



DEFINING DEMENTIA AND WHAT IT MEANS FOR YOU

Dr John Mark Geiss

February 28, 2018

Active Care Senior Living

- ▶ **What is Geiss MED?**
- ▶ House Calls, Senior Living and Memory Care Communities, Long Term Skilled Nursing and Rehab Facilities
- ▶ Specialize in senior care, dementia & memory care
- ▶ Medicare Patients, IPA & HMO patients
- ▶ Weekly & Monthly routine visits, sick visits, concierge care

MOBILE GERIATRIC CARE

A series of three parallel white lines that start from the right edge of the slide and extend diagonally towards the bottom left.

- ▶ **What is Active Care?**
- ▶ Full service memory care community for seniors
- ▶ Full time nursing and care staff
- ▶ Specialists in purposeful and active living for seniors with dementia and Alzheimer's disease

ACTIVE CARE SENIOR LIVING

A series of several parallel white diagonal lines extending from the bottom right corner towards the center of the slide.

CHANGES WITH AGING: WHEN IS MEMORY LOSS A WARNING SIGN?



TYPICAL CHANGES

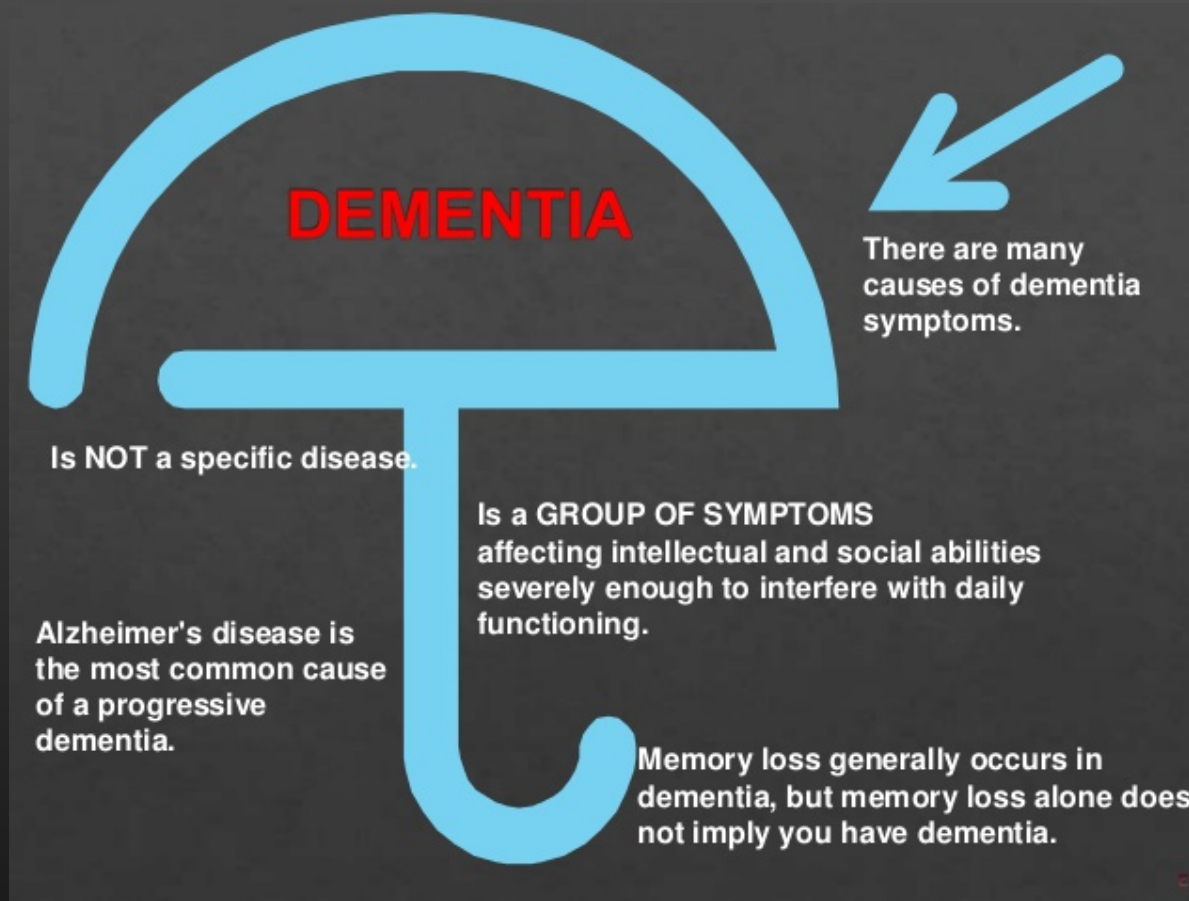
- Making a bad decision once in a while
- Missing an occasional monthly payment
- Forgetting which day it is and remembering later
- Sometimes forgetting which word to use
- Losing things from time to time



