

Dementia Overview

A Discussion on Normal Aging; Dementia;
Alzheimer's Disease; Related Dementias and
Intervention Support

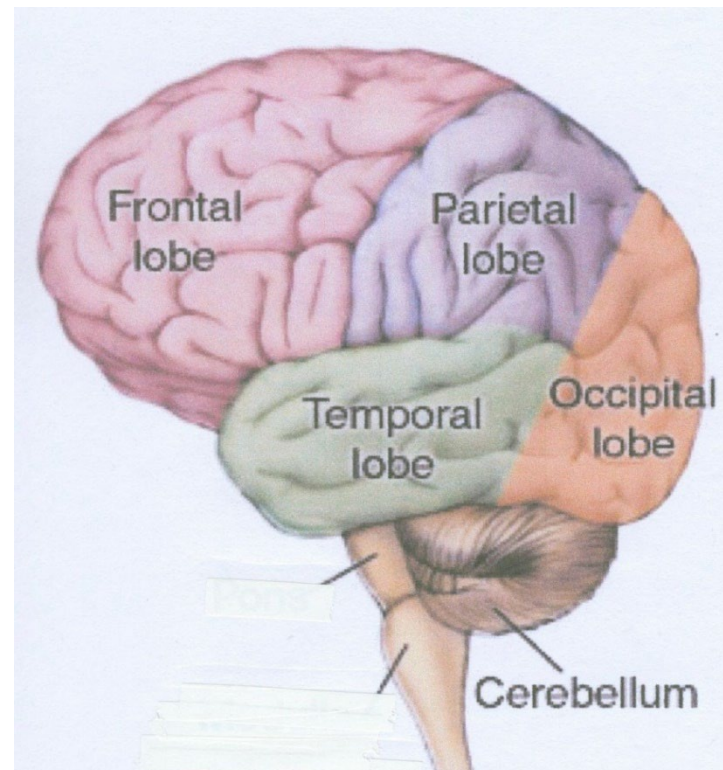
Presented to the
Southeast Regional Eldercare Coalition
(SREC) Summit

Wednesday, Oct 2, 2024
By Debbie Chulick, BA, CDP



“If the brain were so simple we could understand it, we would be so simple we couldn’t.”

Lyall Watson (1930-2008)



Everyday Forgetfulness vs. Dementia



- Can give some examples of forgetfulness
- Person more concerned about memory lapses
- Recent memory of important events intact

- Unable to recall instances of memory loss
- Close family members more concerned about memory lapses
- Notable decline in memories of recent events

Everyday Forgetfulness vs. Dementia



- Occasional difficulty in finding words
- Can find way around familiar territory
- Able to operate common appliances

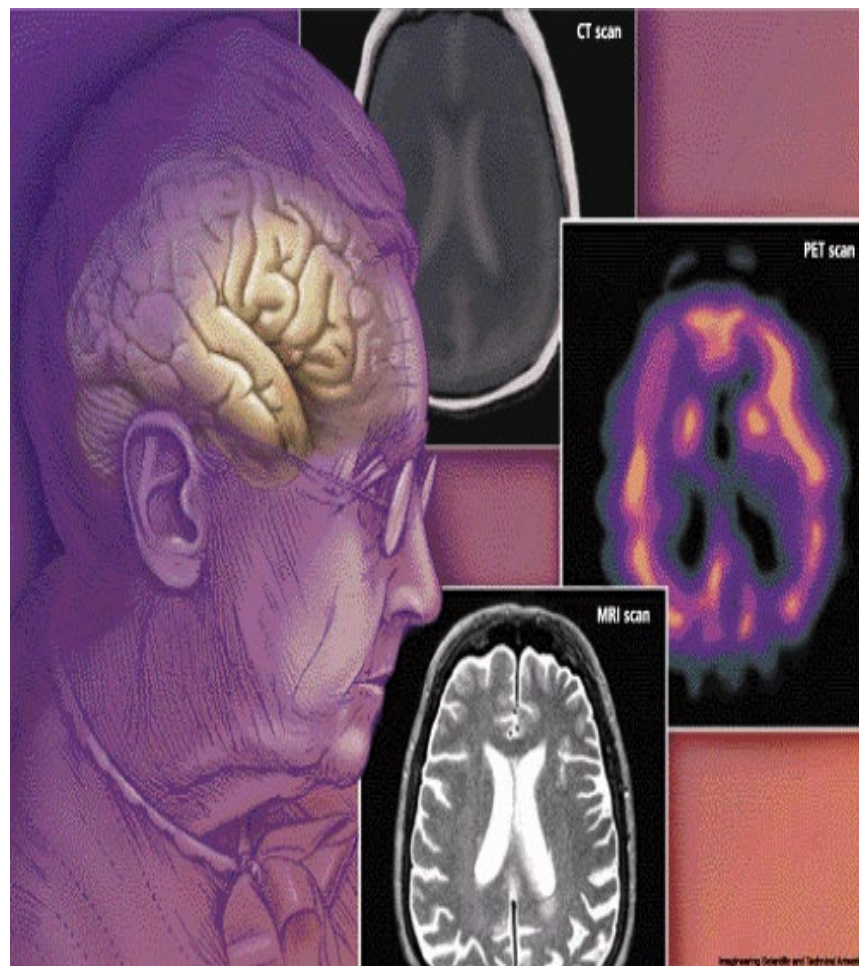
- Frequent pauses and substitutions
- Gets lost in familiar territory
- Difficulty with ability to engage in familiar tasks

