25 patient cases:

What can be done to improve self-reliance?

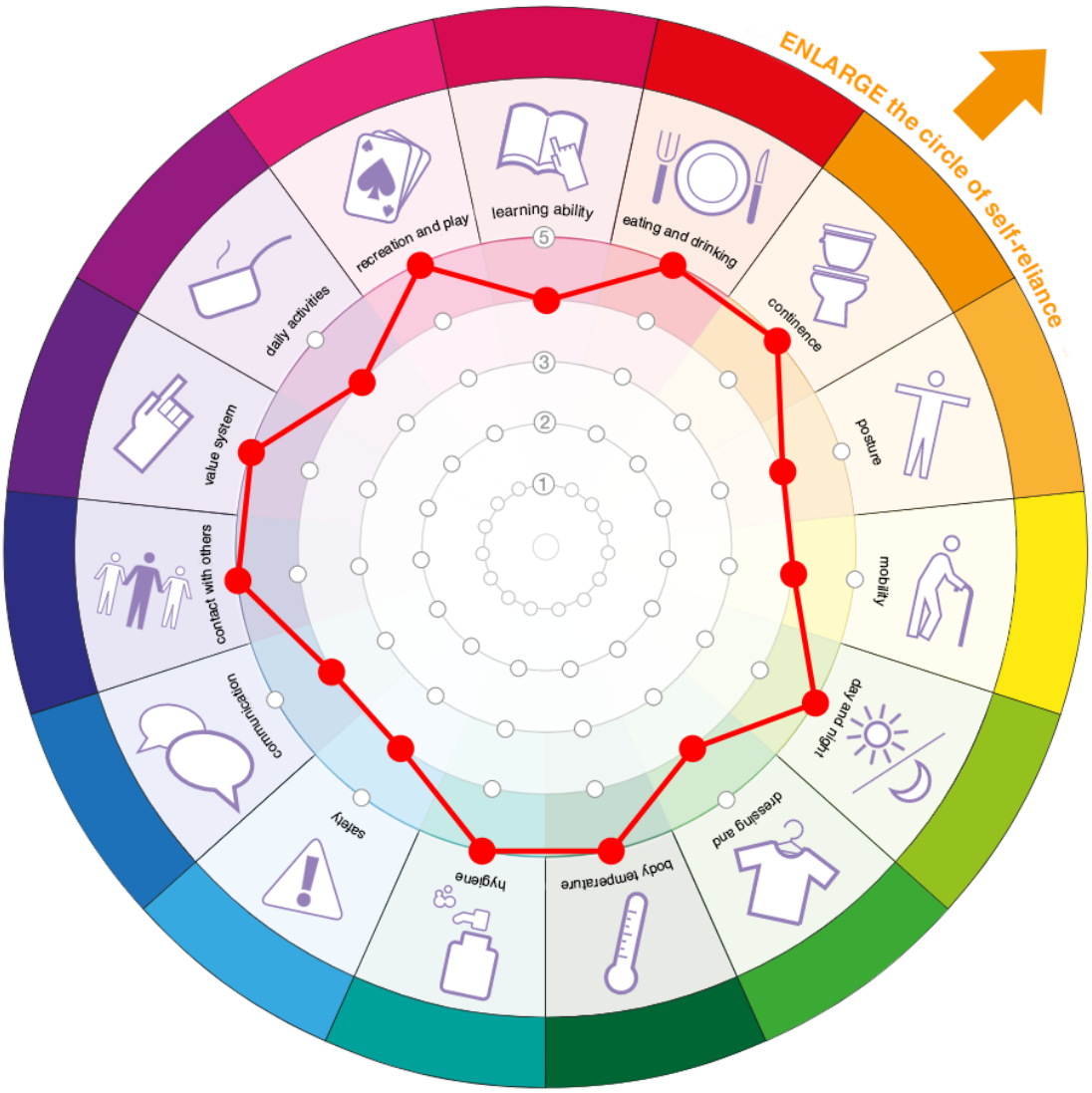
Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

Mr van de Akker (70)

Mr van de Akker is a sprightly, single male of 70 years with severe arthritis in both hands as his main health issue. Until recently, he worked as a professor at the university and he's very structured. His large agenda is his biggest ally, because he's becoming forgetful. He lives in a large detached house with the bedroom and bathroom upstairs. His wife recently passed away. Fortunately, he has good social contacts in the neighbourhood.

He does his shopping by bike at the local supermarket. However, recently he has twice fallen off his bike through losing his balance. It's important to him to do his errands, because it allows him to get out of the house. He likes to have a chat on the way and in the store. He spends a significant part of the day behind his laptop. He still likes to read dissertations and offers recommendations, if he's asked. However, because of the pain in his hands while typing, that is becoming very difficult. He's also worried about the fact that he's having difficulty locking the door. Now that winter is coming, the joints in his hands hurt more.

He got a big scare a week ago. When he came home from shopping, all the lights were still on. Luckily, it wasn't a burglary. Apparently, he had forgotten to switch them off, and the gas stove was still on too. Although there was no pan on it and it was on low heat, this still mustn't happen again.



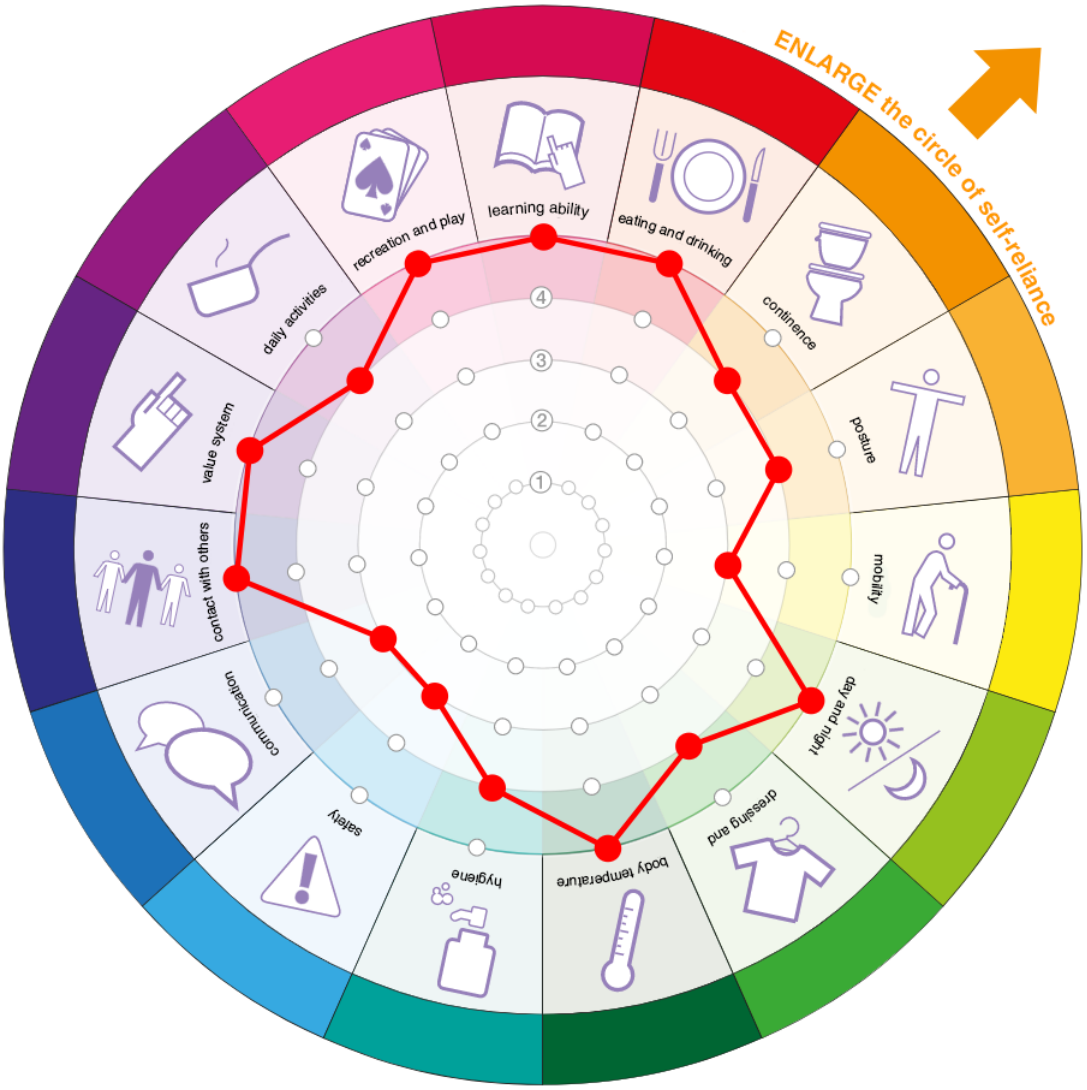
Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

Mrs Bakker (81)

Mrs Bakker is a frail, single woman of 81 and her main health issues are two moderately functioning and painful knees. A year ago, she received a new left knee, but without the desired result. She receives home care twice a week and domestic help once a week. She lives in a senior apartment on the ground floor. All her life, she has always been keen on her freedom and independence. She has a caring son who regularly visits her.

At home she walks with a walking stick in her right hand, as instructed by her physiotherapist. To her, the biggest disadvantage of the stick is that it falls down when she needs her hands for something else. “They should find a solution for that.” She does her shopping at the store in the nearby nursing home with her walker. She can also visit her friends in the neighbourhood with her walker. However, this is becoming increasingly difficult since she’s feeling more pain in her knees after having walked with the walker.

She recently visited a friend, but after coming home she could barely get up from the toilet. For a minute, she thought she’d have to spend the evening and night in the toilet. She could not get up. Both knees were painful and stiffened from the low sitting position. Fortunately, her son, who is the only one with a key to the apartment, made an unexpected visit and he could help her get up. She didn’t even want to imagine what could have happened if he hadn’t shown up. She would have had to sit there until the home carer came the next morning.



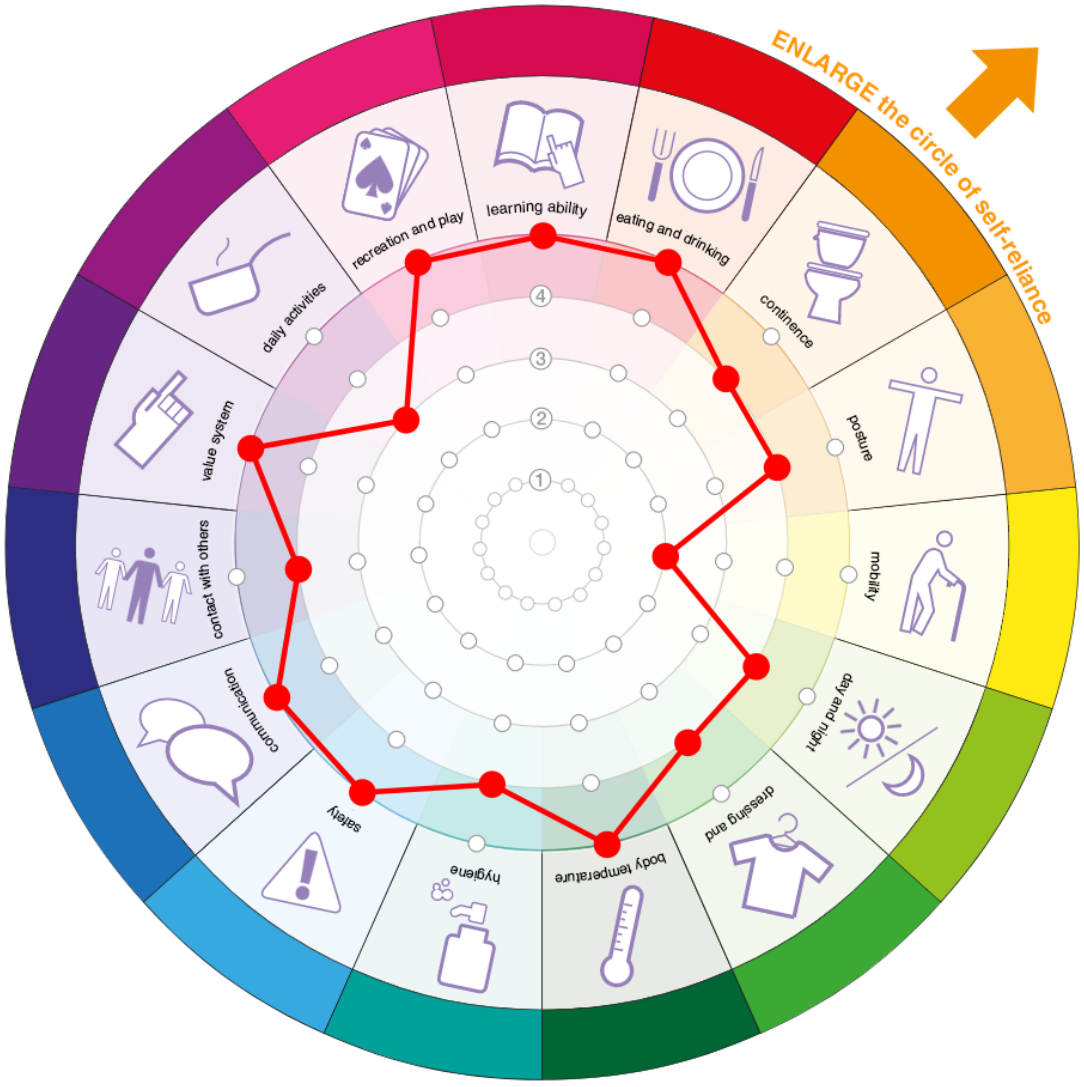
Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

Mr Cassel (48)

Mr Cassel is a sturdy, married man of 48 years with serious heart failure as his main health issue. His wife is robust and glad that she's able to take care of her husband herself. Every day they go outside together to get some fresh air. He's then in his wheelchair and she pushes him. Lately, Mrs Cassel has been dreading these walks. Pushing the wheelchair is heavy. That's why they skipped a day last week, for the first time. Mr Cassel uses compression stockings for his oedematous legs. Even though he's able to put them on and take them off himself, he increasingly asks his wife to lend a hand.

For Mrs Cassel it's inconvenient that when she has to go to the toilet during the night and cannot turn on the light because that would wake up her husband. And he really needs his rest. That's why she has a flashlight on her nightstand so she can have some light. Recently, the batteries were empty and she tripped at night. Luckily she didn't break anything.

Because Mr Cassel's oedematous legs start to hurt at the end of the day, he often goes to bed at 7 pm and watches TV. He lifts his lower legs onto pillows. During a house call from the GP, she said this was a good solution, but that she preferred putting the pillow under the mattress in order to distribute the pressure more evenly and prevent thrombosis. The only downside of this solution is that his wife has to pull out the pillows from under the mattress before they go to sleep and put them back again the next day.