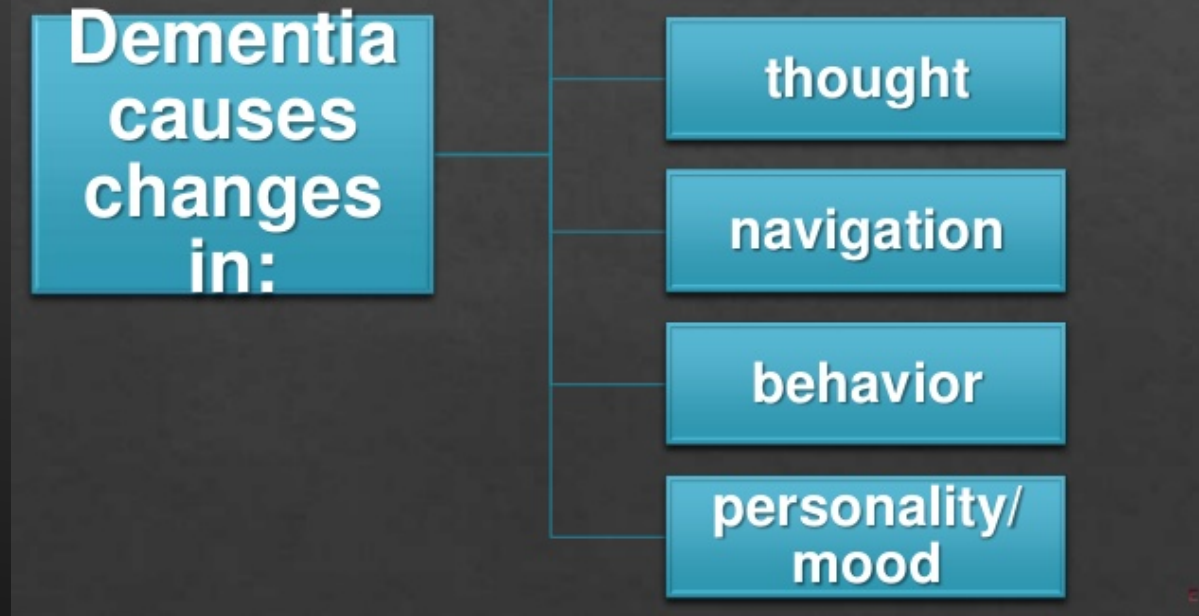
A-TYPICAL CHANGES

- Consistent poor judgment and decision making
- Loss of an ability to manage money
- Inability to keep track of the date or the season
- Difficulty having a conversation
- Misplacing things and loss of the ability to retrace steps to find them

AN OVERVIEW OF ALZHEIMER'S AND
OTHER RELATED DEMENTIAS AND DISEASE
PROGRESSION



AN OVERVIEW OF ALZHEIMER'S AND OTHER RELATED DEMENTIAS AND DISEASE PROGRESSION



AN OVERVIEW OF ALZHEIMER'S AND
OTHER RELATED DEMENTIAS AND DISEASE
PROGRESSION

REVERSIBILITY OF DEMENTIA

- Depression/delirium
- Medication side-effects
- Excess alcohol use
- Thyroid problems
- Poor diet
- Vitamin deficiencies
- Certain infections

