

DEMENTIA

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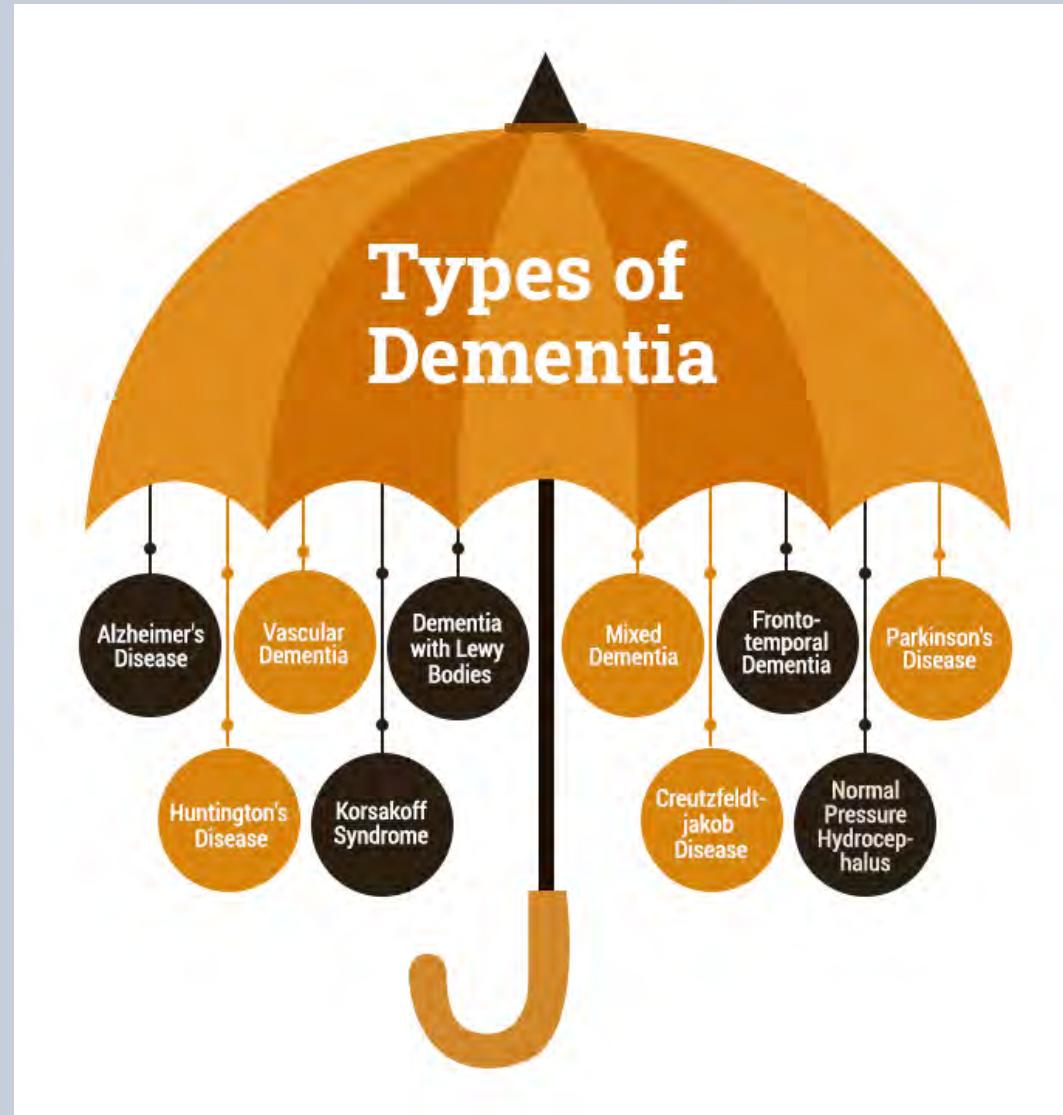
DEMENTIA

- Acquired Syndrome
- Decline in Memory and Cognition
- Affects Daily Life in an Alert Patient

