumed" is the key verb here; because both Alzheimer's and Parkinson's are presumptive diagnoses, which are confirmed only by examining the brain tissue in much the same way Dr. Alzheimer did in his laboratory in Munich. The recognizable behavior and clinical course of Alzheimer's are presumed to be accompanied by—and caused by—the characteristic amyloid plaques and neurofibrillary tangles in the cortex of the brain. But if they are not, it matters little to those who must provide the care. The criteria set down by those who first describe a disease, name it, or alter the understanding of it from later experience and investigation, are not so important to the "consumers" of the disease. Their experiences consist mainly of a gradual loss of function in the case of the patient, or in the case of the caregiver, of the work—the daily mundane routine—of nursing. Therefore, while the question of whether Sadie Green has Alzheimer's Disease or Parkinson's Dementia may be important to sticklers for correct clinical nomenclature and pathological criteria, it isn't nearly so important to Pete Green, her husband and caregiver. For once it is known that her illness is chronic, and that it is some variety of what used to be called "senile dementia" or "organic brain syndrome"—it doesn't matter much which variety it is—not to Pete, whose goal is to give comfort, not to cure.

Myron "Pete" Green grew up on the north side of Pittsburgh, the next to youngest of six children in a working class family. His parents did not name him "Pete." That familiar name was the result of a mispronunciation (by a toddler sibling) that stuck. Pete's mother kept house; his father worked for Jones and Laughlin Steel as a locomotive engineer on the company-owned "short line" that hauled steel between mills. (J&L operated on both sides of the Monongahela River in the south Pittsburgh area and a company railroad bridge spanned the River.) Following high school, Pete enrolled in the local north side college—Duquesne University—intending to

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work toward a business degree. Sadie also grew up on Pittsburgh's north side. The two met one rainy night in a north side restaurant, where Sadie's sister was working as a waitress. Pete remembers:

I knew her sister well, because most of us guys loafed in this restaurant. And I just happened to come in that evening. And her sister said that she was glad that I'd showed up because her daughter had been out shopping with her sister (Sadie) when it started to rain very hard, and they were stuck in the restaurant and needed a ride home. That would have been in 1953. We were married two years later, in February of '55. She's two years older than I am.

After they married, Pete dropped out of school.

I had to get a job. After the first child came I got a second job, working part-time. And then when the second child came, I was able to get a job with an insurance firm; and they would help pay for my education as an insurance sales agent if I would take advantage of it, which I did. Eventually, I went back to Duquesne, and it took me another year and a half, while at the same time working full-time selling insurance. I graduated from Duquesne, then, in 1964—finally. It took a while.

He continued in insurance sales, completed all of the training programs offered by the Underwriting Training Council, and spent the next 33 years with Western-Southern Life, a company headquartered in Cincinnati. At first, Pete sold what was called "industrial insurance-weekly premium" life insurance. This was a product designed mainly for lower-wage, working class families. It was, in fact, the principal product of the life insurance industry in both North America and Great Britain from the latter half of the nineteenth century, continuing up until World War II. Brigades of insurance salesmen once plied the streets of working class urban neighborhoods selling life insurance and collecting the weekly premium. Pete tells how he did it:

I was out every day. They would supply you with an area that they called a 'debit.'

And this was an area you could draw on a map?

Exactly. And they would give you a 'debit book' that was 'routed,' so that you would be able to go through it without doubling back too much.

Like a paper route?

Yes, except that everybody's insurance premiums were not due at the same time. Some people paid weekly. 'Weekly premium' means that you could pay by the week if you wanted to. If I could convince them to pay

by the month I could cut down on my travel time. One of the commissions on that was that if you sold one dollar of weekly premium you would make twenty dollars. So it looked quite enticing. You'd get out there and if you wrote five dollars of weekly premium in a day, you're making some money. But now, the company that I was with, they haven't exactly done away with the industrial insurance—they still carry it—but they don't market it any more. They honor the ones that are in force, but they don't collect at your house. They don't do that any more. And if you fail to pay your premium, well...

