

# Dementia

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Community Service Development Grant  
Project

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# Objectives

- Gain a better understanding of Alzheimer's disease and other dementias.
- Enhance ability to detect signs and symptoms of dementia and learn how dementia is diagnosed and treated.
- Learn how to enhance the therapeutic response to persons and families experiencing dementia.

# Dementia Protocols

- Based on Chronic Care Network for Alzheimer's Disease Project (CCN/AD). [www.ncccconline.org](http://www.ncccconline.org) and MN Dementia Identification Project [www.alzmndak.org/docs/DIDP Manual.pdf](http://www.alzmndak.org/docs/DIDP_Manual.pdf)

National and MN initiatives to improve the identification and diagnosis of dementia and the ongoing management of care for persons/families to create a comprehensive model of care.

# Dementia Project Findings

- People can increase their knowledge of and comfort level to work and live with dementia .
- Physicians appear more willing to diagnose dementia if they are aware of resources to which they can refer their patients for support.
- Persons with dementia and families benefit from dementia detection, diagnosis, and ongoing support based on the phases of the disease the family is experiencing.

# What is dementia?

Dementia is a disease of the brain:

- causes a decline in memory and intellectual functioning
- from some previously higher level of functioning
- severe enough to interfere with everyday life.

Dementia is a syndrome, a collection of signs and symptoms occurring together, not the name for a single disorder.

# What is Dementia?

- **Deficits generally apparent in more than one cognitive domain**
- **Ability to learn, retain, and retrieve newly acquired information (recent memory)**
- **Ability to comprehend and express verbal information (language)**
- **Ability to manipulate and synthesize nonverbal, geographic, or graphic information (visuospatial function)**
- **Ability to perform abstract reasoning, solve problems, plan for future events, mentally manipulate more than one idea at a time, maintain mental focus in the face of distraction, or shift mental efforts easily (executive function).**

(Knopman, Boeve, & Peterson, 2003)

# Dementia and AD Statistics:

- 7 million people in the United States have dementia, with a projected increase to 9 million by the year 2030. (100,000 – MN)
- 10 percent of Americans age 65 or older have Alzheimer's
- 50 percent of Americans age 85 or older have Alzheimer's

# Types of Dementia

- Alzheimer's Disease – Most common, accounts for 50-70% of dementias
  - Early Onset/Late Onset Alzheimer's
- Dementia with Lewy Bodies – Parkinsonism
- Dementia due to Cerebrovascular Disease (Vascular Dementia, Multi-Infarct Dementia),
- Frontotemporal dementia
- Mild Cognitive Impairment (MCI) – Not a Dementia

# What Causes Dementia?

- Researchers believe dementia may be caused by a variety of influences. Evidence supports a combination of genetic and environmental factors.
- Dementia is NOT a normal part of the aging process.

# Genetic and other Factors Affecting AD and other Dementia

- Genetic – Beta-amyloid plaques, Tau and Neurofibrillary tangles
- Inflammation, oxidative stress, calcium levels
- Aging
- Gender – females affected more than males
- Down Syndrome
- History of Head Injury
- Vascular Risk Factors
- Depression
- Education – protective factor

# Why is Early Dementia Identification Important?

- Identify potentially reversible illnesses that manifest as symptoms of dementia.
- Enable the primary care physician to diagnose and optimize treatment plans.
- Education of persons with dementia and their care partners (caregivers) for the development of advanced care planning.

# Why is Early Dementia Identification Important?

- To improve quality of life.
- 92% of people said they would want to know. Would you?
- Promotes improved management of care across the continuum.

# Individual Experiences

“...if there is any good in being diagnosed early, it is in being able to assess what is important in life and to live it, to have the opportunity to contribute in some way that may help others.”

# Why is Early Dementia Not Identified?

- In spite of the high prevalence of individuals with Alzheimer's or another type of dementia. We still have difficulty detecting and responding to dementia.
- Why?
  - Myth: aging = dementia is not true but widely believed. AGEISM
  - Don't know the signs & symptoms to look for in order to detect dementia
  - Belief that nothing can be done.
  - Are not well informed of support services.