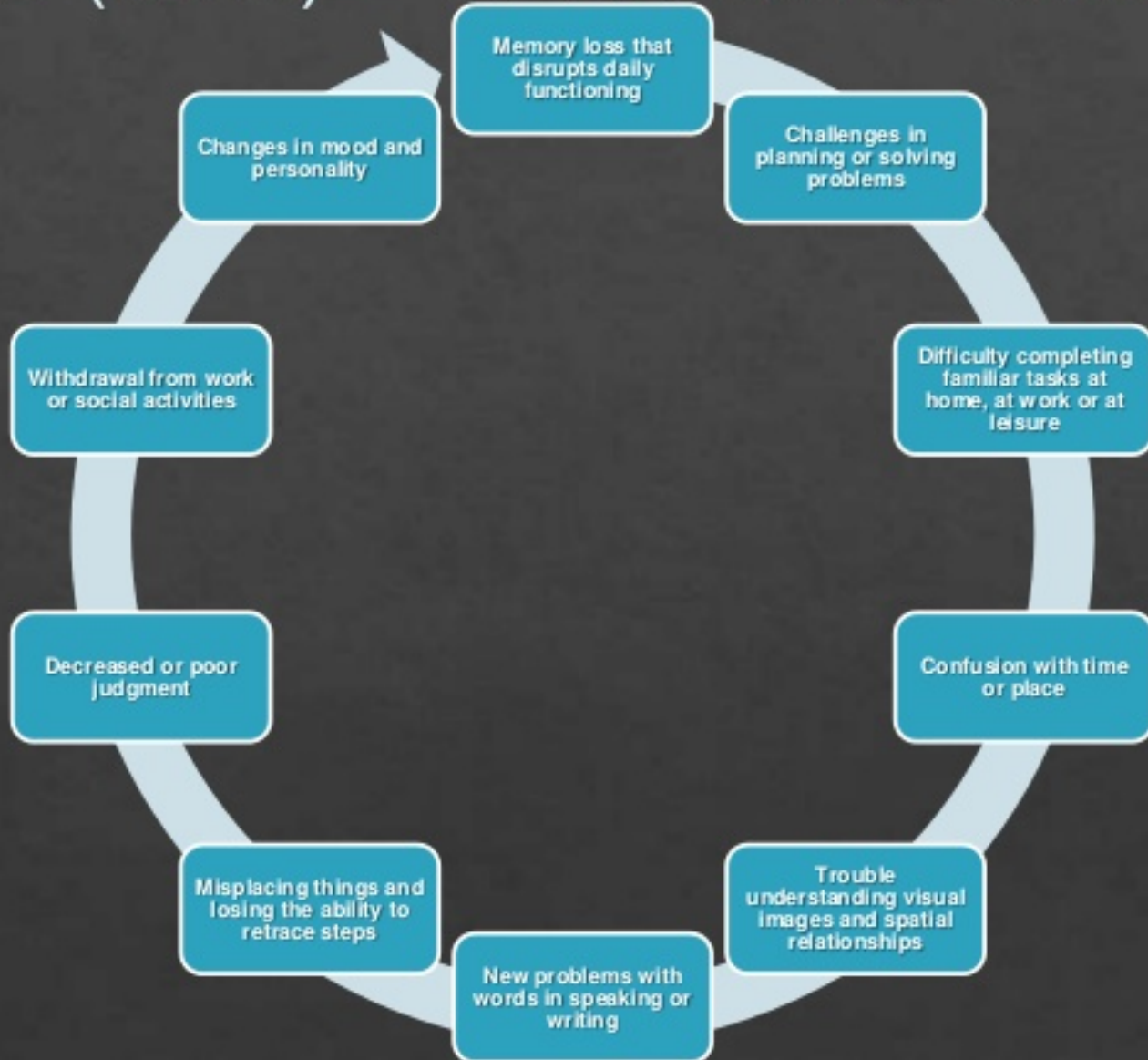


- Alzheimer's disease
- Parkinson's
- Lewy-body dementia
- Etc.



