



Alzheimer's Arkansas

Caring for Caregivers

Hypothermia: A Cold Weather Hazard

Tony is a retired mailman. He has lived in New England his whole life and has seen some harsh winters. None, however, was as cold or snowy as one winter a few years ago. First, the temperature dipped to below zero and a snowstorm left 2 feet of snow. Then an ice storm caused lots of broken power lines. That meant Tony had no heat in his house, but he also couldn't leave. The temperature inside dropped to 60° F quite quickly. When his neighbor rang the doorbell to check on him the next day, Tony was confused, and his speech was slurred. He was taken to the emergency room. A doctor examined Tony and warmed him up. When he left the hospital, Tony went to his brother's house until the heat came back on. Turns out he'd had accidental hypothermia.

Cold weather is very risky for older people especially those who have Alzheimer's disease or another type of dementia. The winter chill can also lower the temperature inside your body. That can be deadly if not treated quickly. This drop in body temperature, often caused by staying in a cool place for too long, is called hypothermia (hi-po-ther-mee-uh).

A body temperature below 96° F may seem like just a couple of degrees below the body's normal temperature of 98.6° F. But, it can be dangerous. It may cause an irregular heartbeat leading to heart problems and death.

When you think about being cold, you probably think of shivering. That is one thing the body does to stay warm when it gets cold. Muscles shiver in response to messages sent by the nerves. Shivering increases muscle cell activity that, in turn, makes heat. But, shivering alone does not mean you have hypothermia.

So, how can you tell if someone has hypothermia? It can be tricky because some older people may not want to complain. They may not even be aware of how cold it is. Look for the "umbles" – stumbles, mumbles, fumbles, and grumbles – these show that the cold is affecting how well a person's muscles and nerves work.



- Watch for:
- Confusion or sleepiness
- Slowed, slurred speech, or shallow breathing
- Weak pulse or low blood pressure
- A change in behavior during cold weather or a change in the way a person behaves or looks
- A lot of shivering or no shivering; stiffness in the arms or legs
- Chilly rooms or other signs that a person has been in a cold place
- Poor control over body movements or slow reactions

If you think someone could have hypothermia, take his or her temperature with a thermometer. Make sure you shake the thermometer so it starts below its lowest point. If the temperature doesn't rise above 96° F, call for emergency help. In many areas that means calling 911.

The only way to tell for sure that someone has hypothermia is to use a special thermometer that can read very low body temperatures. Most hospitals have such thermometers. The person must be seen by a doctor. If possible, the doctor should know about hypothermia and work in a well-equipped hospital emergency room. There, the doctors will warm the person's body from inside out. For example, they may give the person warm fluids directly into a vein using an I.V. Whether the person gets better depends on how long he or she was exposed to the cold and his or her general health.

While you are waiting for help to arrive, keep the person warm and dry. Move him or her to a warmer place, if possible. Wrap the person in blankets, towels, coats – whatever is handy. Even your own body warmth will help. Lie close, but be gentle. You may be tempted to rub the person's arms and legs. This can make the problem worse. The skin of an older person may be thinner and more easily torn than the skin of someone younger.

Here are some things that put any older person at risk for hypothermia:

- Changes in your body that come with aging can make it harder to feel when you are getting cold. It may be harder for your body to warm itself. Pay attention to how cold it is where you are.
- Poor nutrition. Make sure you eat enough food to keep up your weight. If you don't eat well, you might have less fat under your skin. Fat keeps heat in your body.
- Illnesses. Some illnesses may make it harder for your body to stay warm. These include: problems with your body's hormone system such as low thyroid hormone (hypothyroidism), diabetes, skin problems such as psoriasis or arthritis.



- Some medications. Ask your doctor how the medicines you are taking affect body heat. Some medicines often used by older people can increase the risk of accidental hypothermia. These include drugs used to treat anxiety, depression, or nausea. Some over-the-counter cold remedies can also cause problems. Alcohol. Do not drink alcohol before bedtime when it gets colder outside – and maybe inside, too. Alcoholic drinks can also make you lose body heat faster. Use alcohol moderately, if at all.
- Inadequate clothing. Wear several layers of loose clothing when it is cold. The layers will trap warm air between them. Clothing can make you colder or help keep you warm. Tight clothing can keep your blood from flowing freely. This can lead to loss of body heat.

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