

The Dementia Mind

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What is Dementia

- A neural cognitive disorder:
 - Impairment in two or more cognitive areas
 - A decline in functional ability
 - Not due to the effects of a drug or other illness

What are the main causes of dementia

- Alzheimer's Disease
 - Dementia with Lewy Bodies
 - Frontal Temporal Dementia
 - Vascular Dementia
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Major Cognitive Domains

- Memory
- Language
- Executive function
- Visual spatial ability
- Calculation
- Motor Skills

Terminology

- Amnesia: loss of memory
 - Aphasia: language disturbance
 - Agnosia: deficit in perception
 - Apraxia: loss of learned motor skill
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Alzheimer's Disease

- Memory loss: usually earliest symptom
 - Rapid forgetting, episodic memory loss
- Executive Function: organization
- Language: fluent aphasia
- Perception: agnosia
- Apraxia: later stages with loss of ability to dress or feed self

Dementia with Lewy Bodies

- Visual spatial impairment
- Visual hallucinations
- Loss of executive function
- Parkinsonism
- Memory not usually affected till later in disease

Frontal Temporal Dementia

- Behavioral change
 - Loss of inhibition and social awareness
- Loss of executive function
 - Problems with decision making & planning
- Language impairment
 - Primary progressive aphasia
 - Semantic loss

Vascular dementia

- Language impairment
 - Expressive and/or receptive aphasia
- Executive function
 - Impaired decision making and planning
- Motor skills
 - Hemiplegia
 - Loss of coordination

Behavioral changes from cognitive impairment

- Memory loss
- Executive function
- Language impairment
- Agnosia

Behavior and memory loss

- Suspicion
 - Misplaced objects are “stolen”
 - Delusion of infidelity
- Frustration
- Panic
 - Fear of abandonment when alone
- Disorientation
 - Where am I? How did I get here?

Consequences of Executive Function Loss

- Ability to manage finances
- Ability to make decisions “in one’s best interest”
- Loss of insight into impaired ability
- Loss of usual role
- Frustration, denial ,anger, suspicion

Language impairment and behavior

- Inability to express needs or feelings (especially regarding pain or discomfort)
- Frustration, frustration, frustration
- Anger and agitation
- Being misunderstood and misunderstanding others
- Greater reliance on non-verbal cues

Agnosia and behavior

- Familiar people, places and situations no longer seem familiar.
- The world becomes a scary place
- Old traumatic events may be relived (PTSD)
- Fear elicits aggression and combative behavior as self preservation instinct (fight or flight response)

Strategies for dealing with memory loss

- Acceptance and tolerance of rapid forgetting
 - “Don’t you remember” not helpful response
- Gentle redirection
 - To a pleasant, non-threatening activity
- A reassuring supportive attitude

Agitation and aggressiveness in late stage dementia

- Are common and have a significant adverse impact on care
- Most frequent reason for failure of care at home or for transfer from care facility to inpatient geriatric psychiatry unit
- Have numerous biologic and environmental triggers.

Medical conditions that cause or contribute to agitation in dementia

- Adverse drug reaction
- Sensory impairment
- Metabolic disorders
- Infections
- Dyspnea
- Anemia
- Fecal impaction
- Urinary retention
- Pain
 - Muscle-skeletal
 - Inflammatory
 - Visceral
 - Neuropathic

Environmental triggers to agitation and aggression

- Noisy, chaotic or confusing environment
- New environment or situation
- Confinement or restraint
- Staff or caregiver response
 - Attempts to restrain or confine patient
 - Confrontational approach
 - Loud, threatening or angry voice
 - Facial expressions

Dealing with Aggression and Combative behavior

- Look for the source of fear. By far the most common trigger for aggression is a fear response
- Keep voice calm, gentle and non-threatening. An angry responses increases fear
- Redirection away from situation
- Allow a “cool down” space. Do not corner.
- Be aware of personal safety

Non-drug interventions for agitation

- Redirection away from focus of agitation
 - Engagement in conversation or activity
 - Walk with me , talk with me
 - Avoid confrontation
 - Be flexible, creative and innovative
- Behavior mapping
 - To identify triggers and patterns of agitation
- Quiet rooms
 - Music, mood lighting, comfy chair

Alzheimer's Disease treatment goals

- Cure: has not been achieved
- Reverse changes: has not been achieved
- Modulate the disease course
 - Arrest disease progression: Neither have
 - Slow disease progression: been achieved
- Symptom management:
 - Currently available medications have a modest effect on disease symptoms

What can we do for patients with Alzheimer's disease?

- Safety and security
- Therapeutic environments
- Dignity preservation
- Symptom control
- Culturally appropriate care
- Advocacy

General recommendations

- Simplify drug regimen
- Evaluate need for each drug taken
- With new drug start low, go slow
- Use a few drugs well, rather than many drugs poorly
- Titrate based on response
- Close attention to adverse reactions

Strategies to improve quality of life in later stage dementia

- Stage appropriate activities
- Flexible schedules
 - Meals
 - Sleep pattern
- Care giver support and education
- Medication reduction
 - Less is best
- Decrease the number of physicians involved
- Pain control
- Palliative care and hospice services