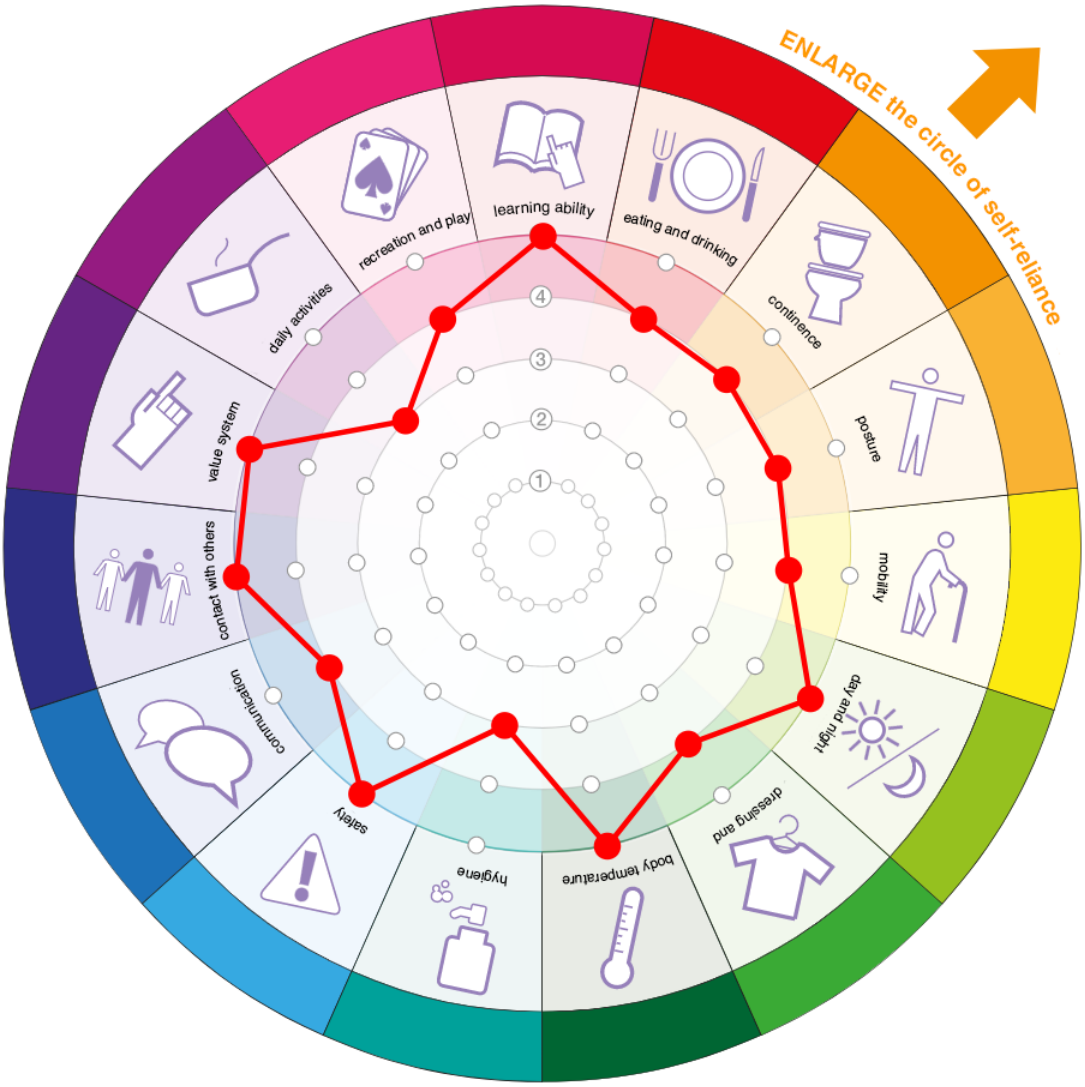
Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

Mrs Dapper (31)

Mrs Dapper is a young, physically disabled woman of 31, her main health issue being a spinal cord injury. Both her legs are paralysed as a result of a serious accident more than two years ago. Her arm functions are good. The coordination in her hands is reduced. She can no longer do her work as tax consultant. She cannot sit without arm support. She has a manual wheelchair and is living in a specially adapted home. She receives home care twice a day and domestic help twice a week.

She's an inherently positive person: "Life is full of surprises if you're willing to move on again." It often happens that she drops something. Recently, when she was about to visit the dentist, her appointment card and her cards fell on the floor. It took her half an hour to pick them up. "Oops, I should call and ask if the cavities can be filled a little bit later as well."

She is active, likes to get out for some fresh air and regularly goes to the park in her wheelchair. She has a mobility scooter for outdoor use. However, she thinks that passive transportation such as the scooter is actually something for old people. In addition, it's important for her to be self-reliant, to maintain the strength in her arms and her stamina. If she drinks coffee from a regular cup, if often goes wrong. And if you spill coffee on your white blouse, rubbing the stain out won't work and getting changed quickly is an illusion. Going to the toilet is often a problem when she's visiting somewhere. Most of the time it's not an issue if you go back home on time, but "if you've got to go, you've got to go."



Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

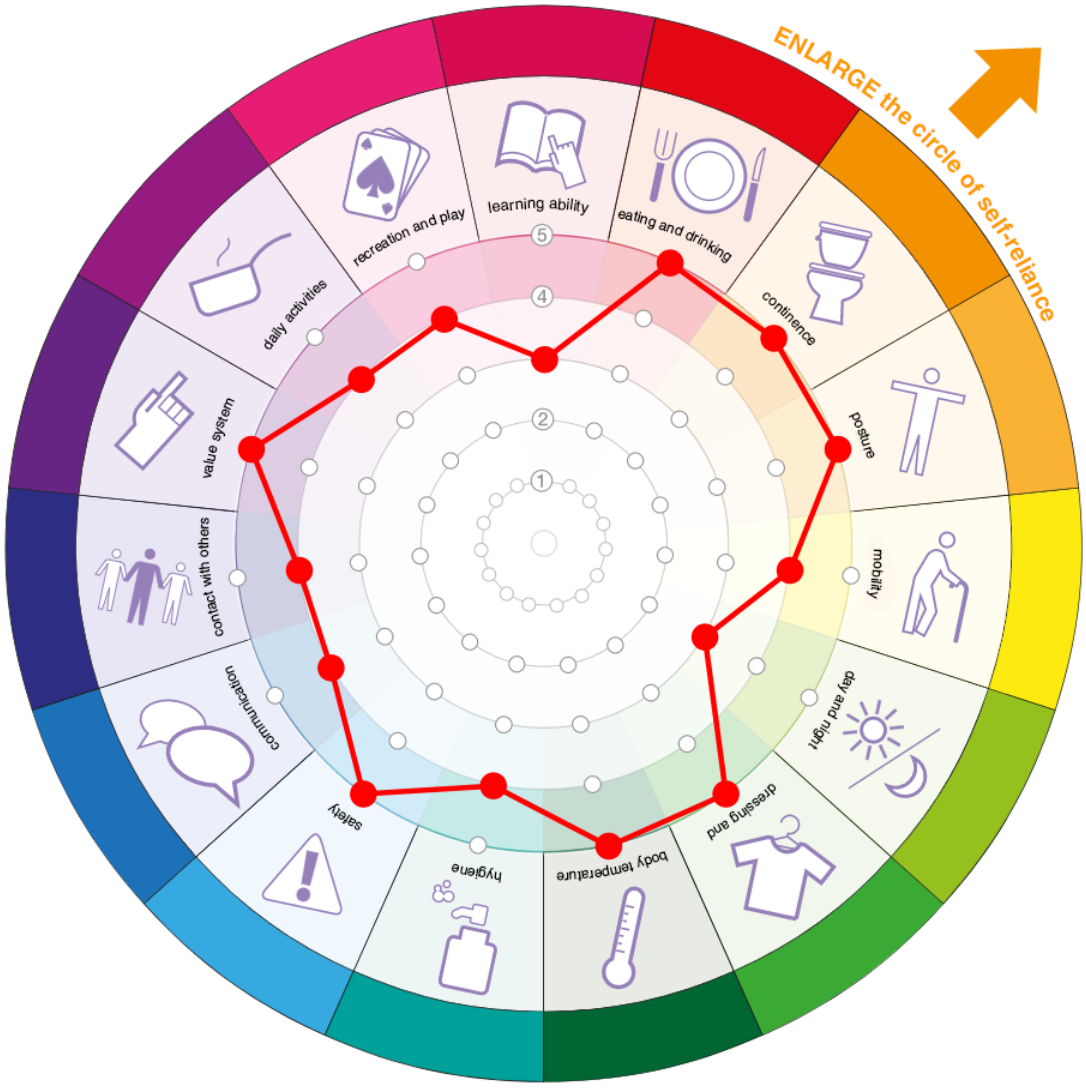
Mr Evers (76)

Mr Evers is a sprightly married man of 76 with early onset Alzheimer's disease. His partner is five years younger and is also agile. They're both passionate about hiking and cycling. They live in a single-family home on the outskirts of the city; the bedroom and bathroom are on the ground floor.

They have a son and a daughter. Unfortunately, the children don't live next door. That's why they often call them. Sadly, twice today Mr Evers thought he was calling his son, but it was his daughter who answered the phone. He's afraid to tell his wife.

On the other hand, Mrs Evers is worried that her husband is becoming a danger on the road, even when she's cycling beside him and giving directions. The other day, he just took off on his bike, without looking. Luckily, a car that was coming from the right managed to hit the brakes on time. When she got angry with him, he became very upset. "We can still keep cycling together, can't we," was all he could say.

She's recently noticing that her husband already falls asleep when reading the paper in the morning. Especially now that the days are shorter and the weather is cloudy. When she wakes him up, he indicates that he's tired. He also says that it's getting dark and that it's bedtime. This is hard for her. Two days ago, when after breakfast she had had a chat with the neighbour, she even found him back in bed in his pyjamas. It took her a lot of effort to convince him that it was the middle of the day and far from evening.



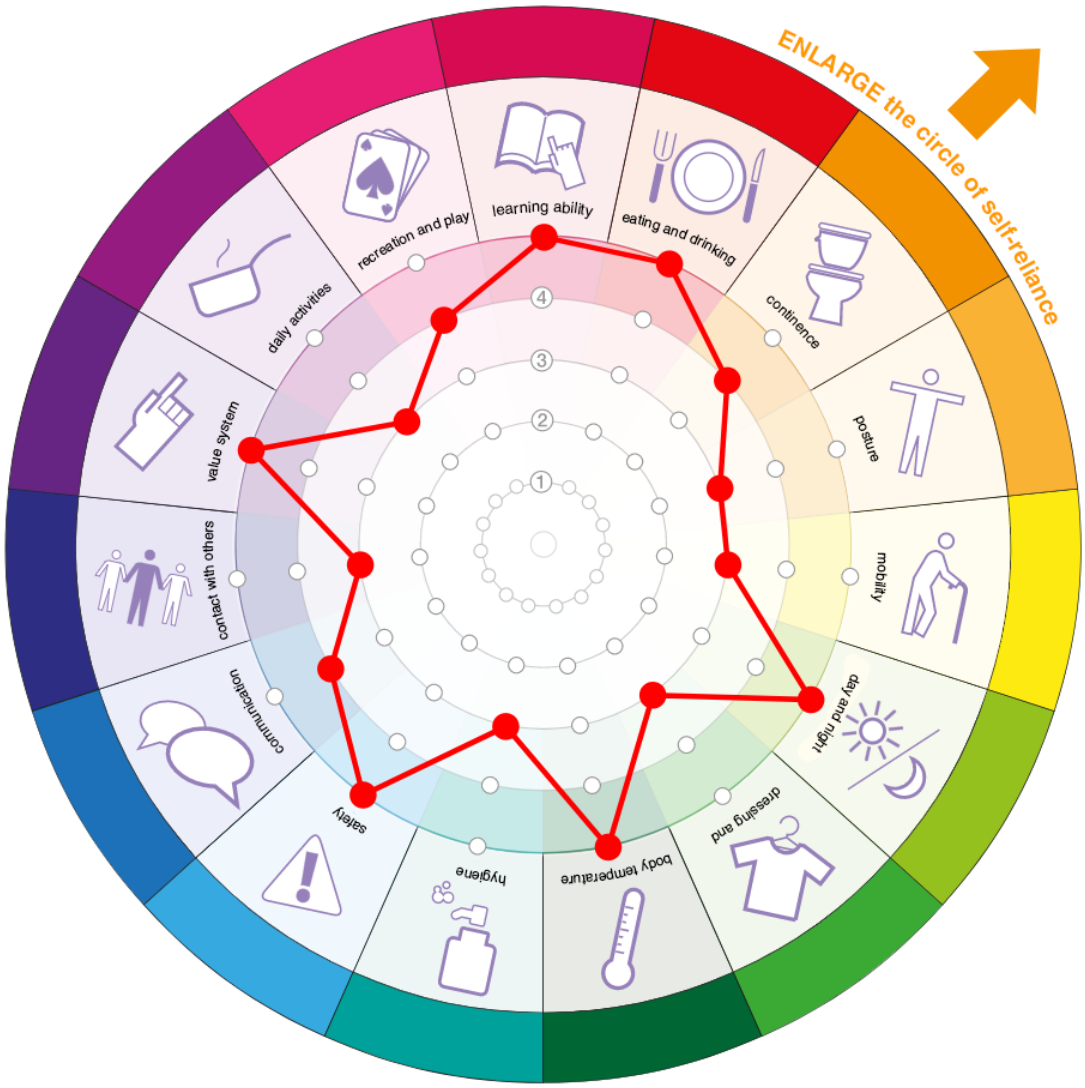
Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

Mrs Ferdinand (42)

Mrs Ferdinand is 42 years old and lives in an institution for the disabled. She is mildly mentally handicapped and has difficulty walking due to substantial obesity. She has a BMI of 57. Her height is 171 cm and she weighs 198 kg. She suffers from morbid, apple-shaped obesity. She also has the sleep apnoea syndrome and type 2 diabetes mellitus.

Because of the regular occurrences of apnoea during the night, she has trouble sleeping. The caregivers have to turn her over regularly since she's unable to do that herself. Getting up out of bed and standing upright is becoming increasingly difficult. She has fallen down several times already. According to her, the caregivers don't listen to her properly when she gets up and she's afraid. She believes she needs a strong person and support when she gets up to keep her balance. It's not so much standing up in itself that's the problem, but it's the fear of losing her balance.

