What is Dementia?

• Dementia is a broad term used to describe symptoms that result when the brain is damaged by disease, injury, or illness. These symptoms can include a decline and loss of memory, concentration, judgment and the ability to communicate, learn, and problem solve.
Dementia is an Umbrella Term
What Dementia ISN’T

- Dementia is not a disease itself or a normal part of aging. Dementia is the umbrella term that covers all of the symptoms that occur when the brain has been damaged.
Common Effects of Dementia:

People with dementia often:
- Cannot remember things.
- Have trouble understanding words.
- Forget how to do things they have done for years.
- Become disoriented.
- Have ideas or perceptions that are not real.
- Become frustrated easily.
- Ask the same questions or tell the same stories over and over.
- Have personality changes.
STOP!

• Discuss with your group:

  – Which NAC skills would you expect to use with a patient suffering from dementia
Your brain with dementia
I will not shout in class
I will not throw things
I will not have temper tantrums
I will be good
Because I am
The Teacher
Early Phase of Dementia
Memory

May experience mild loss of recent memory.

“short term memory loss”
Early Phase of Dementia Comprehension

• May have difficulty understanding complex conversations, talking that is too fast, and talking that takes place in noisy or distracting environments.
• Understands facial expressions, gestures, and other nonverbal cues, but may be unable to understand humor and sarcasm.
Comprehension, cont’d

• Can follow directions if the directions are clearly stated.
• Can understand written notes that remind or cue the person to do something. For example, “Take your heart medication at 2 pm.”
Early Phase of Dementia
Language skills

- May have some problems thinking what to say.
- May have difficulties with words and use related words, such as "sugar" for "salt."
- Will often correct mistakes themselves.
- Will continue to use good grammar if they have previously done so.
Early Phase of Dementia
Social communication

• Changes the subject to hide that they are having difficulties.
• Tend to repeat themselves.
• Rely heavily on clichés.
• Manage to get along in most social situations.
Middle Phase of Dementia
Memory

• May experience moderate loss of long and short-term memory.
• Cannot remember less common words or concepts and less familiar names.
• Will no longer be able to hide memory problems.
• Learning new material becomes very difficult.
Language

- Will have trouble understanding day-to-day conversations.
- Will be unable to understand when people talk too fast.
- Will have difficulty focusing and paying attention.
- Are easily distracted by noise and other people talking.
- May require repetition of simple directions.
- Can read but may or may not understand the meaning.
- Miss facial expressions but are still aware of their emotional meaning.
Language skills

- Lose the ability to remember names and words.
- Ability to process words into ideas is slower.
- Often use slang or “gibberish.”
- May endlessly repeat questions, words, or ideas.
- May still use relatively good grammar.
- Have difficulty reading and writing, use fewer words,
  and spelling errors are common.
Social Communication

• Talking becomes unclear, empty, and not related to the conversation.
• May not be interested in starting a conversation.
• Ask fewer questions and seldom comment or correct themselves.
• Answers to questions are often inappropriate. May forget the question that was asked.
• Can still handle some casual social situations.
Late Phase of Dementia
Memory

- Does not know the time, place, and person.
- Fails to recognize self or family members.
- Cannot form new memories.
Comprehension

• Does not understand the meaning of words.
• May be unaware that someone is speaking to them.
Language Skills

- May repeat things over and over or repeat what others say.
- May use poor grammar.
- May speak only in slang or nonsense or not talk at all.
- Revert back to language of origin.
Social Communication

• No longer aware of social interactions and what is expected.
• May withdraw partially or completely.
Henry’s story

• http://www.youtube.com/watch?v=EgNLLeIQYwl&safe=active
Communicating with Patient’s who have Dementia

• Dementia affects the parts of the brain that control communication in different ways for different people. As dementia progresses, usually there is a gradual decline in the person’s ability to communicate.
Changes throughout the three phases

Throughout the three phases of dementia, Patient’s will experiences changes in 4 categories that affect communication:

- Memory
- Comprehension
- Language Skills
- Social Communication
General changes throughout dementia progression

• Not understand what you are saying or only understand part of it.
• Speak easily but not make sense.
• Talk about past events but not remember recent events.
• Lose social graces and interrupt, ignore another speaker, not respond when spoken to, only talk about him or herself, or demand constant attention.
• Have difficulty expressing emotions appropriately.
• Experience difficulty with writing.
• Be able to read words but may not understand the meaning
Remember the person!

As the dementia progresses, the person may partially or completely lose the ability to communicate verbally. It is important to remember that a person with dementia:

• Can still communicate in other ways.
• Remains an important source of information.
• Should be included in conversations to the greatest extent possible.
Responding to change

Because of all these changes, communicating with a person with dementia can be challenging. Communicating effectively may take more time, patience, and energy. It is important that you make the effort to be attentive and careful in the ways that you:

- Approach a person with dementia.
- Give and get information from the person.
- Listen and interpret what the person is trying to communicate with you.
Approaching a person with Dementia

- Before approaching a person with dementia, check your attitude. If you are feeling tense or upset about anything, the person with dementia is sure to pick up on it. Do all that you can to be calm and relaxed.
Approaching a person with Dementia

- Always approach the person slowly from the front or side.
- Do not approach the person from behind.
Approaching a patient with Dementia

Introduce yourself every time you approach the person.