Adapted from Rabins, P. Memory.
In *The Johns Hopkins White Papers*.

What is Dementia?

“Dementia is an umbrella term describing a variety of diseases and conditions that develop when nerve cells in the brain die or no longer function normally. The death or malfunction of these nerve cells, called neurons, causes changes in memory, thinking and behaviors.”

Alzheimer’s Association
Facts and Figures 2022



“The spirit is forgetful and cannot even remember yesterday”

Ptahhotep,, physician to pharaohs , late 25th and early 24th centuries BC

“Dementia is not a disease itself but a broader set of symptoms that accompanies certain diseases or physical conditions. It is a loss of cognitive abilities in two or more areas . . . severe enough to interfere with daily life.”

Fact Sheet : *Alzheimer's disease and related dementias*
Alzheimer's Resource of Alaska

CAUSES OF

DEMENTIA

Alzheimer's Disease

- Early/Younger Onset
- Late Onset

Vascular Dementia

Lewy Body Dementia

Frontotemporal Lobe Dementias

Other Dementias or Delirium

- Genetic syndromes
- ETOH related
- Drugs/toxin exposure
- Thyroid
- Depression or other mental conditions
- Infections-
- Parkinson's

Possible Causes for Changes in Memory

- medication(s)
- serious depression
- alcohol abuse
- poor nutrition
- thyroid deficiency
- head injury
- tumor
- stroke
- heart or lung disease
- infection
- delirium
- dehydration
- dementia
- mild cognitive impairment

Alzheimer's Association

*Working with Your Doctor When You Suspect
Memory Problems*

Reversible dementias – Potentially treatable and curable

- D** delirium, depression, drugs
- E** ethanol alcohol, eye, ears
- M** metabolic – dehydration, electrolyte imbalance
hypothyroidism
- E** endocrine – hypoglycemia (diabetic)
- N** nutrition, normal pressure hydrocephalus
- T** trauma, tumor, toxins
- I** infection
- A** arteriosclerosis

Irreversible dementias – Progressive decline over time

“ADRD”

Alzheimer’s disease and related dementias

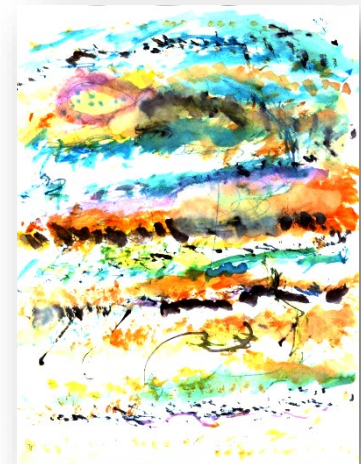
“RELATED DEMENTIAS”