Walking is difficult because of pain in the knee, hip and ankle joints. That's why she's consistently walking less. With longer distances to the meeting area she doesn't have the possibility to take a break. What is also stopping her is that she overheard caregivers in the hall talking about "the fat one in number 9" and she doesn't really know how to handle that. She often says that she's finished and that she feels lonely. She washes herself sitting down in a shower chair at the sink. However, she can no longer reach her feet. The caregivers must help her with this. Given that she really cares for her privacy and that she's ashamed of her body, she finds this unpleasant.



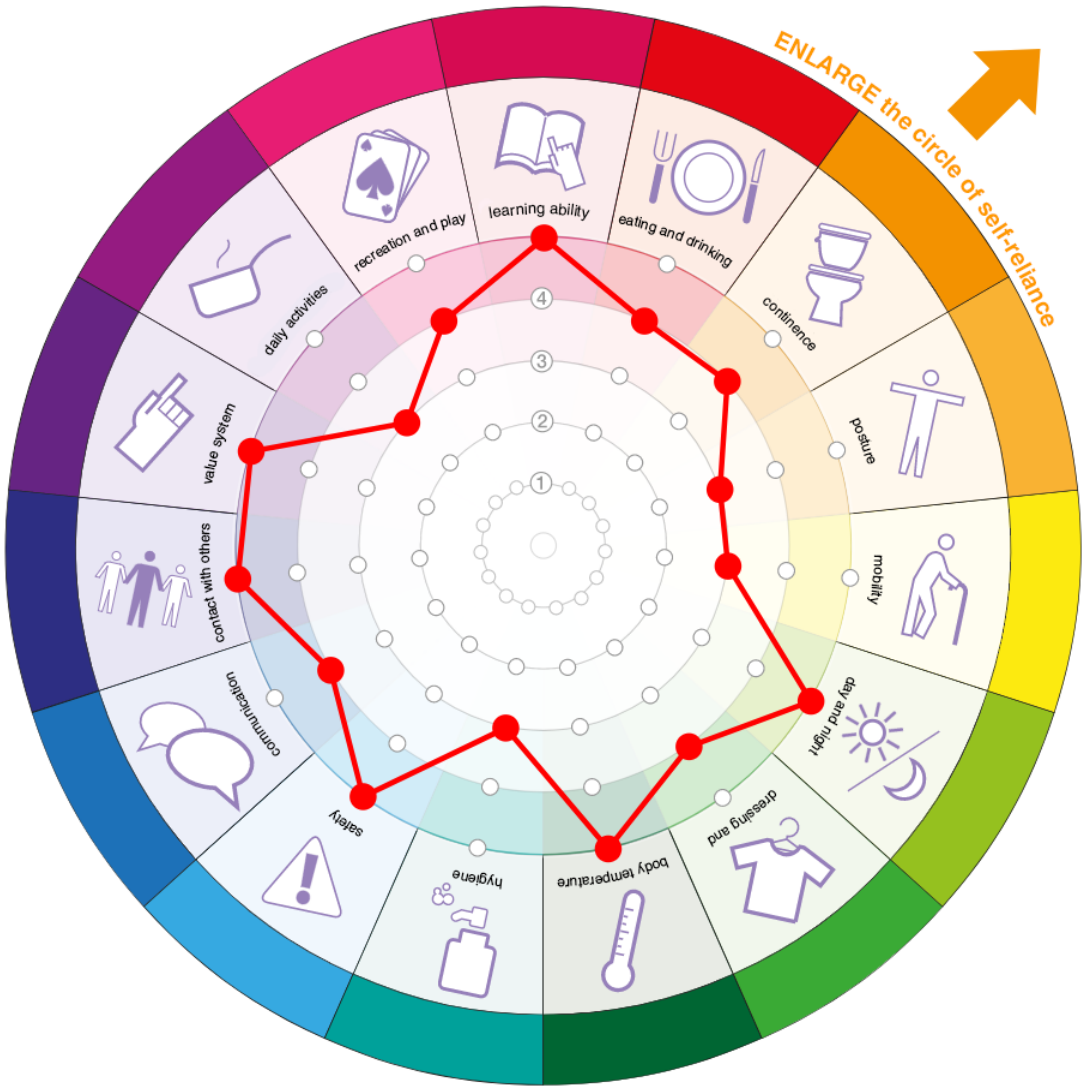
Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

Mrs Gerrits (61)

Mrs Gerrits is a single woman of 61 and has been wheelchair-dependent since the age of 30. Due to a surgical error, both her legs are paralysed. She really likes her independence and she always has a well-groomed appearance. She lives in an adapted apartment next to a nursing home and has a heated storage for her mobility scooter. In the evening she goes to the nursing home in her wheelchair to have dinner with others. She receives care three times a day.

She washes herself. The caregiver prepares the wash bowl, gives her a towel and lays out her clothes. Lately, she finds that this is requiring a lot of energy. She could ask for more help, but that goes against her nature. She has a lot of trouble getting her legs into bed when she's transferring from the chair to her bed with the sliding board. She has experimented somewhat herself with a bandage and a loop, but that didn't really work either.

From the start, she has preferred moving the wheelchair by hand. This way, she stays in shape and keeps her strength. Also, it looks cool. An older woman in a sporty wheelchair. The last few months her shoulders have been hurting when she covers the distance to the nursing home. She could use her scooter, but that isn't practical and she tries to hold off that moment as long as possible. She has domestic help once a week and they clean the apartment together. If others wouldn't think it was so strange, she would even vacuum with a handheld vacuum cleaner. A clean and tidy house gives her enormous pleasure and she likes to help. Because it's starting to become harder, she's looking for a cleaning method that requires less energy.



Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

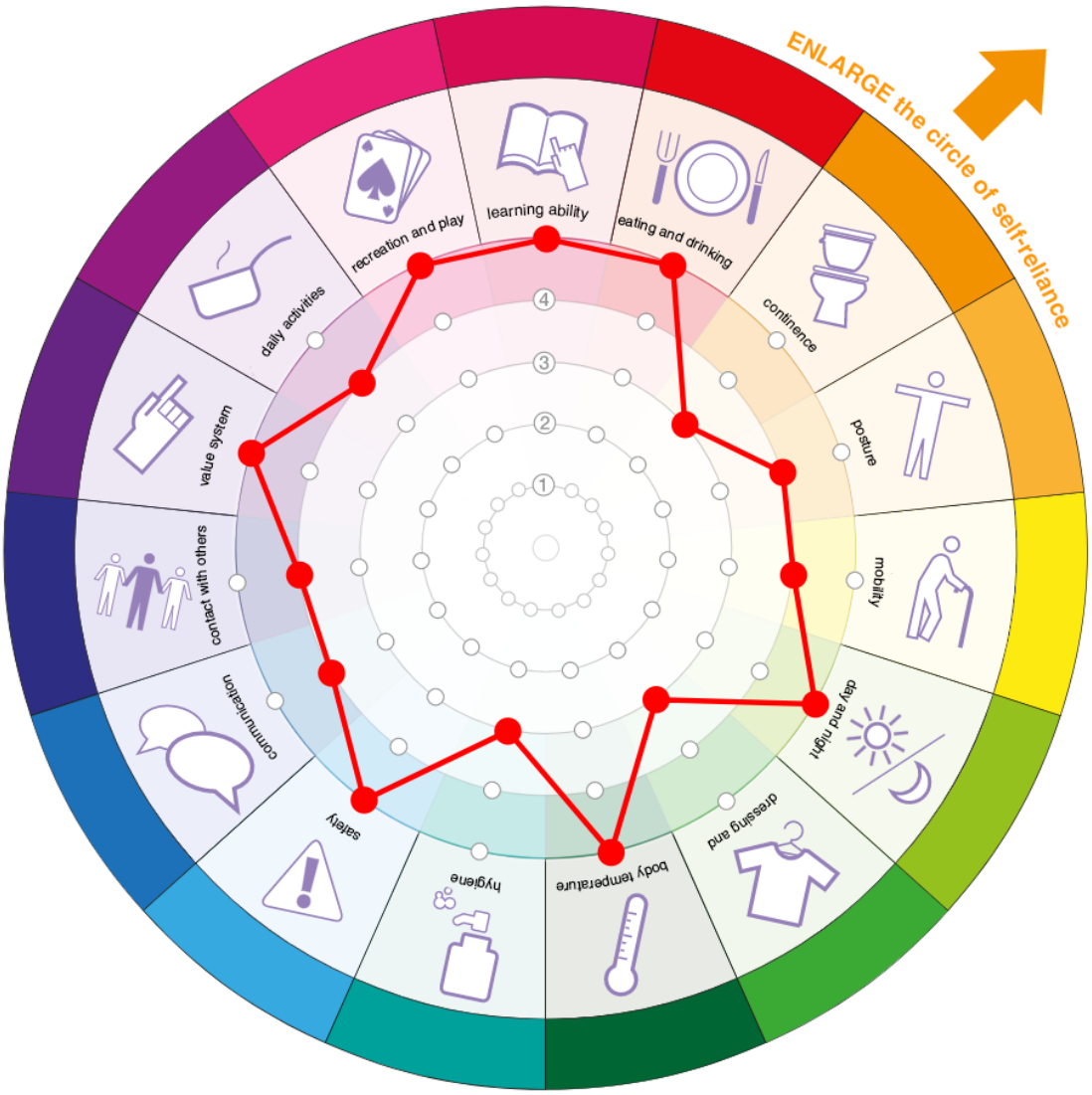
Mr Hendriks (51)

Mr Hendriks is 51 and married, and has been wheelchair-dependent for 7 years. Following an accident, he developed severe post-traumatic dystrophy in his legs. The accident and the months thereafter have had a huge impact on his lifestyle. Before the accident he was cheerful, active and hardworking. After the accident he's been depressed, passive and resigned. As a result, he has gained a lot of weight.

He has now been admitted to hospital for erysipelas on his right leg. The nurse has explained to him that it's important for maintaining and restoring his overall endurance and strength to do as much as possible without help. The risk of bed sores also decreases if you do more yourself and regularly change position independently. The nurses will encourage him as much as possible and help him when he's unable to do something himself.

When Mr Hendriks is helped out of bed with a passive lift, he operates the buttons himself, under the supervision of a nurse. He uses an electric high-low bed with manual operation, with the option for Fowler's position and side rails. After instruction, he's been capable of operating the bed himself. Even so, on the third day of his stay in hospital, he asked for something with which he could lift himself more easily and train his arms simultaneously.

Mr Hendriks knows very well how to wash himself with special washcloths. However, he doesn't know the best way to wash his hair. He mostly manages to get dressed himself. He does, however, have a lot of trouble putting on his shoes and it happens regularly that he drops something.



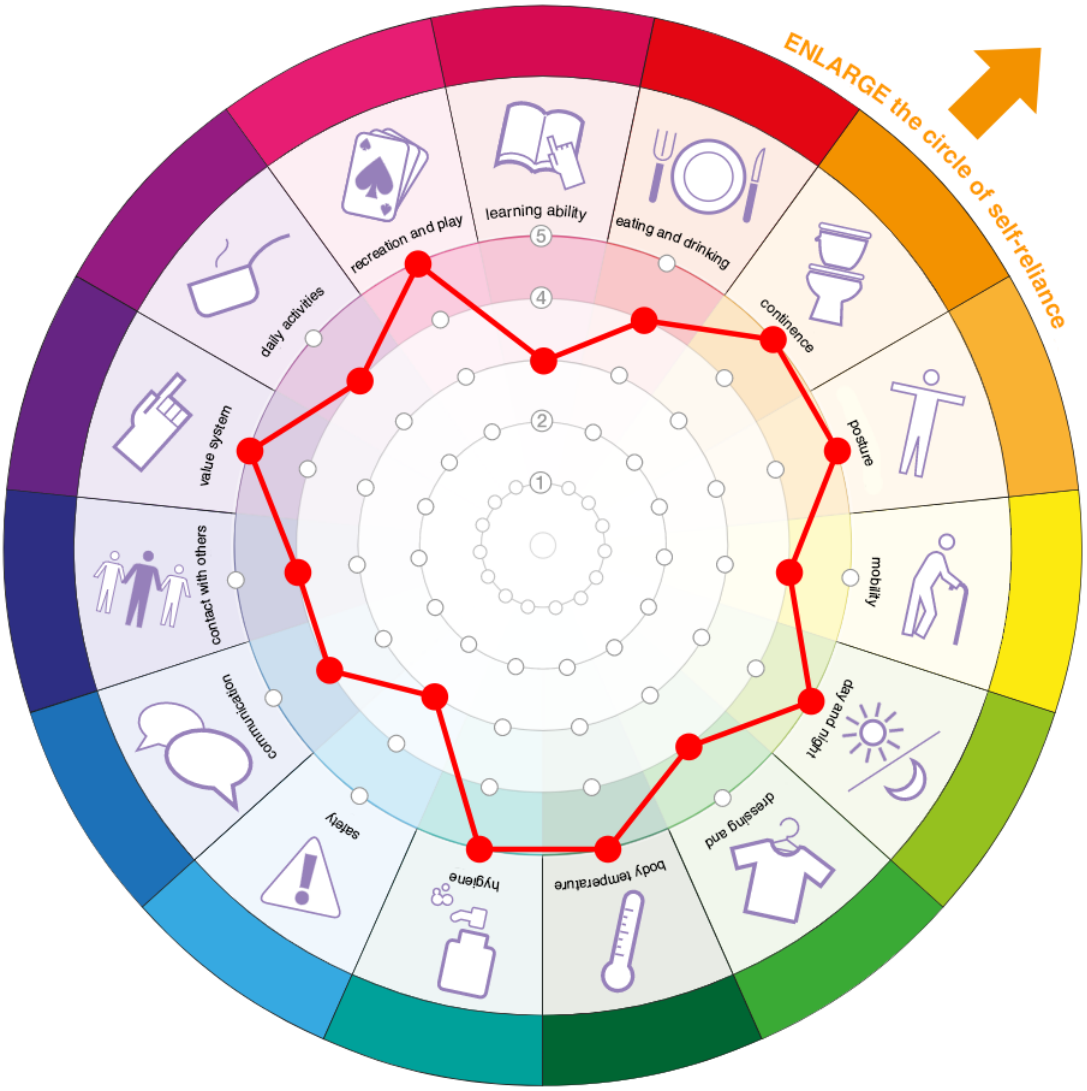
Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

Mrs Verdonk (82)

Neeltje Verdonk is always sitting in the same spot, in her brown worn armchair by the window. Often the TV is on, but she hardly watches it. She's 82, has advanced dementia and still lives alone. She wants to keep it that way, even though her family and friends do not live around the corner. At the request of the children, the home-care staff lock the front door after their visit, because they're afraid that she'll otherwise go wandering the streets.