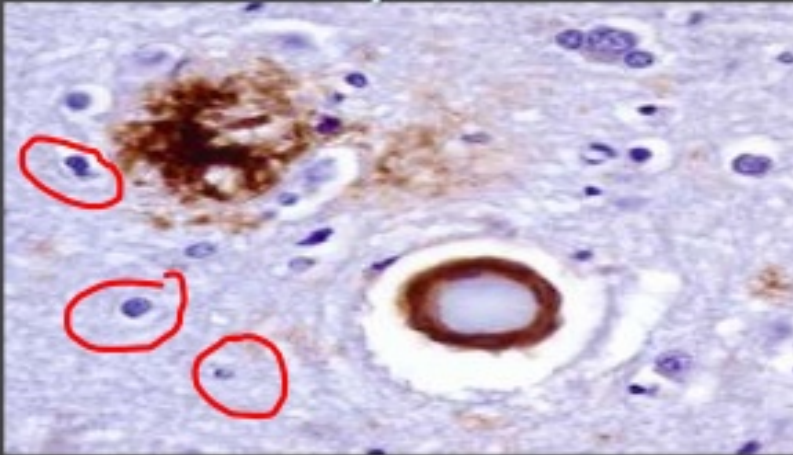
AN OVERVIEW OF ALZHEIMER'S AND
OTHER RELATED DEMENTIAS AND DISEASE
PROGRESSION

AD (cont.) – 10 WARNING SIGNS

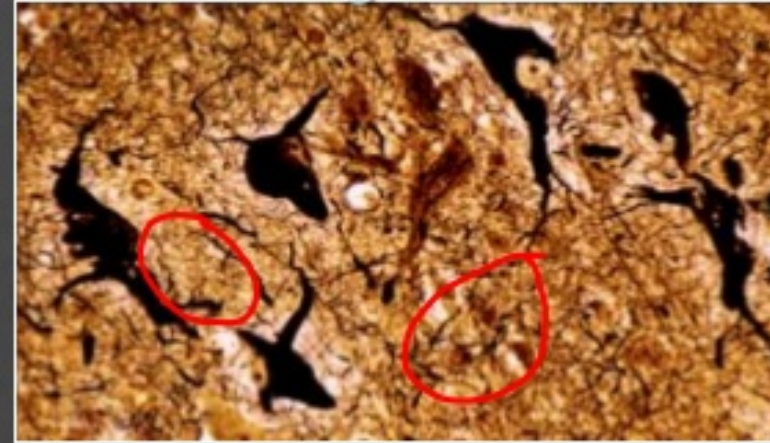


GEISS MED

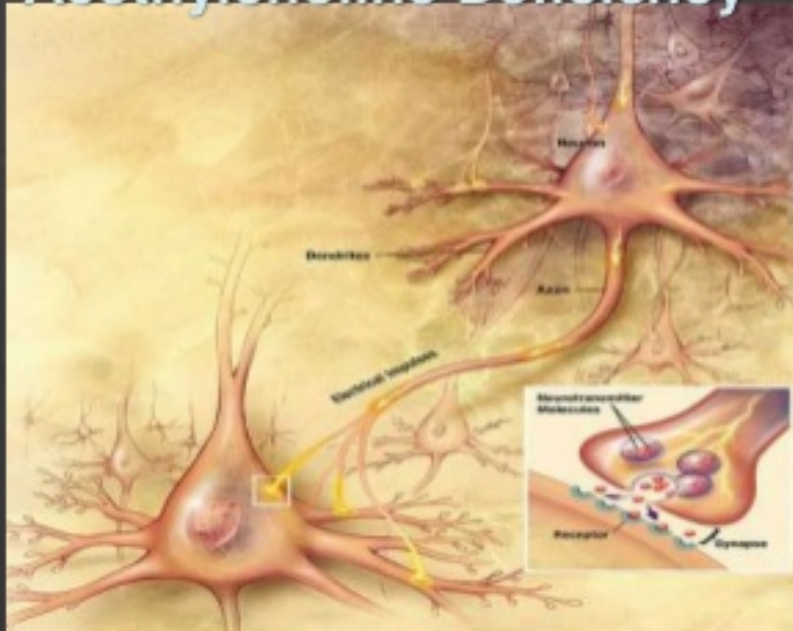
Plaques



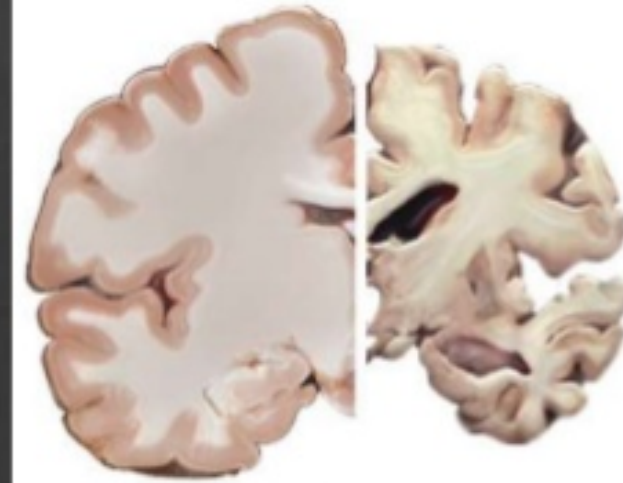
Tangles

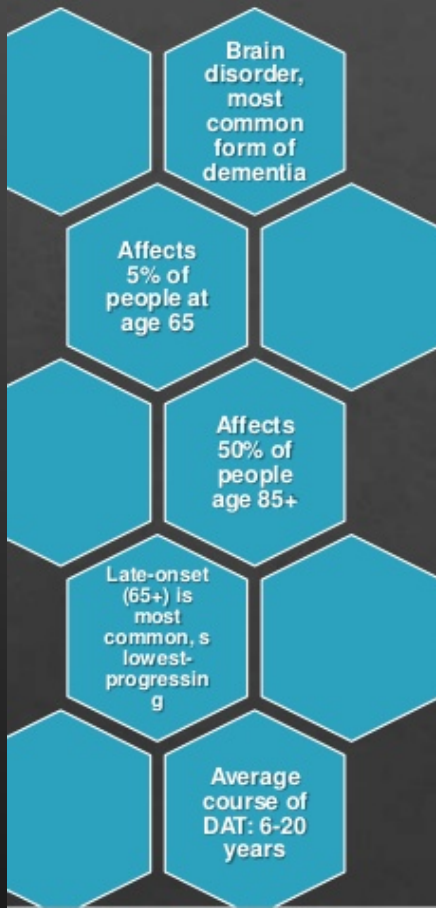


Acetylcholine Deficiency



Healthy Brain Severe AD





ALZHEIMER'S DISEASE

ASSOCIATED RISK FACTORS:

- Age
- Family history
- Down syndrome
- Incidence higher in women
- Alcohol use
- Atherosclerosis
- Blood pressure
- Cholesterol
- Depression
- Diabetes (type 2)

TREATMENT:

- No treatment available to slow or stop the deterioration of brain cells in Alzheimer's disease.
- US FDA has approved five drugs that temporarily slow worsening of symptoms for about 6 - 12 months.
- Effective for only about 1/2 of the individuals who take them.
- Inconclusive research:
 - Vitamin E*
 - Anti-inflammatory drugs*
 - Estrogen*
 - Vaccine*
 - Diet*

INCIDENCE: AD more prevalent among African-Americans and Hispanics



ALZHEIMER'S TYPE



VASCULAR DEMENTIA

CAUSES:

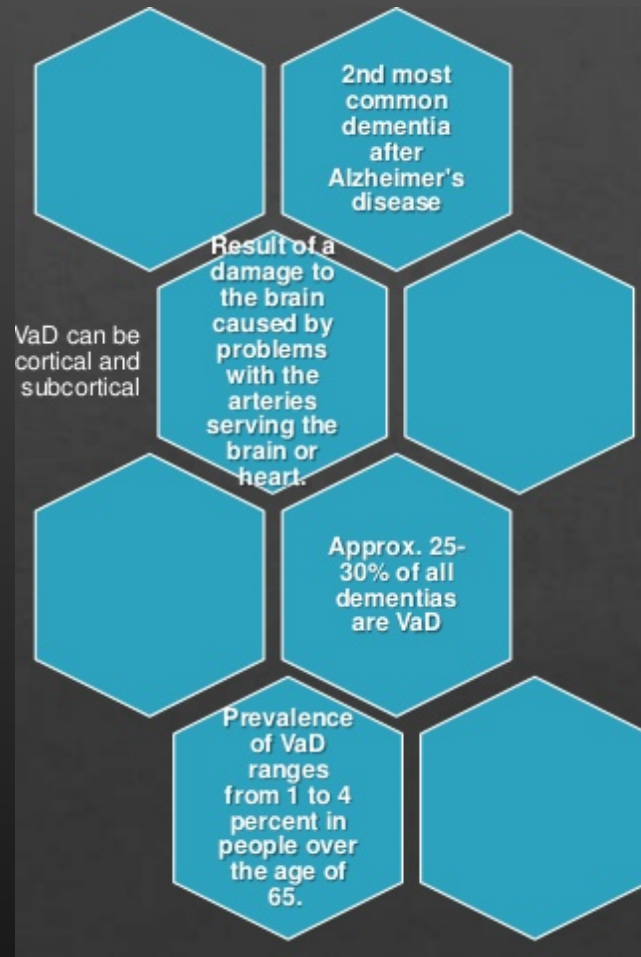
- Untreated high blood pressure
- Diabetes
- High cholesterol
- Heart disease

ASSOCIATED SYMPTOMS:

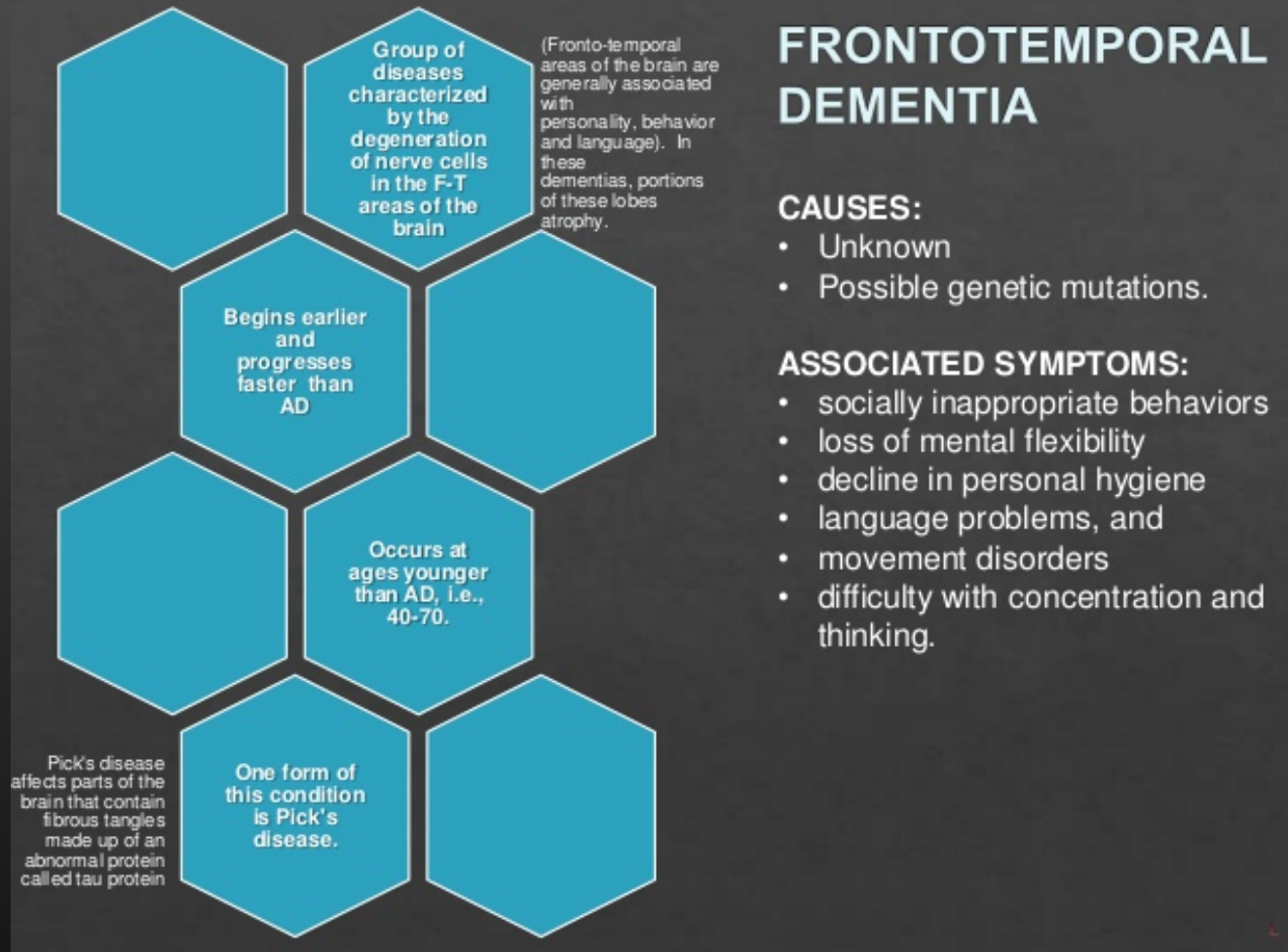
- Confusion and agitation; depression
- Unsteady gait
- Problems with memory
- Urinary frequency, urgency, incontinence
- Night wandering
- Decline in ability to organize thoughts/actions, difficulty planning
- Poor attention/concentration

TREATMENT:

Damage caused by infarcts cannot be reversed. Future cerebrovascular incidents can be controlled (control of cardiovascular risk factors)



VASCULAR TYPE



FRONTOTEMPORAL TYPE (PICK'S TYPE)

DEMENTIA WITH LEWY BODIES

CAUSES:

- Not known; often found in the brains of people w/PD.