Lewy body dementia

Parkinson’s dementia

Vascular dementia

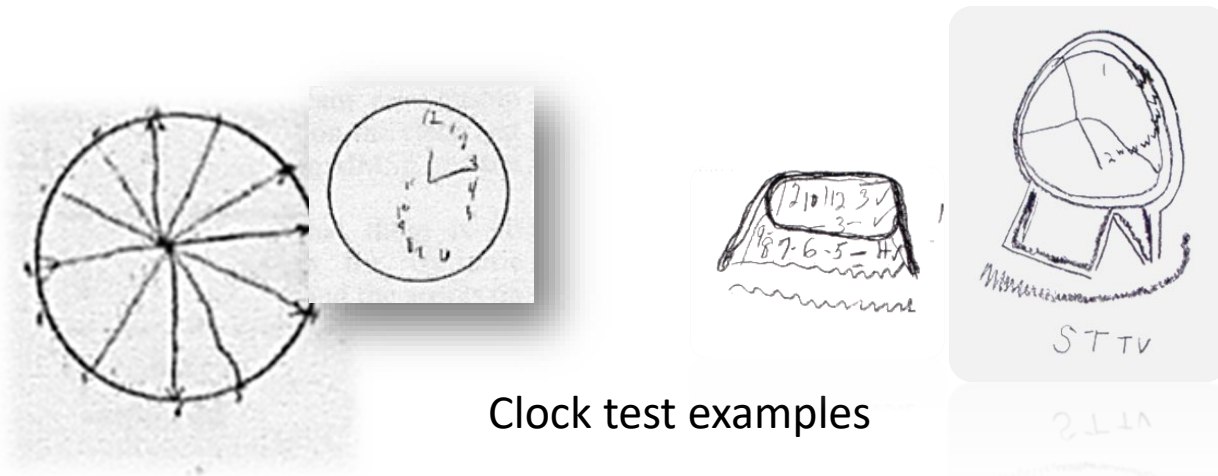
Frontotemporal dementia



“Storm”

Diagnosing dementia

- Physical exam to screen for treatable medical conditions
- Medical history
- Social history to understand changes over time
- Cognitive testing to assess for severity of cognitive changes
- Psychological exam to rule out depression, other emotional/mental issues



Clock test examples

Alzheimer's Disease

A progressive, degenerative disease that attacks certain nerve cells within the brain

- Leads to loss of function and death of those nerve cells
- Characterized by impaired memory, thinking and behavior
- Damage is done well before symptoms appear
- No cure; age and genetics are primary risk factors.
- Diagnosis is made through elimination of other conditions or diseases.



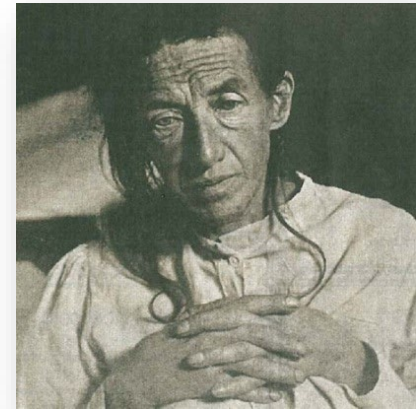
Alzheimer's Disease (AD)



Aloysius Alzheimer was a German psychiatrist and neuropathologist

In 1901, Dr. Alzheimer observed a 51 year old patient, Auguste Deter, who exhibited memory loss, aphasia and disorientation. Her condition progressively deteriorated.

Aloysius "Alois"
Alzheimer
1864-1916



Auguste Deter
1851-1906



Lewy Body Dementia (LBD)



Dr. Friederich Lewy
1885-1950

“In 1912, Dr. Lewy first described microscopic protein accumulations in the brainstems of individuals who had been diagnosed with Parkinson’s.”

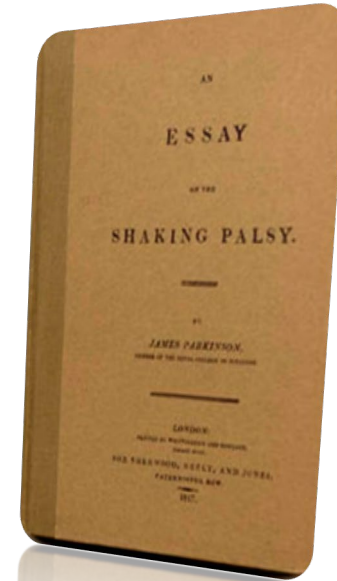
“In 1961, these protein deposits were also linked to progressive dementia that did not start with Parkinson’s.”

Source: *Caregiver burden in Lewy body dementias*
www.lbda.org



Parkinson's Disease (PD)

Dr. James Parkinson
1755-1824



Dr. Parkinson described symptoms of what is now named Parkinson's disease in his 1817 "Essay on the Shaking Palsy." His clinical descriptions captured the slow movement, resting tremor, rigidity and postural instability of individuals living with this disease.

