DEALING WITH DEMENTIA

THE REV’D DEACON ROBERT A. SERIO, MD
DEALING WITH DEMENTIA

• DEFINITION
  • A DECLINE IN COGNITIVE FUNCTION INVOLVING ONE OR MORE COGNITIVE DOMAINS
    • LEARNING AND MEMORY
    • LANGUAGE (CANNOT FIND THE CORRECT WORD)
    • EXECUTIVE FUNCTION (UNABLE TO COPE WITH UNEXPECTED EVENTS)
    • COMPLEX ATTENTION (BALANCE A CHECKBOOK)
    • PERCEPTUAL MOTOR FUNCTION (GETTING LOST IN FAMILIAR PLACES)
    • SOCIAL COGNITION (BEHAVIORAL ISSUES)
  • THE DEFICITS MUST BE A DECLINE FROM PREVIOUS FUNCTION—USUALLY INSIDIOUS AND PROGRESSIVE
  • THE DEFICITS MUST BE SEVERE ENOUGH TO INTERFERE WITH DAILY FUNCTION
DEALING WITH DEMENTIA

• DELIRIUM
  • CLOUDING OF SENSORIUM
  • USUALLY ACUTE OR SUBACUTE
  • FLUCTUATIONS IN LEVEL OF CONSCIOUSNESS
  • DIFFICULTY MAINTAINING ATTENTION OF CONCENTRATION
  • SYMPTOMS OFTEN WILL OVERLAP WITH DEMENTIA
  • DELIRIUM MAY BE REVERSIBLE
DEALING WITH DEMENTIA

• NORMAL AGING
  • MILD CHANGES IN MEMORY AND RATE OF MEMORY PROCESSING
    • LEARNING PERFORMANCE DECLINED WITH INCREASING AGE
    • DELAYED RECALL REMAINED RELATIVELY STABLE
  • CHANGES GENERALLY NOT VERY PROGRESSIVE
  • CHANGES DO NOT AFFECT DAILY FUNCTION

• 5% OVER 65 AND 35–50% >85 HAVE DEMENTIA

• US PREVENTATIVE SERVICES TASK FORCE DOES NOT RECOMMENDED ROUTINE SCREENING FOR DEMENTIA
DEALING WITH DEMENTIA

• MILD COGNITIVE IMPAIRMENT (MCI)
  • PRESENCE OF MEMORY DIFFICULTY BUT PRESERVED ABILITY TO FUNCTION IN DAILY LIFE
  • PERSONS WITH MCI ARE AT INCREASED RISK FOR DEMENTIA
DEALING WITH DEMENTIA

• TYPES OF DEMENTIA
  • ALZHEIMER DISEASE—MOST COMMON
  • DEMENTIA WITH LEWY BODIES
  • FRONTOTEMPORAL DEMENTIA
  • VASCULAR (MULTI-INFARCT) DEMENTIA
  • PARKINSON DISEASE WITH DEMENTIA
  • OTHER DEMENTIA
    • ALCOHOL RELATED
    • CHRONIC TRAUMATIC ENCEPHALOPATHY
    • MEDICATION
    • DEPRESSION
    • INFECTION (HIV, PRION DISEASE, SYPHILIS)
DEALING WITH DEMENTIA

- FREQUENTLY MORE THAN ONE TYPE PRESENT
- OTHER MEDICAL PROBLEMS CAN WORSEN COGNITION
- VASCULAR DEMENTIA HIGH AMONG BLACK PERSONS, HYPERTENSION AND DIABETES
- MOST CHRONIC DEMENTIA IN ELDERLY NOT REVERSIBLE
DEALING WITH DEMENTIA

• EVALUATION OF PERSONS WITH DEMENTIA
  • HISTORY
    • NEED TO GET INFORMATION FROM SPOUSE/CAREGIVER
    • PATIENTS USUALLY DENY OR MINIMIZE SYMPTOMS
    • DRUG HISTORY IMPORTANT
  • PHYSICAL EXAMINATION
  • LABORATORY/IMAGING LOOKING FOR REVERSIBLE CAUSES
    • B12, THYROID, SUBDURAL HEMATOMA, LOW PRESSURE HYDROCEPHALUS
DEALING WITH DEMENTIA

• COGNITIVE TESTING
  • MINI–MENTAL STATE EXAMINATION
    • SENSITIVITY 75–92%
    • SPECIFICITY 81–91%
  • MINI COG
    • CLOCK DRAWING
    • RECALL OF 3 UNRELATED WORDS
• NEUROPSYCHIATRIC TESTING
  • PSYCHOLOGIST
  • EXPENSIVE
**Mini-Mental State Examination (MMSE)**

Patient's Name: ___________________________ Date: ___________________________

**Instructions:** Ask the questions in the order listed. Score one point for each correct response within each question or activity.

