



**VCU**

Gerontology

School of Allied Health Professions



VIRGINIA DEPARTMENT OF  
**SOCIAL SERVICES**

# **DEMENTIA:**

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## **It's Not Just Alzheimer's Disease**

### Impact for ADHC

Tracey Gendron ► Andrew Heck ► Jay White ► Annette Clark (presenter)

# A PROGRAM FOR PROFESSIONAL CAREGIVERS WORKING IN ADULT DAY CARE SETTINGS

## A FOUR-PART WEBINAR SERIES

1

Part I:  
**D E M E N T I A :**  
**It's Not Just**  
**Alzheimer's DISEASE**  
**(Impact for ADHC)**

2

Part II: Working with  
Individuals with  
Agitation/Aggression

3

Part III: Working with  
Families

4

Part IV: Activities for  
the Cognitively  
Impaired

# VCU Department of Gerontology

## **VCU Department of Gerontology**

<http://www.sahp.vcu.edu/departments/gerontology/>

## **What does a gerontologist do? (4-min video)**

<https://www.youtube.com/watch?v=acSksD2Y-uY>

# Learning objectives

1. Review definitions of **Person-Centered Care**.

2. Review and understand **Alzheimer's disease**, additional clinically-recognized forms of dementia, as well as depression, and delirium.  
Understand symptoms of each.

3. Review and understand the importance of getting an **accurate diagnosis**.

# PERSON-CENTERED CARE

is an approach to care that respects and values the uniqueness of the individual, and seeks to maintain, even restore, the personhood of individuals.

We do this by creating an environment that promotes:

Personal Worth & Uniqueness

Social Confidence

Respect

Truthfulness

Independence

Engagement

Hope

# What does PCC Look?

## PCC

Multiple activities are offered at a time with input from participant. Likes/dislikes and domains.

Participants have input on foods served. Alternate choices are offered when possible. Times are as flexible as possible.

Input on field trip outings.

## NOT PCC

Only one activity is presented at a time. If participants don't want to engage they just watch.

Lunch/Snacks are prepared with licensure requirements in mind but no input from participants..

Field trips are planned according to staff preferences.

WHAT MAKES YOU UNIQUE?