COGNITION

- Knowing
- Judging
- Conceiving
- Recognizing
- Perceiving

AND....any process whereby one acquires knowledge



ADLS VS. IADLs

Activities of Daily Living (ADLs)

Necessary for everyone



Bathing



Dressing



Eating



Transferring



Continence



Toileting

Instrumental Activities of Daily Living (IADLs)

Necessary to remain independent



Housework



Managing
money



Taking
medication



Transportation



Shopping



Using the
telephone



Caring
for pets



Preparing and
cleaning up
after meals



Responding
to emergency
alerts

Source material: <https://www.ltcfeds.gov/planning-tools/webinars>

For more articles and information visit
LTCFEDS.gov/care-navigator

	Normal Aging	Possible Indicator of Dementia
Memory Loss	Temporarily forget names or where you left your keys.	Difficulty remembering familiar names, places, or recent or important events.
Disorientation	Forget the day of the week or why you entered a room.	Get lost on your own street or forget where you are and how to get home.
Challenged by Mental Tasks	Make a mistake when balancing a checkbook.	Unable to complete tasks that may be familiar to you such as balancing a checkbook or following a recipe.
Difficulty Completing Activities of Daily Living	Sometimes need assistance with an electronic device.	Need assistance with brushing teeth, getting dressed or using the phone.
Trouble Using Words Appropriately	Occasionally struggle to find the right word.	Difficulty completing sentences and following directions/conversations.
Poor Judgment	Make questionable or debatable decisions at times.	Unsure how to dress or giving money to solicitors excessively.
Changes in Mood and Personality	Fatigued by obligations or irritable when a routine is disrupted.	Increased suspicion, withdrawal and disinterest.

To differentiate age-related memory loss, which is normal, from dementia, the American Medical Association offers these tips.

NORMAL AGING

- Remains independent in activities of daily living
- Complains of memory loss, but provides details
- More concerned about forgetfulness than family is
- Recent memory for events/conversations not impaired
- Conversations and word finding not impaired
- No pauses in speech or word substitutions
- Doesn't get lost in familiar places, but pauses
- Operates common appliances, reluctant to learn new
- No decline in personal relationships or social skills
- Normal mental status exam for age, education, culture

