

So what is Dementia?

Dementia is defined as a decrease in cognitive function such as speaking, writing, recognizing surroundings, and carrying out tasks. Some refer to these cognitive dysfunction as the 7 A's of dementia. They include:

Amnesia is memory loss. This is the most common thing people think about when referring to dementia. Most commonly, it is short-term memory loss that is affected in the beginning then both short and long-term memories are affected.

Aphasia is a language disorder that affects communication. It is a Greek word meaning "speechless". A person may have problems understanding what is being said or have difficulties in reading or writing.

Apathy is a lack of interest, concern, and feeling. An apathetic person may seem sluggish and may have absence of emotion, and lack interest in social or spiritual issues.

Apraxia is a motor disorder causing problems in performing tasks. People have problems telling their bodies what to do. People may have problems dressing, driving or other activities requiring some coordination.

Anosognosia is problems with self-awareness. A person may not be aware of their disability that other people see clearly. Denial of a problem may be part of anosognosia.

Agnosia is difficulties processing sensory information. There is loss of ability to recognize persons, things, sound, sight, smell, and taste. People are unable to determine shapes and have problems copying images. They have problems identifying objects by touch.

Altered perception is misinterpreting information from our senses. There may be problems with depth perception and dimension. People may have problems driving and even some activities in daily living. There may be problems judging how close a chair is to sit. There may be problems perceiving what's on the floor if it's similar in color. People are therefore at risk for falls.

Not everyone with dementia will display all the symptoms at any given time. These symptoms however must affect activities of daily living and independence. It may affect work and social interactions.

Types of dementia

Alzheimer's Disease (AD) is a progressive, insidious, and most common type of dementia in the elderly (60-80%). AD have problems with remembering recent events, names or conversations. Early symptoms may include depression and disinterest. Later symptoms may include problems with communications, confusion, behavioral changes, and gait abnormalities. Many times, the disease is moderately advanced by the time it is recognized.

Vascular Dementia (VD), previously known as multi-infarct dementia, is the second most common type of dementia in elderly (10%). It is seen in diseases such as stroke and mini strokes (TIA). Memory is normally preserved in VD. Problems with judgment and decision making are more likely in VD. VD can co-exist with other dementias and the term used is mixed dementia.

Lewy Body Dementia (LBD) is sometimes manifested with hallucination, gait abnormality, and falls. LBD is a progressive disease associated with Parkinson's disease, and can lead to varied attention and alertness. People with LBD show fluctuating cognition and have difficulties with abstract or analytical thinking.

Frontal Temporal Dementia (FTD) affects speech, behavioral, and language. It includes FTD, Pick's disease, corticobasal degeneration, and progressive supranuclear palsy. The front and side of the brain is especially affected with FTD.

Other dementias like **Creutzfeldt - Jakob disease** are rare.

Causes of dementia

Alzheimer's disease involves loss of brain cells with protein deposits called amyloid plaques causing neurofibrillary tangles.

Vascular Dementia may involve decrease in blood flow from blood clots or fat

deposits causing strokes. VD tends to increase in diseases such as diabetes and hypertension.

Lewy Body Dementia involves clumps of protein deposits in neurons called Lewy bodies. These proteins are detectable in post mortem brain biopsy. The cause is not well understood but it does not have a strong inheritance pattern.

Frontal Temporal Dementia tends to affect specific areas of the brain as the name suggest. It tends to be seen in younger people. There are various types in this category.

Prevalence of dementia

Alzheimer's Dementia affects about 60 to 80 % in the elderly.

Vascular Dementia affects about 10 to 30 % in elderly.

Lewy Bodies and other types of dementia account for the rest or 15 %.

Risks for dementia

Dementia tends to be age related. It is rare in people younger than 65 years old. It is common in people older than 80.

Dementia affects female more common than male.

More education tends to decrease incidence of dementia.

ApoE E 4 is present in about 20% of the population and is thought to be associated with Alzheimer's disease.

Head injury increases risk of dementia. It is associated with in professions such as boxers and football players.

Dementia has increase prevalence in hypertension, high cholesterol, diabetes, peripheral vascular disease, and coronary artery disease.