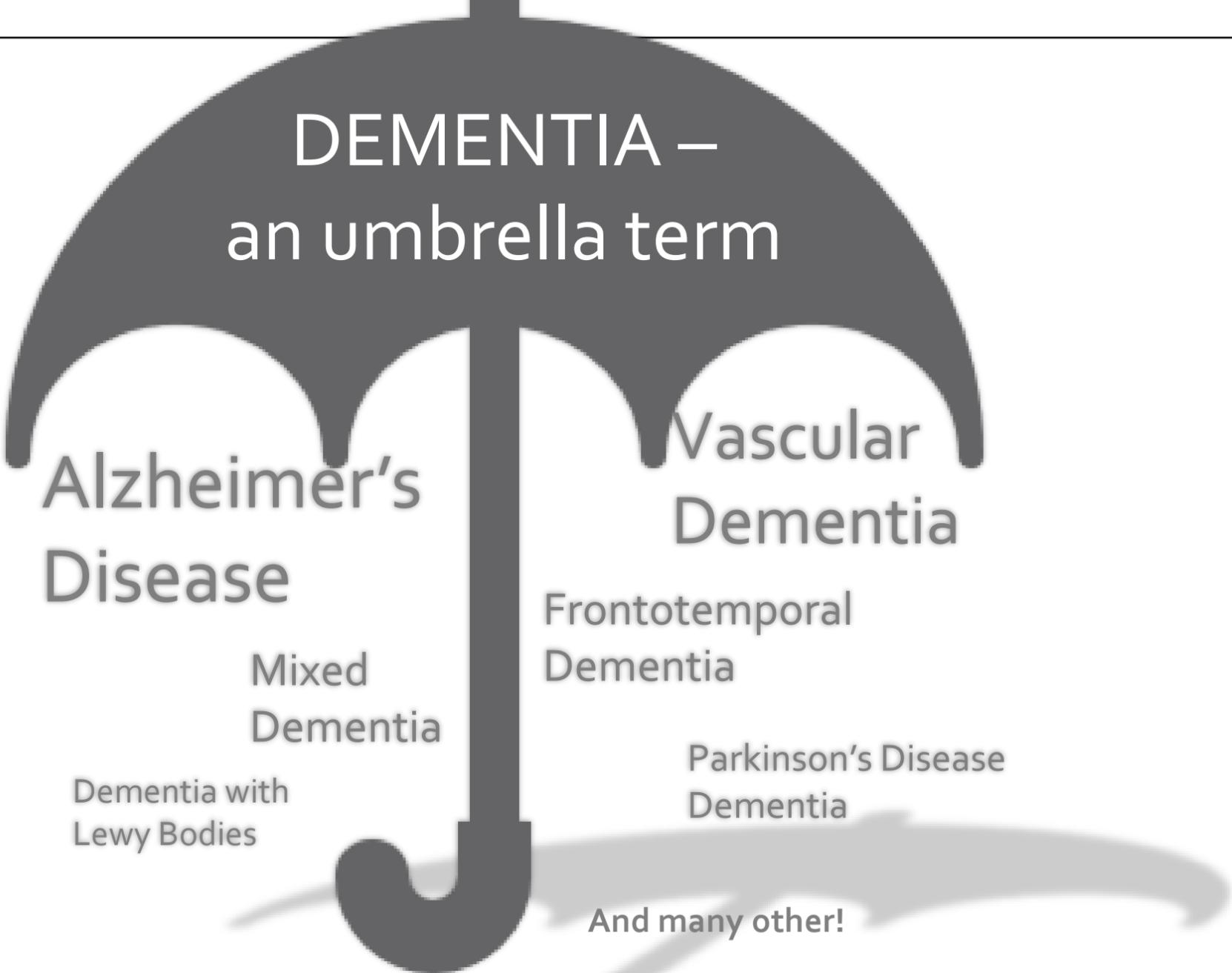


SOMETIMES I FEEL  
LIKE I'M JUST NOT  
**UNIQUE**

OH, DON'T WORRY  
SPORT

THAT HAPPENS TO  
**EVERYONE**





DEMENTIA –  
an umbrella term

Alzheimer's  
Disease

Vascular  
Dementia

Frontotemporal  
Dementia

Mixed  
Dementia

Parkinson's Disease  
Dementia

Dementia with  
Lewy Bodies

And many other!

# WHAT IS DEMENTIA?

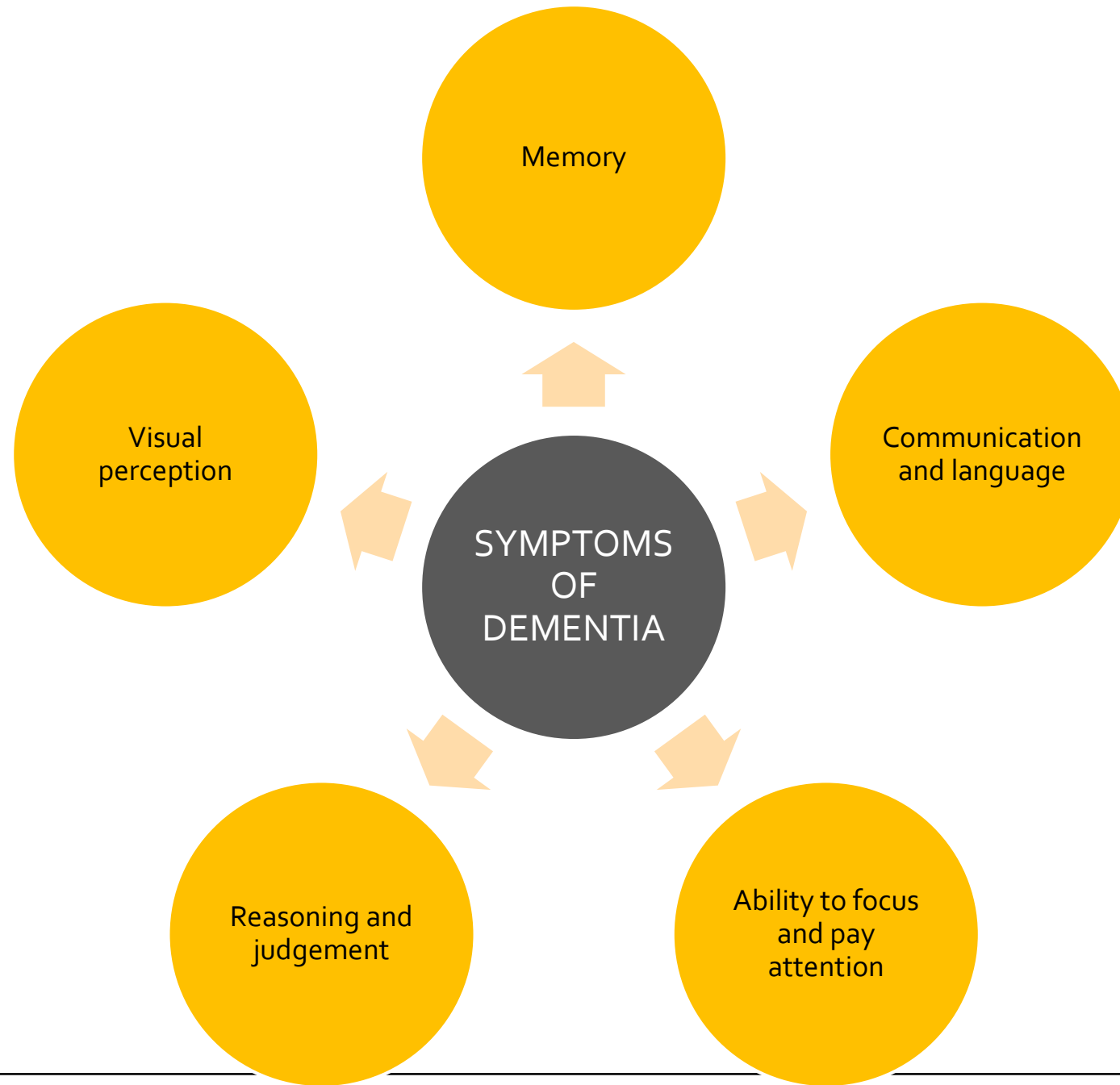
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graph TD; A[WHAT IS DEMENTIA?] --- B[General term for a decline in mental ability severe enough to interfere with daily life.]; A --- C[Not a specific disease or diagnosis.]; A --- D[Overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities.];
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General term for a decline in mental ability severe enough to interfere with daily life.

