JFSCOMPASS

DEMENTIA OVERVIEW

Dementia is an "umbrella" term that means decline in mental ability severe enough to interfere with daily life.

- Alzheimer's: (AD) is the most common type: short-term memory loss, repeating oneself, getting lost, gradual decline, lack of awareness of deficits (making intervention difficult).
- Vascular Dementia: onset may be abrupt (or triggered by surgery); symptoms fluctuate, irritability is common, memory initially preserved.
- Mixed Dementia: is a combination, usually of Alzheimer's and Vascular dementia.
- Lewy Body Disease: early vivid hallucinations, Parkinson's symptoms, fainting or fluctuating attention, memory is initially okay. Parkinson's dementia, corticobasilar deg, etc.
- Frontotemporal Dementia: onset usually 40-60 years, personality change, disinhibited behavior, memory is initially preserved.
- Other: Alcohol-induced, CID HIV.

STAGES OF DEMENTIA

MILD STAGE

General:

- Memory loss for recent events, may ask "when, where, what" questions repetitively.
- Difficulty keeping track of time, following a calendar, forgetting appointments.
- May repeat "safe, overlearned" stories over and over again.
- Language difficulties (word-finding) and impaired reading comprehension.
- Diminished judgement with impaired insight about their difficulties; at risk of exploitation.
- May exhibit personality change – more muted and withdrawn or more agitated, irritable.

Functional Decline:

- May get lost in familiar places when driving.
- May overlook bills or pay in duplicate, errors in writing checks, bad judgement with money.
- May make minor errors with meds.
- May have difficulty doing a multi-step task (cooking, home repairs, woodworking, sewing).
- May be less attentive to grooming.

Mood and Behavior:

- May be anxious or irritable if left home alone.
- May be short-fused or embarrassed when errors are pointed out.
- May become depressed or quiet and socially withdrawn.
- May have catastrophic reactions to minor problems.

On the other hand, …

- Good social skills may enable them to compensate (you may be called an exaggerator).
- May live more "in the moment" and find joy in small things.

MODERATE STAGE

General:

- Harder to learn new things and more easily confused; tasks take much longer.
- May misremember long-term memories. May forget which family has died.
- Risk of wandering; may not recognize current surroundings so asks to "go home".

Functional Decline:

- Needs help making decisions.
- Can do simple household chores but may make errors (may mistake bleach for detergent).
- May require a reminder to shower, assistance with getting dressed, or help brushing teeth.
- Errors with using tools or utensils.
- Less attentive to toileting hygiene or more frequent accidents.

Mood and Behavior:

- Sundowning (anxiety or agitation) common; may occur any time of day.
- May be anxious when loved one is out of sight.
- May be less empathic or less aware of you as a person.
- Social judgement ("filter") may be impaired (rude or sexually inappropriate comments).
- May be paranoid or mistrustful; unusual behaviors (hoarding) may occur.

On the other hand:

- May be very grateful for support of family.
- May more likely delight in the simple things in life (nature, music)
- May be more cooperative with suggestions

SEVERE STAGE

General:

- May recognize family but not know specific relationship, may confuse spouse with parent.
- Very late in the illness, may not recognize family.
- Gait abnormalities, motor disturbances, incontinence are more common.

Functional Decline:

- Less interested in food, manners are childlike, may eat with hands.
- Difficulty with swallowing; appetite decrease is normal at this stage.
- Requires total assistance with personal care.

Mood and Behavior:

- Paces, walks, rocks, hums, pats; may have trouble sitting still.

- May hoard items or hide things.
- Pain or infections may manifest as behavior change (true at any stage)

On the other hand…

- Enjoys music and gentle touch.
- Living is very "in-the-moment," an invitation for family to reflect on the journey.

TREATMENT

- **All behavior is a form of communication**. Learning communications skills is important; we must respond with love, respect, and gentleness.
- Many medications used in the elderly can worsen thinking and memory, so simplify.
- **Dementia medications may delay the rate of decline** and can assist with problem behaviors. Treat depression. Hallucinations and delusions are common; only treat if distressing to them.
- **Exercise, socialization, and good nutrition with hydration are important**
- **Cultivating patience and grace for the journey are important goals. Be present with love.**