Lifestyles like smoking and drinking excessive alcohol increase risk of dementia.

Preventions

Avoiding tobacco use, heavy alcohol use, head trauma can decrease risk of dementia. Promoting continuing education, good health, and active lifestyle can decrease risk of dementia also.

Early changes of dementia

Early symptoms include confusion, poor memory, poor concentration, getting lost, problems with activities of daily living.

Late changes of dementia

Aggression, hallucination, incontinence, aspiration, moderate problems with activities of daily living.

Diagnosis

Getting a good history from family and close friends are vital in the diagnosis of dementia.

Testing memory and doing mental status test by a qualified provider.

Note that dementia tend to be age related.

There must be as least one deficit in cognition such as learning and memory, language, executive function, complex function, perception and motor function, social cognition.

Other diseases are ruled out like thyroid disorder, B12 deficiency, depression, grief reaction, or drug reactions.

Mini Mental Status exam is the most commonly test included in the diagnosis of dementia. It is scaled up to 30 points. The cutoff point is 24. A score of less than 24 is suggestive of dementia. It is highly sensitive.

ADAS-COG test - The Alzheimer's Disease Assessment Scale. This is used to measure language and memory. It has 11 parts and takes about 30 minutes to complete.

Clock draws – This test is used to screen for cognitive impairment and dementia and measures spatial dysfunction and neglect. Education and age can affect the results of the test.

Tests for dementia

Common labs done are B12, thyroid function, folate, metabolic panel, complete cell count, HbA1C. If labs are normal then we think about Alzheimer disease or Parkinson's. In select patients, providers can check HIV or do a lumbar puncture.

Imaging studies like MRI and CT of the brain can be done to rule out things like strokes. Normally see brain shrinkage with Alzheimer.

Imaging studies are sometimes done when labs are normal.

Other causes needs to be ruled out such as depression, medication effects, thyroid disease, tumors, B12 deficiency, and other toxins.

Treatments

Medications: Some common drugs used are called cholinesterase inhibitors like Aricept. Namenda is another common class of drugs used. Non-medication treatments are preferred as medications have side effects and can increase confusion.

Safety issues

Driving – Increase risk of accidents with dementia. At some point, all dementia patients will need to stop driving.

Falls – some patients will have gait problems and are at risk for falls. Some things we can do are to eliminate some home hazards such as power cords and rugs.

Cooking – Increase risk of burns, fires, cuts.

Wandering – Can place bracelet to easily locate love ones.

Medications – Taking too much or not taking it at all.

Aspiration – risk for pneumonia

Caregiver burnout – with patient aggression, caregivers can get frustrated and become abusive.

Lifestyle issues

Setting a daily schedule of activities will help booster the brain.

Proper nutrition is important such as low fat meals, decrease sweets, and lose weight.

Adult day care may help family address dementia issues as some family work during the day.

Other diseases associated with dementia

Depression can be treated with SSRI, which is the preferred drug. In this class are Celexa, Lexapro, and Zoloft.

Psychosis can be treated with antipsychotics like Haldol and Geodon.

Insomnia can be treated with certain medications. Some medications in this class can cause worsening confusion.

Aggression are not normally common but can be treated with antipsychotics.

Admissions to the hospital are indicated for aggression and failed outpatient management.

Things to address

In early dementia, it is important to get a regular checkup with a healthcare provider. Diet is very important. Support group can help with depression and loneliness. Family will need to address insurance, power of attorney, healthcare

power of attorney, and living will.

Where to live will need to be addressed. Traditionally, living with family is best. Today assisted living facilities are a good alternative. This is especially true if patient does not have family close by and wants to stay as independent as possible. A good assisted living facility can provide not only housing but help with activities such as bathing, cleaning, meals, and an active lifestyle.

Paying for an assisted living facility may be difficult for some and may require the help of family members.

In late stage dementia wandering may be an issue. It may be unsafe to be in a home environment no matter how closely the person with dementia is being monitored by family. A daily schedule of activities and memory aides may help. Respite care to provide family break from time to time is also useful.

Please call Prosperity Pointe if you have any questions about assisted living and memory care.