



Understanding Dementia

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One



Two



Three



Four



Five



Six



Seven



Eight



Nine



Ten



What is Dementia?

Dementia is a set of symptoms, which includes loss of memory, understanding, and judgment.



Dementia can be either reversible or irreversible.


Alzheimer Disease is the most common form of irreversible dementia, accounting for over 60% of dementia cases.

Dementia affects a persons daily functioning.

Not everyone who is confused has dementia and not everyone who has dementia has Alzheimer Disease.

Types of Reversible Dementia

- Depression
- Medications
- Nutritional disorders
- Metabolic disorders
- Other



There are some conditions causing symptoms of dementia that can be reversed, if treated.

Some Examples:

Depression

Medications - sedatives, anti-depressants, medication interactions


Nutritional disorders - vitamin deficiencies, dehydration

Metabolic disorders - thyroid disease

Other - Normal Pressure Hydrocephalus, infections (e.g.. Urinary Tract Infection, Pneumonia), Impaction/constipation, Tumours

Types of Irreversible Dementia

- Progressive disorders
- Head trauma
- Infectious diseases
- Today's discussion....



All of these forms of dementia have different ways of causing damage to the brain, but all cause irreversible damage.

Some Examples:

Progressive disorders - Alzheimer Disease, Lewy Body dementia and Pick's Disease, Creutzfeldt Jakob Disease

Vascular dementia - often caused by Transient Ischemic Attacks (TIAs), more commonly known as "mini-strokes."

Subcortical dementia – (primarily affects motor functioning)
Parkinson's Disease, Huntington's Disease

Head Trauma - "boxer's dementia", associated with head trauma

leading to loss of consciousness.

Infectious diseases - AIDS
dementia




Dementia describes a group of symptoms and is not the name of a specific disease.



A good way to understand some of the behaviour changes seen in dementia is to look at the 8 A's. These are the losses in intellectual functioning that a PWD suffers because of the physical damage that is occurring in the brain.


8 A's of Dementia

- Amnesia
- Aphasia
- Agnosia
- Apraxia
- Anosognosia
- Altered Perception
- Apathy
- Attentional Deficits



Amnesia

[am-nee-zuh]



- A person with dementia loses memory.
 - i.e. sensory, short term, long term, habitual, and over learned behaviours.
- What behaviours do we see?
 - Mrs. P. constantly asks for her purse. She does not remember when we tell her that her purse is beside her on the floor

Memory is incredibly complex and the basis of all we do. Our long term memory store has unlimited capacity and is broken into 2 areas.

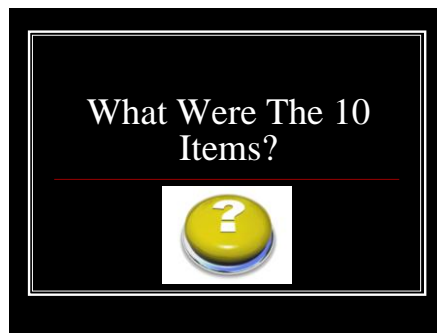
1) declarative memory that stores all our experiences and knowledge base and 2) procedural memory for all the tasks that we have learned to do. Both are put down in the order that things have been stored and lost in the exact reverse, like knitting a sweater and then unravelling it row by row. The last thing learned is the first thing lost. They forgot yesterday, last year, ten years ago, but still have intact memories for long past information. It is a myth that they live in the past. They live in the moment. Joe will know it is breakfast, but if he is back 49 or 50 years ago, where will he think he is going after breakfast? Think of other examples from your own practice.

Short term memory is very limited but essential for long-term storage. No short term memory means that you can no longer learn.


Think if this were the last time you had an experience and remember it again. No more memories of special occasions, birthdays,

Christmas etc.

What would it mean in your life if this were the last moment in time that you would be able to experience and talk about again? From this moment on, every experience you had would be forgotten as soon as the moment was gone? This is why we say that PWD tend to live in the moment. And that the reality of that moment may be different from our reality.