Neeltje often gets angry about the locked door. She feels locked in, she says. She wants to be able to open the door if someone calls, or go outside for a walk around the building. The home-care organisation believed that she's entitled to as much freedom as possible and decided to reach out to the family. In the end, they have agreed to not lock the front door and to see what happens. The daughters each come to stay for a few days to keep an eye on the situation.

It turns out that Neeltje indeed ventures around. She walks up to the fence of the front yard, looks around for a while, chats with a passer-by and then happily goes back inside. Because of this freedom, she's no longer weary and lethargic indoors.

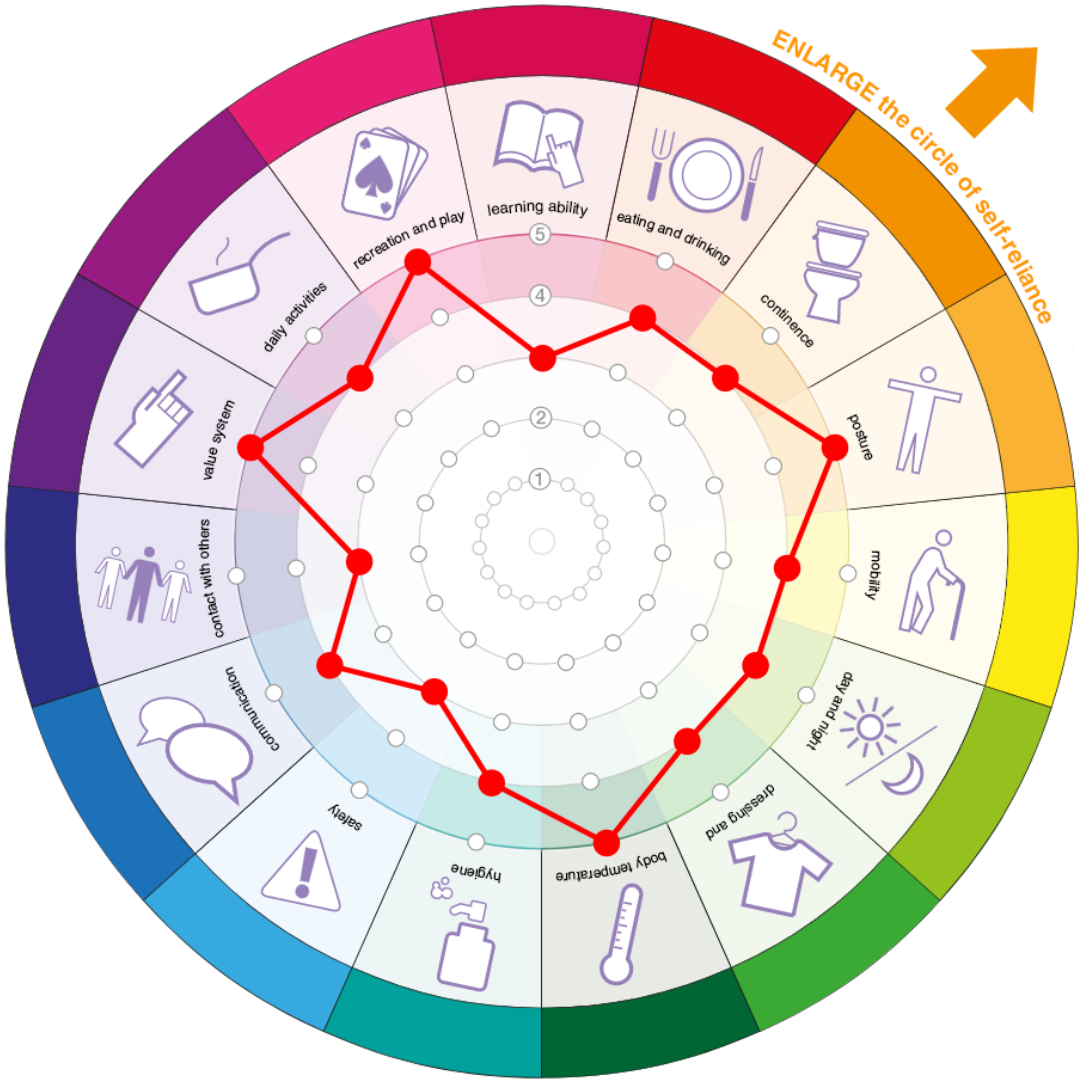


Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

Mr de Vries (57)

Suspicion and forgetfulness make for a bad combination. Especially if you also have an intellectual disability and psychiatric problems. All this causes a lot of unrest for Herbert de Vries, aged 57. He often runs away and occasionally falls. As a result, he has had a number of complicated fractures. To reduce the risk, Herbert has a Swedish band in bed and during the day he's seated in a so-called plank chair: a chair he's unable to push back on his own. He doesn't like this, and shows it too. As a result, he is becoming even more restless and suspicious.

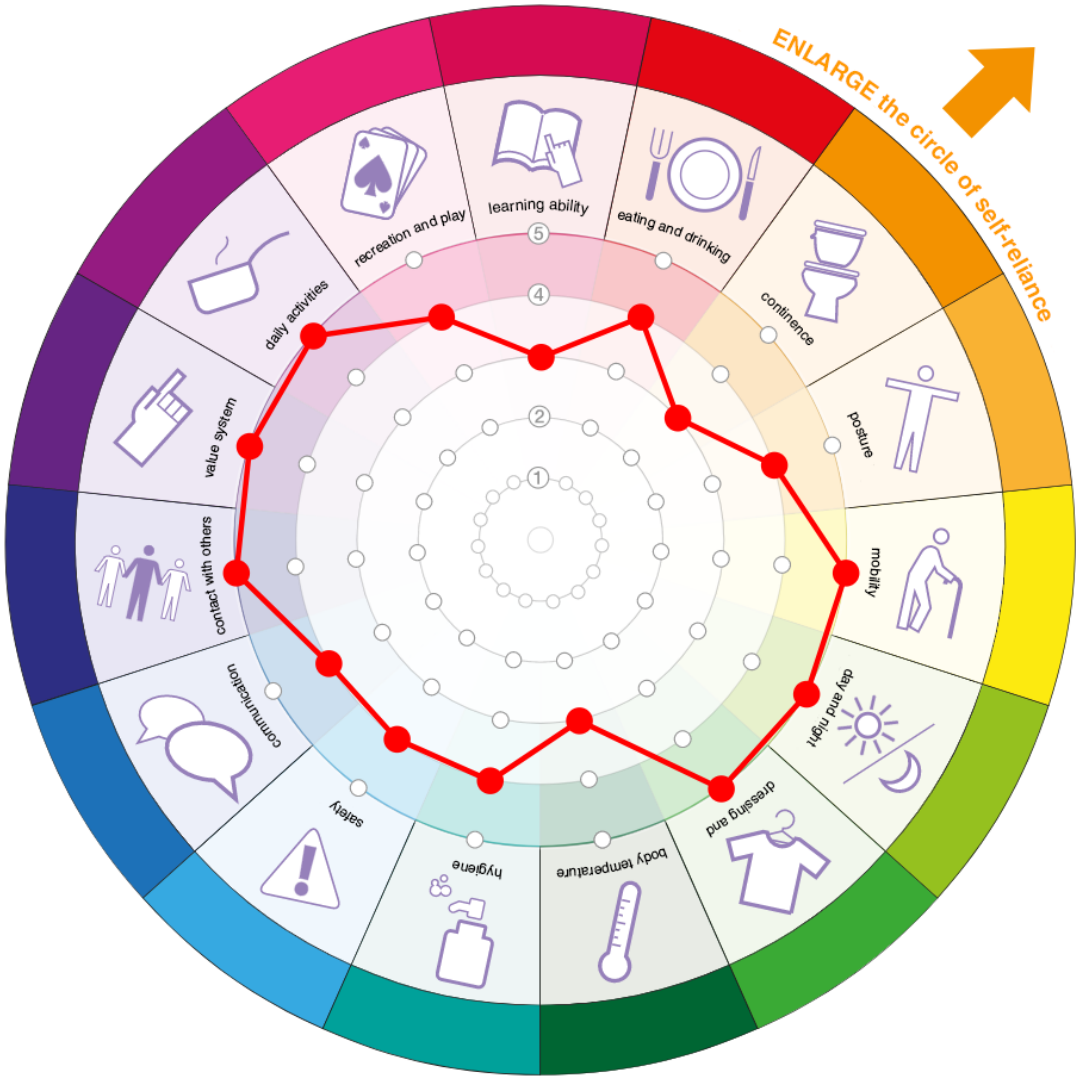
The employees observed Herbert and were talking with his family to find out what he likes and what calms him down. Subsequently, a multidisciplinary decision has been made to implement changes step by step. The family find it difficult and are afraid that he will fall again.



Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

Mr Jak (78)

Two years ago, Peter Jak was admitted to the nursing home with frontotemporal dementia. During the day, Peter is a quiet man, but at night he's picking his incontinence material and as a result, he often wets himself and all the rubbish ends up on the floor. He also throws his sheets off and then he gets cold. The staff are contemplating having him wear a pyjama suit: one-piece sleepwear. This will prevent him from picking and he'll no longer be exposed. However, it could also lead to resistance and even more unrest.

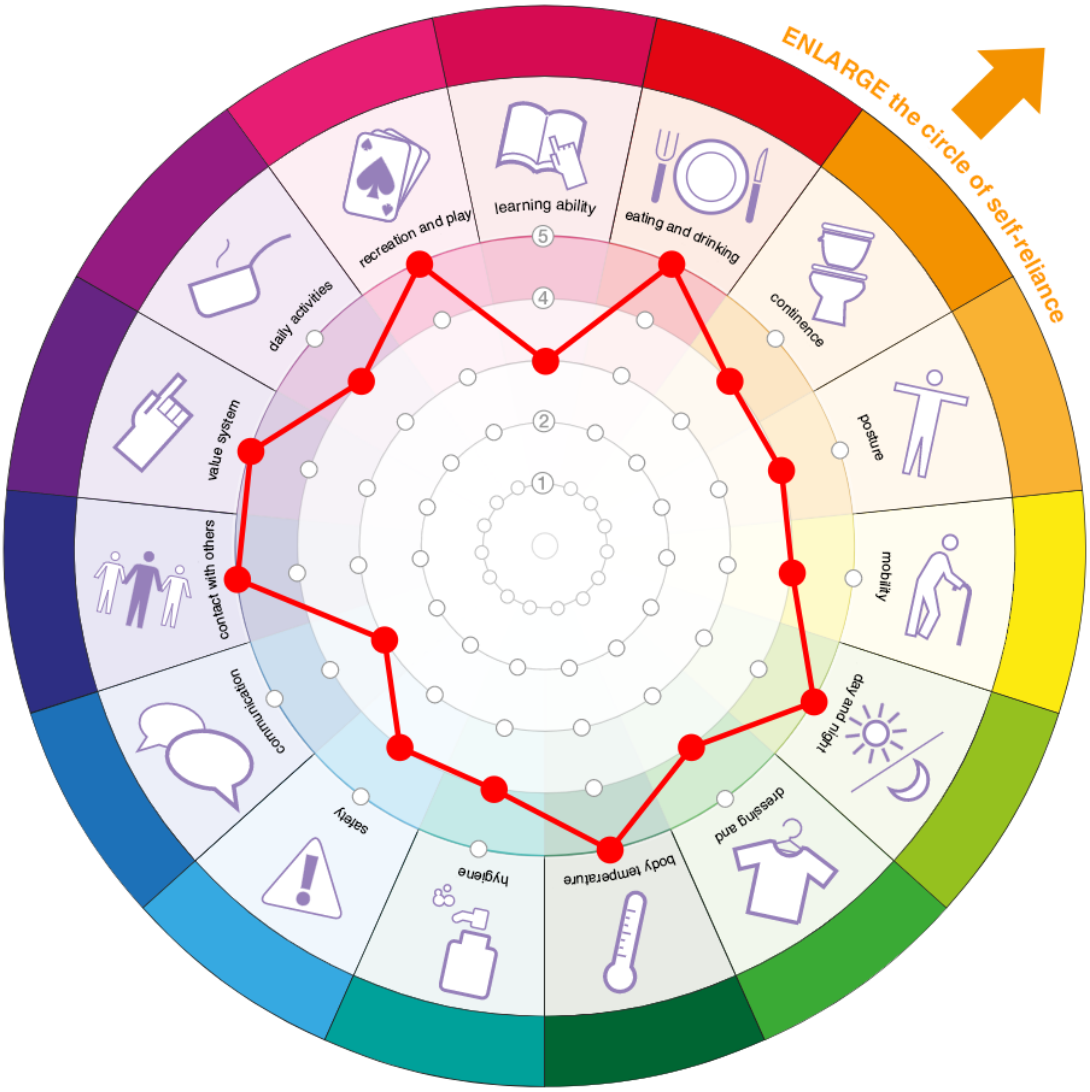


Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

Mr de Rooij (72)

Karel de Rooij is no longer capable of expressing what he wants. His caregivers at the nursing home don't always understand him, which in turn makes him aggressive. He's 72 years old and has Lewy body dementia. He could always walk well, but he did it so much that it exhausted him and he sometimes fell. That's why it was decided a few years ago that he would stay in a triple chair during the day with a seatbelt, and that he would wear a security vest during the night.

Karel is often annoyed because he's no longer able to go about as he pleases. He deliberately gets in the way of the caregivers with his triple chair and sometimes suddenly becomes aggressive. He always sighs deeply when has to put on the security vest. His caregivers have decided to see whether things can be done differently.



