Dementia: What You Should Know

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Outline

- Discuss common causes for memory impairment
- What is Dementia
- Risk factors
- Activities that prevent or delay onset of memory loss
- What should I do if I or a loved one have signs of cognitive difficulties
- Management of Dementia
- How to care for a loved one with dementia

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Dementia Defined

A chronic acquired decline in memory and in at least one other cognitive functional domain:

- Aphasia (communication)
- Apraxia (visuospatial difficulty)
- Agnosia (recognition)
- Abstraction (judgment, executive function)

Sufficient to affect daily life.

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ADLs

Activities of Daily Living (ADLs): self care

- Bathing and Showering (washing the body)
- Dressing
- Eating/Feeding (includes chewing and swallowing)
- Functional Mobility
- Personal Hygiene and Grooming (includes combing hair)
- Toileting Hygiene

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IADLs

Instrumental Activities of Daily Living (IADLs) are not necessary for fundamental functioning, but they let an individual live independently in a community.

- Housework
- Taking medications as prescribed
- Managing money or paying bills
- Shopping for groceries or clothing
- Use of telephone or other form of communication
- Using technology (as applicable)
- Transportation within the community (includes driving or navigating public transportation)

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Prevalence of Dementia

Age Range	% Affected
65-74	5%
75-84	15-25%
85 and older	36-50%

US:

~5.4 million with Alzheimer's (2013)

> 13 million by 2050

World wide:

~35 million with Alzheimer's(2013)

>115 million by 2050

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Reasons for Cognitive Impairment

- Lack of attention due to other conditions
- Mood disorder- e.g,. Depression
- Medications- e.g, Sedatives, beta blockers,
- Blunt brain injury
- Dementia due to Vascular disease
- Minimal Cognitive Impairment (MCI)
- Dementia due to Alzheimer’s disease

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Mild Cognitive Impairment: MCI

- A brain disorder where thinking abilities are mildly impaired.
- Able to function in everyday activities but have difficulty with memory, (*Recent names, misplaces things*)
- May be aware of these difficulties and compensate with increased reliance on notes and calendars.
- The diagnosis of MCI relies on the fact that the individual is able to perform all their usual activities successfully.
- MCI is different from dementia. In dementia, memory loss has progressed to such a point that normal independent function is impossible.
- Most (but not all) patients with MCI develop a progressive decline in their thinking abilities over time, and Alzheimer's Disease is usually the underlying cause.

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Non-Genetics Risk Factors

- An understanding that most neurodegenerative diseases take many years to develop and thus have a long pre-clinical phase such as Mild Cognitive Impairment
- Identification of pre-clinical phases is critical for primary and secondary prevention approaches.
- Recognition that risk factors could be modified during the pre-clinical phase or even earlier in life.
- Cardiovascular disease risk factors have emerged as important factors for AD; in addition to Vascular cognitive impairment
- Frequent co-occurrence of vascular pathology along side neurodegenerative disease

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Cardiovascular Risk Factors

- Cardiovascular disease
- Hypertension
- Diabetes Mellitus
- Sedentary life style

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Solutions for Dementia?

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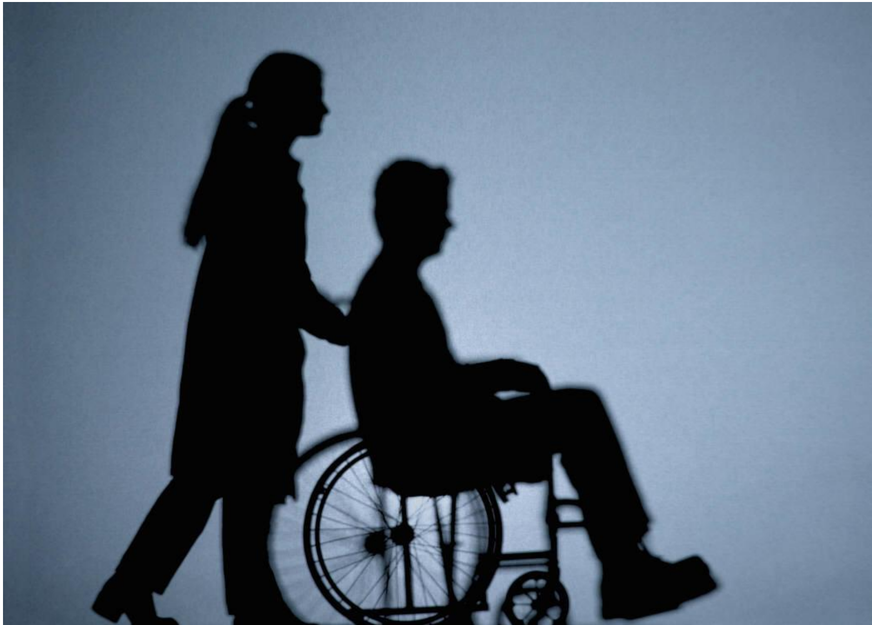
Dementia Management