Not a specific disease or diagnosis.

Overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities.

**SYMPTOMS OF DEMENTIA** can vary greatly but must significantly impact at least two of the core mental functions in order to be considered dementia.



# Causes of dementia

- **progressive brain cell death** (as in Alzheimer's disease)
- **stroke**
- **head injury**
- **brain tumor**, among other causes.

**Is ALL dementia  
permanent?**

**NO, NO and NO!!!**

While most changes in the brain that cause dementia are permanent and worsen over time, thinking and memory problems caused by some conditions may improve when the condition is treated or addressed.

**Depression, medication side-effects, excess use of alcohol, thyroid problems and vitamin deficiencies to name a few!**

# Diagnosis of Dementia

There is no one test to determine if someone has dementia!

Doctors diagnose based on a careful medical history, a physical examination, laboratory tests and characteristic changes in thinking, day to day function and behavior associated with each type.

Difficult to always determine the exact type because the symptoms and brain changes of different dementia often overlap.

# **Dementia Treatment and Cure**

Treatment depends on its cause.

In the case of most progressive dementias, there is NO cure and no treatment that slows or stops its progression.

There are drug treatments that may temporarily improve symptoms for some individuals.

Is a Dementia Diagnosis  
Appropriate?

**YES OR NO?**



# DEMENTIA – an umbrella term

Alzheimer's  
Disease

Vascular  
Dementia

Frontotemporal  
Dementia

Mixed  
Dementia

Parkinson's Disease  
Dementia

Dementia with  
Lewy Bodies

And many other!

Most common form that causes between 60-80 % of dementia cases.

Not a normal part of aging.

Causes problems with memory, thinking and behavior.

## ALZHEIMER'S DISEASE

Over 5 million individuals with a diagnosis.

Symptoms are progressive but often gradual.