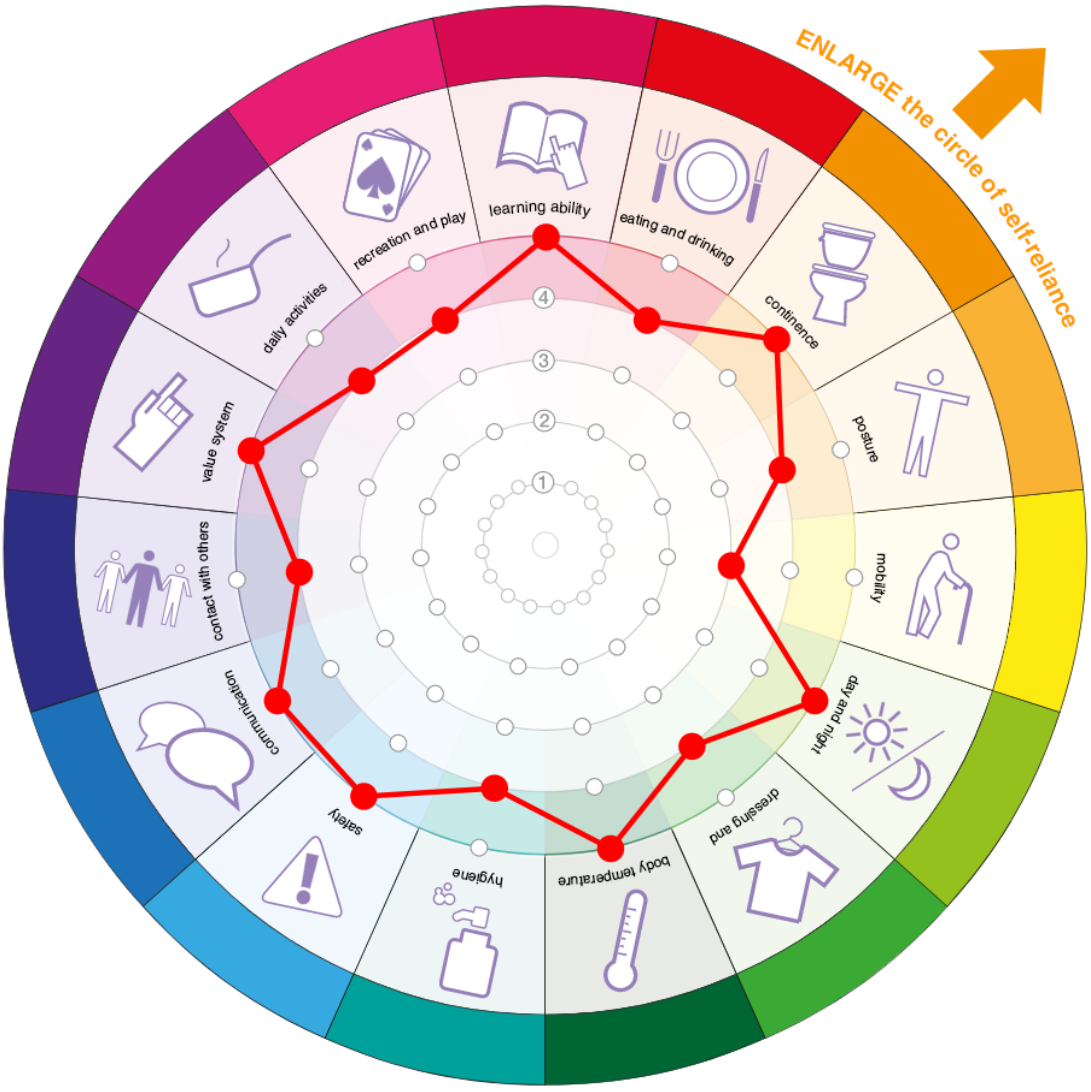
Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

Mrs Schipper (70)

This lady is a widow, lives independently and does not have an active life. She's moderately mobile and her physical condition is reasonable. She only leaves the house for necessary errands and has little contact with her family. She is a heavy smoker. She suffers from emphysaema and is being treated by a lung specialist. Last October, the dermatologist removed a piece of skin on her lower leg in connection with skin cancer. At the time, the wound was not clean so the surgeon removed more tissue. The wound resulting from this is not closing. She is no longer being treated by a specialist or GP.

She receives daily help from a caregiver from our home-care agency, who helps her with the necessary things concerning personal care and wound care. After a lengthy bout of flu, Mrs Schipper has rapidly deteriorated. She is constantly short of breath and is no longer able to do much. She's dissatisfied about this, but also doesn't accept help easily. Last week this led to a quarrel with the caregiver who, with good intentions, tried to help her button her dress. According to the caregiver, Mrs Schipper unreasonably yelled at her.

It has been regularly pointed out to her that a cylinder with extra oxygen could help her have more energy. The caregiver had also discussed this with her during this incident. She was not at all open to this.



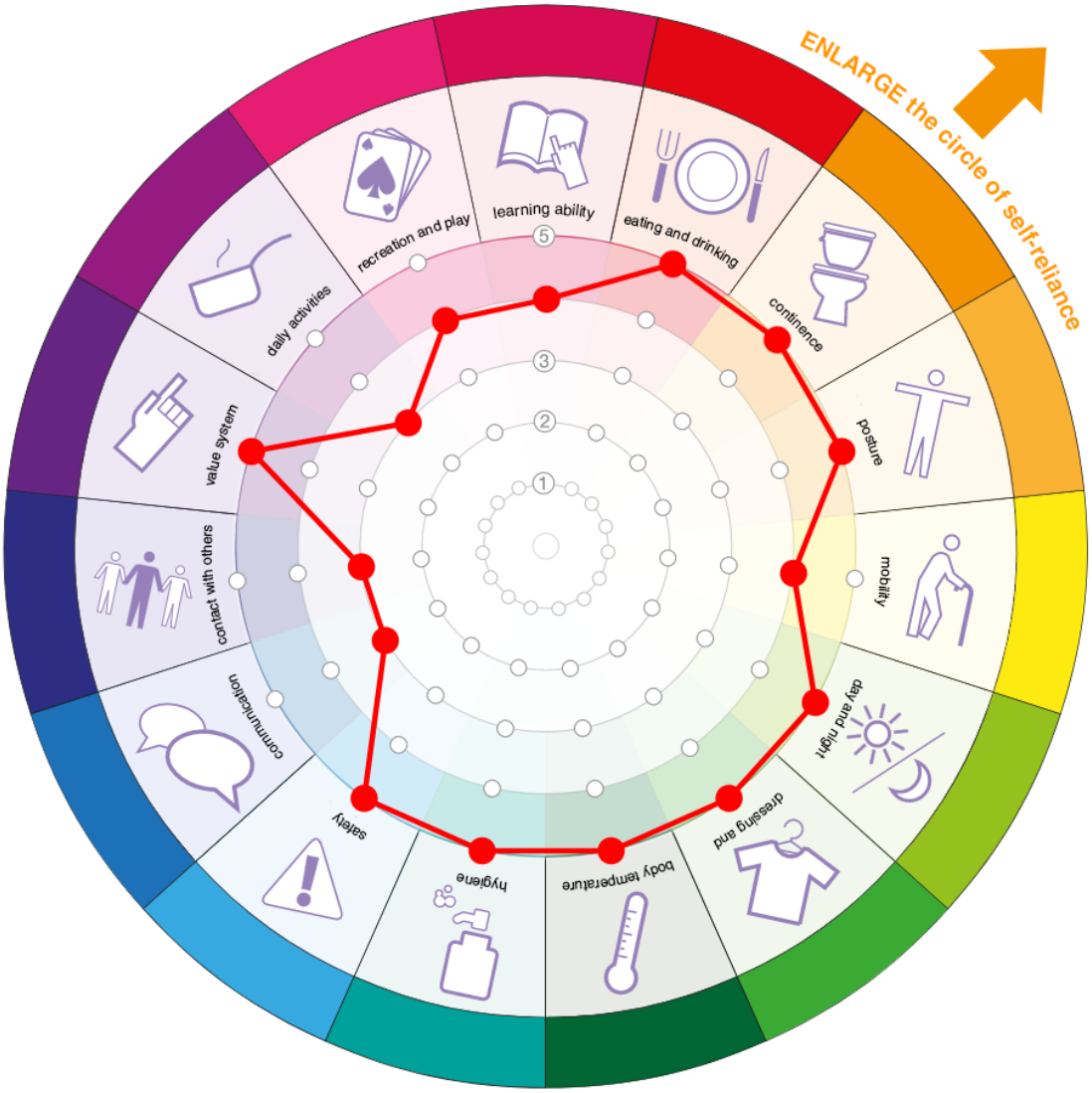
Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

Mr Doevedans (68)

This gentleman was recently operated on for a carcinoma in his throat. A tracheostoma has been applied. Therefore, Mr Doevedans still has a lot of trouble speaking. He visits a speech therapist each week who helps him articulate himself better. The surgery took place a month ago. He was divorced years ago and has been living alone ever since. He is currently receiving home care in connection with an infection in the surgical wound in his throat.

Mr Doevedans says his life has changed dramatically. He feels that people have a hard time dealing with this handicap. For example, he used to chat with acquaintances in his neighbourhood, but they seem to have great difficulty due to his poor speech ability. He thinks they're now trying to avoid him more, because he has cancer.

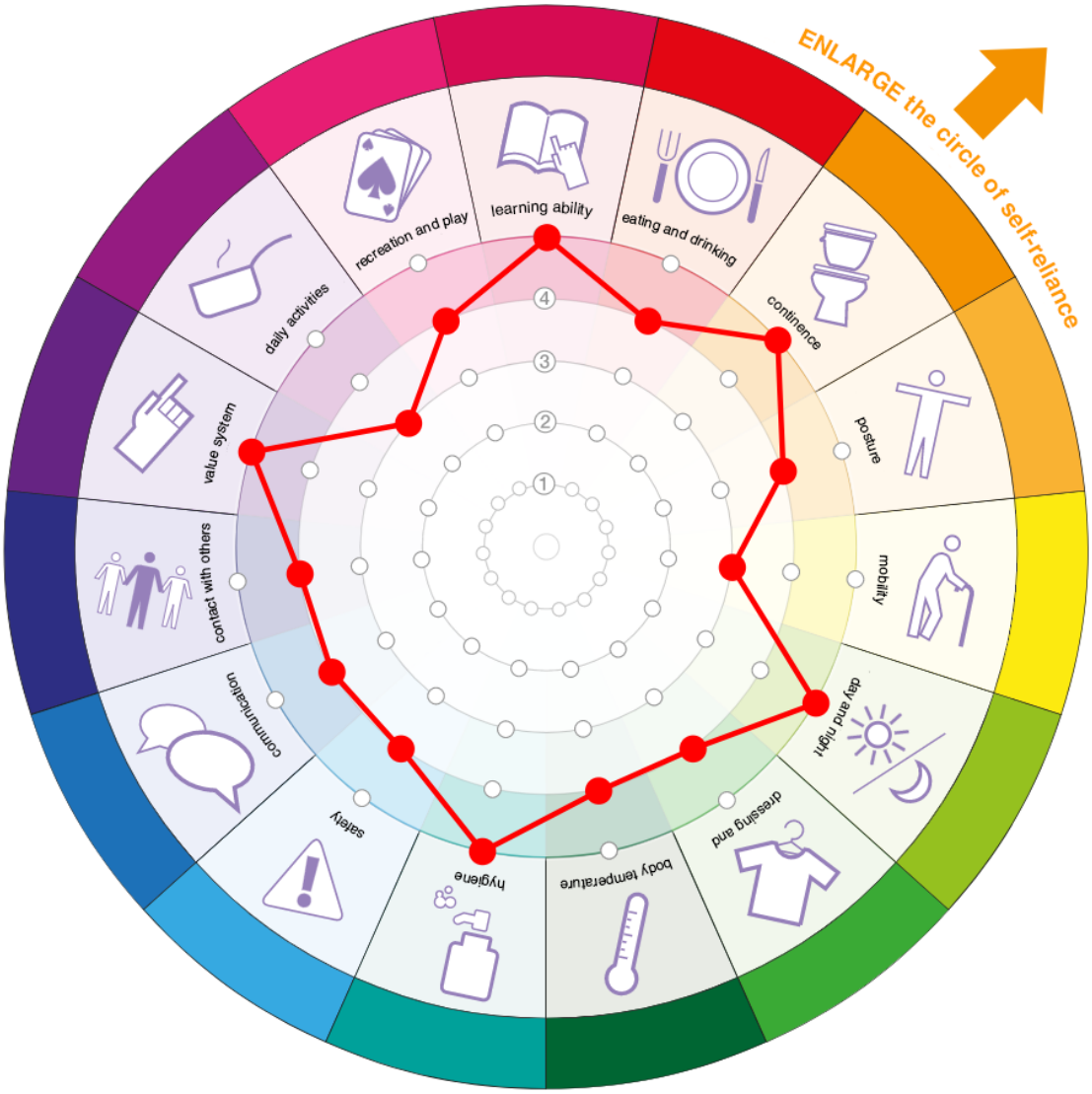
It appears that he no longer wants to do the things he used to do. He gave up his seat as chairman of the residents' association when he became sick and he now barely socialises with other people. His son regularly asks him to come over for a weekend. He has done that a few times, but he feels he's a burden because "they have their own things to do, too."



Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

Mrs van Alphen (40)

She is being nursed at home and is seriously ill. She has breast cancer in an advanced stage. She's in bed a lot and is very tired. She recently underwent further chemotherapy that demanded a lot of her physically and mentally. Two months ago, the doctor told her that she will not recover. She talks very openly about her illness. She's worried about her children, two teenagers, a boy and a girl. Her son is not doing well in school. He's playing truant and the headmaster of the secondary school has sent a letter. She often refers to it after having received care. From what she says, the impression is created that she's very preoccupied with what will happen with her children once they are left behind with her husband.



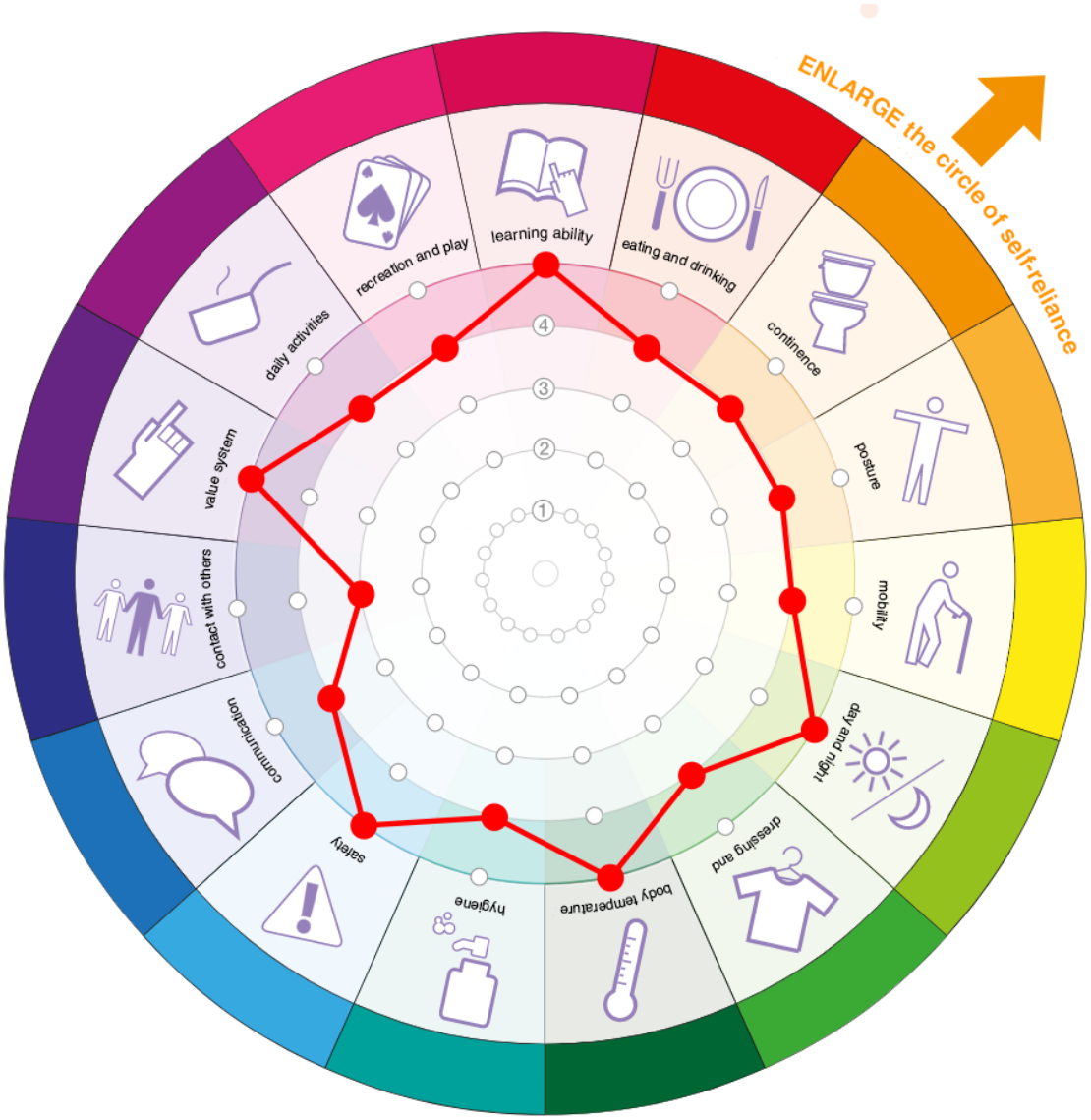
Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

Mrs Hogervorst (55)

This lady was married, but her husband left her when he fell in love with a work colleague. She then became completely isolated and was totally dependent on the care of family. She doesn't have children. Eventually she was admitted to a nursing home. She's having a hard time with that. She has been using a wheelchair from the age of 20 due to the consequences of multiple sclerosis. She has been living in a nursing home for five years.