Managing the Disease

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Managing the Patient

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Managing the Disease vs. Managing the Patient

Manage the disease

- Most often medications slow progression
- 10-25% of patients have improvement in function
- Behavioral symptoms improve
- Some decline rapidly when medications discontinued

Manage the patient

- Manage other conditions (co-morbidities)
- Behavioral Therapies
- Pharmacologic Complications
- Caregiver Support
- Advance Care Planning

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Dementia Management: Managing the Patient

- Manage other health conditions
  - Diabetes Mellitus Type 2, Cardiovascular Disease, Chronic Pain, etc.
- Behavioral therapies (Non cognitive symptoms)
  - Psychotic symptoms (20%)
  - Depressive symptoms (40%)
  - Agitation or aggression (80%)
- Monitoring for Pharmacologic Complications
- Caregiver support
- Advanced planning

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Dementia Management: Case Based Approach

Mrs. Lee is an 86 year old woman with Advanced Alzheimer's Dementia who lives at home. She exhibits **increased irritability** over the last 2 months. Her caregiver is reporting she frequently **strikes out**, which is new.

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Common Behavior Disturbances

- Wandering or wanting to leave, run away
- Irritability, verbal abuse (threatening, name calling), yelling, screaming
- Refusing-- to get out of bed, dress, shower, eat, etc.
- Physical aggression—hitting, kicking, spitting, etc.
- Agitation—appearing uneasy, nervous, fearful, fidgety, can't sit still, pacing.
- Inappropriate sexual behaviors

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Management of Dementia: Psychological & Behavioral Complications

- Initial evaluation
  - Rule out reversible cause:
    - Acute medical condition (Bladder Infection, Fracture/Pain, Constipation, etc.)
    - New medication or new dose
    - Social or Environmental stressors
    - Underlying Dementia progressing

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Management of Dementia: Psychological & Behavioral Complications

Two important things to consider:

1. What happens immediately **before** the behavior (i.e., the triggers)

2. What happens immediately **after** the behavior (i.e., called a reinforcer).

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Dementia management: Case Based Approach

Mrs. Lee is currently on appropriate medication for her dementia and she has been evaluated and found not to have an active infection or medical issue identified as the cause of her behavior change.

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Common Triggers

- Physical causes (pain, infection, hunger, thirst)
- Disruptive environmental factors (noise, agitating roommate, another language being spoken)
- Medication adverse events
  - New medications or Dose changes
- Underlying psychiatric diagnoses
  - Worsening of Psychiatric Diagnosis: Depression, Anxiety, Psychosis
    - Reserve medications for situations where safety and well-being are at risk

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Dementia & Depression

- 80% of older adults have at least one chronic health condition, and 50% have two or more.
  - Depression is more common in people who also have other illnesses (such as heart disease or cancer) or whose function becomes limited.
- **Older adults are often misdiagnosed and undertreated.**
  - Misdiagnosed as a natural reaction to illness or the life changes that may occur as we age
  - Older adults themselves often share this belief and do not seek help because they don't understand that they could feel better with appropriate treatment.

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Dementia & Depression

- Risk factors for late-onset depression:
  - Widowhood
  - Physical Illness
  - Impaired functional status
  - Heavy alcohol consumption
  - Low educational attainment (less than high school)
- Depression is more than just a passing mood:
  - Sadness
  - Insomnia
  - Physical discomfort
  - Poor Appetite
  - "Slowed Down" Appearance
  - Withdrawal from previously enjoyed activities

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Dementia & Depression

- Depression is one of the most successfully treated illnesses.
  - There are highly effective treatments for depression in late life, and most depressed older adults can improve dramatically from treatment.
- Intervention
  - Should be individualized
    - Psychotherapy (difficult with moderate-severe Dementia)
    - Antidepressants (treatment should be 6-12 months)
    - ECT (severe cases)

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Anxiety Disorder & Dementia

- Anxiety, along with depression, is among the most prevalent mental health problems among older adults.
  - Almost half of older adults who are diagnosed with a major depression also meeting the criteria for anxiety.
- Late-life anxiety is not well understood
  - Believed to be as common as compared to younger population. Anxiety in this age group may be underestimated because older adults are less likely to report psychiatric symptoms and more likely to emphasize physical complaints.