Pete was soon promoted to assistant manager at the same Pittsburgh office where he had begun as a salesman, with seven sales reps assigned to him. In 1966 he was promoted again, to district sales manager in Reston, Virginia; and in 1974 he was transferred, laterally, to be the district sales manager at one of the largest offices in the company, in Royal Oak, Michigan, just north of Detroit. Pete and Sadie lived in Michigan for 18 years; they raised their five children there. Then, in 1990, Pete took early retirement.

...for a couple of reasons. I had a little mini-stroke. What is that called? A TI or what is it?

TIA-transient ischemic attack.

Yes. And that kind of bothered me. And then Sadie was having some problems at the time, not knowing what they were. And she was diagnosed wrong. When I would go to their help groups and I would hear what was going on, it wasn't at all like her. And I would tell her doctor that, and he would get mad at me and tell me that he was the doctor and he knew what he was doing. And so I listened to what he had to say.



As a young woman in Pittsburgh, Sadie did occasional modeling work. This portrait hangs in the Greens' living room.

After Pete retired the Greens stayed in Michigan two more years before moving to North Carolina. Some time earlier they had purchased a town house in Durham (near where Pete's brother was living) and rented it out. The plan was that when Pete retired they would move into that town house. They did so in 1992. None of the Greens' five children and 12 grandchildren live nearby. The children are all in Michigan or California. So after Pete and Sadie retired to North Carolina, they were alone and together, for better or worse. The couple didn't stay long in the town house.

By the time we moved in Sadie was starting to get really ill. And it was a two-story town house, and a small one, and she would just not go upstairs. Well, one day we decided to take a little ride and drove down the road and came down through here. And the young couple that owned this house—they were the original owners—he was putting a sign out on the front lawn, 'For Sale by Owner.' So we came in, and my wife stood at the doorway—she didn't even go into the back or anywhere. She said, 'I want this house.' So she went out and took the sign out of the lawn and put it in the car. I said, 'I guess I've got a house.' That was 11 years ago. And I'm glad we bought this house, because it's all on one floor. It's a lot easier.



Newlyweds, 1955

I'm wondering... You said earlier that Sadie was having some problems back in Michigan, and that she saw a doctor. What was the reason she went to see the doctor then?

She was having convulsions. She would get short of breath and start shaking, and sweating, and her pulse would race. And I took her to several doctors. And of course they would send her to another doctor. And we wound up with this one who said that he knew what

was happening. He said she was manic-depressive. But I didn't think it was that. And he had her on some drugs; one was Paxil®—I think that's the name. Does that sound right?

Yes, it's a drug used to treat depression and anxiety attacks.

But they had her on these drugs, and she was way out in left field. You would talk to her and she just wasn't there... just wasn't there. And she was like that for quite a while, until we moved down here. And I didn't know where to go, and so we went to Duke. And they had done all kinds of tests on her—sleep disorder, everything. And then she finally wound up at the Memory Disorder Clinic, with Dr. Donald Schmechel (Professor of Medicine and Neurology and Director of the Clinic). And he discovered through... It wasn't an X-ray; they put you through that machine?

MRI? (magnetic resonance imaging)

MRI, that's it. And he showed me the picture of the back of her head. And there was a hole that had developed. And he said that she has Alzheimer's. He said, 'We can diagnose it as Alzheimer's, but we really don't know, because the only way we can find out for sure is... if and when she becomes deceased, if you donate the brain, we can dissect it and tell.' But he said that in his professional opinion she has it.

So she is presumably Alzheimer's.

Exactly. And she has developed some Parkinson's now, too. That's the diagnosis that she has.

Pete says that after the move to Durham, when Sadie was taken off the earlier drugs:

She could laugh, she could carry on a little bit of conversation with you, she would watch television, where before she'd be watching it but not really. And by this time she was losing her memory. That was already happening when we were in Michigan. She would forget where she put things.

I'm wondering if the convulsions stopped—either back in Michigan when she took that first drug, or after that?