SYMPTOMS:

- ◇ Core criteria (must have two):
 - ◇ Fluctuating attention and concentration
 - ◇ Recurrent, well-formed visual hallucinations
 - ◇ Newly emerged PD-type motor problems
- ◇ Suggestive features (these may be present):
 - ◇ History of REM sleep behavior disorder (violent sleep behavior or sleepwalking)
 - ◇ Sensitivity to neuroleptic (antipsychotic) meds
- ◇ Supportive clinical features (don't have to be present):
 - ◇ Repeated falls, Syncope (fainting), Depression

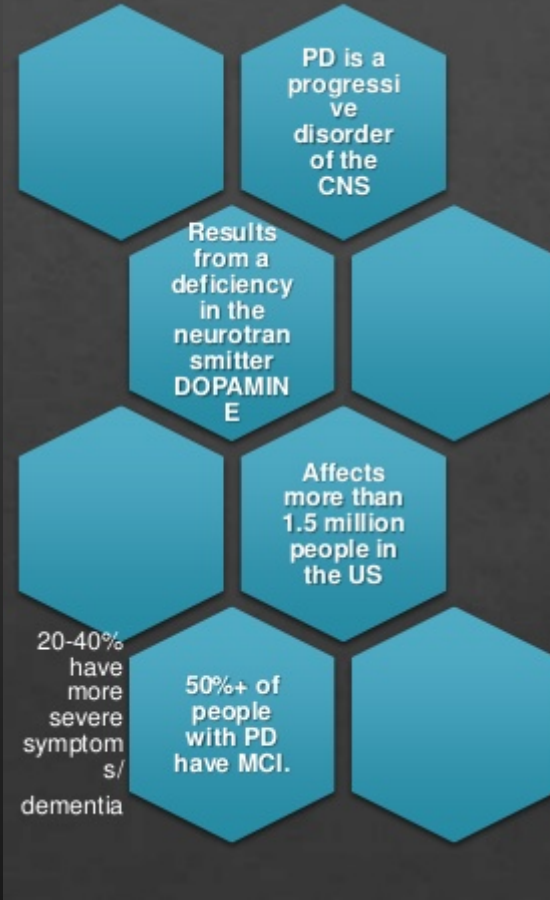
TREATMENT

- ◇ Older antipsychotics (e.g., Thorazine, Haldol) are usually avoided because they can cause deadly reactions in LBD patients
- ◇ Anti-dementia medications (e.g., Aricept, Reminyl) have been found to be somewhat effective in slowing cognitive decline and calming behavior



LEWY BODY TYPE

DEMENTIA DUE TO PARKINSON'S DISEASE



GENERAL PD SYMPTOMS:

- ◆ Movement problems (tremor, stiffness, slowness)
- ◆ Walking problems (freezing, shuffling gait)
- ◆ Speech problems (soft voice, trails off, monotonous)
- ◆ Other oral problems (drooling, difficulty swallowing)
- ◆ Fatigue
- ◆ Blank facial expression

DEMENTIA SYMPTOMS IN PD PATIENTS:

- ◆ Slowed reaction time
- ◆ Impulse control problems
- ◆ Hallucinations or delusions
- ◆ Short-term memory problems (but with hints, they can recall info)
- ◆ Problems with recognizing emotions in others' speech or facial expressions

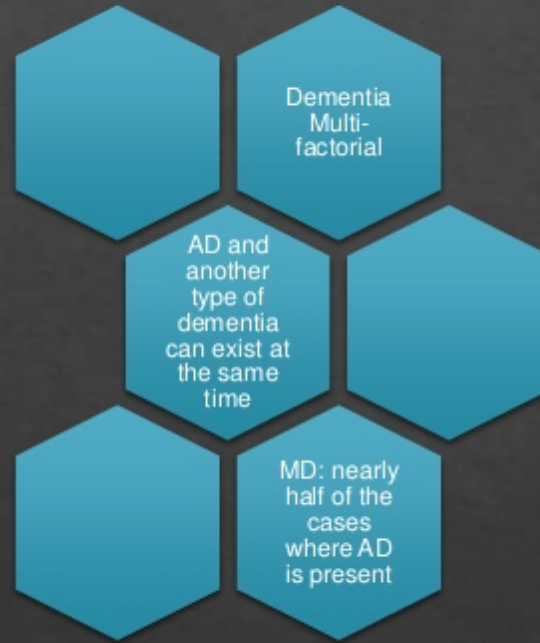
TREATMENT

There is no known treatment that stops or reverses dementia due to PD

- ◆ Medications that increase dopamine production help control movement aspects of PD (not cognitive)
- ◆ Some surgeries can be helpful (e.g., Deep Brain stimulation), but not for dementia symptoms
- ◆ Stem cell research results are mixed