**No cure!**

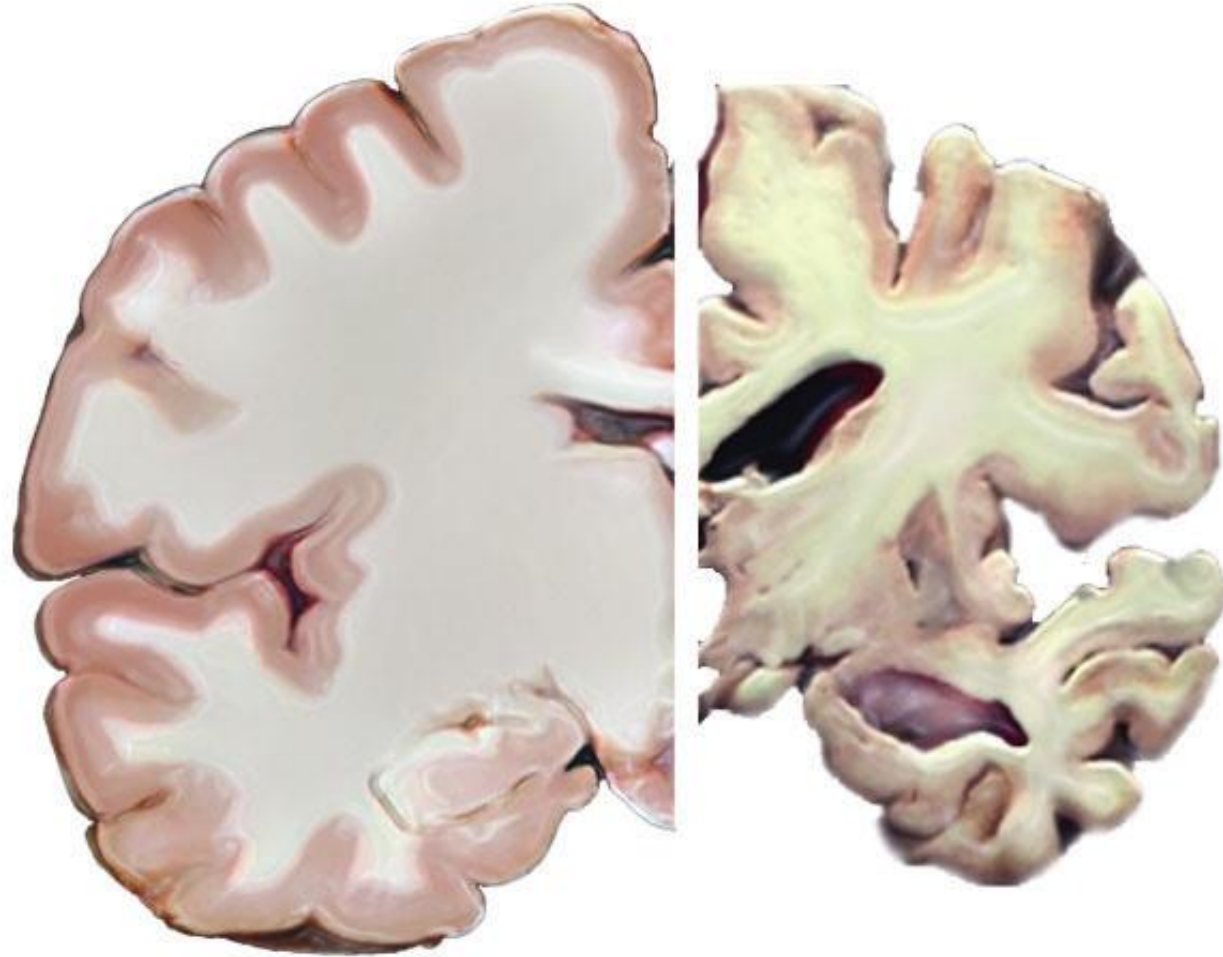
6<sup>th</sup> leading cause of death.

# Know the 10 Signs of AD



Healthy  
Brain

Severe  
AD



# Stages



Mild or early  
stage

Moderate or  
middle stage

Severe or  
late stage

*Refer to Alzheimer's Association's description of stages: [www.alz.org/alzheimers\\_disease\\_stages\\_of\\_alzheimers.asp](http://www.alz.org/alzheimers_disease_stages_of_alzheimers.asp)  
People may stay in one stage for a long time and progress quickly in the next stage.*

# Resources

- **Alzheimer's Association** [www.alz.org](http://www.alz.org)
  - Information about AD and all types of dementia.
  - Check out the Interactive Brain Tour on the site.
  - 2017 Alzheimer's Disease Facts and Figures
  - Helpline, support groups , and on-line education are great resource referrals for caregivers.
- **National Institutes of Health/National Institute on Aging:**
  - <https://www.nia.nih.gov/health/topics/dementia>
  - <https://www.nia.nih.gov/alzheimers/alzheimers-and-dementia-resources-prof>



# DEMENTIA – an umbrella term

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And many other!

# Mild Cognitive Impairment (MCI)

Problems with memory or other cognitive abilities that are not serious enough to appear in medical tests or interfere with everyday life.

Increased risk of progressing to Alzheimer's disease but does not always mean the person will develop Alzheimer's.

# VASCULAR DEMENTIA

Caused by reduced blood –flow to parts of the brain.

The second most common form of dementia.

Can be caused after a single stroke blocks the flow of blood to a large part of the brain or after a series of small strokes block small arteries (Transient Ischemic Attacks = TIAs)

SIGNS and SYMPTOMS:

Similar to AD

Include problems with memory, confusion, and difficulty following directions.

Can be more rapid than AD

# Mixed Dementia

Characterized by the hallmark abnormalities of more than one cause of dementia.

Most commonly, Alzheimer's disease and Vascular dementia but could be other types

More common than previously thought.

Changes in reasoning and thinking

Memory loss that may be significant but less prominent than in Alzheimer's disease

Confusion and alertness that varies significantly from one time of day to another or from one day to the next

