

Dementia

The background of the slide is a solid orange color with a subtle gradient. It is decorated with various leaf silhouettes in a darker shade of orange, scattered across the left and right sides, creating a decorative border effect.

DEMENTIA – what is it?

- **Umbrella term that describes a group of symptoms, it is not a specific disease.**
- **There are around 100 types of dementia.**
- **Dementia is a syndrome due to disease of the brain, usually of a chronic or progressive nature, in which there is a disturbance of multiple cortical functions, calculation, learning capacity, language and judgement. Consciousness is not clouded. Impairments of cognitive function are commonly accompanied, and occasionally preceded by deterioration in emotional control, social behaviour, or motivation.”**

○ **World Health Organization**

Dementia – some facts.

- Alzheimer's Disease is the most common type of dementia and accounts for about 64 % of dementias in Canada.
- About 72% of people with Alzheimer's Disease in Canada are women.
- In 2011, there were about 747, 000 Canadians with Dementia.
- In 2031, it's estimated there will be about 1.4 million people living with dementia in Canada.
- It's estimated that the economic cost of dementia was \$33 Billion in 2011.
- Canada does not have a national dementia strategy.

Prevalence Rates by Age:

- 1 in 50 between ages 65 and 74.
- 1 in 9 between ages 75 and 84.
- 1 in 3 between ages 85 and 95.
- 1 in 2 beyond age 95.

The Rising Tide...

A study commissioned by the Alzheimer's Society. Released in 2010.

- **Increase the investment in dementia research**
- **Provide support for family caregivers**
- **Emphasize prevention and early intervention**
- **Build an integrated system of care**
- **Strengthen and supplement Canada's dementia workforce**

Risk Factors for ADRD:

- Age
- Family history
- ApoE 4 Gene
- Down Syndrome
- Mild Cognitive Impairment
- Head Injury
- Education

Mild Cognitive Impairment:

- Defined as a subtle but measurable memory disorder.
- Individual experiences memory problems greater than normally expected with aging.
- Individual does not experience other symptoms of dementia like impaired judgement or reasoning.

Progressive Dementias:

- Alzheimer's Disease
- Vascular Dementia
- Fronto-temporal dementia
- Dementia with Lewy Bodies
- Creutzfeld – Jakob Disease
- Mixed dementias

What is Alzheimer's Disease?

- A progressive disease of the brain.
- Results in the damage and death of brain cells.

Changes in the Brain:

- Formation of plaques
- Formation of tangles
- Brain shrinkage
- Changes in brain chemistry
- Inflammation

Forms of Alzheimer's Disease:

○ **Sporadic Alzheimer's disease**

- Most common form.
- Accounts for 90-95% of diagnosed cases.
- Role of heredity is unknown.

○ **Familial Autosomal Dominant**

- 5-10% of diagnosed cases.
- 50% of each successive generation have the disease.

What is Vascular Dementia?

- It is dementia associated with problems in the circulation of blood in the brain.
- Transient ischemic attacks (TIAs) may proceed VaD.
- It is generally irreversible.
- Impairment experienced is related to the area of the brain that is damaged.
- Treatment focuses on the risk factors such as high blood pressure and cholesterol levels.

What is Lewy Body Dementia?

- Changes in the brain are called “Lewy bodies” that consist of protein deposits found in deteriorating nerve cells.
- Marked by fluctuating cognitive ability.
- Is often accompanied by visual hallucinations.
- Researchers are uncertain whether LBD is distinct from or a variant of Parkinson’s Disease or AD.
- Treatment can include cholinesterase inhibitors; use of antipsychotics can make the disease worse.

What is Fronto temporal Dementia?

- Brain cells in the frontal and temporal lobes of the brain either shrink and die or swell.
- Fronto temporal dementia is characterized by progressive deterioration of social skills and changes in behaviour along with impairment of intellect, language and memory.
- Pick's disease is a form of FTD.
- Treatment includes the management of behavioural symptoms.

What is Wernicke-Korsakoff's Syndrome?

- It is a form of dementia directly related to alcohol abuse.
- Wernicke's can occur suddenly, and needs immediate medical attention.
- If treatment is given in time, most of the symptoms can be reduced. If not treated in time, irreversible brain damage and even death can occur.
- Kosakoff's is the chronic phase of this dementia, may develop without the acute phase being present.

Early Warning Signs...

- Memory loss that disrupts daily living.
- Challenges in planning or solving problems.
- Difficulty completing familiar tasks at home, work.
- Confusion with time or place.
- Trouble understanding visual images and spatial relationships .
- New problems with words in speaking or writing.
- Misplacing things and lost ability to retrace steps.
- Decreased or poor judgement.
- Withdrawal from work or social activities.
- Changes in mood and personality.
- Early diagnosis is very important.

What can we do to minimize risk?

- Exercise regularly.
- Eat healthy.
- Reduce alcohol consumption.
- Don't smoke.
- Increase intellectual and social activity.
- Protect your head from injury
- Mind your numbers, weight, blood pressure and cholesterol.

Communication:

- Communication with a person who has decreased cognitive ability is often difficult due to changes in the brain and its functioning
- Physical and mental conditions can affect speech and the use of words, as well as understanding of the words heard

Communication

The person with decreased cognitive ability may experience difficulties with word-finding and may:

- forget names of people, places and objects
- repeat words and phrases
- invent words to “fill the gap”
- jumble words into a “word salad” that makes no sense
- forget more complex words
- experience that “tip of the tongue” feeling

Communication

- repeat the same questions or phrases
- have difficulty understanding what is being said
- have difficulty starting a conversation
- have difficulty following verbal/written directions

Exercise –what did you have for dinner last night?

Pair off with a partner. Without using any words for food or drink, tell your partner what you had for dinner last night. Partners try to guess what it was.

Communicating

Communicating with a person with decreased cognitive ability requires:

- an understanding of the importance of communication
- an understanding of the effects of the physical/mental condition
- the skills to be creative and find ways to communicate
- the patience to slow down, listen, allow time for a response
- a belief that in every person is that core self that can still be reached

Verbal and Non-verbal Communication

We need to remember that communication isn't just verbal.

- non-verbal communication may be even more important
- as they lose their ability to communicate verbally, individuals with decreased cognitive ability seem to become increasingly sensitive to non-verbal communication

Communicating with someone with dementia.

- Speak clearly
- Show respect
- Show interest
- Keep it simple
- Don't interrupt
- Don't argue
- Stay calm
- Remove distractions

How do we diagnose dementia?

- Physical examinations and tests.
- Mental screening tests.
- Neurologists.
- Brain scans, (CT, MRI, SPECT, PET)

Supports

- GP
- Alzheimer/Dementia Family Caregiver Support Group in Whitehorse
- Adult Protection Services
- Home Care Services
- On-line resources, Alzheimer's society
- Family and friends