No, they never stopped. In fact, they were more severe. That's one reason why her doctor up there in Michigan and I... why I'd get a little upset with him. Because nothing was happening with that. But, Dr. Schmechel put her on Neurontin® (gabapentin) and then the convulsions subsided. They didn't stop right away, but they were less severe and less frequent. And now, the last convulsion she had was probably about three years ago.

And that's the only medication she's on now except for a beta-blocker—those two.

But since she doesn't talk anymore, I don't know when she's having pain. I called Dr. Sheline (Barbara Sheline, family physician on the Duke faculty) a few weeks ago because she was crying out in pain. Usually, I have no idea if she's in pain. But I've learned how to read her face. I look right here between her eyes, and if that forehead's kind of squished up, she's thinking something that's bothering her, or she's having some pain.

So now, you rely on yourself. And Dr. Sheline may call once in a while. How often?

Only when I call her. When I need her she'll come. When hospice discharged Sadie, Dr. Sheline told me to call her—a long time ago. She said, "Call me at home." She only lives ten minutes from here. But I always hesitated to do that, because I didn't want to take advantage of her. I just didn't feel that was proper for me to do.

Well, that's the straw she chose—to be called. She could have gone into dermatology. No one would call her then.

She could have. But, anyhow, I didn't want to call her. And things were going fine until several weeks ago, when Sadie was in pain, terrible pain, and I had no idea where it was at or anything. So I called Dr. Sheline. She came over Saturday morning. And she spent quite a while here. And she checked her all out. She said she had a slight bit of pneumonia in her right lung. And then we came in the living room here and talked for a while, and she said that her heart is relatively strong and her blood pressure is pretty good. And she said that when she does pass away it will probably be pneumonia. Because she's inactive.

How would you describe Sadie's condition at the time you bought this house, 11 years ago? I'm wondering if she required any care then?

She was able to walk, but she was very forgetful. Although if you had known her 11 years ago, you wouldn't know, unless you spent time here and then you would be able to detect some of the things that were going on... She looked normal, and walked normal, and talked to you. But, then she would forget something she had done 15 minutes before. Not always, but often. And she needed to be watched.

What do you mean?

To make sure that if she was going to the bathroom... I had to make sure that when she walked down the hall that she went to the bathroom, because if this chair was setting there, as she walked past the chair, she would sit

down and go to the bathroom. So I had to keep my eye on her as to what she was doing and where she was going. And that would happen quite often. But as long as she was parked, she was fine.

What if you needed to go somewhere—to run an errand? Did you leave her here?

No, I'd take her with me. Well, she could be left here for a short period of time and not have too much of a problem. But then I'd have to stop and think: What if she lit the stove? And what if she did this, and what if she did that? So I'd take her with me.

Were there any times when you left her alone a little while, thinking she would be all right, but it turned out badly?



Sadie in the mid-1970s

Yes, once. I had a medical appointment over at Duke, and I had nobody to be with her. So I went over to get my X-ray or whatever they were going to do. And she stayed home. That's probably been nine years ago. I came home, and she wasn't here. I had been gone an hour, less than an hour. I looked in the showers; I looked under the beds; I looked everywhere. I couldn't find her. So I called the Sheriff. And the Sheriff said, 'Well, before you get really excited, take a walk through your subdivision while we get a car over there. See if you can find her.' Well, I was going to go that way, but I went this way, and I went around the back, to the town houses. And she was standing in the middle of the road. And all the neighbors were out working, so nobody was there to see her. And she was as red as fire. She was crying. She had wet herself. So I brought her back home, and changed her clothes for her, put her in bed, and put a cold washcloth on her head. What happened was she went out and sat on the front porch. And the door was not all the way open; it was

halfway open. And a UPS truck came up the street for a delivery next door. And he seen her sitting on the porch, because nobody was home next door, and he asked her if she would take this package for them, which she did. And she told me this. She went to come back in the house, and when she opened the storm door the vacuum pulled the wooden door shut, and it was locked. But the back door was open. And she said, 'I just wanted to find you, so I went to look for you.' So I'm very fortunate that she turned this way into the cul-de-sac area, because if she had gone straight ahead that way, she would have been down on the main road where there is traffic. She may have been in trouble then. So that was about the last time she's been out of my sight.