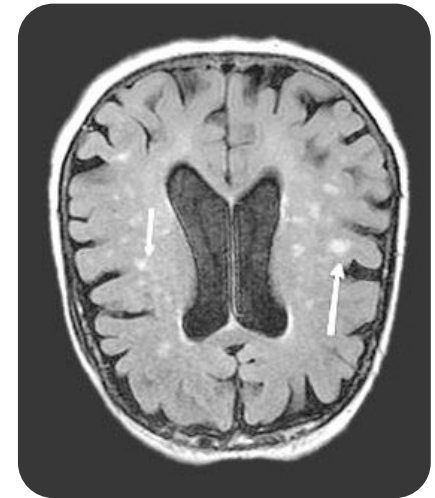


Vascular Dementia (VaD)

Changes in thinking abilities as a result of a disruption in the brain's blood supply to cells involving memory, emotion and reasoning.

Multi-infarct dementia is the most frequently diagnosed type of vascular dementia.

Risk factors include high blood pressure, elevated cholesterol levels, heart disease and diabetes.

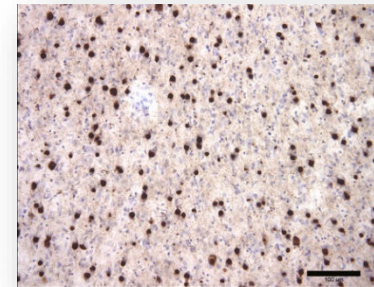


Frontotemporal Dementias (FTD)



Dr. Arnold Pick
1851 -1924

In 1892, Dr. Pick described two patients exhibiting symptoms of behavior and language impairment. Dr. Pick discovered abnormal structures within the brains of these patients, that are now known to be deposits of tau protein.



Pick Bodies



Frontotemporal Dementias (FTD)

“Frontotemporal dementias are characterized by early behavioral and personality changes and/or changes in language and speech.”

What if it's not Alzheimer's? p. 33.



ASSISTING A PERSON LIVING WITH
DEMENTIA EXPERIENCING
BEHAVIORAL DISTRESS. In other
words... *challenging behaviors*



The Foundation



- The person is doing their best
- We can't change the person
- We *can* change ourselves and the environment
- All behavior has meaning
- Challenging behaviors are expressions of unmet needs
- Enter their world



Behavior defined

a : the manner of conducting oneself

b : anything . . . involving action and response to stimulation

c : the response of an individual . . . to its environment

Source: Merriam Webster Dictionary

Actions and Reactions: Why?

- All actions are a form of communication
- We must first try to understand “why”



Reasons

- Health conditions
- Medications
- Communication
- Environment
- The task
- Unmet needs
- Person's life story
- You

Health Conditions

- Physical and emotional
- Pain
- Vision/ Hearing
- Acute illness
- Chronic illness
- Dehydration
- Constipation
- Fatigue

Communication

- What is the person trying to tell us?
- Were you:
 - Calm?
 - At eye level?
 - Speaking clearly?



Environment

- Too large
- Excessively stimulating
- Not easy to get around
- Cluttered
- Noisy
- Unfamiliar
- Poorly lit

The Task

- Not enjoyable
- Embarrassing
- Painful
- Too complicated
- Unclear
- Not broken down enough
- Unfamiliar
- Difficult

Emotional Needs

- Calm
- Safety
- Security
- Control
- Reassurance



Life story

- Can help you understand:
 - Who they are
 - Where they came from
 - What they did
 - What family was like



You

- The person with dementia may be:
 - Reminded of someone
 - Reacting to your actions
 - Reacting to your feelings



Change

Dementia causes a person's abilities to change over time

In response:

We must change our approach, our level of assistance, and our expectations

We cannot change the person with dementia

We can only change ourselves and the environment

Solution Seeking Approaches

- Asking: Is it really a problem?
- Following a process with an open mind
- Understanding why
- Brainstorming and trying different approaches