<table>
<thead>
<tr>
<th>Maximum Score</th>
<th>Patient’s Score</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td></td>
<td>“What is the year? Season? Date? Day of the week? Month?”</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>“Where are we now: State? County? Town/city? Hospital? Floor?”</td>
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<tr>
<td>3</td>
<td></td>
<td>The examiner names three unrelated objects clearly and slowly, then asks the patient to name all three of them. The patient’s response is used for scoring. The examiner repeats them until patient learns all of them, if possible. Number of trials:</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>“I would like you to count backward from 100 by sevens.” (93, 86, 79, 72, 65, ...) Stop after five answers. Alternative: “Spell WORLD backwards.” (D-L-R-O-W)</td>
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<tr>
<td>3</td>
<td></td>
<td>Earlier I told you the names of three things. Can you tell me what those were?</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Show the patient two simple objects, such as a wristwatch and a pencil, and ask the patient to name them.</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>Repeat the phrase: “No ifs, ands, or buts.”</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Take the paper in your right hand, fold it in half, and put it on the floor. (The examiner gives the patient a piece of blank paper.)</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>Please read this and do what it says. (Written instruction is “Close your eyes.”)</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>Make up and write a sentence about anything. (This sentence must contain a noun and a verb.)</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>Please copy this picture. (The examiner gives the patient a blank piece of paper and asks him/her to draw the symbol below. All 10 angles must be present and two must intersect.)</td>
</tr>
</tbody>
</table>

30 TOTAL

Source: www.medicine.uiowa.edu/agec/tools/cognitive/MMSE.pdf

Provided by NHCGAP, 0106-419
DEALING WITH DEMENTIA

- ALZHEIMER’S DISEASE
  - MOST COMMON FORM OF CHRONIC DEMENTIA (60–80% CASES)
  - ESTIMATED 5.2 MILLION CASES AND EXPECTED TO REACH 6.7 MILLION BY 2025
  - CAUSED BY ACCUMULATION OF PROTEIN CALLED BETA AMYLOID (PLAQUES) AND DISORGANIZED MASSES OF PROTEIN FIBERS (TAU) CALLED NEUROFIBRILLARY TANGLES
  - DISEASE OF OLDER INDIVIDUALS (RARE BEFORE AGE 60)
    - PREVALENCE DOUBLES EVERY 5 YEARS AFTER AGE 65
    - SOME GENETIC ASSOCIATION IN YOUNGER INDIVIDUALS
DEALING WITH DEMENTIA

• ALZHEIMER’S DISEASE—EARLY SYMPTOMS
  • MEMORY IMPAIRMENT USUALLY PRESENT AT TIME OF INITIAL DIAGNOSIS
    • RECENT MEMORY MOST AFFECTED
    • REMOTE MEMORY USUALLY SPARED EARLY
    • PATIENTS WILL UNDERREPORT—NEED FAMILY OR CAREGIVER
  • CONFUSION
  • LANGUAGE—CANNOT FIND THE CORRECT WORD
  • PROBLEMS WITH CONCENTRATION AND REASONING
  • COMPLEX TASKS—BALANCE A CHECKBOOK
  • GETTING LOST IN FAMILIAR PLACES
DEALING WITH DEMENTIA

• ALZHEIMER’S DISEASE–LATE CHANGES
  • DIFFICULTY PERFORMING LEARNED MOTOR TASKS (COMBING HAIR, DRESSING)
  • DISORIENTATION
  • ANGER/HOSTILITY OR CHANGE IN BEHAVIOR (AGGRESSIVE/PASSIVE)
  • DELUSIONS OR HALLUCINATIONS
  • INCONTINENCE
DEALING WITH DEMENTIA

• PROGRESSIVE CLINICAL COURSE
• AVERAGE LIFE EXPECTANCY RANGES FROM 3–8 YEARS BUT DEPENDS ON THE SEVERITY AT THE TIME OF DIAGNOSIS
• DEATH RELATED TO OTHER COMPLICATIONS SUCH AS MALNUTRITION, INFECTION, DEHYDRATION
DEALING WITH DEMENTIA

• GENETIC TESTING AVAILABLE
  • MOSTLY USED AS RESEARCH MARKER
  • NOT RECOMMENDED FOR ROUTINE SCREENING
  • CAN BE DONE AS PART OF PROFESSIONAL GENETIC COUNSELING IN CASES OF PRE-SENILE DEMENTIA (BEFORE AGE 60)