And that is the only time she's been lost?

Yes. But she's been confused many times. I had to put a rope... had to rope off the bedroom so that she wouldn't go past that rope, because she would sit on the edge of the bed and go to the bathroom. She wouldn't know where she was at.

As Sadie's condition deteriorated to the point where she was no longer responding, she was admitted to hospice. But hospice care comes with a term limit that is based on the expectation that the patient will die within a short time. Sadie did not die, however, and she was discharged last May. I asked Pete to describe the range of services that hospice provided.

A nurse would come once a week to check the vitals. A nurse's aide would come once a day to give her a bath, even on the weekends. And the social worker would come maybe every six or seven weeks.

And since she's been discharged, have you done all of that yourself?

Yes. Except that the two male nurses who are neighbors come in once and a while to check her blood pressure for me, and listen to her heart, when I ask them to. I keep charts on her—on everything I do, every day. I keep track of everything, and I can tell you... Here's where one of the nurses was over on July the fourth. Her blood pressure was 142 over 68. Her pulse was 60. 'Lung sounds...' I don't know what he put down here—'coarse crackles.' So I keep track of everything. And I started doing that because when hospice came in the nurse would ask me some things. I'd have so many things going on... And I have so many things about Alzheimer's on my computer. Every time I find something new I put it in my favorite ones, and then I read all about it. I read how to turn her in bed and how to change the bedclothes and how to do all that. I read it and then I go in there and refresh my memory on a lot of that stuff. Of course, when hospice was in I

watched them and what they did, too. So it taught me quite a bit.

But 11 years ago the care you were giving Sadie amounted mostly to keeping an eye out, watching when she got up to make sure she was headed to the right place, and so on. At some point the amount of care she required increased. I'm wondering what came next?

Her inability to walk properly. She would trip over things... and fall. Finally, I got her one of those aluminum walkers. And she would walk with that. But then she would have difficulty with it because she would lean backwards instead of forwards, and she would fall backwards. And then, of course, after that I bought a wheelchair. That walking problem started maybe six, eight years ago, and she kept getting progressively worse. And so about five years ago I bought what they call a transport chair, with the smaller wheels on it—light-weight. I bought that. And then three years ago I had a ramp put out there on my back deck. I didn't want it in the front. And then I had a sidewalk put in.

So, up until five years ago she could still walk, although with difficulty. After that she could no longer walk and had to be transported in the chair. Could she tell you then when she needed to go to the bathroom?

Yes, she would tell me, or I would know it was time. And I would take her in the back. In fact, I had the bathroom—the one in the room she's in, which is our master bedroom—it's her room now... the bathroom in there had a tub and a commode, and it was small. I had the wall knocked out and had the bathroom enlarged, had the tub ripped out, and put a shower in. And I bought a sliding bath chair. And I would set her in it, and I'd slide her into the shower, and then I'd get in the shower and wash her hair, and then slide her back out, dry her, and then bring her out here and put her in the chair, and she would sit there and either sleep or watch TV. But now I bathe her in bed. She doesn't get out of bed now. I stopped using the shower with her when I had my surgery (coronary bypass) two years ago, because they said I couldn't pick up anything over 30 pounds. I didn't have anybody here. Our youngest daughter came down and stayed for three months. She works at Home Depot, and she transferred down to this Home Depot in order to take care of Sadie. But she couldn't get her out of bed to put her into the shower.

Who would be here when you were in the hospital, or recuperating later, and your daughter was at work?

When I was having my surgery I had my family down here. But it was when I was recuperating, after everybody left, and I hadn't reached room temperature... But

hospice was here then, and I was here, and I was able to call if I needed any help. I was able to feed her, and I was able to do little things—most things, except pick up heavy things. I was able to make her lunch and make her dinner, and my daughter was within calling distance at Home Depot. If I needed her she would come home.

