Understanding Alzheimer's and Dementia:
A Comprehensive Overview
UIC 10/19/23

Elderwerks

Mild Cognitive Impairment

- MCI is usually marked by problems with memory, language, judgement, and thinking
- Can still carry out everyday activities
- Symptoms may be noticeable to family/friends
- Not all MCI progresses to dementia
- MCI progresses to dementia at a rate of approx. 10-20% a year

General Dementia Information

- Dementia is an umbrella term encompassing a range of neurodegenerative diseases and conditions that cause progressive cognitive and behavioral impairments affecting Activities of Daily Living (ADL's).
- Chronic and persistent, with no known cure
- Caused by damage to the brain
- Type of dementia and symptoms depends on which region of the brain is damaged
- Not a normal part of aging process
- Some symptoms of dementia are caused by treatable conditions
- Most common form of dementia is Alzheimer's disease, followed by Vascular Dementia, Frontotemporal dementia, Lewy Body Disease dementia and Parkinson's disease dementia
- A diagnosis of dementia is not reversible, chronic and will eventually result in death
- Some symptoms people experience may be similar to those of dementia, but may be caused by other medical issues, such as depression, infections, metabolic issues, and thyroid disease. These may be referred to as reversible dementia. It is very important to seek medical assistance to rule out other medical issues before a diagnosis of dementia can be confirmed.

Alzheimer's Disease

- Most common form of dementia
- Typically begins after 65 years of age. Early onset dementia can occur much earlier than 65.
- Neurogenic disease
- Begins slowly
- Brain changes are evident
- Plaque tangles and shrinkage of brain tissue
- Memory loss may be first symptom

- Defined by early stage, middle stage, late stage & end stage. As a person progresses thru the stages, they will lose executive function, cognitive function, words and speech, movement, and visual disturbances.
- Course of disease is typically about ten years. In late/end stage the person is completely dependent on others for their care

Diagnosis of Alzheimer's disease and related dementias

- Family history & Physical exam
- Lab test to rule out other medical issues that may cause change in cognition.
- Pet scan, MRI, and CT
- Referral to neurologist
- No known test as of date that can diagnose Alzheimer's disease definitively.
- Diagnosis of disease and type is dependent on the symptoms and progression of the disease.
- Some will seek to have an autopsy to confirm, but typically only those who have a genetic thread may seek this option (some forms of ALZ have a genetic component)

Symptoms & Causes

- Memory loss
- Difficulty with problem solving
- Difficulty completing instrumental activities of daily living (IADL)
- Usually occurs after age 65
- Caused by the presence of plaque and tangles in the brain that causes changes in/on the neuron

Reisburg Theory of Retrogenesis

- Concept developed by Alzheimer's researcher, Barry Reisburg
- Reverse development
- Better understanding of Alzheimer disease/dementia
- Think last skills learned will generally be the first to lose. (Computer, phone, cooking)
- Helps put into perspective what the Person Living with Dementia has the cognition to process or perform.

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Level Six	Level Five	Level Four	Level Three	Level Two	Level One
ADL's Independent • Daily care • Finances • Decision making skills Learns new information	**ADL's** Independent • Daily care Assistance • Finances • Decision making • Organization Subtle memory problems	**ADL's** • Independent with cuing/min assist • Assistance • Cognitive skills • Memory challenges • Needs structure and repetition Poor safety awareness	**ADL's** Full assistance • Daily care • Sequencing • Judging • Problem solving • Decision making Significant memory impairment Language and speech impairment	**ADL's** • Dependent • Daily Care • Motor function • Cognitive skills • Significant impairment of cognitive skills • Visual & perceptual skills Requires 24-hour supervision	**ADL's** All basic needs met by caregiver
No Dementia Present	Mild Cognitive Impairment	Early-Stage Dementia	Middle- Stage	Late-Stage Dementia	End- Stage Dementia
Reisburg Theory	Reisburg Theory	Reisburg Theory	Reisburg Theory	Reisburg Theory	Reisburg Theory
adult	20's-early teens	10yrs-4yrs	3yrs-18months	18mts-12mts	12mts-0mts

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Dementia Course and Length	Memory Loss	Stages	Behaviors	Word & Language Loss	Problem Solving	Activities of daily living/Instrumental activities of daily living
Alzheimer's Disease Steady decline of cognitive, memory and physical issues 10-12 years	One of the hallmark signs of Alzheimer's Retain long term memory	**Early stage** May be anxious and nonsocial **Middle stage** May be accusatory in middle stage	**Early Stage** Repetitive questions **Middle stage** Repetitive Questions, Wandering, Hoarding **Late-stage** Watch for signs of pain, (yelling crying, guarding)	**Early-stage** Difficulty with word finding, unable to retrieve words **Middle Stage** Loss of words and confusion with word **Late stage** Nonverbal	Difficulty begins in early stage. Becomes more difficult as disease progresses	**Early stage** Difficulty with bill paying, Meal planning, Organization **Middle stage** Difficulty with dressing, bathing, grooming **Late stage** Needs hand on assist with dressing, bathing, grooming, and feeding.

