

Dementia: Emphasis on Alzheimer's

alzheimer's association
Central Coast Region
Continuum Senior Care Management

Dementia

- ▶ Dementia is a condition causing a decline in memory, thinking, and reasoning skills.
- ▶ It interferes with normal activities and relationships.
- ▶ Diagnosed if 2 or more brain functions are impaired - e.g. memory loss and language skills.

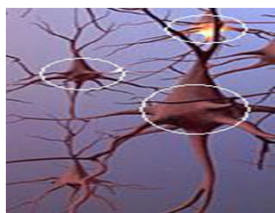
Causes of Dementia

- ▶ Alzheimer's 70%
- ▶ Vascular Dementia 17%
- ▶ Mixed & Other Dementias 13%
 - Parkinson's
 - Lewy Body
 - Frontotemporal Lobe
 - Normal Pressure Hydrocephalus
 - Multiple Sclerosis
 - Diabetes

Alzheimer's Disease....

- ▶ Alzheimer's (*AHLZ-high-merz*) disease is a brain disorder that gradually destroys brain cells and affects a person's memory, ability to learn, make judgments, communicate, and carry out basic daily activities of living.
- ▶ Alzheimer's is a progressive, fatal disease and has no cure. Age is the greatest risk factor.

Alzheimer's destroys brain cells

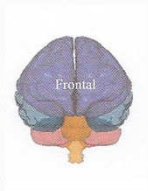


A brain shrinks as we age, but...



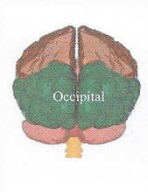
- ▶ The number of neurons remains the sufficient for normal functioning.
- ▶ In Alzheimer's there are empty spaces in parts of the brain

Changes After Frontal Lobe Loss



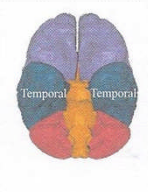
- › Perseveration
- › Personality changes
- › Difficulty with problem-solving
- › Loss of verbal expression
- › Inflexible thinking
- › Uncontrollable emotional, social and sexual behavioral changes
- › Poor initiation of voluntary movements

Changes After Occipital Lobe Loss



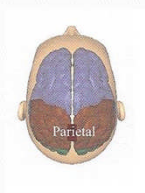
- › Hallucinations and visual distortions
- › Inability to recognize object movement
- › Poor processing of visual information

Changes After Temporal Lobe Loss



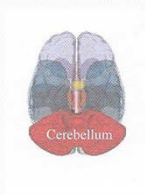
- › Disturbance of selective attention
- › Short-term memory loss
- › Persistent talking
- › Increased aggressive behavior

Changes After Parietal Lobe Loss



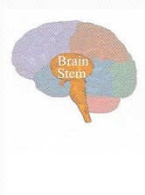
- › Difficulty naming objects
- › Difficulty with eye-hand coordination
- › Impaired spatial orientation

Changes After Cerebellum Loss



- › Impaired gross and fine motor coordination
- › Loss of the ability to walk

Changes After Brain Stem Loss



- › Impaired regulation of temperature, heart rate and respiration
- › Difficulty swallowing food and fluid
- › Difficulty with balance and movement
- › Dizziness (vertigo)
- › Impaired arousal and sleep regulation
- › Death by organ shutdown

Normal Aging VS. Alzheimer's

- ▶ Forgetting where you parked
- ▶ Forgetting where you left your checkbook
- ▶ Worrying that you have memory problems
- ▶ Able to care for yourself
- ▶ Forgetting that you drove somewhere
- ▶ Forgetting the name of your bank
- ▶ Being unaware that you have memory problems
- ▶ Unable to care for yourself

What To Look For...

- ▶ Blank facial expressions
- ▶ Inappropriate clothing
- ▶ Unsteady gait
- ▶ Confusion
- ▶ Communication problems
- ▶ Agitation
- ▶ Aricept, Namenda, Exelon or REMMSD in the med cabinet

Loss of Language Skills...

- ▶ Can't speak in complete sentences
- ▶ **Can't find the right word**
- ▶ Problems reading and writing
- ▶ **May not understand spoken words**
- ▶ **May make up words**
- ▶ May forget current language

Visual Spatial Skills...

- ▶ Getting lost
- ▶ Seeing a dark carpet as a hole
- ▶ Seeing a shiny floor as wet
- ▶ Climbing stairs could be frightening
- ▶ See shadows as threatening
- ▶ Unable to judge distances
- ▶ Might miss mouth when trying to eat or drink

Emotional Behaviors...

- ▶ **Feel out of control, may 'act out'**
- ▶ Crying and anxiety
- ▶ Verbal abuse, anger, yelling
- ▶ **Fear**, suspiciousness, paranoia
- ▶ Withdrawal from social encounters
- ▶ Depression - not responding to people

Physical Behaviors...

- ▶ Wandering and pacing
- ▶ Talking to themselves or someone you can't see
- ▶ Repeating words over and over
- ▶ Asking the same question over and over
- ▶ Repeating motions over and over
- ▶ Picking at hair, skin, clothing
- ▶ Packing and unpacking belongings

Changes that Affect Safety...