But now, since May of this year (2004), when hospice discharged Sadie, you have been her sole caretaker?

Yes. I bathe her; I feed her; I change her clothes; I change the bed clothing on the bed. Everything that hospice did, I do now. Before that, when hospice came, I didn't bathe her in bed. Before she had to be bathed in bed I did bathe her, though.

Of all the caretaking tasks that you perform on a regular basis, which is your biggest challenge?

Bathing.

How long does it take?

Well, when I started I think it took all day.

Literally? All day?

No, I'm exaggerating. But it took quite a while, because I never did it before—at least an hour and a half, maybe two hours. And why it took so long was that she would become rigid, hold her arms down. And I would try to pull her arms up, and she would get mad, and then she'd holler. And I'm thinking, I'm hurting her. And it just became a hassle. But then, as I kept doing it and trying to schedule, I figured I didn't have to bathe her every day because she's not getting dirty. Hospice was doing it, and different ladies would come, and they were experienced in what they were doing. So I had to figure out what I was going to do, because I can't bathe her every day or I would have become a basket case myself. So I scheduled that I would bathe her every other day. But that wasn't working out either. I was falling short on laundry and... It just wasn't working for me. Now I have it down to where I bathe her on Monday morning and Saturday morning. That's when I bathe her. And I change the bed clothing—unless they get soiled—once a week. Because she sleeps on waterproof pads. I put them over the sheet, so the sheet does not get soiled, unless there's a leakage or something when I'm changing her and I happen to get some on her. Then I'll change the bed. I learned how to take a fitted sheet and hook the corner on the top, and hook the corner on the bottom, roll her over and stuff it under, roll her back and hook the other side. I'm an expert. And I haven't even been in the Army! I'm an expert at it. I can bathe her in bed. I can change the bed



clothing in bed. I can shampoo her hair in bed. Once every three weeks I put...she gets that cradle cap—like little babies do—and I put the cradle cap conditioning on, and I comb all the flakes out. So... I need care! I take good care of her, though.

When you were observing the hospice people bathe her, did she get rigid and cry out then during the bath?

I never really noticed that. But after I'd bathe her I would often sit down and think: How did they do it? I'm sure they had problems, though, because she still does that. I have to figure out how to get her arms and slowly move them down to her side, while I talk to her. 'I'm going to wash your tummy now, so you've got to keep your arms down here.' And as soon as I get them down and I turn around to get the washcloth, I see that arm coming back up again. She hears. And she understands. But it takes a while for a lot of things to register. I don't say it just once. I have to keep reminding her. And I have to say, 'OK, now, the washcloth is going to be warm, not hot.' This morning when I was bathing her I put a waterproof pad under her legs, and then I would take the pillow, flatten the bed, take the pillow out, and then I take another waterproof pad and roll the corner, roll it towards her. And she starts screaming. I don't know why. And her arm was up. She just got frightened, I think. I had to keep talking to her, and tell her, 'I'm not going to hurt you. I'm not hurting you. Everything's fine.' But that doesn't happen every time. But she does hear. That's why I refrain from talking about anything in reference to her in the bedroom. And when people are over, when neighbors are over, if they ask me a question that I think is not right for me to answer in front of her, I won't answer it then. I'll tell them in the other room.

When do you feed her?

She has her breakfast in the morning. Then she has a snack in the afternoon. Then her dinner is about 5:30. Then in the evening about 8:30 I give her a Creamsicle. She loves Creamsicle. Then she's good for the night. I change her underwear first thing in the morning. Cause I don't want her lying in it until I get her breakfast, so I change her first thing in the morning. And then after I feed her breakfast, probably about an hour later, I go in and check her. And most of the time she needs to be changed then. Then I change her at dinnertime before I go to bed. And then every other day I have to give her a suppository. She'll have a bowel movement that'll be just a smudge. I buy the overnight fitted, throwaway underwear with the tapes on the sides. They're diapers. And that's what she wears. And, of course, she's on a waterproof pad, too, in case they leak. And I'm an expert at that, too. I can line it and roll her, and everything is exactly where I need it.

