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Living Life Under the Umbrella of Dementia

PET and Aging:

PET Scan of 20-Year-Old Brain
PET Scan of 80-Year-Old Brain

PET and Aging: ADEAR, 2003

As we age, we do not lose function in our brains, unless…

Something Goes Wrong with Our Brains

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Normal vs. Not Normal

Normal Aging:
- Slower to think
- Slower to do
- Hesitates more
- More likely to ‘look before leaping’
- Know the person but not the name
- Pause to find words
- Reminded of the past
- Harder

Not Normal Aging:
- Can’t think the same
- Can’t do like before
- Can’t seem to move on
- Doesn’t think it out at all
- Can’t place the person
- Words won’t come – even later
- Confused about past versus present

Very different!

Early Warning Signs for:
Normal Aging, Stressful Living, Life-Long Issues

1. Memory loss for recent or new information, repeats self frequently
2. Difficulty doing familiar but difficult tasks: managing money, medications, driving
3. Problems with word finding, mis-naming, or misunderstanding
4. Getting confused about time or place, getting lost while driving, missing several appointments
5. Worsening judgment, not thinking thing through like before
6. Difficulty problem-solving or reasoning
7. Misplacing things or putting them in ‘odd’ places
8. Changes in mood or behavior
9. Changes in typical personality
10. Loss of initiation: withdraws from normal patterns of activities and interests

Early Warning Signs for:
Something is not right and should be investigated

1. Memory loss for recent or new information, repeats self frequently
2. Difficulty doing familiar but difficult tasks: managing money, medications, driving
3. Problems with word finding, mis-naming, or misunderstanding
4. Getting confused about time or place, getting lost while driving, missing several appointments
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Four Truths About All Forms of Dementia:

1. At least 2 parts of the brain are dying—one related to memory and another part
2. It is chronic – can't be fixed
3. It is progressive – it gets worse
4. It is terminal – it will kill, eventually

Dementia does not equal Alzheimer's does not equal Memory Problems
Alzheimers:
- New information lost
- Recent memory worse
- Problems finding words
- Misspeaks
- More impulsive or indecisive
- Gets lost
- Notice changes over 6 months – 1 year

Vascular Dementia:
- Sudden changes: stepwise progression
- Other conditions: diabetes, hypertension, heart disease
- So, damage is related to blood supply/not primary brain disease: treatment can plateau
- Picture varies by person: blood/swelling/recovery
- Can have bounce back and bad days
- Judgment and behavior ‘not the same’
- Spotty loss in memory, mobility
- Emotional and energy shifts
- Visual field changes can be ½ of field
- Delays or impulsivity can be extreme
Latest Thinking About Vascular Dementia?

- Lots of similarity with Alzheimer’s
- Manage blood flow issues carefully!
- Watch for and manage depression

Lewy Body Dementia:

- Movement problems, falls
- Visual hallucinations: animals, children, people
- Fine motor problems: hands, swallowing
- Episodes of rigidity, syncopy
- Nightmares or insomnia
- Delusional thinking
- Fluctuations in abilities
- Drug responses can be extreme and strange:
  - Can become toxic, can die, can become unable to move
  - Can have an opposite reaction

Latest Thinking about Lewy Body Treatment:

- Use AChls
- Add Namenda early
- Be very careful about anti-psychotic meds
- Parkinson’s meds may help movement but may make hallucinations and delusions worse
- Anti-depressants and anti-convulsants may be used to help anxiety, sleep, and depression but can increase confusion, movement, and drowsing
Frontotemporal Dementias:

- Many types, typically younger onset
- Pick's Disease is classified a FTD
- Frontal: impulse and behavior control loss (not memory issues)
  - Says unexpected, rude, mean, odd things to others
  - Disinhibited: food, drink, sex, emotions, actions
  - OCD type behaviors
  - Hyperorality
- Temporal: language loss
  - Can't speak or get words out
  - Can't understand what is said, sound fluent but use nonsense words

Latest Thinking About FTD Treatments:

- Consider Namenda earlier
- Look at SSRI medications
- May use medications used to treat OCD
- May not use AChEI Medications

Drugs That Can Affect Cognition:

- Anti-arrhythmic agents
- Antibiotics
- Antihistamines - decongestants
- Tricyclic antidepressants
- Anti-hypertensives
- Anti-cholinergic agents
- Anti-convulsants
- Anti-emetics