• PRECLINICAL ALZHEIMER DISEASE
  • ABNORMAL PROTEIN PATTERNS ARE DEVELOPING BUT NO CLINICAL SYMPTOMS
  • DOES NOT GUARANTEE WILL PROGRESS TO DISEASE
  • AUTOPSY FINDINGS OF AD WITHOUT CLINICAL DISEASE
Biomarkers of Alzheimer’s Disease


Episcopal Diocese of Alabama
DEALING WITH DEMENTIA

• LIFESTYLE/SAFETY ISSUES
  • MANY DO NOT REALIZE THEY ARE IMPAIRED AND TRY TO CONTINUE ROUTINE ACTIVITIES
  • FORGET MEDICATION, TAKE WRONG MEDICATION

• DRIVING
  • NEED TO DISCUSS ISSUE EARLY
  • LOSS OF INDEPENDENCE
  • RECOMMEND ROADSIDE DRIVING TEST
DEALING WITH DEMENTIA

• LIFESTYLE/SAFETY ISSUES
  • COOKING
    • BURNS, FIRES
  • WANDERING
    • RESTLESSNESS, DISTRACTIBILITY
    • SAFE RETURN ID BRACELET
    • ALARMS
    • EXERCISE CAN REDUCE RESTLESSNESS
  • FALLS
    • HOME SAFETY CHECK
    • BALANCE EXERCISES
How to avoid falling at home

This picture shows some of the things that can cause a fall in your home. Look around and remove any loose rugs, electrical cords, clutter, or furniture that could trip you.

Graphic 72890 Version 1.0
DEALING WITH DEMENTIA

• DEMENTIA TREATMENT
  • MEDICATION
    • CHOLINESTERASE INHIBITOR (INCREASE LEVELS OF ACETYLCHOLINE)
      • ARICEPT (DONAZEPRIL)
      • EXELON (RIVASTIGMINE)
      • RAZADYNE (GALANTAMINE)
        • NAUSEA, VOMITING, DIARRHEA, FAINTING SPELLS
    • NAMENDA (MEMANTINE) ? SLOW PROGRESSION
DEALING WITH DEMENTIA

• TREATMENT OF ALZHEIMER DISEASE
  • BEHAVIORAL SYMPTOMS
    • MORE TROUBLING THAN MEMORY
      • AGITATION, ANXIETY, IRRITABILITY
      • MEDICATION MAY MAKE SYMPTOMS WORSE
  • DEPRESSION COMMON
    • USE SSRI BUT STILL SIDE EFFECTS
    • LIGHT THERAPY
    • EXERCISE
  • DELUSIONS–AVOID TRIGGERS
  • SLEEP PROBLEMS
    • SLEEP HYGIENE
DEALING WITH DEMENTIA

• LIFE WITH DEMENTIA
  • REGULAR CHECK UPS
  • HEALTHY DIET
  • EXERCISE
  • ADEQUATE SLEEP
  • AVOID RISKY ACTIVITIES
  • SUPPORT GROUP
  • DISCUSSIONS WITH FAMILY
• HAVE A PLAN FOR PROGRESSION OF DISEASE
  • PALLIATIVE CARE/HOSPICE/POWER OF ATTORNEY
DEALING WITH DEMENTIA

• FOR CAREGIVERS
  • MAKE A DAILY PLAN BUT BE PREPARED TO BE FLEXIBLE
  • BE PATIENT WITH REPETITIVE QUESTIONS, STATEMENTS
  • DO NOT ARGUE WITH MISTAKEN FACTS/IDEAS
  • USE MEMORY AIDES (ACTIVITY, PHONE NUMBERS, INSTRUCTIONS FOR APPLIANCES)
  • ESTABLISH CALM NIGHTTIME ROUTINE, NIGHT LIGHTS
  • AVOID MAJOR CHANGES TO HOME ENVIRONMENT
  • EMPLOY SAFETY MEASURES (LOCKS ON CABINETS, FIREARMS, GRAB BARS
  • HELP WITH ADL AS PERSON ALLOWS—MAY NEED CARE AIDE
DEALING WITH DEMENTIA

• FOR CAREGIVERS
  • SPEAK SLOWLY, ONE IDEA AT A TIME
  • ENCOURAGE PHYSICAL ACTIVITY AND EXERCISE—DAILY WALK
  • RESPITE CARE
  • CAREGIVER NEEDS TO TAKE CARE OF THEMSELVES
WORSHIP SERVICE FOR PEOPLE WITH ALZHEIMER’S DISEASE AND THEIR FAMILIES