Do not approach the person as if he or she should know you. The person may not remember you.

Call the person by name and tell him or her what you are there for.
Approaching a person with Dementia

Use a friendly tone of voice and facial expressions.
Approaching a person with Dementia
Non-Verbal Gestures

Touching and holding the person’s hand may help keep his or her attention.

*One word of caution about touch—do not assume that the person likes to be touched. Always ask before touching the person.*

Sit or squat beside a seated person – never stand above him or her.

Watch your body language. The person with dementia will pick up feelings of anger or impatience.
Giving and getting information

• Giving cues or instructions on completing tasks can be a large part of your caregiving role. When you are assisting a person with dementia with personal care, this can become challenging.
Giving Information

- Use a low tone (pitch) of voice. A raised voice can signal that you are upset.
- Always talk slowly and clearly.
- Say less—some people may only be able to process a few words at a time.
- Point or demonstrate to help a person understand what you are saying.
Giving information

• Use different words to get a point across if the person does not understand the first time.
• Use the names of people and objects whenever you can.
• Keep sentences short and simple. Focus on one idea at a time.
• Ask, rather than tell the person what to do. You will get a much better reception by not commanding or ordering the person to do things.
Getting Information

• To the greatest extent possible, the person with dementia should continue to be actively involved in making decisions regarding care. Sometimes getting information from the person regarding his or her preferences can be difficult.
Getting Information

Allow plenty of time for the person to think about what was asked. Do not assume the person understands or agrees with you because he or she does not respond right away.

Try not to finish the person’s sentences.

If the person has difficulty finding a word, ask him or her to explain it in a different way.
Getting information

- Avoid or reframe *open-ended questions*. Instead, offer alternative responses and allow for spontaneity.
- Avoid reason, logic, or the mention of time. All of these require complex thought processes that the person may no longer have.
- Ask one question at a time.
Listening and interpreting

- Listen for and learn to recognize the person’s feelings and emotions. Use your senses, as well as your intuition, to try and understand what the person is attempting to communicate.
- Focus on the person’s feelings rather than concentrating on what the person is saying.
- Remain still when the person is talking. It will show the person that you are trying to understand.
- Remember that you do not need to react or respond to everything the person says. Sometimes, the most appropriate response is just to listen.
Communicating Respect

• A person with dementia is sensitive to feelings and emotions. It is important to always be aware of, what you say, and how you say it.

• Make sure that your communication is always respectful.
Communicating Respect

- Keep the person’s culture in mind and know what is respectful communication in that culture. Talk to the person’s family to learn more about what is respectful.
- Always focus on the abilities the person still has.
- Do not talk down to the person or treat him or her as a child. Conversation should be simple, but remain on an adult level.
Communicating Respect

• Talk to the person. Do not talk about him or her as if he or she were not present. Even though the person may not understand everything that is said, it is important to preserve the person’s dignity and self-esteem.

• When the person’s family or friends are present, continue to interact with the person with dementia. Let the family know that the person with dementia should be a part of the conversation. Tell the family that they will also have a chance to provide information.
Practice “Gentle Deception.”

This last strategy has been called Gentle Deception, because it involves letting go of the “truth” or your reality in order to hear what the person with dementia is saying. The idea is to let the person say whatever he or she wants to say without trying to persuade the person that he or she is wrong, incorrect, or out of touch with reality. Instead, you agree with the person and allow the person with dementia to retain his or her sense of reality.
Alzheimer’s

Alzheimer’s is a progressive, degenerative brain disease. **Lesions** clog and prevent communication between brain cells and destroy the brain from the inside.

**Symptoms:**
- Difficulty remembering things
- Difficulty finding familiar places
- Short attention span
- Poor problem-solving
- Difficulty finding the right words
- Wandering behavior
- Repeating questions or stories
- Collecting behavior
- Eating often or forgetting to eat
- Shuffle/unsteady walking
- Confusion
- Forgetting names of people or places
- Personality changes
- Mood swings

**Progression:**
- Begins subtly.
- Extends over a period of 8-12 years.
Parkinson’s

Parkinson’s is a disease of the central nervous system. About 20% of people with Parkinson's develop dementia. A majority of people who develop dementia will have Alzheimer's disease.

Symptoms:
- Memory problems
- Parkinson’s gait—shuffling, head down, shoulders drooped, lack of arm swinging, and leaning backwards, or forwards unnaturally
- Tremors
- Rigidity or muscle stiffness
- Poor balance/high risk of falls
- Constipation
- Lack of motivation
- Moodiness and/or depression
- Slowed thinking
- Confusion and/or disorientation
- Loss of facial expression
- Easily distracted
- Excessive sweating
- Loss of bowel and/or bladder control

Progression:
- Is slow. Symptoms often begin to show about 10-15 years following the diagnosis of Parkinson’s.
Creutzfeldt-Jakob Disease

Creutzfeldt-Jakob disease (CJD) is a fatal disease of the brain. There are several types of CJD. With CJD, infectious proteins attack the central nervous system and invade the brain. These proteins cause brain tissue to die and become so filled with holes that the brain eventually looks similar to a sponge.

