

Dementia

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Disclosures

None

Objectives

What is dementia (diagnostic criteria)

What are the different types (cause) of dementia

What challenging reactions may result due to dementia impacts (declines in thinking and functioning)

Considerations for dementia care

What is Dementia?

Dementias are a group of disorders which are characterized by progressive thinking and behavioral changes

Chronic, irreversible, progressive

Dementia symptom severity may range from mild to severe

- As the dementia progresses, the patient may need more and more assistance with their care and activities of daily living



Definition & Diagnosis

Impaired thinking
in at least one
thinking skills:

Memory

Aphasia

Apraxia

Agnosia

Executive
dysfunction

Impairment in
functioning from
previous levels

Social
functioning

Occupational
functioning

ADL/IADL
functioning



Thinking Impairments

Memory – forgetfulness, difficulty recalling information or events (short-term and/or long-term memories)

Aphasia – difficulty using language, including naming objects, constructing meaningful sentences

Apraxia – difficulty with motor activities, such as writing or copying drawings

Agnosia – failure to recognize familiar objects or people despite intact senses

Executive functioning deficit – difficulties with planning, organization, abstract reasoning, etc and executing complex tasks

Types (Causes) of Dementia

Alzheimer's Disease

Vascular Dementia

Lewy Body Dementia

Frontotemporal Dementia (Pick's disease)

Dementias due to a Medical Condition, (e.g., Parkinson's disease)

Alcohol-Related Dementia

Traumatic Brain Injury (TBI)

Others

Prevalence of Dementia in Nursing Homes

- Prevalence of Dementia in Nursing Homes is approximately 50% of new admissions
- Estimates up to 80% in some studies (based on cognitive screening)



Types of Dementia

Key Identifiers

Alzheimer's Disease (AD)

- Most common subtype
 - 60% - 80% of cases)
 - 13% of people over the age of 65
 - Affects 43% of people over age 85
- Progressive dementia
- Typically lasts 8-12 years
- Irreversible and ultimately fatal