Delusions

Can combine with AD and/or vascular dementia then it is called Mixed Dementia

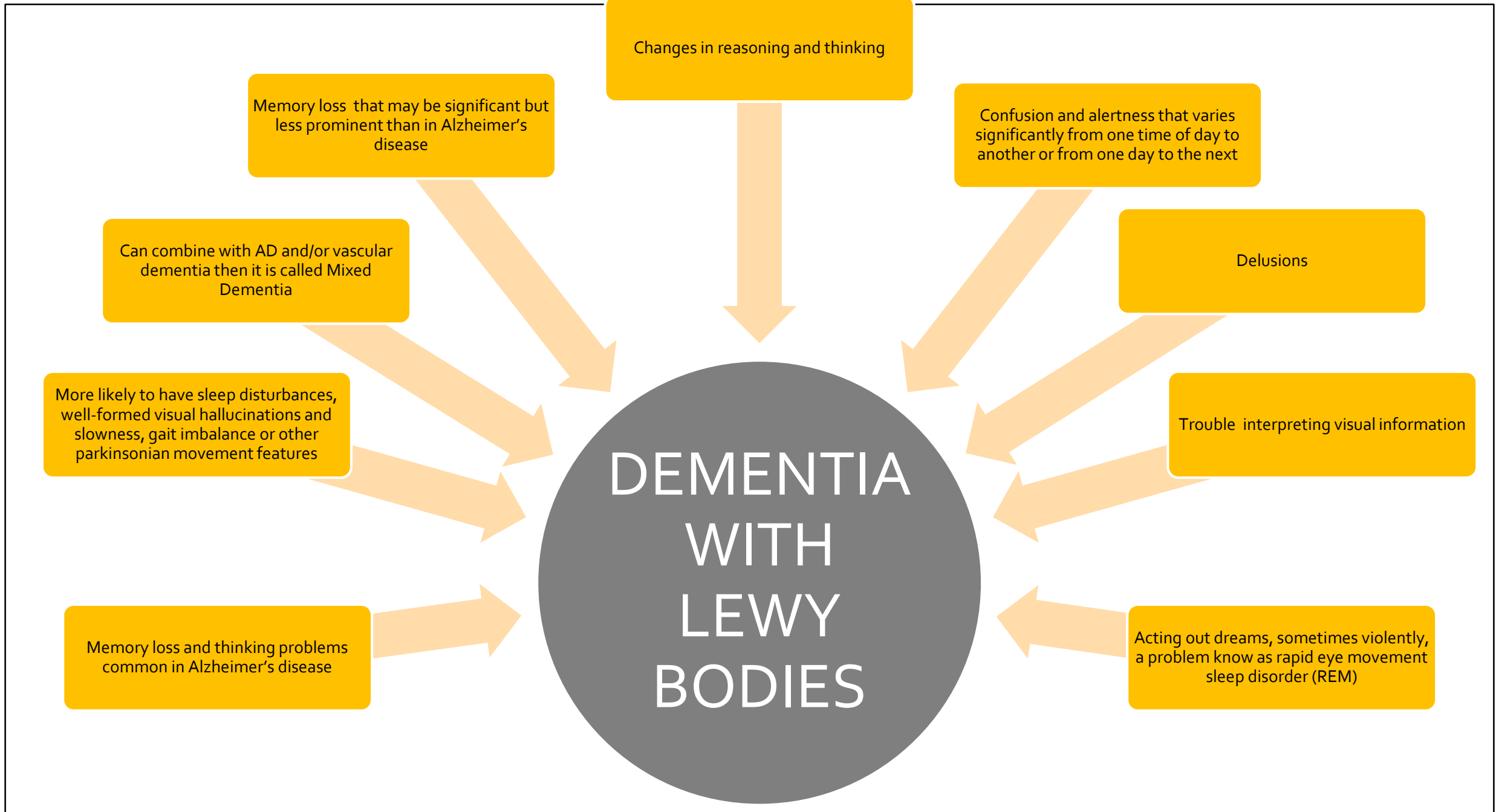
Trouble interpreting visual information

More likely to have sleep disturbances, well-formed visual hallucinations and slowness, gait imbalance or other parkinsonian movement features

Memory loss and thinking problems common in Alzheimer's disease

Acting out dreams, sometimes violently, a problem known as rapid eye movement sleep disorder (REM)

# DEMENTIA WITH LEWY BODIES



# Parkinson's Disease Dementia

As Parkinson's disease progresses, it often (but not always) results in a progressive dementia similar to dementia with Lewy bodies or Alzheimer's.

Problems with movement are common. If dementia develops symptoms are similar to dementia with Lewy Bodies.

## **FRONTOTEMPORAL DEMENTIA**

Includes dementias such as behavioral variant FTD, primary progressive aphasia, Pick's disease, corticobasal degeneration and progressive supranuclear palsy.

Changes in personality and behavior and difficulty with language.

Shows signs at a younger age (about 60 years) and survive for fewer years than AD.

## OTHER TYPES OF DEMENTIA

### Creutzfeldt-Jakob Disease

- Most common form of a rare, fatal brain disorder affecting people and certain other mammals..
- Variant CJD (mad cow disease) occurs in cattle and has been transmitted to humans under certain circumstances.
- Rapidly fatal disorder that impairs memory and coordination and causes behavioral changes.

