

I'm Richard.

Eileen and I have been happily married for 43 years.

About 4 years ago I noticed that Eileen was becoming quite forgetful and I encouraged her to visit the doctor, who found nothing wrong.

About a year later there was a similar visit to the doctor and again nothing was thought to be untoward.

Then about 18 months ago, following another visit to the doctor, Eileen was referred to a specialist; she had various tests, including a brain scan, and was diagnosed with Alzheimer's, which was a real shock for us both and for our son and daughter, who now both live in Australia.

There followed a period of information gathering, visiting the Alzheimer's web-site and offices, I attended the Caring and Coping course organised by the Alzheimer's Society, read lots of press articles which appear regularly and the book Contented Dementia.

What I found frustrating about this period of information gathering was the difficulty of obtaining definitive answers to some questions – 'every case is individual and different' – but now I appreciate that this is the case - for Eileen, the progress of the illness is very slow, therefore our plans for the future are very different from what they would have been had the rate of deterioration been much quicker.

After about 8 months we began to understand the illness as it applied to Eileen and from that understanding we began to develop an approach (maybe an incorrect approach) for the way in which we lead our lives, with the objective of delaying the progression of the illness.

The first part of our approach is leading our life as we did before the illness was diagnosed. From the Caring and Coping course I understand that in Eileen's case the Alzheimer's may have started 10 – 15 years ago, therefore the diagnosis did not represent a watershed, rather life goes on as normal. Eileen maintains her independence; she goes shopping most days into town alone, she organises our meals, the household, holidays, tickets to the cinema etc.

There are a number of problems, or faults; a bag of vegetables left on the market stall, train tickets were bought for a journey we had decided not to take, and 8 tickets for the Eisteddfod in Wales were bought when two would have sufficed; all minor problems which do not warrant a change to our decision to continue living our life as normally as usual, and I do believe that if we were to change, and for example I was to accompany Eileen everywhere she goes, then that would add to her loss of confidence and an increase in dependence, with a resulting deterioration in her self-esteem, and possibly an increase in the progression of the illness.

The biggest error by far was my fault, when Eileen and I had arranged to meet in the City Screen at a certain time. When the time came I couldn't find her; I asked for the help of an usher and we went into the auditorium but couldn't see her. I spent 2

hours driving around York looking for her, backwards and forwards to our house but still no sign of her and by this time I was thinking that she must have wandered off, so I called the police who responded very efficiently. After a further hour and a half Eileen was 'found' by two policemen who were waiting outside City Screen (where she had been happily watching the film the whole time, whilst wondering what had happened to me) and was given a lift home in the police car. The police were very forgiving and understanding, as have been all who have been involved in sorting out our faults.

If or when Eileen's illness does progress then we may buy a GPS system for her to carry when she goes out. We have other aids, such as a bracelet with the international medical symbol for Eileen to wear and I have a carer's card to carry, but we do not make use of them at present.

The second part of our approach, in addition to leading our life as we did before, is to keep as busy as possible, partly with the objective of providing mental stimulation which we hope will delay the progression of the illness.

I am still working for myself and Eileen helps a great deal, with typing, checking my grammar, answering the phone and keeping the books. Eileen still attends her monthly book group, weekly yoga, a drumming group and works as a volunteer at the Alzheimer's Society. We usually go to the cinema or theatre or restaurant each week, and we do a lot of walking, including a week's walking in the Yorkshire Dales each year. And we are planning a number of city breaks and holidays, including a visit to see our son and daughter in Australia this year.

I am convinced that keeping busy is helping Eileen a great deal. For example, when she returns from the Alzheimer's Society she is buzzing, and she will become very involved in the books she reads with the book group.

I don't regard myself as a 'carer' because Eileen is still so independent; I believe that it is more the case that we are both living with the onset of Alzheimer's.

For my part I believe it is necessary to become more vigilant, to check if the doors are locked at night, to check if we have all that we need when we go out etc.

I also hope to intervene in order that Eileen does not suffer experiences which cause her concern and so a loss of self-esteem. For example just before last Christmas sending out the Christmas cards was too much of a challenge for her so next Christmas that is something we will do together. Eileen differs in this regard, as she thought I had volunteered to do most of the cards this year.

A major consideration for us both at present is our house. It has been suggested that we should be looking for a small, easily maintained flat, but if Eileen's short term memory is lost, then she will be very confused if we move to a flat, in a neighbourhood with which she is not familiar. The solution seems to be to live where we are and make alterations as appropriate.

The lows: When we both working away 'happily', Eileen might ask me a question, and shortly after she may ask the same question again, and possibly again. Fortunately she has no memory of doing so therefore she is not concerned, but I find it a frequent reminder of her illness and how it might progress.

The highs: Eileen is happy and content, we have always (well, nearly always) been close but the Alzheimer's has brought us closer – an important high.