PARKINSON'S TYPE

MIXED DEMENTIAS



CAUSES:

- Caused by both AD-related neurodegenerative processes and vascular disease-related processes

SYMPTOMS:

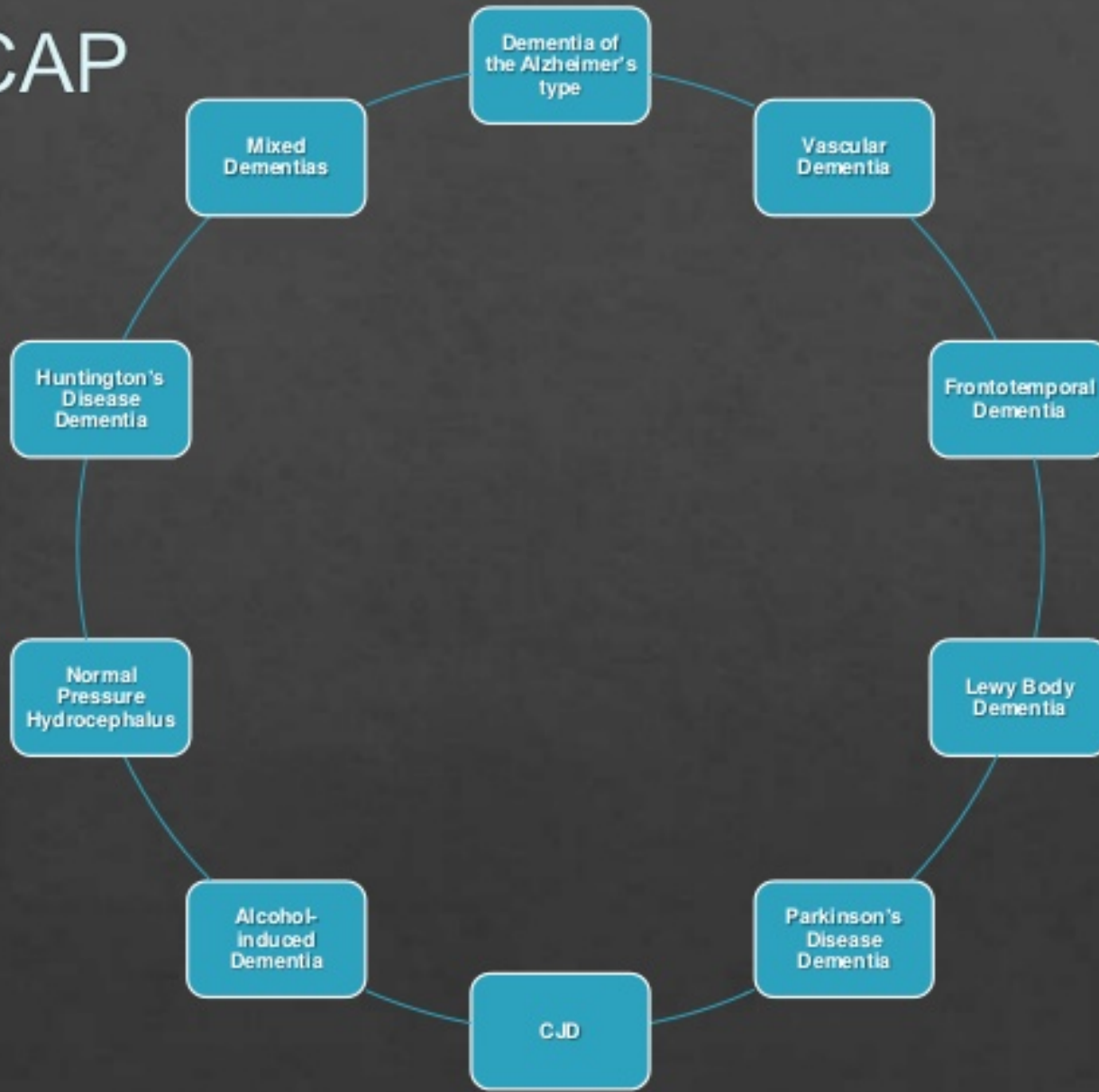
- ◇ Similar or indistinguishable from AD

TREATMENT

- ◇ No drugs are specifically approved by the U.S. FDA to treat mixed dementia.
 - ◇ Controlling overall risk factors for diseases of the heart and blood vessels — such as
 - ◇ blood pressure
 - ◇ cholesterol levels
 - ◇ body weight and
 - ◇ diabetes
- may also protect the brain from vascular changes thus avoiding the double impact from vascular changes and other dementia related abnormalities that seems to increase the risk of being diagnosed with dementia.

MIXED TYPE

RECAP



- ▶ **No Impairment**
- ▶ During this stage, Alzheimer's disease is not detectable and no memory problems or other symptoms of dementia are evident.