It was unavoidable. When her husband left her, there was no one left to take care of her. She doesn't have much contact with other people in her section. They're all much older than she is and most are difficult to understand. In addition, she no longer wants to get attached to people. Supposedly it would make her too sad.

She has many issues with her living environment and feels unhappy. She experiences contact with the nursing staff as distant and contact with fellow residents is superficial. Many residents tend to moan and complain and she has no intention of listening to this. There's no one she can talk to about the sadness caused by the divorce from her husband. The nurses are very young and she doesn't want to burden them with it. She also wonders whether they would understand her. What she finds most constricting is the gruelling regularity in the section; everything always happens the same way, at the same time. She feels as if her life has come to a standstill.



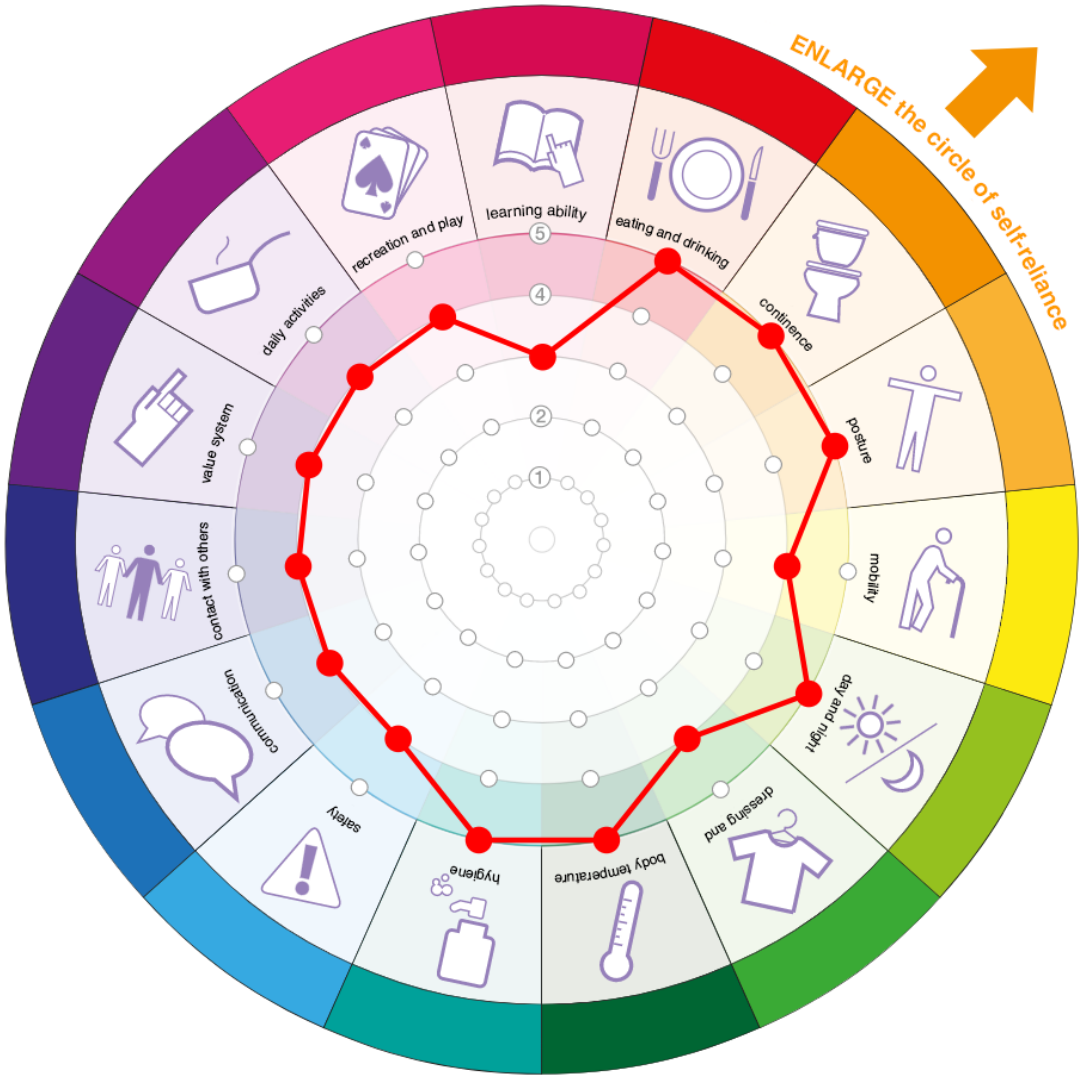
Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

Mr Hogendoorn (80)

This gentleman is married, without children. He was admitted two days ago to an observation centre for older people with cognitive impairment. He's supposed to stay there for two weeks in order to map his functioning. The reason why he's under observation is because his wife was concerned. She says her husband has changed a lot. He used to be a bookkeeper at a large bank branch and has been retired for 15 years.

He has difficulties with daily self-care. He needs an awful lot of time for that. He stands in front of the wardrobe for a long time and sometimes gets confused with clothes. He doesn't know what to wear. He ultimately looks tip-top, if his wife discretely intervenes. According to his wife, he becomes unreasonable and angry when she tries to help him get dressed.

For years he has been carefully keeping records of the family's expenses and income every morning. Up to a year ago, this took him not even an hour. Now it takes him almost the entire morning. Sometimes he gets completely upset when he notices he can no longer finish a simple calculation. He often cries when he says he "can't do anything anymore." When his wife tries to cheer him up or distract him, they get into a fight that can sometimes get heated. He has hit his wife several times already. He insists on "going for a walk" in the afternoon, but has got lost several times and has had to be brought home. He has trouble finding words and he confabulates. There's no coherence in what he says. Nevertheless, he manages to maintain his decorum when he's in contact with a stranger.

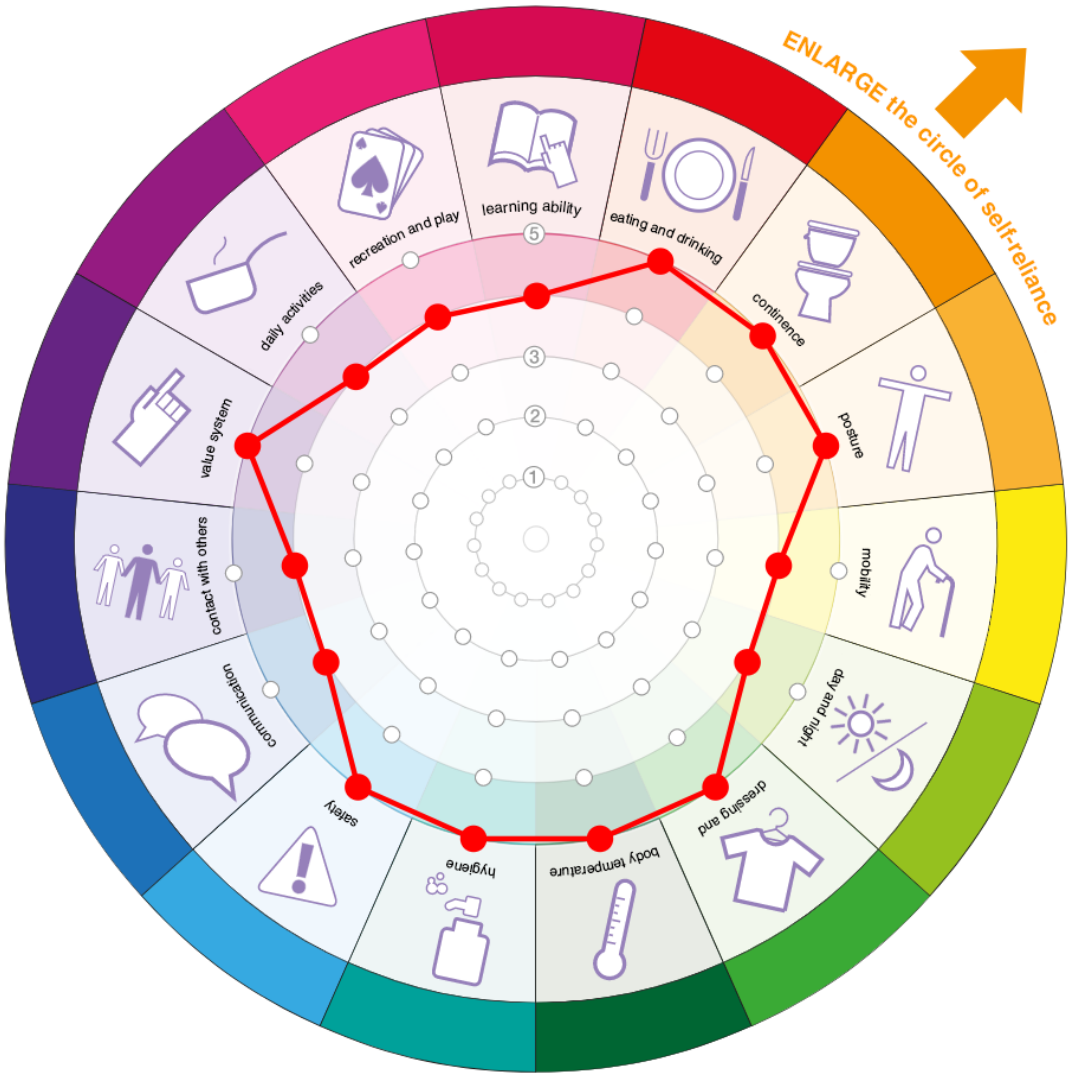


Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

Mrs van Ham (56)

This lady became depressed after the death of her husband. At the time, she was afraid to go outside on her own and she felt that life had lost its meaning. She is treated by a psychiatrist, but has never been admitted to a clinic.

For a week now someone from home care visits her to administer eye drops because of an eye infection. She says it regularly feels as if her husband is in the house. She confesses she still sets the table for two and that she sleeps badly at night because she can't stop thinking about him. Her husband had died suddenly after a cardiac arrest and she feels guilty because in the period before his death, she had been unkind to him. Their relationship hadn't been going well for some time because of a quarrel between her husband and their eldest son. It was about the finances of the company this son had taken over a few years earlier. Her husband had taken a very irreconcilable position in this matter.

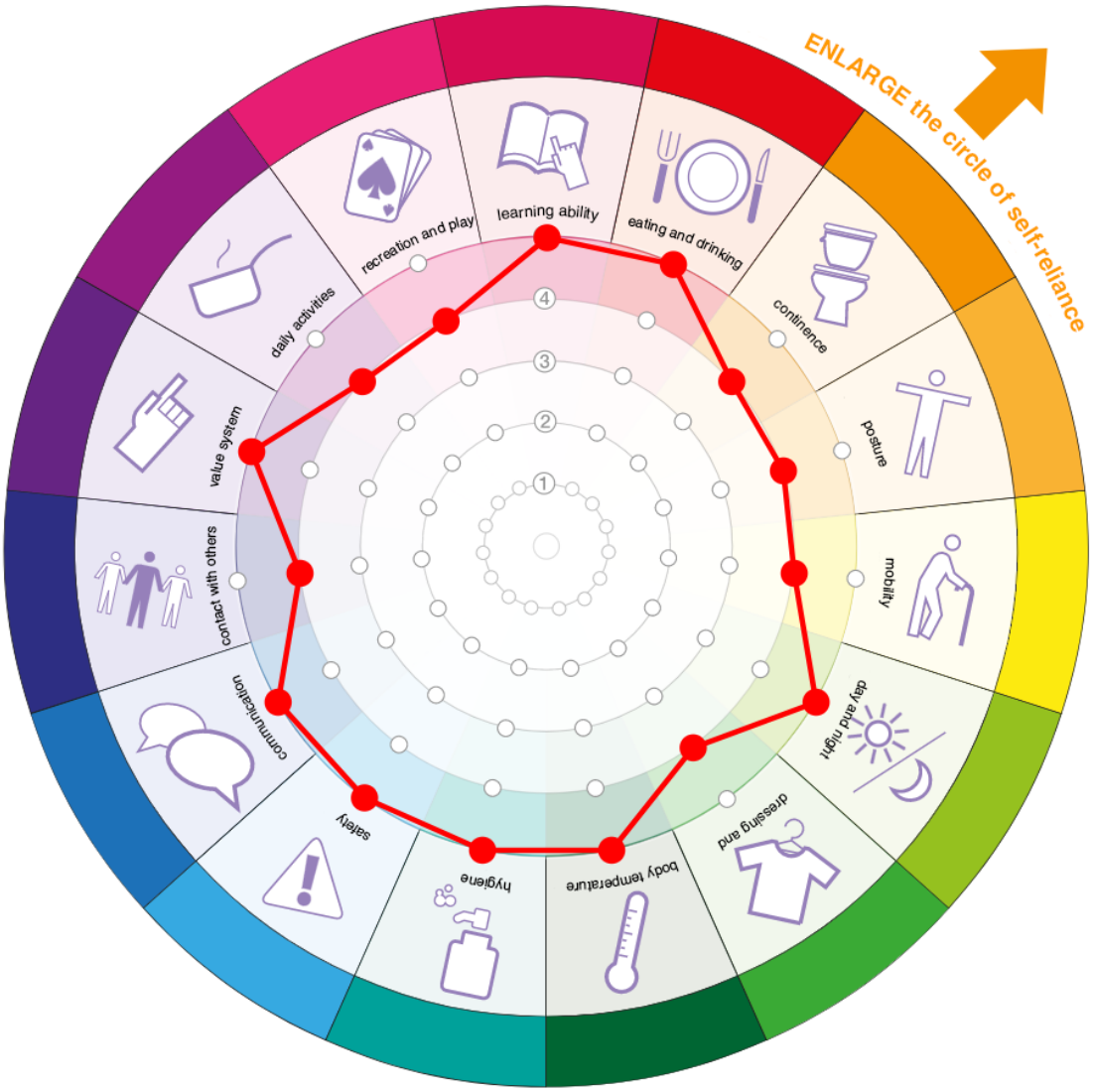


Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

Els van der Horst (33)

Els was paralysed from the waist down after a car accident. During her stay at the hospital, she underwent several operations, but without the desired result. For further recovery, she was admitted to a rehabilitation centre and after months of rehabilitation she now lives at home again. For personal care Els gets help from home care.