Aphasia
[ah-fey-zhuh]



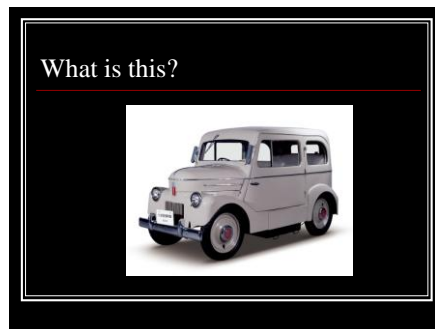
- A person with dementia often loses language.
 - Expressive speech and comprehension
 - Receptive
- What behaviours do we see?
 - Mr. G. can no longer speak in words that we can easily understand. He often combines parts of words together in a sort of "word salad."

Language is both expressive and receptive. Loss of each varies with the dementia. Speech is often lost early in the frontal area, whereas comprehension and understanding remains relatively intact.


Remember that understanding and appreciating are not one in the same. This is where we often fail with individuals with frontal presentation. They may understand perfectly but have no appreciation of the consequences.

Never assume because someone is able to speak they can comprehend and vice versa.

Remember that they believe everything they are telling you is absolutely true.



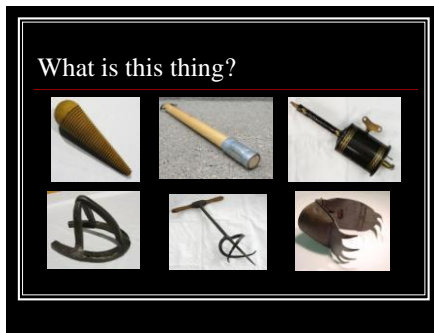
Agnosia
[ag-nah-zhuh, -zhee-uh, -zee-uh]



- A person with dementia loses the ability to recognize people, sounds and objects and what they are for.
- What behaviours do we see?
 - Mr. K. is unable to recognize his brush and comb, and he tries to use his toothbrush as a razor.

Loss of recognition crosses all sensory modalities for example smell, taste and vision. They don't recognize people including recent photos of themselves. If they are 40 or 50 years back in time, who are these older people coming in to visit? Or they won't necessarily recognize themselves in a mirror. This can be very distressing. Mirrors are in most of our personal space. Think of that if they are distressed with bathing and toileting. The PWD also loses capacity to know what objects are used for. The PWD may try to shave their

face with a toothbrush or put their underwear on their head like a hat. If they are not recognizing what objects are and what they are used for, safety can become an issue. Therefore it may be unsafe to place the toothbrush and safety razor side by side in the bathroom.



Apraxia

[ah-prak-see-uh]



- A person with dementia loses the ability to plan, sequence and execute the steps of particular tasks.
- What behaviours do we see?
 - Mrs. H. is no longer able to put on her clothes in the proper order. She is still able to respond to cues to don a particular item – if cued to put her arm in the sleeve of a blouse, she will do so. However, she can't just pick up the blouse and put it on.


Praxis is a very complex process and we take our ability to do things and complete tasks properly in order for granted. PWD have difficulty initiating the specific motion necessary to complete a particular part of a task.

Every task has an order and they lose the ability to organize the sequence. This is related to procedural memory as well as our sense of where we “fit” in space. Tasks are lost in the reverse order from what they are learned, from the latest technologies to the basic tasks learned in childhood such as dressing, grooming, and toileting. Think of the steps to make coffee. (Test of planning and sequencing) More to it than you thought isn't there?

How do you make a PBJ Sandwich?



Anosognosia
[ano-sog-no-sia]



- The person with dementia doesn't know that they don't know.
 - They tend to act upon what their brain is telling them.
- What behaviours do we see?
 - Mrs. D. is unable to safely drive. He isn't aware of this, though, and has tried to drive to his former job.