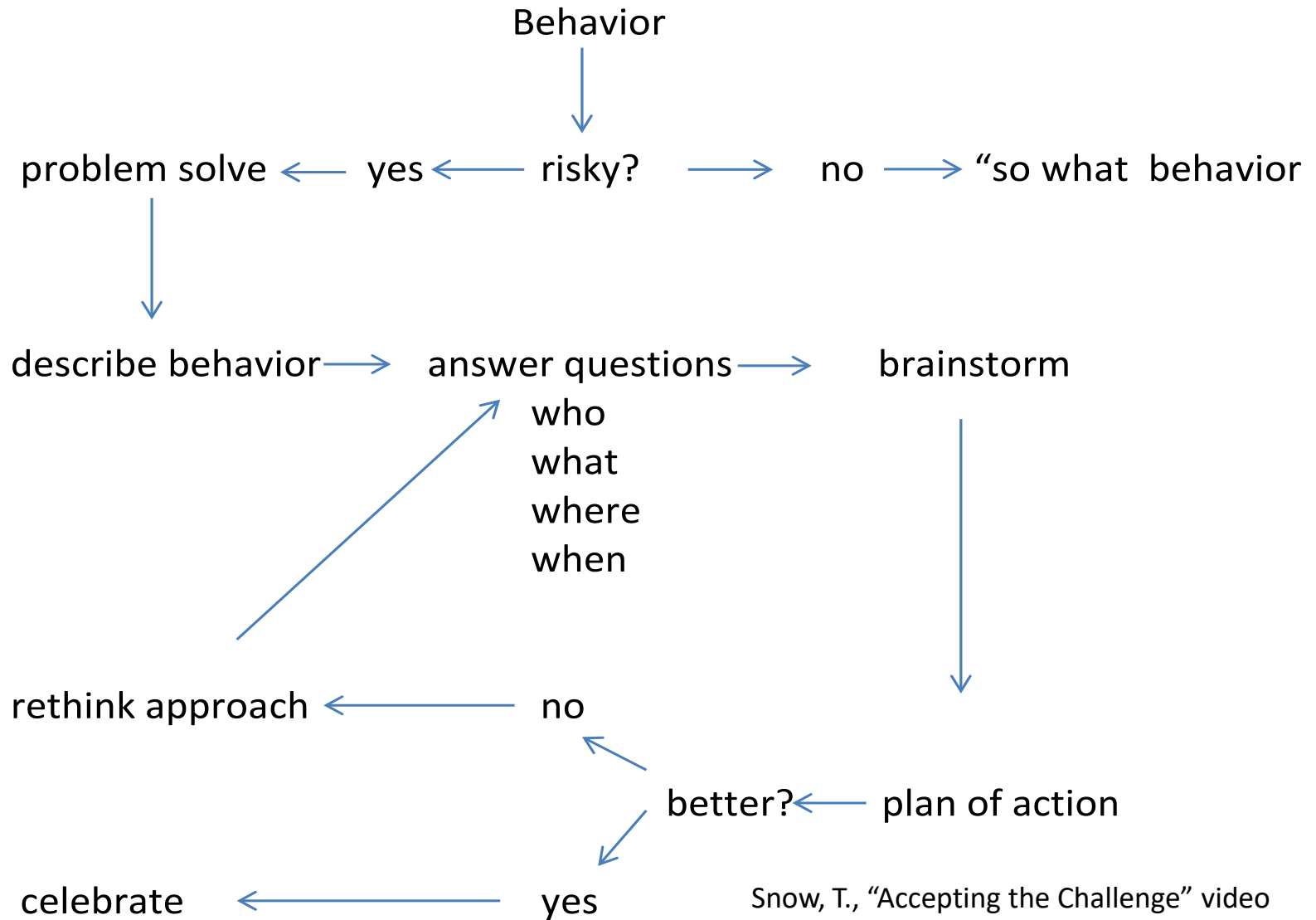
Rules of brainstorming

Rule #1 Keep an open mind

- no criticisms or evaluations
- look at the situation from another person's viewpoint
- quantity is wanted . . . the more ideas the better.
- combine, add to or modify other ideas

Stobbe, K. *In the moment*
www.in-themoment.com

Finding solutions



Snow, T., "Accepting the Challenge" video

Behavior Journaling



HELPS YOU SEE PATTERNS



PUTS EVERYONE'S INFO
TOGETHER

A skillful caregiver

Knows themselves



```
graph TD; A[Knows themselves] --> B[Knows the person]; B --> C[Knows a variety of skillful approaches]; C --> D[Can "step back" and look at a situation objectively];
```

Knows the person

Knows a variety of skillful approaches

Can “step back” and look at a situation objectively

One size does *not* fit all

- An approach:
 - May not work every day
 - May not work for someone else
 - Must fit the action and the individual

We are here for you...

- *Adults 60 years of age and older*
- *Adults of any age living with Alzheimer's disease or related dementia*
- *Family caregivers through education and support*
- *Professional providers through classes and presentations*
- In Anchorage, call 907-561-3313.
- Outside of Anchorage call 1-800-478-1080
www.alzalaska.org