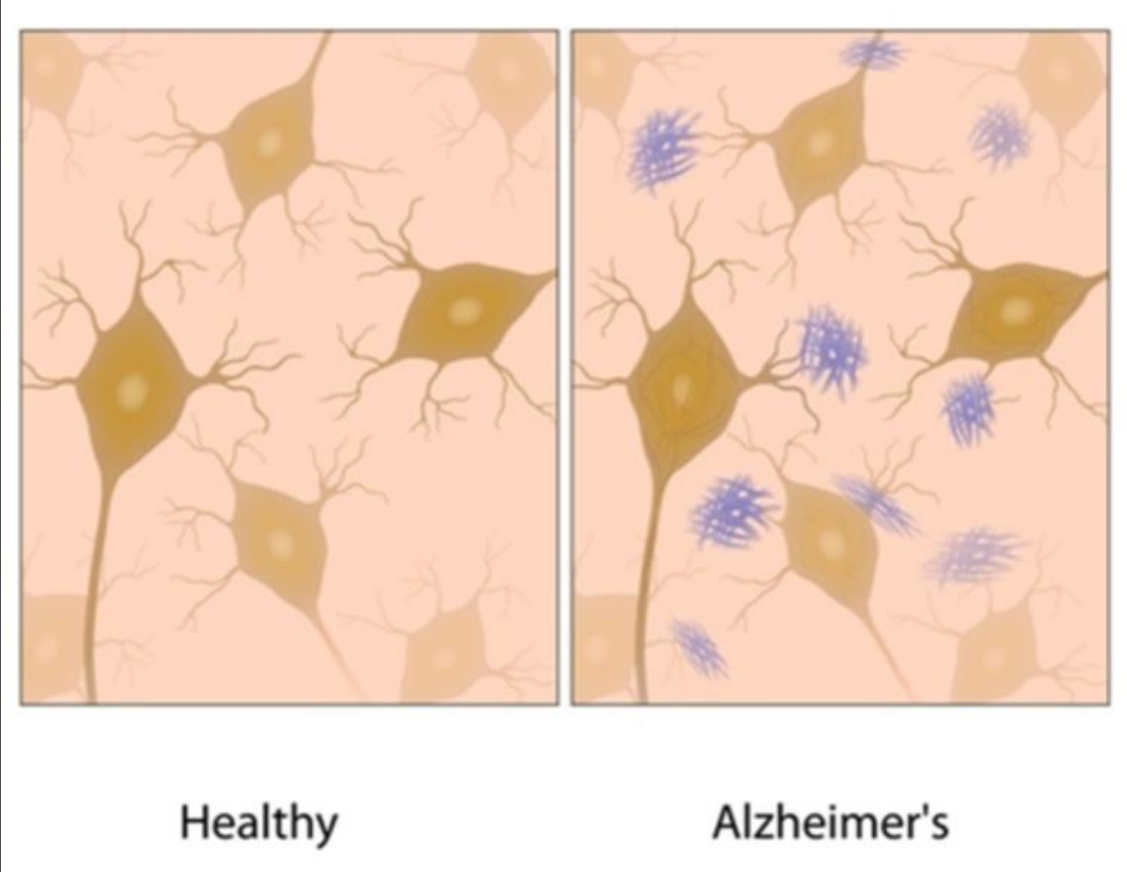
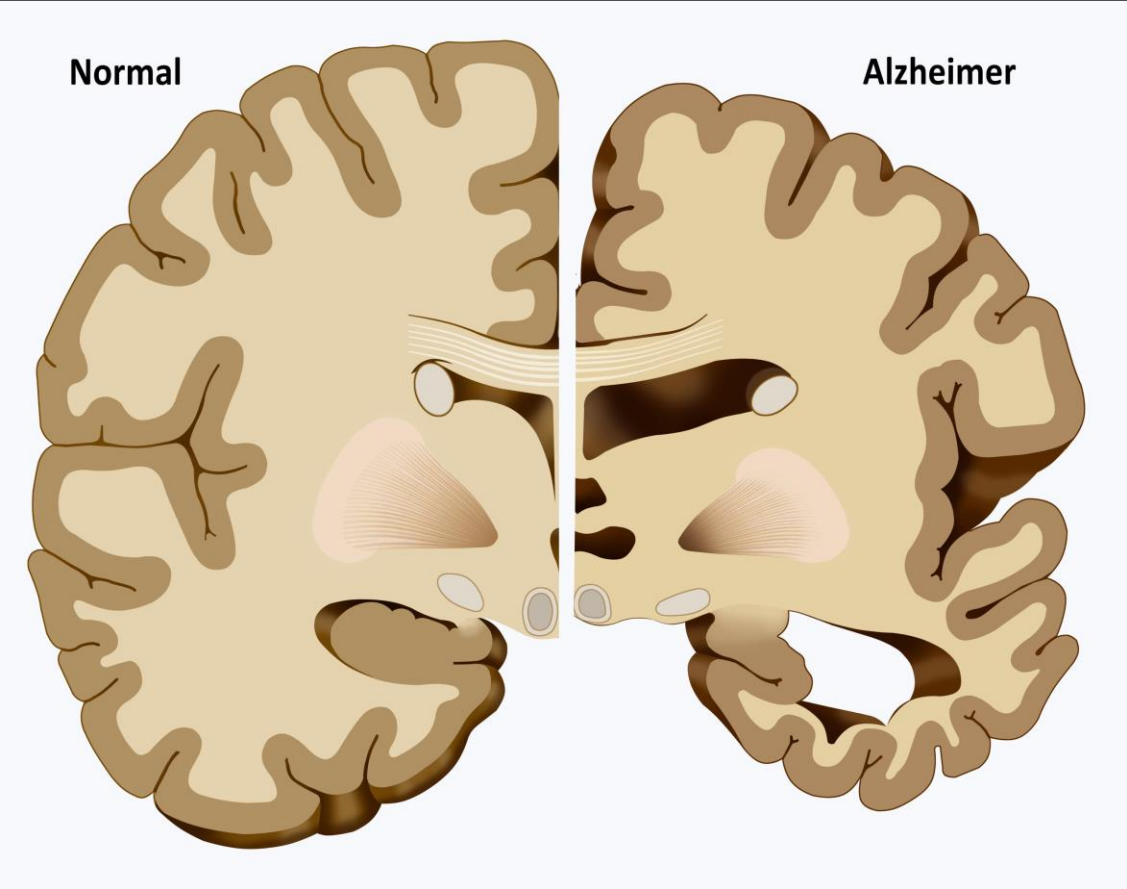




Alzheimer's Disease: Clinical Presentation

- **Memory Impairment is the first cognitive decline noticed**
 - Gradual decline in memory
- **Language difficulty is a common second impairment identified**
 - E.g. word finding problems
- **As disease continues to progress, the patient may exhibit:**
 - Disorientation and confusion
 - Personality changes, accompanied by abnormal behaviors
 - Hallucinations and delusions (in some cases)
 - Severe deficits in self-care, incontinence, and incoherence