This is the “paradox” of dementia, particularly in the later stages. It is a loss of self-awareness, the sense you have about how you are doing in the world and how your behaviour is impacting others. This phenomenon means that the brain simply doesn't know what it doesn't know. They have no understanding that there is anything wrong with them. And if that is the case, then who has the problem? If you don't remember that you have a memory problem and things are missing, what is the only reasonable explanation? The PWD does not know what they don't know. The PWD often forgets that they forget. They consider themselves to be perfectly normal people and can't understand why they can't go home, can't find their children, can't stand up and walk, need you to help them take a bath. As far as they know, they have always been able to do things for themselves and will always be able to. This is why the PWD may refuse our offers to help with an outright NO!

Say aloud the ink colour of each word.

red blue orange purple
orange blue green red
blue purple green red
orange blue red green
purple orange red blue
green red blue purple
orange blue red green
purple orange red blue

Altered Perception




- A person with dementia loses perceptual acuity.
 - This can cause illusions, loss of depth perception, or ability to see in three dimensions.
- What behaviours do we see?
 - Mr. W. constantly tells his daughter that there is a black dog at the end of the driveway. It is actually a mailbox. He goes out to feed the dog and becomes upset when the dog is no longer there.

It is often stated that individuals with dementia hallucinate, (see something that is not there), and clearly some do. It is important to recognize however that more often these individuals are experiencing illusions (misinterpretation of what is there). This is particularly true for individuals with Alzheimer's disease where significant damage is done in the perceptual processing areas (temporal and parietal lobes) The misinterpretation of the environment is said to be more common in the late afternoon or early evening when the light is changing. Not only are they having perceptual difficulty, they are losing colour and hues are not so bright so the lamp in the corner or the cushion on the sofa may be misinterpreted by the person. The PWD also loses depth perception, our ability to see in 3 dimensions. Everything appears flat and the world is 2 dimensional. Therefore, they cannot judge how high, wide, or long things are, so they have difficulty seeing behind or around things. This alters their ability to sort out and move through the environment. For example,

when moving from a carpet to a tile floor, the PWD may interpret this as a step. Or when both dark and light tiles appear in a floor, the dark tile may look like a hole, or clear water in the bathtub may make it difficult for the PWD to identify the bottom of the tub, therefore it looks bottomless. If the whole world is 2 dimensional, then when watching tv, it may appear to the person with dementia that the actors on TV are in the room. Imagine what some tv shows or movies must be like for them?



Apathy
[ap-uh-thee]



- A person with dementia loses the ability to initiate conversation or participate in activities.
- What behaviours do we see?
 - Mrs. J. sits in the day room all day. While she seems to look out the window, she doesn't seem to respond to anything outside. For that matter, she does not respond to others when they try to talk with her. If prompted, she will do what is necessary without resistance.

Persons with dementia can sometimes appear to be depressed. You may think this is because they are apathetic, not interested in the outside world. Although people who are depressed also show lack of motivation, involvement and interest, the underlying reasons for this are not the same as the apathy shown by PWD. Individuals who are depressed can't be bothered to participate in activities. Because of their depression they don't have the energy, they don't feel up to it. Individuals who are apathetic because of their dementia don't even think to involve themselves in the outside world. It doesn't occur to them to do this because of the damage to the brain. They are not sad or concerned about their inactivity, the neurons just aren't firing. It is important to remember that while these are the residents who give us very little problem, they are also the residents who have minimal quality of life. They are dependant on others to engage them and interact with them.

Attentional Deficits

- Difficulty in sustaining concentration on one thing.
- The person with dementia often has difficulty maintaining attention and is easily distracted.
- What behaviours do we see?
 - Mr. P. used to love watching television with his wife. Now he becomes very frustrated with the television, even the ones he used to enjoy the most. He often complains that the show is a repeat, that he doesn't want to watch television, or that he is bored.

PWD have difficulty sustaining attention. This impacts on their ability to complete tasks. They become easily distracted. This is why even when they said they were hungry a few minutes ago they stop eating their meal, get up, leave the table and wander away. This can be used to your advantage when you are trying to intervene or redirect. Individuals with fronto-temporal dementia are more likely to have difficulty shifting attention and tend to be perseverative.



Questions?