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Psychiatric Symptoms & Dementia

- Behavioral therapies
  - Psychotic symptoms (20%)
  - Depressive symptoms (40%)
  - Agitation or aggression (80%)

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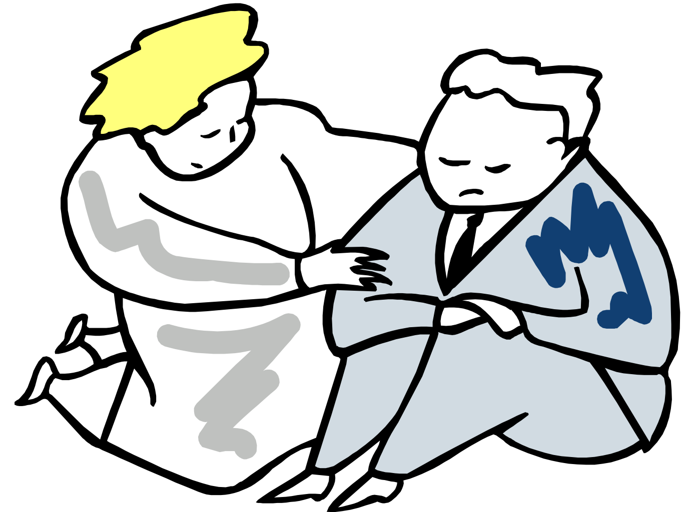
Management of Psychological & Behavioral Complications

First use Non-pharmacologic approaches

- Reverse or treat identified acute medical conditions
- Environmental modifications (noise, temperature)
- Change Caregiver Approaches
  - Avoid confrontations
  - Distract/Redirect
  - Daily Routines
- Task Simplification
- Appropriate Activities
- Realistic Expectations



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Dementia Management: Psychological & Behavioral Complications

- Medication Management:
  - Mood Disorder (Depression, Anxiety, Agitation)
    - Antidepressants
    - Anxiolytics
  - Psychotic Symptoms (Delusion, Paranoia, Aggression)
    - Antipsychotics (e.g. Risperidone, Quetiapine, Olanzapine)
      - Not very effective
      - Have potential for side effects
      - Some patients benefit
- **No medication is FDA approved to treat behavior disturbances in Dementia**

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Dementia Management: Psychological & Behavioral Complications

- Use of medications for behavior management require:
  - Shared decision making process between patient, family/decision makers and providers/specialists
  - Quality of Life or Goals of Care
  - Risk vs. Benefits
    - Black Box Warning: Use for behavior disturbance in individuals with Dementia. An associated increased mortality risk, cardiovascular events, and metabolic events with long-term use.
- Reserve use for Severe Symptoms
- Use lowest effective dose to avoid side effects
- Consider a gradual dose reduction of the medication once the behavior resolves.

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Dementia Management: Case Based Approach

After two weeks of medication adjustments, the caregiver noted that Mrs. Lee's agitation has improved, but she still yells at times, attempts to leave her home unassisted, and is often combative with caregivers during medication administration and when caregivers help her with self care (ADL). Furthermore, she often wanders.

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Poor Drug Responsive Behaviors

- Wandering
- Pacing
- Entering rooms uninvited
- Attempting to leave
- Disruptive vocalizations
- Voiding inappropriately

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Non-Medication Interventions Continued

- Reduce over-stimulation
  - Use a gentle tone of voice
  - Use gestures or cues to reduce repetitive questioning
  - Employ one-step instructions
  - 5-second delay between a verbal prompt and physical assistance
  - Speak in front of patient
  - Avoid side conversations in a different language

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Non-Medication Interventions Continued

- Defuse agitation/arguments
  - ✓ Leave and approach again at 30 minute intervals
  - ✓ NEVER ARGUE
  - ✓ Be mindful of facial expressions
- Provide areas for problem behaviors (wandering, masturbating)
- Provide a structured living environment with predictable routines.

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Dementia Management: Case Based Approach

- In order to address Ms. Jones' wandering, refusal to take her medication when offered, and combativeness, the physician invited her family to a meeting to get a better idea of what her days look like when she was living without the assistance of caregivers.
- 3 major changes:
  - Structured day full of activities to decrease idle time, boredom, and wandering
  - Medications given with meals
  - Showers in the evening

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Caregiver Support

- Caregivers are the most important resource a demented patient has.
- Over 50% develop depression.
- The more knowledgeable and more empowered the caregiver is, the better care the patient will receive.
- Caregiver resources are available
  - Alzheimer’s Association
  - Local Community Based Organizations

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Advance Care Planning

- If dementia is early or mild cognitive impairment, **involve the patient in longer-term decision-making**
- **Establish a surrogate decision-maker**
- Begin financial planning early and anticipate long-term needs
- Milestones
  - Becoming non-ambulatory
  - No longer eating

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Dementia Management

- This is a lifelong disease
- **Play the ball where it lies**
  - If disease is early, include patient
  - If late, rely on family and caregiver
- Aim for the highest level of independence that works for everyone
- Manage hot-button issues (e.g., driving)
- Manage other diseases
- Manage symptoms

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Questions

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Thank You

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