Brain Changes

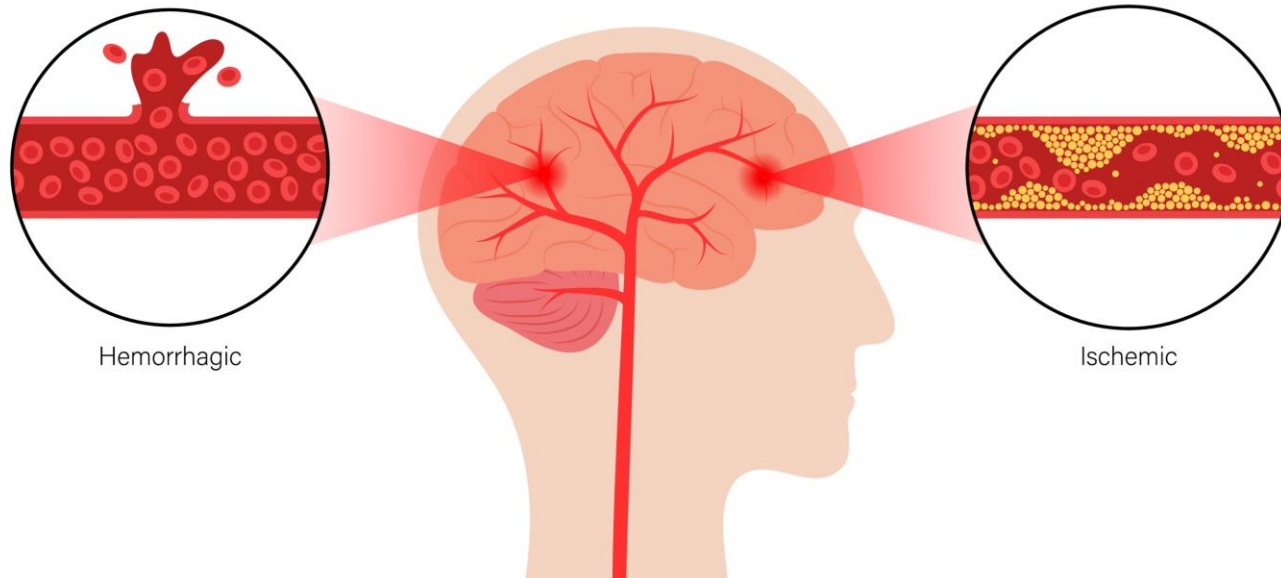


Vascular Dementia

- Second most common dementia
- Develops secondary to cardiovascular disease and cardiovascular risk factors:
 - Hypertension, diabetes, high cholesterol, heart disease, history of tobacco/alcohol use, obesity
- Overtime leads to decreased blood flow to the brain



Vascular Dementia: Clinical Presentation



- Generally, significant impairment in executive functioning and reasoning
- Impairment in thinking skills associated with the location/s of brain damage
 - Can be due to stroke, TIAs

Lewy Body Dementia

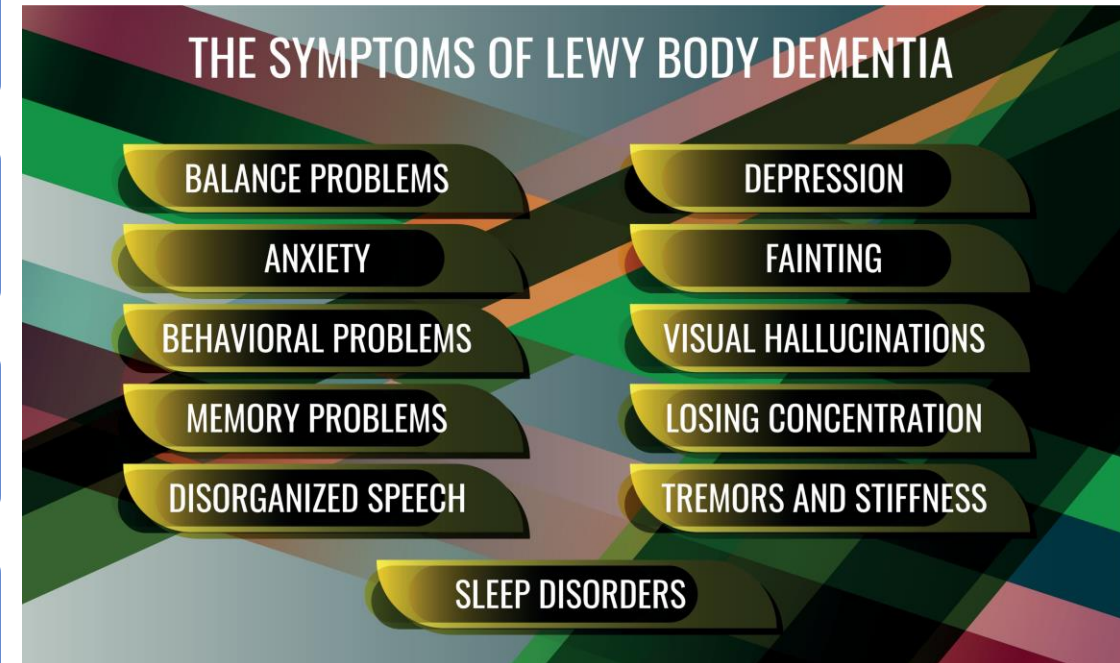
Impairments in memory and reasoning associated with protein deposits in the brain