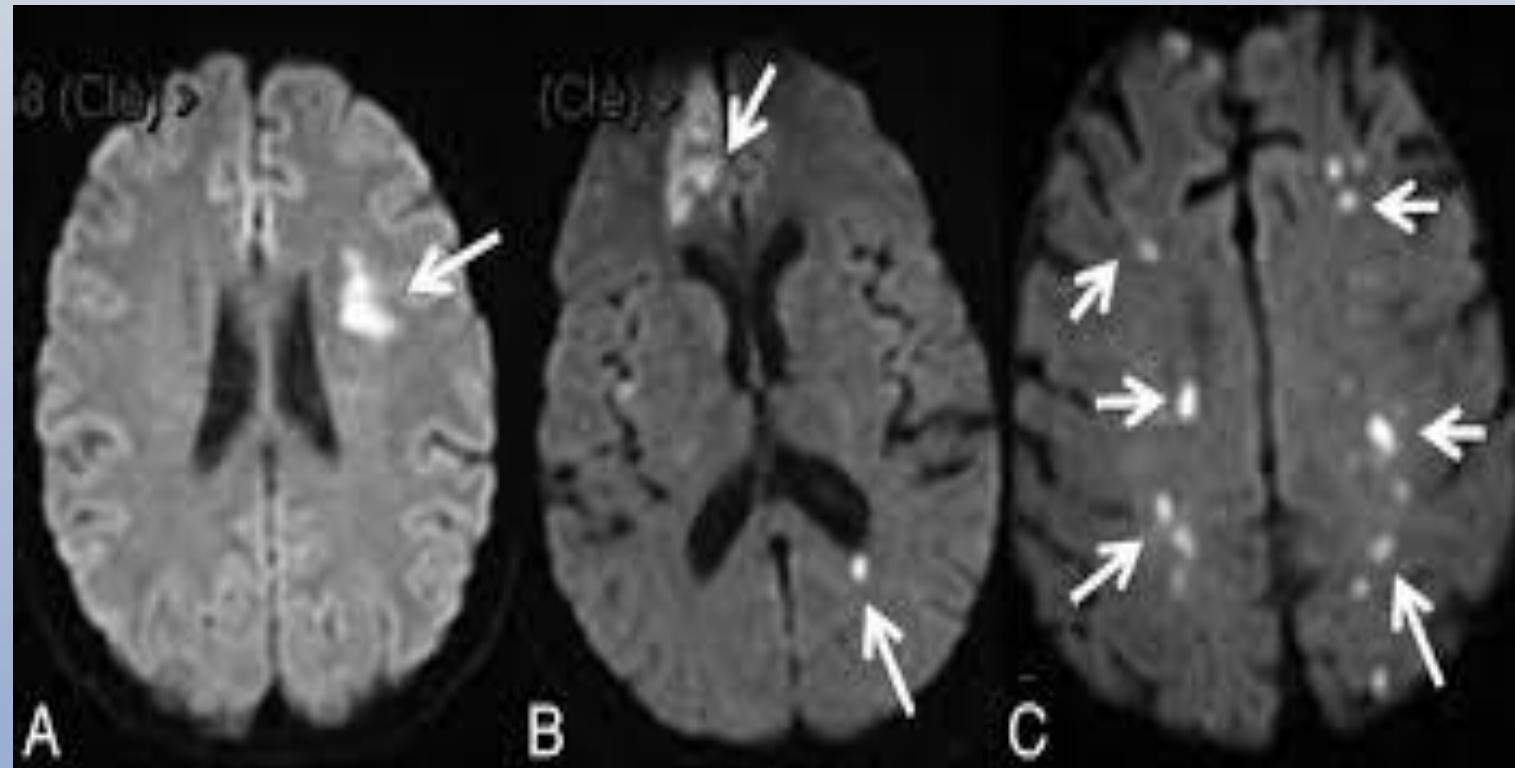
DEMENTIA

- Dependent on others for activities of daily living
- Complains of memory loss only when asked with no details
- Close family members are more concerned about memory
- Recent memory for events/conversations noticeably impaired
- Difficulty in conversations and finding words
- Pauses in speech and word substitutions
- Gets lost walking or driving; may take hours to get home
- Can't operate common appliances; unable to learn new ones
- Loses interest in social activities
- Abnormal mental status performance for age, education, culture

VASCULAR DEMENTIA

- Caused by small brain infarcts
- Patients have focal neurological symptoms
 - Such as hyperreflexia or paresthesia
- Onset more abrupt than SDAT, progress step-wise
- More preventable

STROKE MRI MULTI-INFARCT DEMENTIA



PREVENTION OF VASCULAR DEMENTIA

- Aspirin 81 mg daily
- Control Blood Pressure
- Statins, especially Atorvastatin or Rosuvastatin
- Treat Atrial Fibrillation, include Eliquis or Xarelto

Syndrome of Dementia of the Alzheimer's Type SDAT

- Progressive Neurodegenerative Disorder
- 24 million people worldwide, most >age 65
- No Cure
- Build up of Amyloid and Tau proteins:
 - Amyloid causes plaques
 - Tau causes tangles
 - Plaques and Tangles damage and ultimately kill brain neurons