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Vascular Dementia Average course is 5 years	Depends on what area of brain is affected. Short term memory loss	Difficulty in making decisions, feeling disoriented /confused, changes in mood	Various behavioral issues, Depression, Sleep disturbances	Depends on area of brain affected, usually seen in late stage	Difficulty with finance management, slowed thought	Difficulty with following directions May have balance issues that can cause falling
Fronto-temporal Dementia Pick's Disease Lasts anywhere from 2-17 years Seven stages to FTD	Not typical in early disease	Changes in social behavior and personality, Flat affect, Poor impulse control in later stage		May use less words and struggle cognitively as it progresses		In later stages, severe cognitive issues and loss of body control which causes difficulty with activities of daily living
Lewy Body Dementia Changes in abilities & in thinking, Variations in disease	Not at first but may arise later in disease	Hallucinations, Delusions, Anxiety	Sleep disorders, Agitations, Restlessness, Pacing	Speech may get softer	Severe loss in thinking abilities	Movement disorders such as shuffling gait imbalance and rigidity may cause falls and difficulty with ADL's

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Memory & Communication

- Symptom of memory loss is required for diagnosis of dementia.
- Many parts of the brain have to do with memory: frontal lobe, hypothalamus, temporal lobe and hippocampus.
- If any parts of these areas of the brain deteriorate because of disease, that is why a person with dementia would have trouble with memory.
- With a cognitively intact person, communication is bidirectional. When one person has dementia, it is no longer bidirectional, which means the person living with dementia may not be able to decipher what is being communicated.

Some strategies for communication are:

- ✔ Speak slowly and clearly. Allow at least 15 seconds for the person to respond to so that they have time to process what you said.
- ✔ When asking questions or giving instructions, give one at a time, allowing time for them to answer.
- ✔ Engage in conversation they can relate to.
- ✔ Verbal cuing used in early stage, verbal and visual in middle stage, and hands-on with visual and verbal in late stage.
- ✔ Eye contact is important so get within their visual field.
- ✔ Don't argue or rationalize with the person.

Behaviors in Dementia

- Because of changes in communication, the person may become angry and frustrated. This can lead to a change in behavior. It is our responsibility to try to figure out what is being communicated.
- Almost always, behaviors occur because of an unmet need.
- Allow for as much independence by letting them do as many things as possible in their daily care and activities
- Allow choices when possible.
- If the person says something "weird" or inappropriate, know that it is the illness and not intentional.
- Don't argue or rationalize with the person.
- Always speak and act with respect and dignity!

- Use the positive approach when communicating or handling behaviors:

- Get within their visual field.
- Stoop/bend or sit down to lessen intimidation.
- Call them by their preferred name.
- Reach your hand out like you're going to shake their hand. If they accept your handshake, you will know they are ready to communicate, if they don't do this, it may not be a good time to interact. Touch may escalate the behavior so you may want to give them space.
- If they become aggressive (swear, yell, throw things) find your place of safety, while keeping the person safe.
- Always allow for the person to relax and de-escalate from the behavior.

Successful Strategies For PLWD

Early stage- allow them to do as many tasks as possible.

- May need some notes to remember things.
- Help with bill paying and household chores such as cleaning and shopping.
- May need to evaluate and assess driving.
- Engage in conversation they can relate to.

Middle stage- may need help with dressing, grooming, and bathing. Verbal and visual cuing is helpful.

- Allow at least 15 seconds for the person to respond.
- Make eye contact and get within their visual field.
- Allow for choices and maintain dignity.

Late stage- use hands-on complete care. Continue to talk with the person, make eye contact and use a gentle touch.

- Alert HCP regarding depression.
- Give instructions/directions one at a time and allow 15 seconds for processing. Always provide choices.
- Allow them to express their feelings and empathize with them. Listen to their emotions.
- Keep throw rugs, cords, and other tripping hazards out of the path of the person.