## Identification of Dementia and Follow up: Clinical Guidelines Recommend

- Respond to the person who expresses concerns about memory loss.
- Learn and monitor for signs, symptoms, and behavioral triggers of dementia.
- Document warning signs
- Refer to the physician for diagnosis and treatment
- Refer to the Alzheimer's Association and community-based services for education and support.

# Dementia Identification is Possible

- Helpful tools for detection:
  - Ask about memory loss concerns
  - Alzheimer's Association Ten Warning Signs
  - Symptoms and Triggers – your clinical judgment
  - Collateral information from care partners

# Alzheimer's Ten Warning Signs

- Memory Loss that affects job skills. Forgetting recently learned information
- Difficulty Performing Familiar Tasks
- Problems with Language – word finding
- Disorientation to Time and Place
- Poor or Decreased Judgment

# Ten Warning Signs: (continued)

- Problems with Abstract Thinking
- Tendency to Misplace Things
- Changes in Mood or Behavior – rapid mood swings for no apparent reason.
- Changes in Personality – suspicious, fearful
- Loss of Initiative - passive

# Patient Behavior Triggers

- Patient is a “poor historian” or “things seem off”
- Is inattentive to appearance, inappropriately dressed for the weather or disheveled.

# Patient Behavior Triggers (Continued)

- Fails to appear for scheduled appointments or arrives at the wrong time/or wrong day
- Repeatedly and unintentionally fails to follow instructions

# Patient Behavior Triggers (continued)

- Has unexplained weight loss
- Seems unable to adapt or experiences functional difficulties under stress
- Defers to the care partner – or a family member answers questions directed to the patient/client

# Symptoms That May Indicate Dementia:

- Learning and retaining new information.
- Handling complex tasks.
- Reasoning ability
- Sense of direction
- Language
- Behavior

From: Costa, P.T., Jr., T.F. Williams, M. Somerfield, et al. 1996. "Early Identification of Alzheimer's Disease and Related Dementias." *Clinical Practice Guidelines, Quick Reference Guide for Clinicians, No 19*. Rockville, Md.: U.S. Department of Health and Human Services. AHRQ Publication No. 97-0703.

# Family Questionnaire: Collateral Information

- Family Care partners (caregivers) are a vital source of information, they are a key, valid second source of information.
- Family care partners are able to compare current functioning to previous functioning.
- Family care partners are advocates for their family members/the person with the memory loss.
- Family Questionnaire enables the care partners to communicate their experience of dementia

# Dementia Identification: Family Questionnaire

- In your opinion does \_\_\_\_\_ have problems with any of the following?

1.	Repeating or asking the same thing over and over	Not at all	Sometimes	Frequently	Does not apply
2.	Remembering appointments, family occasion, holidays?	Not at all	Sometimes	Frequently	Does not apply
3.	Writing checks, paying bills, balancing the checkbook?	Not at all	Sometimes	Frequently	Does not apply
4.	Shopping independently (e.g., for clothing or groceries)?	Not at all	Sometimes	Frequently	Does not apply
5.	Taking medications according to instructions?	Not at all	Sometimes	Frequently	Does not apply
6.	Getting lost while walking or driving in familiar places?	Not at all	Sometimes	Frequently	Does not apply

Scoring: Not at all = 0, Sometimes = 1, Frequently = 2. A score of 3 or more should prompt the consideration of a more detailed evaluation.

# Dementia Identification Follow up and Referral.

- Suggest the person contact the Alzheimer's Association or other Community-Based Resources for education and support related to the issues at hand.
- Suggest a visit to the Primary Care Physician for additional screening and diagnosis to begin establishing a treatment plan.
- What can you do? – Do you notice memory loss? How do you integrate a person's memory loss into your work?