- Histamine receptor blockers
- Immunosuppressant agents
- Muscle relaxants
- Narcotic analgesics
- Sedative hypnotics
- Anti-Parkinsonian agents
Mimics of Dementia:

**Depression/Anxiety:**
- can't think
- can't remember
- not worth it
- loss of function
- mood swings
- personality change
- change in sleep

**Delirium:**
- swift change
- hallucinations
- delusions
- on and off responses
- infection
- toxicity
- dangerous

Delirium:

- Onset: sudden, hours to days
- Duration: short, can be either cured or leads to death
- Alertness and Arousal: fluctuates, hyper or hypo
- Orientation responses: highly variable
- Mood and Affect: highly variable
- Causes: physiological, psychological
- Tx Condition: identify and treat what is wrong
- Tx Behavior: manage for safety only, it is short-term so don't mask symptoms

Determine First: Is This Delirium?

- Delirium can be dangerous and deadly
- Get a good behavior history, look for change
- Assess for possible pain or discomfort
- Assess for infections
- Assess for med changes or side effects
- Assess for physiological issues: dehydration, blood chemistry, O₂ sat
- Assess for emotional or spiritual pain
Likely Causes of Delirium in Vulnerable People:
- Infection: UTI, URI, sepsis
- Dehydration
- Drug: effect, side effect, interactions, sudden stop, taking incorrectly
- Sleep deprivation: poor sleep
- Oxygen deprivation or imbalance
- Pain or discomfort: including impaction

More Causes of Delirium:
- Sensory deprivation: vision, hearing, balance
- TIAs or little strokes in brain
- Alcohol use
- New Onset Illness: diabetes, hypothyroidism, etc.
- Nutritional Issues: intake or processing problems
- Anesthesia: post-surgical

Second, Is it Dementia or Depression/Anxiety?
- Often impossible to distinguish/separate depression and anxiety
- Depression/anxiety is treatable
- Many elders with depression describe themselves as having ‘memory problems’ or having somatic complaints
- Look for typical and atypical depression
- Look for changes in appetite, sleep, self-care, pleasures, irritability, ‘can’t take this’ comments, residence or schedule changes
Depression/Anxiety:
- Onset: recent, weeks to months
- Duration: until treated or death
- Alertness and Arousal: not typically changed
- Orientation responses: “I don’t know,” “I can’t say,” “Why are you bothering me with this?” or “I don’t care”
- Mood and Affect: flat, negative, sad, angry
- Causes: situational, seasonal or chemical
- Tx of Condition: meds, therapy, physical activity
- Tx of Behavior: schedule changes and environmental support, combined with meds

Likely Profiles of Depression/Anxiety in Vulnerable People:
- Combination causes
- First episode in late life not uncommon
- Re-emergence of previous undiagnosed depression
- Resistance to seeking help
- If situational depression not addressed, it often escalates
- Depression = somatic pain complaints

Dementia:
- Onset: gradual, months to years
- Duration: progressive until death
- Alertness and Arousal: gradual changes
- Orientation responses: right subject, but wrong info, angry about being asked, or asks back
- Mood and Affect: triggered changes
- Causes: brain changes, 70-80 different types
- Tx Condition: chemical support with AChEIs and glut mod
- Tx Behavior: environment, help, activity, drugs if needed
If it Looks Like Dementia:
- Explore possible types and causes
- Explore what care staff and family members know and believe about dementia and the person
- Determine stage or level compared with support available and what is being provided
- Seek consult and further assessment, if documentation does not match what you find out

The GEMS®
- Sapphires
- Diamonds
- Emeralds
- Ambers
- Rubies
- Pearls

Until we begin to see the beauty and value in what the person is at this point in time, we will never care for them as we should

Important of the Care Triad:
Person Living with Dementia, Care Partner, and Care Coordinator
- Need a Team: dementia caregiving is very hard work!
- Long term exposure to stress affects physical and mental health
- Over 40% of the time we will lose a care partner before we lose the person with dementia
- The emotional state of care partners affects the person(s) being cared for
- Care partners and coordinators are as important as the person living with dementia
Believe:

People with dementia are doing the best they can!

Dementia is not curable, but it can be treated:

- With knowledge
- With skill building
- With commitment
- With flexibility
- With practice
- With support
- With compassion

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