15-25% of dementia cases

Progressive course

May also experience:

- Visual hallucinations (non-threatening, commonly: animals, children, “tiny” characters)
- Motor rigidity (Parkinsonian symptoms)
- Fluctuation in level of alertness



Frontotemporal Dementia

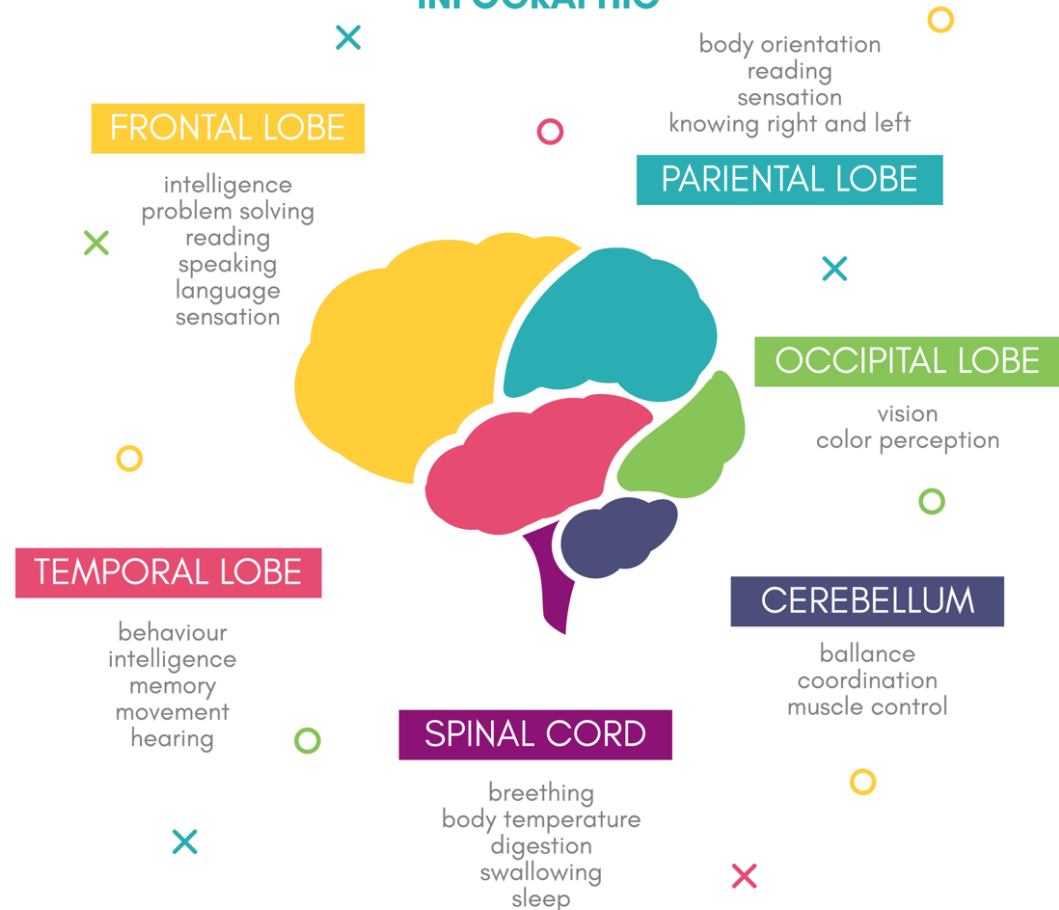
Disorder that damages cells in the frontal and/or temporal part of the brain