- HANDBOOK DEVELOPED BY EDDY ALZHEIMER’S SERVICES, TROY, NY
- GUIDELINES
  - SHORT SERVICE 20–30 MIN WITH BRIEF HOMILY (3–5 MIN)
  - PHYSICAL SPACE ACCESSIBLE TO WHEELCHAIRS/WALKERS/CANES
  - USHERS TO HELP
  - MUSIC SHOULD BE THOSE SUNG AND HEARD AS CHILDREN
    - MUSIC APPROPRIATE TO CONGREGATION (PROTESTANT, CATHOLIC, JEWISH)
    - USE OF OLD VERSIONS, OLD HYMNALS
WORSHIP SERVICE FOR PEOPLE WITH ALZHEIMER’S DISEASE AND THEIR FAMILIES

• WORSHIP SERVICE
  • THEMES OF COMFORT, HOPE, STEADFASTNESS
  • AVOID ABSTRACT DISCUSSIONS
  • SENSORY CUES
    • STATUES, CANDLES, MENORAH, ROSARY, PRAYER BOOKS/TORAH, INCENSE
  • EMPHASIS ON SPECIAL HOLIDAYS (CHRISTMAS, EASTER, YOM KIPPUR)
WORSHIP SERVICE FOR PEOPLE WITH ALZHEIMER’S DISEASE AND THEIR FAMILIES

- SUGGESTED FORMAT
  - HYMN – ONE VERSE WELL KNOWN HYMN
  - PRAYER – ADDRESS FAMILY, AGING, FEAR LONELINESS, IDENTITY
  - SCRIPTURE – USE KING JAMES VERSION
  - HOMILY – FOCUS ON RELATIONSHIPS, KINDLE HOPE
  - LORD’S PRAYER
  - COMMUNION IF APPROPRIATE
  - BLESSING
WORSHIP SERVICE FOR PEOPLE WITH ALZHEIMER’S DISEASE AND THEIR FAMILIES

• PRAYERS
  • THE SHEMA (DEUT. 6:4–9
  • THE LORD’S PRAYER
  • THE PRAYER OF ST. FRANCIS
  • THE SONG OF SIMEON
  • THE SERENITY PRAYER

• PSALMS
  • PS 23 “THE LORD IS MY SHEPARD..”
  • PS 46 “GOD IS OUR REFUGE AND STRENGTH…”
  • PS 95 “O COME LET US SING TO THE LORD…”
  • PS 100 “MAKE A JOYFUL NOISE TO THE LORD…”
  • PS 121 “I WILL LIFT MINE EYES UNTO THE HILLS’”
WORSHIP SERVICE FOR PEOPLE WITH ALZHEIMER’S DISEASE AND THEIR FAMILIES

• SCRIPTURE
  • JOB 19:21–27 “I KNOW MY REDEEMER LIVETH…”
  • ECCL 3:1–22 “TO EVERY THING THERE IS A SEASON…”
  • ISA 12:2–6 “BEHOLD, GOD IS MY SALVATION…”
  • MATT 11:25–30 “COME UNTO ME, ALL YE THAT LABOR…”
  • JN 11:21–27 “I AM THE RESURRECTION AND THE LIFE

• HYMNS
  • ALL THINGS BRIGHT AND BEAUTIFUL
  • AMAZING GRACE
  • HOW GREAT THOU ART
  • ROCK OF AGES
  • HOLY! HOLY! HOLY! LORD GOD ALMIGHTY
CAREGIVER’S PRAYER

O God, grant us the wisdom and serenity to be good caregivers to our families and friends. Help us to see clearly what would help, when it would help, and how best to give help. Teach us patience, and we will bring love to the task. Guide us away from our panic, and toward our compassion, that we may continue to build happy memories with our families. Help us to be creative, caring and faithful to your guidance. Forgive us when we lose our patience, and grant us strength and peace.
PATIENT’S PRAYER

O God, the trouble with having a memory problem is the frustration and fear I feel every day. I can never be quite sure that I have done and said the right things. I have memories—happy memories of my family and my youth, of beautiful days with my loved ones, of my education and of my faith. Help me to preserve those. The two things I want never to forget are gratitude and love; I am grateful to those who live and help me—my family, my caregivers, and you, my God.
DEALING WITH DEMENTIA

• ADDITIONAL RESOURCES
  • ALZHEIMER’S ASSOCIATION
    • WWW.ALZ.ORG
  • ELDERCARE LOCATOR
    • WWW.ELDERCARE.GOV
  • HOSPICE/PALLIATIVE CARE
  • LOCAL CHURCH
DEALING WITH DEMENTIA

• QUESTIONS?