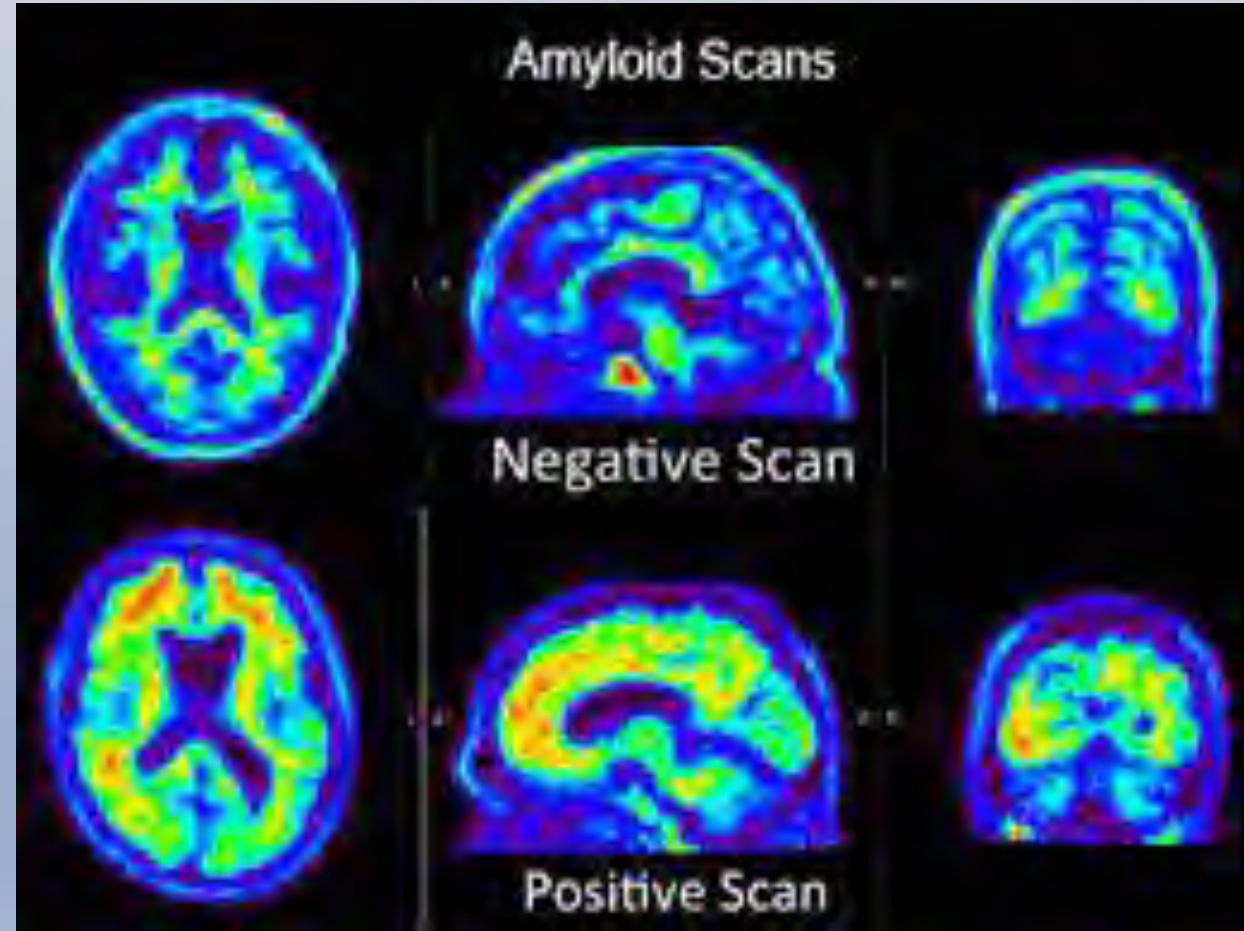
Stages of SDAT

- First 10 years no symptoms
- Mild Cognitive Impairment (variable presentation)
- Early Dementia, but still able to function independently
- Middle Dementia, needs more support and protection
- Advanced Dementia with inability to perform ADL's/IADL's

Evaluation of Patient for SDAT

- Physical Examination
- Psych and Mental Health Eval
- Blood and Urine Tests
- Brain MRI or CT Brain
- Brain PET
- Cognitive Testing

ALZHEIMER'S PET SCAN



TREATMENT OF ALZHEIMER'S

PHARMACOLOGIC TX

Cholinesterase Inhibitors:

- **Aricept, Exelon Patch**

NMDA Receptor Antagonist:

- **Namenda**

Anti-Psychotic Meds:

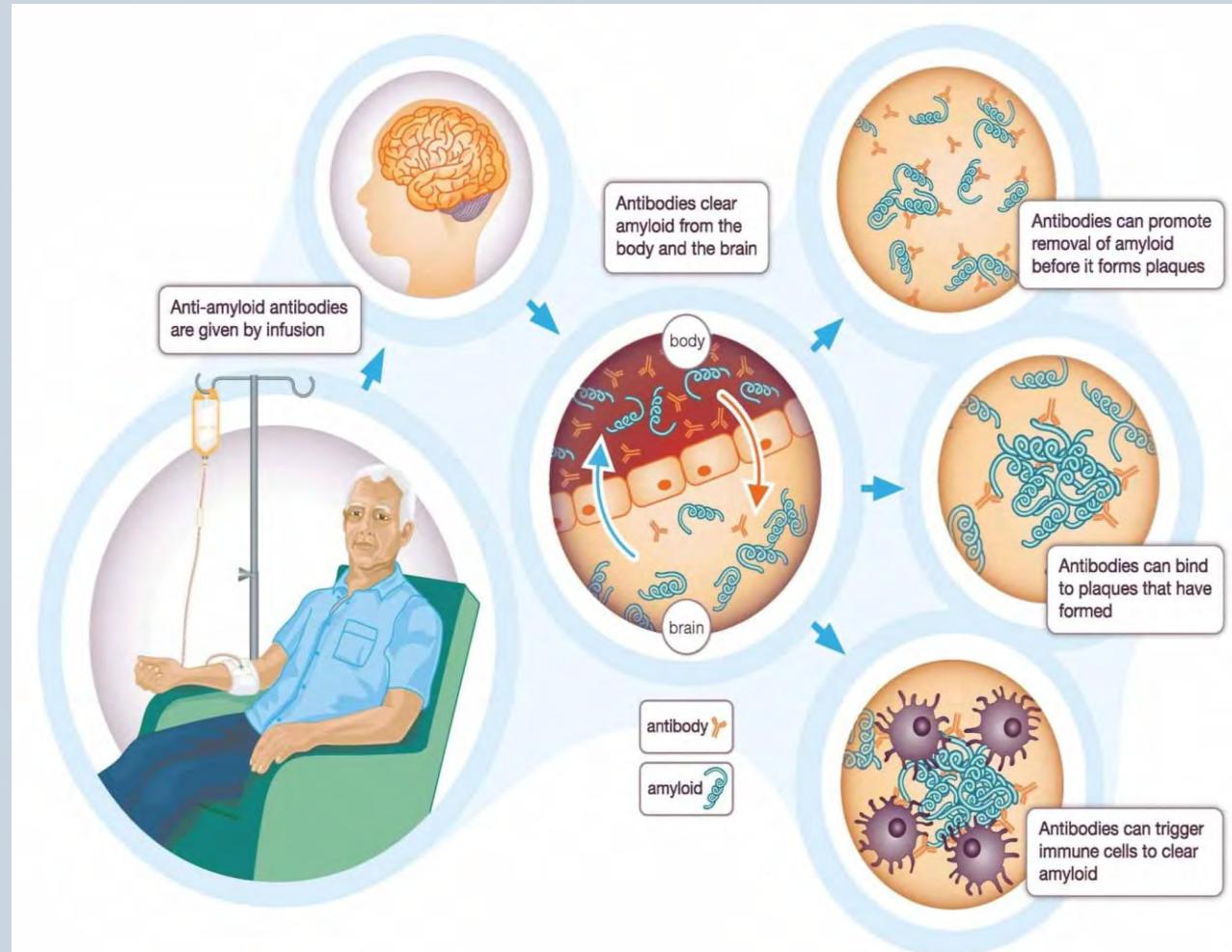
- **Haldol, Seroquel, Zyprexa, Risperidol**