Clinical Presentation:

Behavior and personality changes usually precede impairment in memory and language functioning

BRAIN FUNCTION

INFOGRAPHIC



Parkinson's Disease Dementia

- Develops years later in the progression of Parkinson's disease
- CLINICAL PRESENTATION:
- Impairment in reasoning, speech, and judgment
- Also, impairment in memory



Alcohol-Related Dementia

Brain damage occurring from excessive alcohol intake

Disease progression can be slowed down with stopping alcohol consumption

Clinical Presentation:

- Confabulation (making things up)
- Slowed thinking, reactions, speaking
- Trouble with balance
- Executive dysfunction

Dementia Due to Other Medical Conditions



Head trauma

Huntington's diseases

HIV disease

Creutzfeldt-Jakob disease (Mad cow's disease)

Differential diagnosis

AD (Early Stage):

- Memory deficit, naming, gradual course

Vascular dementia:

- Abrupt onset/fluctuating course, focal neurological involvement, more executive dysfunction

Lewy body dementia:

- Visual hallucinations, Parkinsonian symptoms, noticeable fluctuation in alertness

Frontotemporal dementia:

- Personality/behavioral change, prior to memory problems

Differential Diagnosis: Delirium

- **Delirium Definition:** a state of diminished consciousness, recent memory loss, and disorientation - often accompanied by severe agitation, disorientation, hallucinations, and confusion.
 - Signs/symptoms change in mental status arises suddenly (hours or days)
 - Caused by a change in medical condition
 - Treated first by attempting to treat the immediate medical cause

Differential Diagnosis: Dementia vs. Delirium

Dementia

- Gradual onset
- Chronic
- Progressive
- Usually irreversible
- Changes in psychomotor activity occur in the later stages of the illness (unless depression or apathy develops)
- Consciousness not clouded until the terminal stage
- No significant reduction in attention span

Delirium

- Abrupt onset
- Acute process
- Usually Static
- Usually reversible
- Marked psychomotor changes (either hyper or *hypoactivity*)
- Altered and changing level of consciousness
- Inattention / attention span usually becomes extremely short



Treatment of Dementia

- **Dementia cannot be cured, so treatment focuses on:**
 - Minimizing or slowing the cognitive decline
 - Caregiver Support
 - Managing challenging behavioral reactions and comorbid emotional symptoms

Behavioral Reactions



- People with dementia often develop challenging reactions due to the impacts of dementia.
- They may:
 - Become easily frustrated, irritable, agitated
 - Have increased anxiety and fear due to confusion
 - may lead to attention seeking behaviors
 - Be impulsive, have poor judgment, and be disinhibited
 - e.g., be sexually inappropriate, engage in fall-risk behaviors
 - Perseverate and repeat statements or questions over and over
 - Forget what you say to them, even minutes after
 - Have poor emotional regulation
 - difficulty self-soothing, poor anger management
 - Difficulty with transitions, losses, and other psychosocial stressors

Have Realistic Expectations

It is important for Staff Partners to have *realistic expectations* about each resident's abilities and their strengths and limitations

Remember that symptoms are the result of the dementia process, not due to the person's personality

Managing Symptoms of Dementia

Meeting the needs of a patient with dementia takes:

- Patience
- Understanding
- Thoughtful problem solving

Work as a team (IDT assessment):

- Prevent triggers to problem behaviors
- Identify nonpharmacological interventions

Behavioral Management

Conduct	Conduct thorough person-centered care assessments to learn about your patient (likes/dislikes, triggers, successful interventions)
Consider	Consider possible unmet needs and ability to communicate <ul style="list-style-type: none">• Physical - pain, thirst, discomfort• Emotional - confusion, loneliness, frustration
Conduct	Conduct root-case analyses for behavioral triggers (See video 3)

Caregiver Support

- You cannot take care of others if you do not take care of yourself!
- Avoid burnout, so you can continue to provide compassionate care everyday:
 - Ensure you have opportunities for relaxation, pleasant events, and self-care
 - Take care of your own physical health (good sleep, health eating, physical activity)
 - Tap into social support
 - Participate in caregiver support groups and other caregiver resources



Thank you!