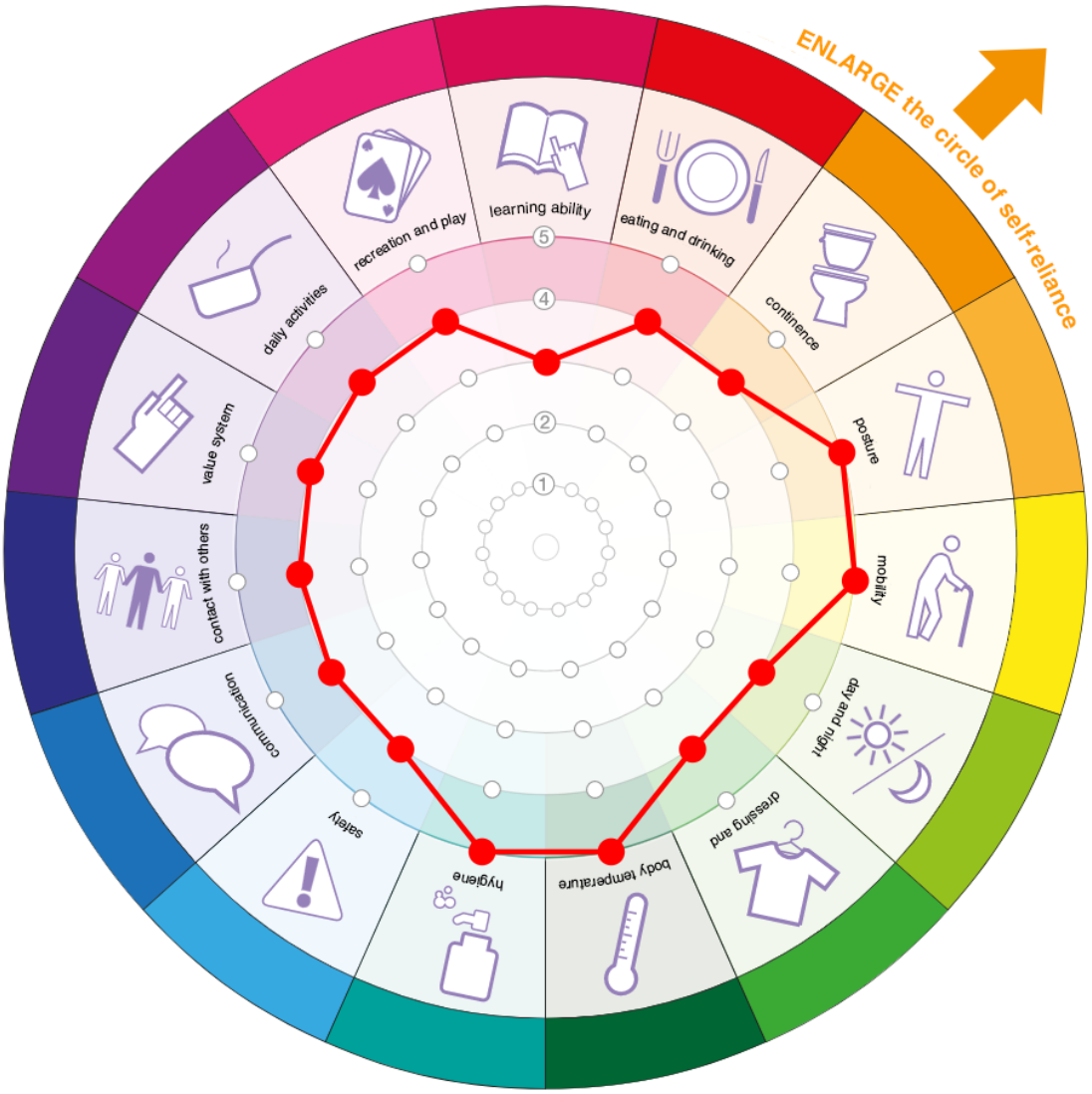
She makes a very introvert impression. She never takes the initiative in the morning to start the day. She would rather just be left in bed. She doesn't touch the wheelchair she could now be using. She feels tired and down. Her friends rarely visit her because they live far away. Els is not in a committed relationship. She does however receive a lot of comforting cards and letters. The caregiver has already suggested to Els to use her wheelchair, so that she becomes more mobile and can get used to it. It could also help her to bring the reality of living with a wheelchair a bit closer.



Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

Mrs van Dort (65)

This lady has been living in a nursing home for three months. She has a 33-year-old daughter. She has early dementia. She no longer recognises her daughter and is unkind to her when she comes to visit. This has been hard for Mrs van Dort's daughter, who visits three times a week, but doesn't really know what to do when she's in contact with her mother. She then walks around in the section and reaches out to a female resident who responds kindly to her. Mrs van Dort has indirectly given signs that she's struggling with it all and appears to have a great need for contact with the nurses at the department. She says it's important for her to talk about what is occupying her.

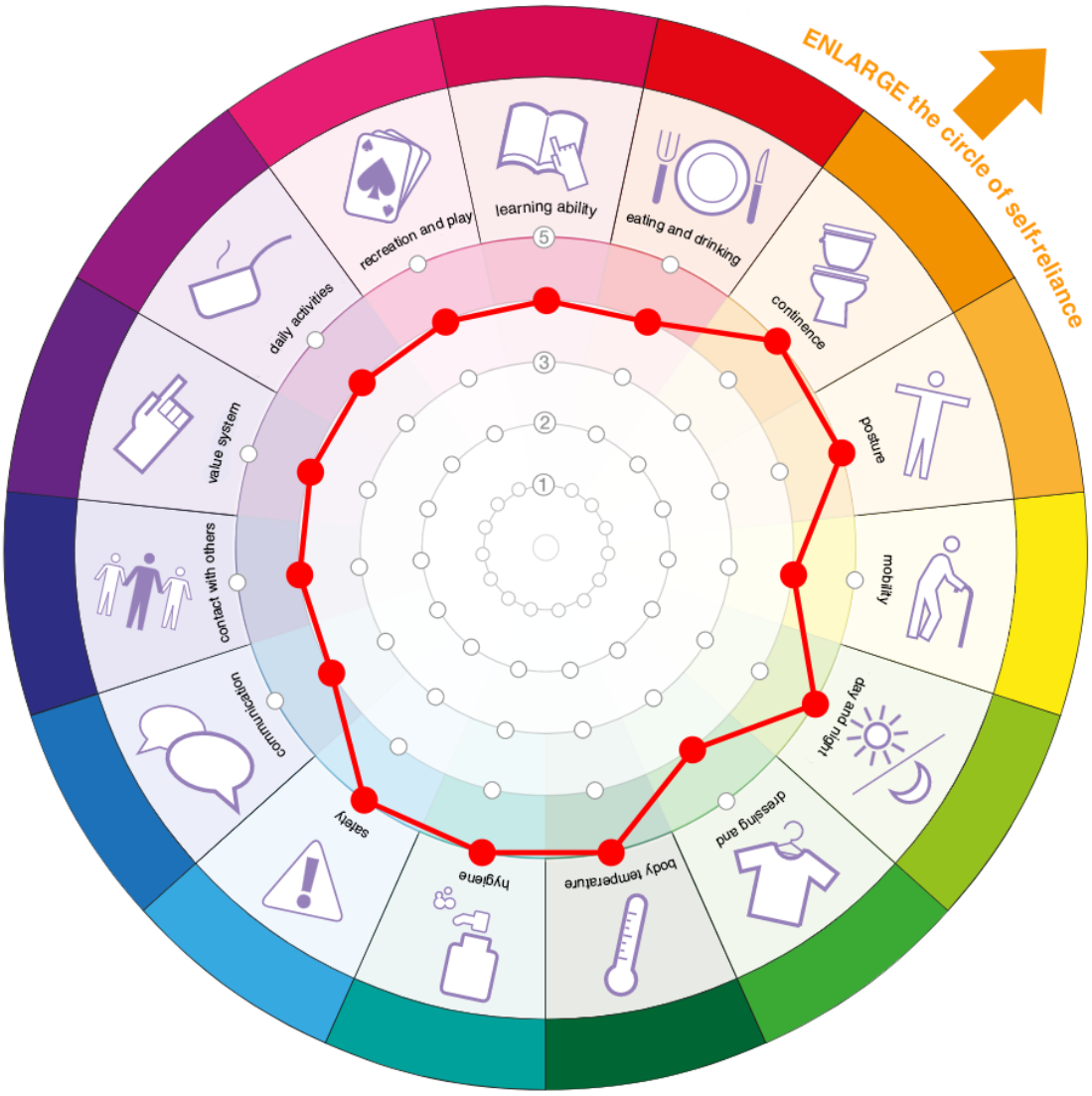


Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

Mrs van Voorthuizen (65)

Mrs van Voorthuizen receives help from home care twice a day for personal care. She has Parkinson's disease and is therefore less mobile. Her husband takes care of all the groceries and finances.

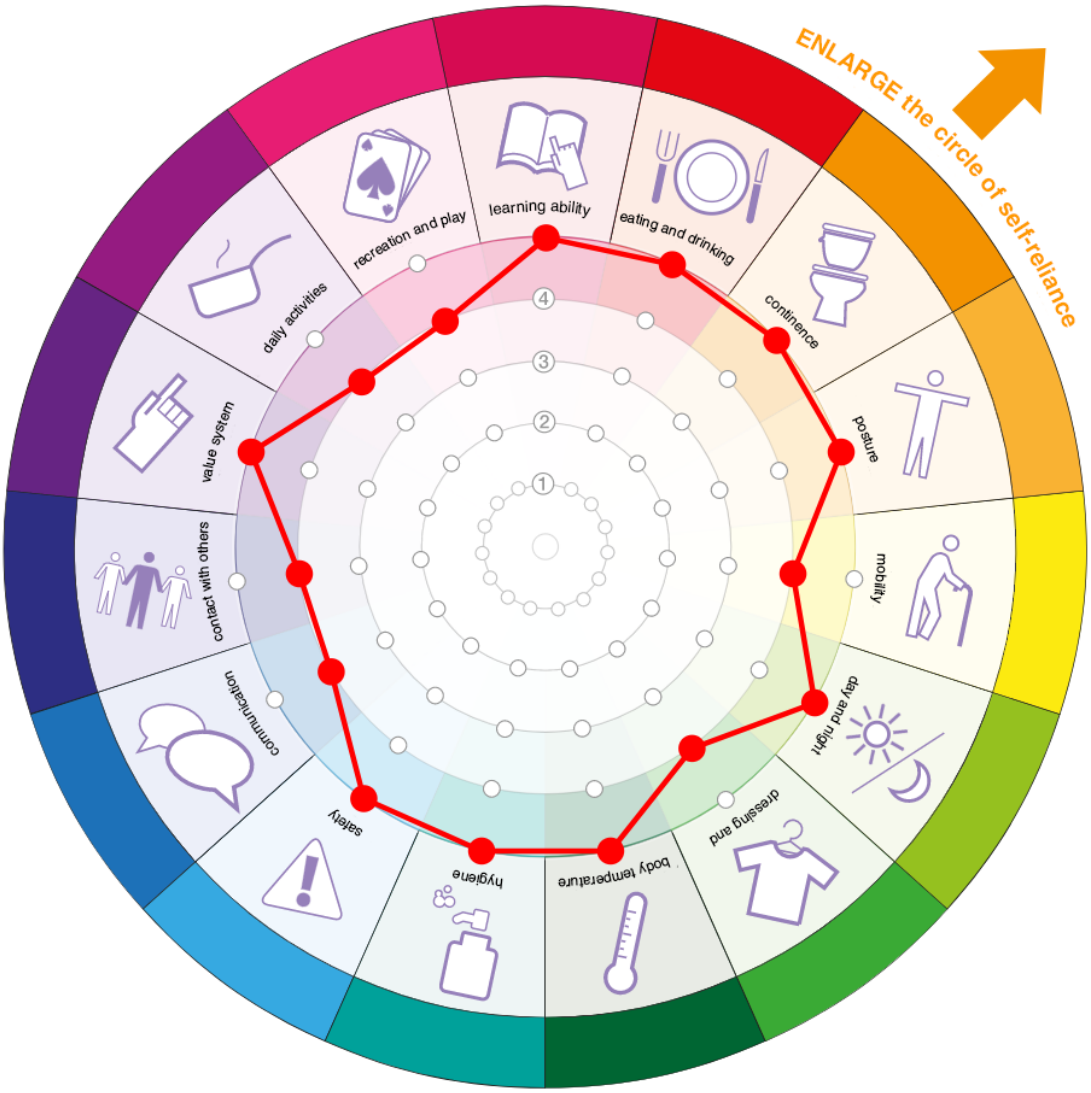
She has suffered from anxiety symptoms since she was 25, for which the reasons, as she herself feels, are not always realistic, but she can't get let it go. At the moment she's afraid something will happen to her husband and that she'll be left alone. One of her daughters is a hairdresser and will soon be working less because she's so busy. Mrs van Voorthuizen believes her daughter is doing it because she has a serious illness. In the past, the client has been admitted many times. She has had all kinds of treatments, but nothing has helped. For quite a while she was afraid to go outside, but a year ago she started going outside for shopping and this afternoon she's planning to visit her daughter. We started talking about the fear that something bad is happening with her daughter. She wonders whether she should mention that to her.



Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

Mrs van Mook (50)

She has cancer. Within one year she had a double mastectomy and recently metastases have been detected in the breastbone. “The doctor,” she says with a brave face, “said it looks really bad, so it’s the end, right?” She divorced six years ago and has been living alone ever since. She has a daughter and a son. Both are students in Amsterdam and live there on their own. Her children know about her illness, but she doesn’t want to burden them too much with it. She has a few female friends whom she met while working at a travel agency. However, her best friend does not know how she could react to the fatal news and she hasn’t seen her or talked with her in recent weeks. She is unable to share her feelings with anybody at this time. At times she’s gloomy and, in her own words, confronted with “very old feelings.” In particular the emotions surrounding the divorce from her husband are sometimes overwhelming. She finds personal care hard and now receives home care from a caregiver once a day. She enjoys that very much because it gives her peace of mind and she has someone to talk to.



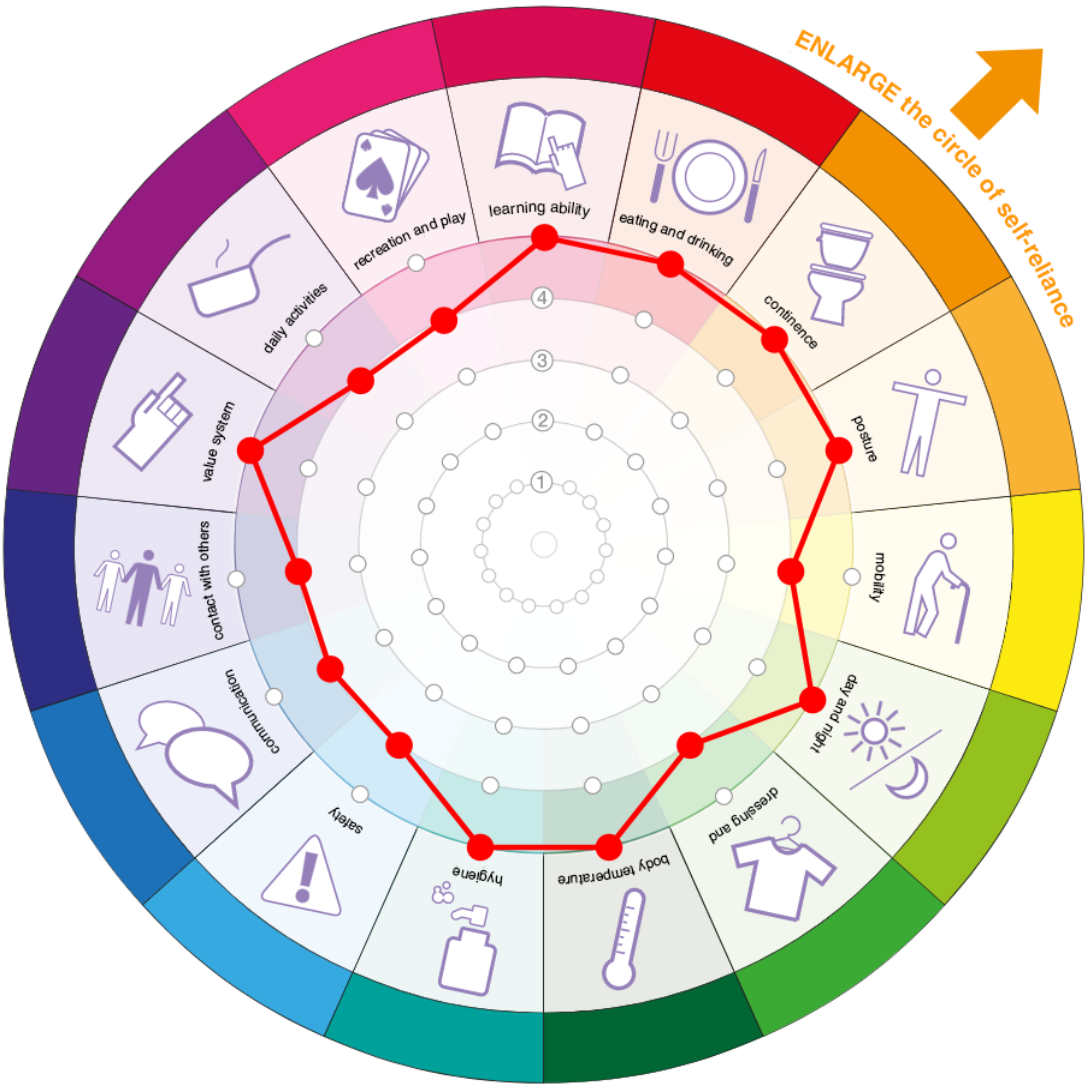
Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

Mrs Mendelhof (79)

Mrs Mendelhof became was widowed five years ago and lives independently. Two children: 50-year-old son, married, two children, living in Breda; 47-year-old daughter, living in Amsterdam, two children. Mrs Mendelhof has not lived a very happy life, but she herself says she can't complain. Her husband died five years ago. According to her, he had suffered too much. "Cancer of the larynx, he lost his voice, he was such a charming man, I felt really sorry for him..." He was her rock.

She lives alone, but she can take care of herself. Her world is small. Every now and then her son visits, but sometimes she doesn't see anyone for weeks. She has her routine, she reads, has a cup of tea, eats a sandwich and just sits and thinks.

Two weeks ago the pain became unbearable and she had biliary tract surgery. After surgery, she is now receiving two home-care visits a day. She's scared and feels very insecure. Her home is no longer the safe haven it once was for her. She has also been very dizzy of late, but she doesn't know what is causing this.

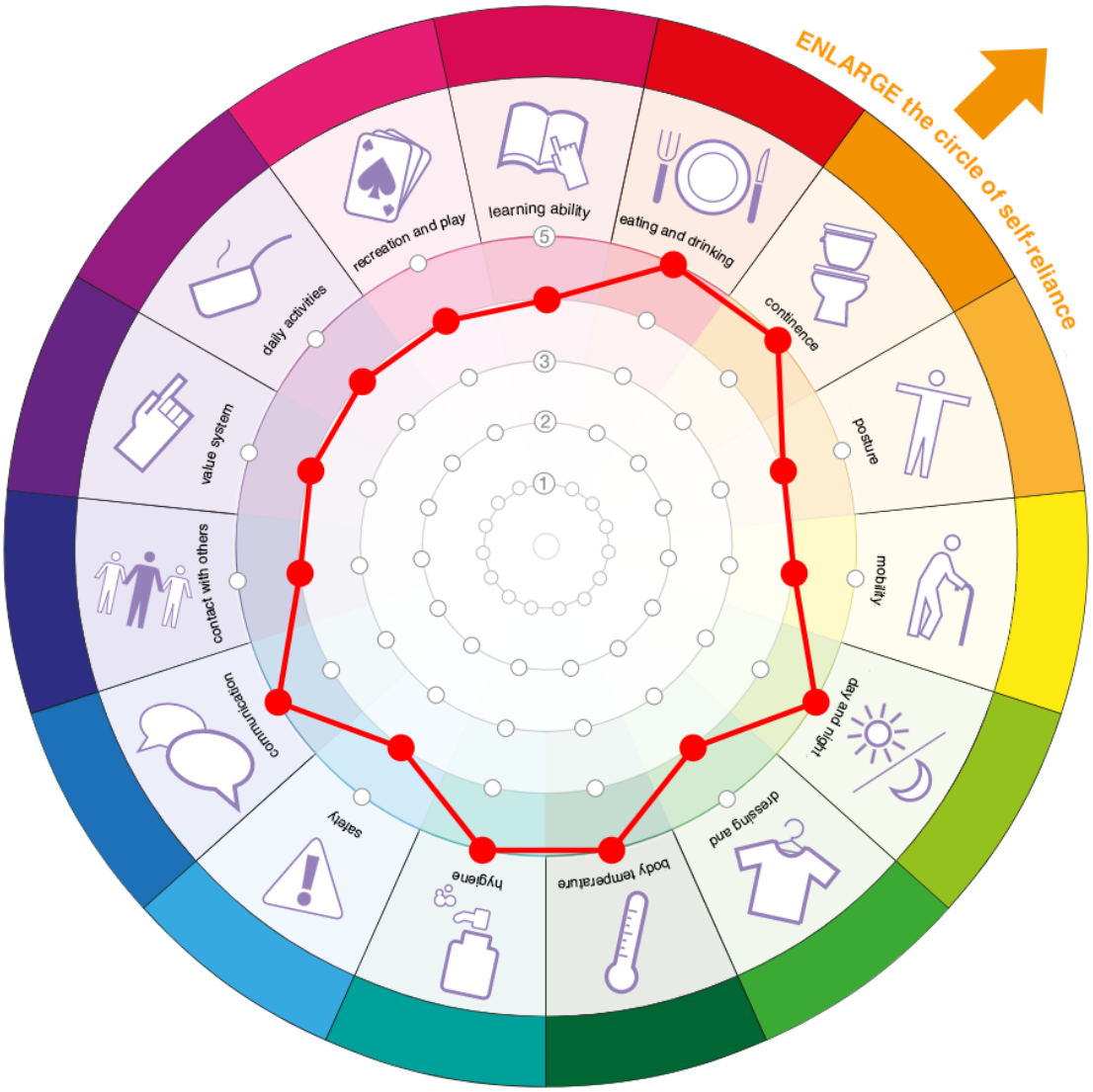


Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

Mr van Dijk (80)

This gentleman lives in a nursing home together with his wife. The wife is overburdened; she can hardly deal with her husband's verbally aggressive behaviour. Two months ago, the geriatric specialist diagnosed Mr van Dijk with Alzheimer's disease. He is known to have asthma.

Because of heavy physical work in the past, he has worn-out joints, including his back and hips. This makes walking very difficult and he runs the risk of falling. Also getting out of bed he risks falling when looking for the light switch in the dark. He doesn't use an aid when walking and can hardly get up from his chair.



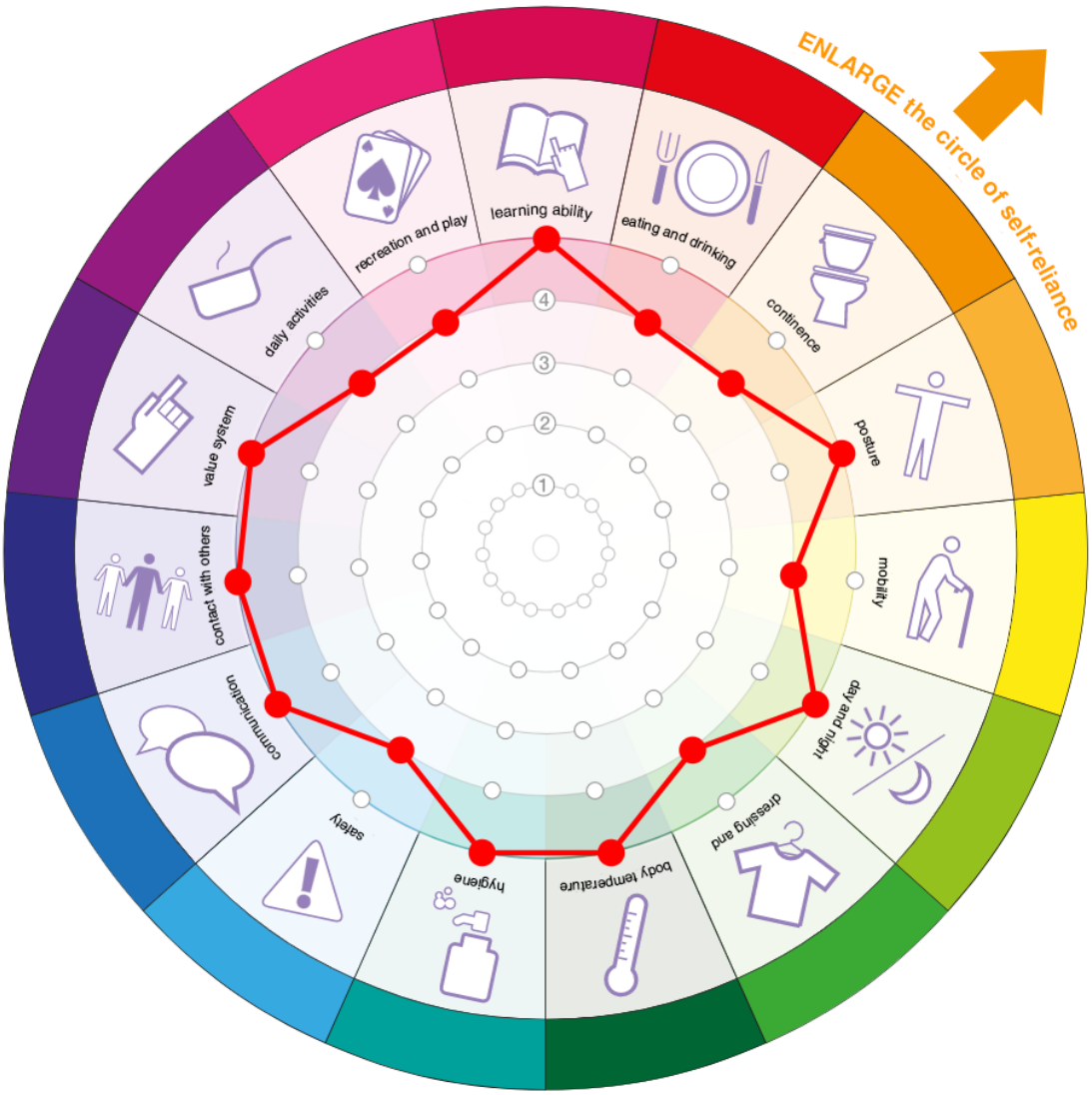
Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

Mr Draaier (82)

He is a widower; his wife died on 4 October after a cardiac arrest. He now lives in a nursing and care home. Before that, he had lived his entire life in Wezep, together with his wife. He has three children, two sons and one daughter, and six grandchildren. One of his sons is living in Wezep, the other children live in a village five kilometres away. He has a lot of contact with his children.

He has suffered from rheumatism since he was 60. He functions well when on medication, even though the mobility of his joints is deteriorating. Standing upright is still possible, but walking is very painful. He's also scared that he might fall.

Now that Mrs Draaier has passed away, Mr Draaier can no longer manage at home, not even with home care. Because of the rheumatism, he's becoming less independent. In the morning he needs help with washing and getting dressed, during the day when going to the toilet, pouring a cup of tea or coffee, in the evening when undressing and at night when turning in bed. He can eat independently, but the food has to come prepared.



Sources: Care Dependency Scale (Dijkstra et al, div), www.zelfredzaamheidsradar.nl

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