- ▶ Judgment and forgetting how to use electricity and **gas or driving**
- ▶ Sense of time and place – getting lost outside and in the home
- ▶ Behavior – confused, suspicious or fearful, paranoid
- ▶ Physical ability – balance
- ▶ Fear of not understanding what is happening to “self” leads to impulsiveness

Safety Risks

- ▶ Home safety
- ▶ Driving
- ▶ **Gun safety**
- ▶ Homicide / Suicide
- ▶ Behavior problems / Agitation
- ▶ **Shoplifting**
- ▶ **Abuse / Neglect**
- ▶ **Wandering**
- ▶ **Scams**

Dementia and Driving

- ▶ Persons with dementia tend to:
 - Drive slower
 - Make errors at intersections
 - Have less awareness of other drivers
 - Have worse lane control
 - Have more frequent and unexpected braking
- ▶ Not all people with dementia display unsafe driving



Access to Guns

- ▶ 60.4% of homes with a family member who has dementia have a firearm present. According to a 1999 study
- ▶ Only 16.9% reported that guns were in an unloaded state
- ▶ 44.6% of those homes reported that the guns were loaded
- ▶ 38% said they did not know if the guns were loaded
- ▶ 1999 stats



Shoplifting



"I know where you're hiding the pepperoni but what happened to the thirty-pound wheel of cheese?"

Generally, people with dementia will recall paying for something even if they haven't.

The Person With Dementia

- ▶ Is unable to make sense of reason and logic.
- ▶ But your attitude and your mood are felt by the person – even when you think they are “off in another world”
- ▶ Their emotional comfort is more important than getting the facts right.
- ▶ You probably can't get the actual facts from them.

They Feel Alone in Their Reality...



Important Things to Remember

- ▶ They are *not* crazy or lazy
 - They are saying and doing normal things – for a memory impaired person with dementia.
- ▶ Some days they seem normal but they are *not*.
 - Their reality is now different than yours, and *you cannot change them*. You cannot control the disease. You can only control *your reaction* to what it does to them.
- ▶ They do not hide things.
 - They protect things by putting them in a safe place – and then forgetting that they did that
- ▶ ***They are frightened all the time!!!!***

When Encountering a Person With Dementia...

- ▶ Identify yourself and explain why you have approached the person Describe the problem, don't make an accusation
- ▶ Ask one question at a time, ***SLOWLY***, and allow the person time to reply
- ▶ Avoid correcting or “reality checks”
- ▶ If necessary, ***SLOWLY*** repeat the question using the same exact wording
 - Then rephrase using fewer words if necessary
- ▶ Prompt with non-verbal gestures while talking to the person

Assessing the Situation

- ▶ Upon Arriving to the scene, find out what the problem is and assess it for yourself.
- ▶ Do not assume you have proper knowledge of the situation based upon what you have been told, not everyone is trained to identify a demented suspect.
 - **The situation may not be what it first seems**

Dealing With Dementia

- ▶ You cannot control the disease – **you can only control your reaction.**
- ▶ They cannot remember that they cannot remember.
- ▶ **Maintain their dignity and adulthood**
- ▶ Distraction and redirection
- ▶ **Avoid restrains if at all possible**
- ▶ **Safety VS. Respect**

Prisoner of the Disease

- ▶ Upon arriving at the scene and determining that the suspect is in fact demented, **consider this something of a hostage situation.** Suspects suffering from Alzheimer's or other Dementia are essentially held hostage by the disease.
- ▶ Progression => 0 impulse control
- ▶ Jail won't work
- ▶ Strong arming is counter productive

Compassionate Communication

Don'ts:

- ▶ Do not try to reason
- ▶ Do not argue
- ▶ Do not confront
- ▶ Do not remind them that they forgot
- ▶ Do not question their recent memory
- ▶ Do not take it personally
- ▶ Only touch in a comforting way.
- ▶ Tazer only if Bull Rage ensues & only after all calming techniques have been exhausted.

Compassionate Communication

Do's:

- ▶ Give short, one sentence explanation.
- ▶ Repeat instructions or sentences exactly the same way, speaking more slowly.
- ▶ Repeat instructions using fewer words.
- ▶ Allow plenty of time for comprehension.
- ▶ Agree with them or distract them to a different subject or activity.
- ▶ Accept the blame when something is wrong (even if it is fantasy).

Compassionate Communication

Do's:

- ▶ Leave the room, if necessary, to avoid confrontations. (**break the connection**)
- ▶ Respond to the feelings rather than the words.
- ▶ Be patient, cheerful and reassuring. Go with the flow.
- ▶ My appeal to you is : ***Please elevate your level of generosity and graciousness.***

Use the “*Four Handy Helpers*”

- ▶ **Do not argue**
 - If she thinks her husband is still alive, that is her reality. Arguing with her will encourage frustration, confusion, fear anger and a difficult time for both of you. This is not about “being correct”. This is about helping a person with a serious disability.
- ▶ **Use Finesse, and do not be afraid to fudge the truth**
 - Finesse: to be delicate, subtle, skillful and strategic, when handling a difficult situation.
 - When he is upset, apologize to diffuse the situation, even though you are not at fault.
- ▶ **Refocus: Make up a story to help them relax**
 - “wait till the store brings the part this afternoon.”
 - “Oh, Dad went on a business trip this week.”
 - “I’ve already called a repairman. He’ll be here on Saturday.”
- ▶ **Re-direct (change the subject and/or the activity)**
 - “Ok, but first we need to eat some lunch.”
 - “Let’s wait and call your sister after we’ve had a nap, mom. She is Probably taking a nap now, too.”

alzheimer’s  association

Resources

- ▶ Alzheimer’s Association Central Coast
 - (805) 892-4259
 - 24 hour (805) 272-3922
 - www.centralcoastalz.com
- ▶ Alzheimer’s Foundation of America (AFA)
 - www.alzfdn.org
 - 866-AFA-8484
- ▶ Alzheimer’s Disease Association of Kern County (ADAKC)
 - www.adakc.org
 - (661) 393-8871