### Normal pressure hydrocephalus

- Difficulty walking, memory loss and inability to control urination.
- Can sometimes be corrected with surgical installation of a shunt in the brain to drain excess fluid.

### Huntington's disease

- Progressive brain disorder caused by a single defective gene on chromosome 4.
- Abnormal involuntary movements of arms, legs and facial movements, personality changes and a severe decline in thinking and reasoning skills, irritability, depression .
- Inherited

### Wernicke-Korsakoff Syndrome

- Chronic memory disorder caused by severe deficiency of thiamine (Vitamin B-1).
- Most common cause is alcohol misuse.
- Memory problems may be strikingly severe while other thinking and social skills seem relatively unaffected.
- When the person abstains from the substance abuse and receives treatment they may halt decline but if they begin abuse again it often returns and progresses rapidly.

# POLL

Select all true statements:

Memory loss is a natural part of aging

Alzheimer's disease is fatal

Only older people can get Alzheimer's disease

Drinking out of aluminum cans or cooking in aluminum pots can lead to Alzheimer's disease

# **OTHER DIAGNOSES THAT MAY PRESENT LIKE DEMENTIA**

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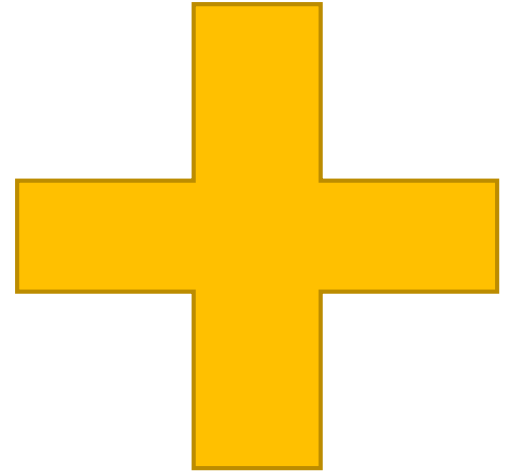
Depression

# DEPRESSION

Depressed mood or a loss of interest or pleasure in daily activities for more than two weeks.

Mood represents a change from the person's baseline.

Impaired function: social, occupational, educational



**Specific  
symptoms  
at least 5  
of these 9,  
present  
nearly  
every day**

1. Depressed mood or irritable most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g. appears tearful).
2. Decreased interest or pleasure in most activities, most of each day.
3. Significant weight change (5%) or change in appetite.
4. Change in sleep: Insomnia or hypersomnia.
5. Change in activity: Psychomotor agitation or retardation.
6. Fatigue or loss of energy.
7. Guilt/worthlessness: Feelings of worthlessness or excessive or inappropriate guilt.
8. Concentration: Diminished ability to think or concentrate, or more indecisiveness.
9. Suicidality: Thoughts of death or suicide, or has suicide plan.

# Mnemonic to help

- **S**leep disorder (increased or decreased)
- **I**nterest deficit (anhedonia)
- **G**uilt (worthlessness, hopelessness, regret)
- **E**nergy deficit
- **C**oncentration deficit
- **A**ppetite disorder (increased or decreased)
- **P**sycomotor retardation or agitation
- **S**uicidality

# DEPRESSION – NON DSM

Hypochondria

Sleep difficulties

Reduced appetite

Fatigue

Lack of positive feelings (rather than active negative feelings)

Apathy

Irritability

Anxious Rumination

Frequent complaints regarding cognitive decline... especially memory

# Side-by-Side Comparison

DEPRESSION	DEMENTIA
Symptoms develop QUICKLY after onset	Symptoms develop SLOWLY after onset and throughout
The onset of symptoms is DATED WITH ACCURACY	The onset of symptoms is only KNOWN within LIMITS
Family is AWARE of a problem and that it is severe	Family is often UNAWARE that there is a problem and of the severity
Medical help is sought SHORTLY after symptoms begin	Medical help is sought LONG after symptoms begin
Person usually complains MUCH about cognitive loss	Person usually complains LITTLE about cognitive loss
Complaints about cognitive dysfunction is usually DETAILED	Complaints about cognitive problems are usually VAGUE
Person EMPHASIZES disability	Person CONCEALS disability
Person makes LITTLE effort to perform simple tasks	Person STRUGGLES to perform tasks
Person usually communicates a strong sense of DISTRESS	Person often appears UNCONCERNED
Person highlights FAILURES	Person delights in ACCOMPLISHMENTS
LOSS of social skills often early and prominent	Social skills are often RETAINED
Change in mood is PERVASIVE	Mood is LABILE and shallow
NOT TYPICAL to experience accentuated problems at night	TYPICAL to experience accentuated problems at night

# **OTHER DIAGNOSES THAT MAY PRESENT LIKE DEMENTIA**

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Delirium

# Delirium

An acutely disturbed state of mind that occurs in fever, intoxication, and other disorders and is characterized by restlessness, illusions, and incoherence of thought and speech.