Sedatives:

- **Lorazepam, Diazepam**

TREATMENT OF ALZHEIMER'S NEW DEVELOPMENTS

Donanemab and Lecanemab



TREATMENT OF DEMENTIA

TREATMENT NON PHARMACOLOGIC

- **Provide support for lost skills**
- **reminiscence therapy**
- **art, exercise, dancing**
- **Minimize depressive symptoms**
- **Increase socialization**

TREATMENT OF DEMENTIA

ENVIRONMENTAL MODIFICATION

Predictable daily routine, avoid change

Some stimulation, socialization

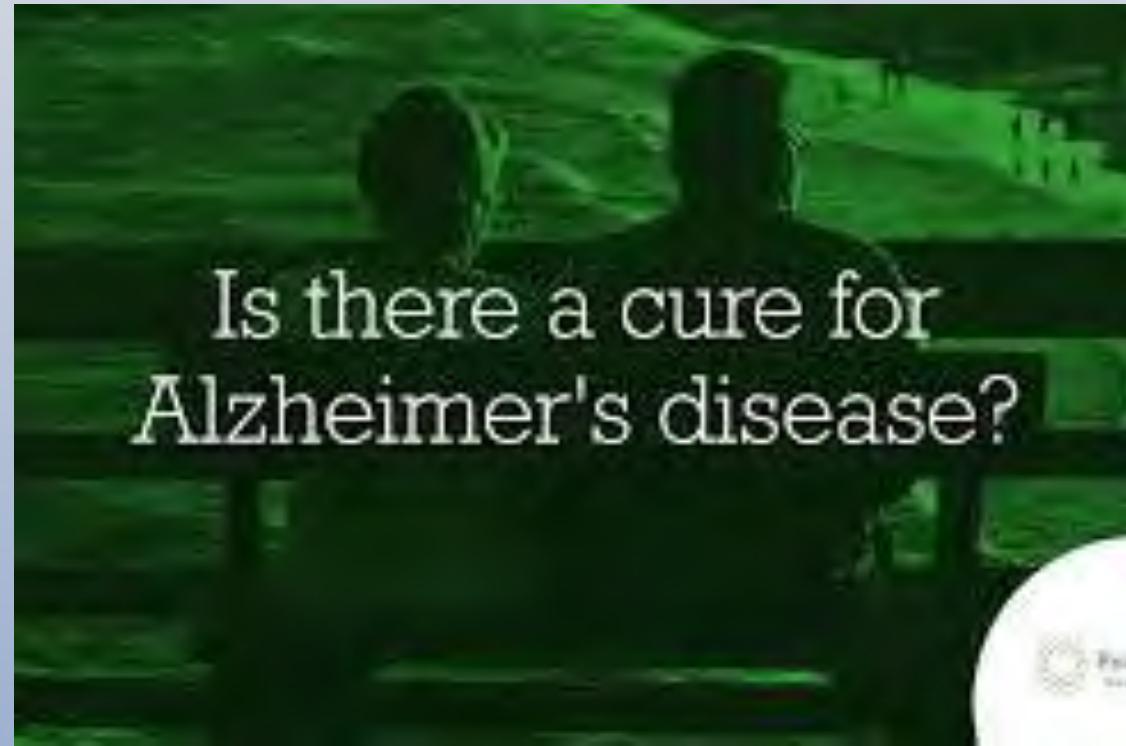
Safety:

- **Door Locks**
- **Electronic Guards**
- **Prevent Wandering**
- **Stop Driving**



PREVENTION OF ALZHEIMER'S

- Hearing and Vision Correction
- Shingles Vaccine (new data)
- Aspirin 81 mg daily (possible)
- Exercise
- Social Interactions
- Learning something new
- ? Statins
- Healthful diet avoiding processed foods
 - Mindful diet or Mediterranean Diet



Is there a cure for
Alzheimer's disease?