DEFINING THE 7 STAGES OF ALZHEIMER'S STAGE 1

- ▶ **Very Mild Decline**
- ▶ The senior may notice minor memory problems or lose things around the house, although not to the point where the memory loss can easily be distinguished from normal age related memory loss. The person will still do well on memory tests and the disease is unlikely to be detected by physicians or loved ones.

STAGE 2

- ▶ **Mild Decline**
- ▶ At this stage, the friends and family members of the senior may begin to notice memory and cognitive problems. Performance on memory and cognitive tests are affected and physicians will be able to detect impaired cognitive function.
- ▶ Patients in stage 3 will have difficulty in many areas including:
 - ▶ finding the right word during conversations
 - ▶ remembering names of new acquaintances
 - ▶ planning and organizing
- ▶ People with stage three Alzheimer's may also frequently lose personal possessions, including valuables.

STAGE 3

- ▶ **Moderate Decline**
- ▶ In stage four of Alzheimer's disease clear cut symptoms of Alzheimer's disease are apparent. Patients with stage four Alzheimer's disease:
 - ▶ Have difficulty with simple arithmetic
 - ▶ May forget details about their life histories
 - ▶ Have poor short term memory (may not recall what they ate for breakfast, for example)
 - ▶ Inability to manage finance and pay bills

STAGE 4

- ▶ **Moderately Severe Decline**
- ▶ During the fifth stage of Alzheimer's, patients begin to need help with many day to day activities. People in stage five of the disease may experience:
- ▶ Significant confusion
- ▶ Inability to recall simple details about themselves such as their own phone number
- ▶ Difficulty dressing appropriately
- ▶ On the other hand, patients in stage five maintain a modicum of functionality. They typically can still bathe and toilet independently. They also usually still know their family members and some detail about their personal histories, especially their childhood and youth.

STAGE 5

▶ **Severe Decline**

- ▶ Patients with the sixth stage of Alzheimer's disease need constant supervision and frequently require professional care. Symptoms include:
- ▶ Confusion or unawareness of environment and surroundings
- ▶ Major personality changes and potential behavior problems
- ▶ The need for assistance with activities of daily living such as toileting and bathing
- ▶ Inability to recognize faces except closest friends and relatives
- ▶ Inability to remember most details of personal history
- ▶ Loss of bowel and bladder control
- ▶ Wandering

STAGE 6

- ▶ **Very Severe Decline**
- ▶ Stage seven is the final stage of Alzheimer's disease. Because Alzheimer's disease is a terminal illness, patients in stage seven are nearing death. In stage seven of the disease, patients lose ability to respond to their environment or communicate. While they may still be able to utter words and phrases, they have no insight into their condition and need assistance with all activities of daily living. In the final stages of the illness, patients may lose their ability to swallow.

STAGE 7

- ▶ Preparing for changes in behavior and personality
- ▶ Risk management of caring for a loved one at home
- ▶ How to know when to seek outside help
- ▶ Common Family Dynamics and Possible Solutions

NEXT STEPS

A series of four parallel white diagonal lines extending from the bottom right corner towards the center of the slide.

- ▶ Acetylcholinesterase inhibitors: Aricept, Exelon, Reminyl
- ▶ NMDA Action: Namenda

TREATMENT: MEDICATIONS

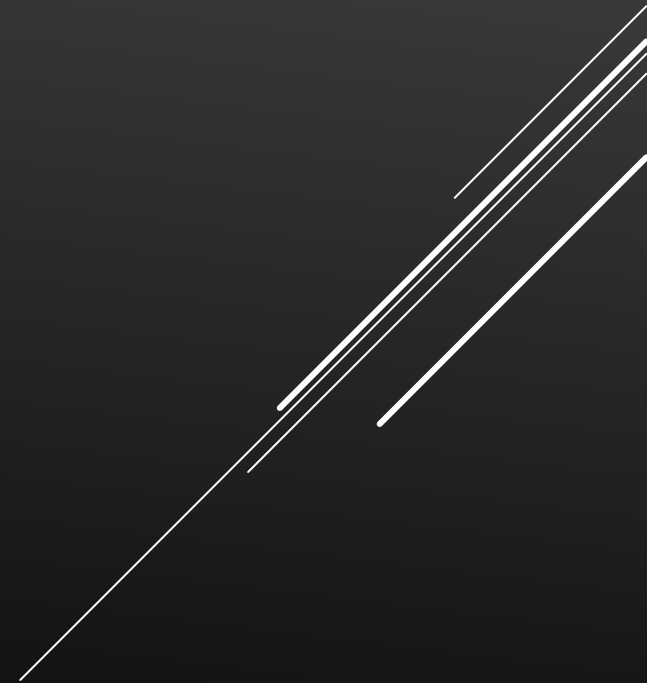
- ▶ Environmental stimulation & enrichment
- ▶ Purposeful living
- ▶ Education of family and caregivers
- ▶ Optimizing function/assessing dysfunction (ie. Fall precautions, medication management)

TREATMENT: PSYCHO-SOCIAL

A series of four parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.

- ▶ <http://www.alzpossible.org>
- ▶ [Randi Jones, Ph.D.](#)
- ▶ <http://www.alzheimers.net>

REFERENCES



Special Thank you!

ACTIVCARE LIVING

A series of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.