If you needed to go out for an hour or so this afternoon, what sort of arrangement could you make?

I have a schedule. Mondays, I don't have nothing scheduled to do. It's a bath day. And I also have things to do around the house, maybe cut the grass or whatever. But today (Monday) I did go out. My neighbor, the nurse, came over and sat while I ran to the bank. And then I went to the drugstore to pick up her prescription and came right back. But that's only because my neighbor was home, and I was able to do that. Most Mondays I'm here all day doing what I have to do around the house. On Tuesday I have a sitter that comes in from 1:00 to 3:00 or maybe 3:30. And I run my errands at that time; and even if I don't have no errands, at least I can get out for a little while. I'm on the executive board of the Helping Hand of Chapel Hill, and this lady, she's been coming over here for the last two years on Tuesdays, she's like a member of the family, a very nice lady. And then on Wednesday I have the hospice volunteer from before hospice discharged Sadie. He's a retired professor from Duke, a wonderful elderly gentleman. But we knew him before, when we lived over in the town house. And it was amazing that he was with hospice when Sadie was in there. But he said that he wasn't going to stop coming here (after hospice discharged her); he was going to come on Wednesdays, because he just wants to do that. So he comes on Wednesday, gets here about 12:30, and I'm back here by 3:00 or 3:30. And Wednesday is doing some errands that I didn't have a chance to get to on Tuesday. And then Thursday is the most delightful day of the whole week. And that's grocery shopping—with all these elderly old ladies—at Harris Teeter. So I do my grocery shopping on Thursday. I have a sitter from UNC, a young lady who volunteers through the

Helping Hand to sit while I go grocery shopping. And, of course, Friday I'm home all day, Saturday I'm home all day. Sunday I'm home all day—unless one of the neighbors stops in, and I may run down to the drugstore or something. Now, Sunday... there was a lady who was a nanny here in the neighborhood, and now she's... well, she's still a nanny. She's in her 70s, and she's been a very good friend of mine, and Sadie's, for about the last three or four years. She came here this past Sunday, and she fed Sadie for me while I went to the Wal-Mart—I had to pick up more diapers. So things like that will work out when I don't have anything scheduled. Somebody might stop by and tell me, 'If you have something to do, I have about an hour or so and...' We have a lot of friends here in the neighborhood. I was president of the homeowners' association here for seven years, so I know everybody.

Your past involvement in the neighborhood must make it easier for you to arrange this kind of help than it would for someone who wasn't that involved.

That's true. And there's not a day that goes by that I don't have one or two neighbors who stop by.

Since May, when you've had to do all the bathing and bed changing and diaper changing and feeding—all of it yourself—have you noticed whether Sadie's condition has deteriorated further?

It has. She shows more signs of something bothering her. And her eating habits have slowed way down. She doesn't eat as much. Although since Dr. Sheline was here a few weeks ago and put Sadie on some antibiotics for that pneumonia, her eating has picked up a wee bit. She's eating a little bit more than she did.

This is a very difficult thing in life to do, to take care of somebody. And when this really got to the nitty-gritty of taking care of her, when I go back and think of the many developing problems that she's had over the years, it's a strange... I don't know whether it's strange, that's not the right word, but you find out that, number one, family backs away. Everybody wants to disappear. You might have one or two... But everybody backs away; they don't want the problem. And you get mad. You get mad at yourself. You get mad at God. You get mad at her. You know: 'Why are you doing this?' And I became confused. I didn't know what to do. I didn't know how to handle things. At least I thought I didn't. But when you finally accept—I'm just speaking for myself—when I finally accepted that this is the way she is, and she's going to need a lot of my help and attention; once I accepted that, what I do doesn't seem like nothing. Prior to that it was a lot of work. But I guess that's the way life is. Once you accept something it becomes a lot easier. **NCMJ**