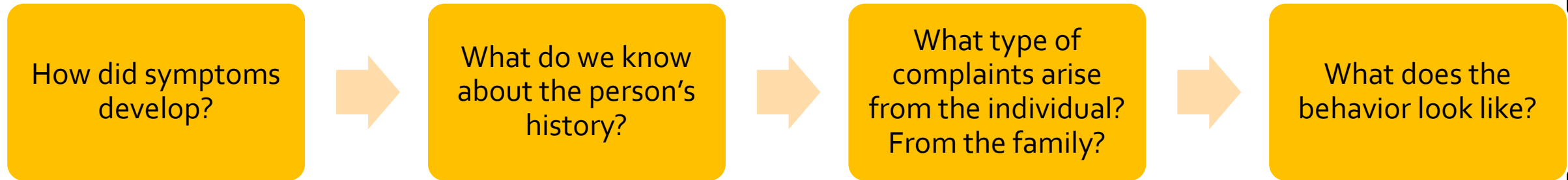
# Side-by-Side Comparison

DEMENTIA	DELIRIUM
Slow onset over months to years; remains a long-term condition	Sudden onset over hours to days; lasts a shorter length of time
Normal speech	Slurred speech
Conscious and attentive until later stages, status relatively stable	In and out of consciousness, inattentive, easily distracted, decreased environmental awareness
Hallucinations possible	Hallucination (usually visual)
Listless or apathetic mood most common , but agitation possible	Can be anxious, fearful, suspicious, agitated, disoriented, unaware
Often no other sign of physical or mental illness	Other signs of illness

So, how do you know...



# Taking a closer look... Developing good observational skills



# THE FAMILY PERSPECTIVE

The symptoms progressed very quickly after they first appeared. Family was aware of the problem and its severity.

The onset of symptoms are dated with accuracy and medical help was sought promptly after symptoms began.

**MIGHT THIS BE DEPRESSION OR DEMENTIA?**

Depression

# COMPLAINTS

1. The individual is NOT complaining much about their cognitive problems.
2. They actually try to hide their disability.
3. Complaints about memory or thinking are vague and unclear.

**IS THIS DEPRESSION OR DEMENTIA?**

Dementia

# BEHAVIOR

1. The individual makes very little effort to perform even simple tasks.
2. They usually communicate a strong level of distress.
3. Individual highlights their failures rather than emphasizing their successes.