# How is Dementia Diagnosed?

- Complete Medical History
- Mental Status Assessment
- Functional Assessment of ADLs and IADLs
- Physical Exam
- Neurological Exam
- Series of Lab Tests and CT
- Psychological and Other Exams

*No single test can identify Dementia.*

# Dementia Treatment Plan

- Cognitive Loss Symptoms: cholinesterase inhibitors & Vitamin E
- Behavioral Symptoms:
  - Modification of the environment and therapeutic approaches.
  - Medications for depression, agitation, psychosis if these are not alleviated by other changes

# Dementia Treatment Plan Continued

- Co-existing Conditions: treatment deemed appropriate by the Primary Care Physician
- Referral of patient and family to educational and support services

# Medication Options

Donepezil - Aricept®

Rivastigmine - Exelon®

Galantamine - Razadyne®

Memantine - Namenda®

**The four drugs listed above have been approved by the FDA and may temporarily improve the symptoms of the disease.**

# Alzheimer's Association Resources

- Family Care Consultation
- Web and Print Resources regarding dementias, resources, signs/symptoms...
- Family Education
- Professional Education
- Support Groups
- 24/7 Helpline 1-800-232-0851
- Safe Return Program (Scholarships available from National Alzheimer's Association for those with financial needs)

# Additional Community Resources:

- Senior LinkAge Line: 1-800-333-2433
- [www.firstcallnet.org](http://www.firstcallnet.org) – United Way 211
- [www.MinnesotaHelp.info](http://www.MinnesotaHelp.info) – Sr. Services
- National Institute on Aging [www.alzheimers.org](http://www.alzheimers.org) -1-800-438-4380
- [www.mnaging.org](http://www.mnaging.org) – Minnesota Board on Aging
- [www.eldercarepartners.org](http://www.eldercarepartners.org) – Caregiver Education & Care Management
- [www.madsa.org](http://www.madsa.org) – Minnesota Adult Day Services Association

# Your Role

- Change attitudes and practice of stakeholders and increase knowledge & skills regarding dementia identification, diagnosis, treatment, and family support.
- Increase coordination of care.

# Dementia Identification/Care

## Addressing the Ambivalence

- We often know something is wrong-we sense it – what challenges us, sometimes, is the ability to bring the impairment to the attention of the patient/family in a compassionate, therapeutic manner that actually improves “life” for the person and the family.      WHY?

# Addressing the Ambivalence: Awareness of our Fear

- Internalized Ageism
- Fear of Getting a Dementia/Loss of Self
- Inability to Help – Fear of Inadequacy
- Taking responsibility for our own feelings

# The Myths of Ageism

- You are old at age 65.
- To be old is to be sick.
- People over the age of 65 are unable to remember well or learn new things.
- People over 65 are unhappy, fearful and depressed.
- Older adults do not pull their own weight; relatively unproductive.
- Older adults are sexless.
- When one is old, it is too late to change. Older adults are not capable of change.
- Older adults are pretty much the same.
- Older adults are isolated, alone, disconnected from family and friends.

# Therapeutic Response

- Clinical guidelines suggest we respond based on individual preferences – when in doubt be;
- Person-centered - family centered
- Empathy – Acceptance - Presence

Connell, C. M. et al. (2004) *The Gerontologist*

# Person/Family-Centered Dementia Care

- Focus on the person and family and their need to connect and communicate emotionally, if not cognitively.
- Talk and listen to the person/family in a manner that identifies the underlying emotions that are present.
- Validate the person/family when medical modalities alone cannot produce the desired healing. Attend with empathy.

# Beneficent Care

- Persons with dementia continue to be social beings in need of communication; to share thoughts and feelings that provide self-esteem, security, and connectedness.
- The sense of touch is maintained; the ability to sense your presence and acceptance.
- There is cellular memory – our body cells remember what the mind cannot.

# Cultural-Centered Dementia Identification

- There is more diversity within ethnic groups than between groups, especially as we age.
- Cultural and family values and norms will generally govern familial relationships and care for the patient. Who makes the family decisions and who is the “hands on” care partner?
- Utilize bilingual, bicultural health-care providers.
- Cultural proficiency is a long-term process.

# Dementia: Mitigating Risk

- Do not smoke
- Regular physical exams
- Engage in the complex and novel
- Regular Exercise
- Have fun and relax
- Be financially stable
- Be spiritual
- Eat less and include antioxidants
- Maintain family and friendship networks
- Do not retire from life: have a role/purpose

(Nussbaum, 2003)