**IS THIS DEPRESSION OR DEMENTIA?**

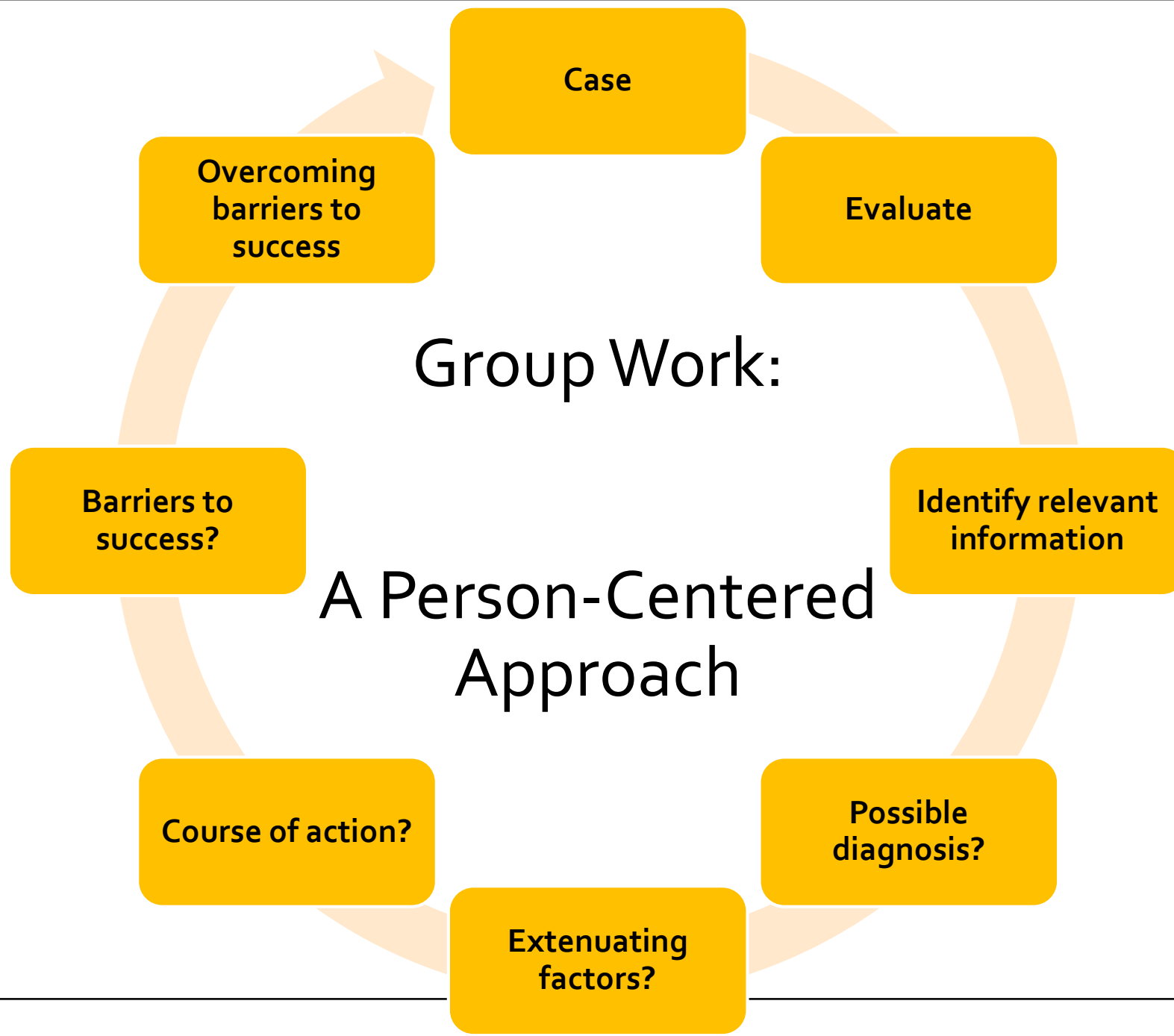
Depression

# BEHAVIOR

1. The individual still behaves appropriately in social situations.
2. Behavioral problems are clearly worse at nighttime.
3. Mood changes are labile and shallow (short-lived and quick to change).

**IS THIS DEPRESSION OR DEMENTIA?**

Dementia



# Case Study 1

Ms. Evans is an 82-year old African-American woman. She has shared a home with a woman, Ms. Jones, for nearly 40 years. Both women enjoyed good southern cooking, watching game shows and generally kept to themselves, but were certainly congenial during the infrequent times when they interacted with neighbors. They both worked in retail, shopped together, visited the same physician, attended the same house of worship and were rarely seen without the other.

Earlier this year, Ms. Jones died suddenly; the result of an apparent stroke. Ms. Evans remained in the home, but over time neighbors noticed that the house began to fall into ill repair. The once manicured yard became over-run with weeds, garbage piled high on the front porch and Ms. Evans would remain in her home for weeks at a time.

One morning, the city's street cleaning crew was coming through for annual maintenance. Signs had been posted for a week about car removal. Ms. Evans car had not been moved and was about to be towed. A concerned neighbor, hurried over to Ms. Evans' house, knocked on the door and was greeted by a rumpled, but congenial Ms. Evans who expressed her sincere thanks at the reminder to move her car, which she did immediately.

Later that evening, the neighbor returned when she noticed that Ms. Evans' car had not returned to its usual spot. She knocked, but this time there was no answer. The door was slightly ajar so the neighbor entered. She found Ms. Evans wandering between the kitchen and living room in an agitated state, in only a partial state of dress, talking to "Sissy." She was seemingly unaware of the neighbor at first and upon noticing her, became increasingly agitated and demanded to know where "Sissy" was. Not knowing what to do, the neighbor looked throughout the kitchen and home for some kind of contact information for a relative or friend. Without finding anything and with Ms. Evans continue to become increasingly agitated and disoriented, she called the paramedics.

The paramedics arrived and, upon a short assessment, commented about "another crazy old lady" and carried her off to the local hospital. She was never to return to her home.

What does  
all of this  
mean for  
you??

In order to make a good  
diagnosis (which is crucial),  
doctors are truly counting on  
good information from  
caregivers;

Report your observations to  
someone from the treatment  
team immediately;

Realize that your observations  
may lead to life-changing  
treatment!

Watch the individual's behavior carefully,  
especially for anything out of the ordinary;

Ask about how he or she is feeling now and  
how they've been feeling lately

Ask their family or caregivers' the same  
thing about them;

Listen for increased complaints about  
health, pain, memory/cognition, or anything  
else;

Look closely for changes in eating habits,  
sleep patterns, level of activity;

# Reflection

## REFLECTION

1. What key points will you incorporate into your daily work?
2. How do staff play an important role in quality of care for individuals?
3. What are the strengths, weaknesses, opportunities and threats do you see in your program when dealing with individuals with either a dementia or depression diagnosis?

# Developing an Action Plan

**SWOT** (Strengths, Weaknesses, Opportunities and Threats)

**IT TAKES ALL OF US**



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