The disease itself is quite rare, but the number of cases diagnosed is increasing. Although most people develop CJD for no apparent reason, researchers have identified some causes including heredity, certain medical procedures, and exposure to contaminated medical instruments.

A relatively new type of CJD is “Mad Cow Disease” caused by exposure to contaminated meat.
Creutzfeldt-Jakob Disease

**Progression:**
- Develops rapidly.
- Ends in death, usually within six months of the appearance of early symptoms.
- Very rarely the disease can last for more than two years.

**Symptoms:**
- Memory loss
- Personality changes
- Hallucinations
- Muscle stiffness or spasms
- Clumsiness or a lack of coordination
- Mood changes
- Unsteady walking
- Slow or slurred speech
- Jerky movements
- Incontinence
AIDS Related Dementia

AIDS (Acquired Immune Deficiency Syndrome) related AIDS Related Dementia dementia is caused by the way the Human Immunodeficiency Virus (HIV) affects the brain or when infections take advantage of the person’s weakened immune system and damage the brain.

**Symptoms:**
- Forgetfulness
- Confusion
- Difficulty paying attention
- Sudden changes in mood or behavior
- Slurred speech

**Progression:**
- May start at any age.
- May not change for a period of time.
- May begin slowly or come on quickly.
- May get worse rapidly or continue to get worse slowly.
Down’s Syndrome (Trisomy 21)

Down’s syndrome is caused by a chromosome abnormality, usually due to an extra copy of the 21st chromosome. For unknown reasons, people with Down’s Syndrome are four times more likely to get Alzheimer’s than other people and at an early age. What is known is that some people with an inherited extra copy of chromosome 21 develop the same lesions in the brain as people with Alzheimer’s disease.

**Symptoms:**
- Confusion
- Loss of memory and logical thinking
- Personality changes
- Decline in ADL skills
- Wandering
- New onset of seizures
- Disorientation
- Changes in coordination and gait
- Difficulties communicating
- Activities

**Progression:**
- Onset is at a younger age than the general population with the first signs of dementia starting between the ages of 36 and 62.
- Gets worse over a period of about 8 years.
Huntington’s Disease

Huntington’s disease is a progressive disease that involves the wasting of nerve cells in certain parts of the brain. Huntington’s disease causes uncontrolled movements, a loss of intellectual functioning, and emotional problems. Every child of a parent with the disease has a 50% chance of inheriting it.

Symptoms:
- Uncontrollable facial movements
- Jaw clenching
- Abnormal body movements due to uncontrollable muscle spasms
- Loss of coordination and balance
- Slurred speech
- Difficulty swallowing and/or eating
- Difficulty walking, person may stumble or fall
- Personality changes
- Paranoia and/or hallucinations
- Behavior changes, may include being:
  - Irritable or moody
  - Restless or fidgety
  - Not wanting to be around people
- Loss of memory
- Loss of judgment

Pay attention to the person’s mood. There is a high level of depression among people with Huntington’s and a greater risk of suicide.
Pick's Disease

Symptoms:
- Lack of insight
- Lose the ability to feel for others may appear selfish and unfeeling and have an attitude of “I don’t care”
- Habitual and repetitive behavior
- Lose inhibition-for example, may exhibit sexual behaviors in public
- Lack of spontaneous conversation
- Talks but the intent and meaning is unclear, repeat back what others say
- Abrupt mood changes
- Become outgoing when previously quiet or withdrawn
- Changes in eating habits, such as develops taste for sweets
- Overeating
- Excessive alcohol intake
- Difficulty maintaining conversation for any length of time
- Decreased interest in daily

Progression:
- Decline is normally steady and relatively rapid.
- Usually begins between the ages of 40 and 60.
- Extends over a period of less than 2 years to more than 10.
- Total disability occurs early in the disease process compared to other forms of dementia.
- Death is usually caused by a secondary infection.
Traumatic Brain Injury

Traumatic brain injury (TBI) is an injury to the brain caused by trauma to the head. Even a relatively mild head injury can cause permanent damage to the brain.

https://www.youtube.com/watch?v=6RfoDFP1VCE&safe=active

Symptoms:
The symptoms that the person has varies depending on the type and location of the injury to the brain.
• Memory problems
• Problems thinking and remembering information
• Behavioral problems including:
  • aggression
  • impulsivity
  • impaired self-control
  • Inappropriate sexual activity
  • Difficulty with hand/eye Coordination
• Difficulties with language including trouble remembering words or speaking in complete sentences
• Difficulty understanding information
• Seizures
• Emotional problems including being irritable and emotional

Progression:
• Varies from complete recovery to persistent symptoms and disability.
It depends on the type and location of the head trauma and the resulting damage to the brain.
Post concussion syndrome
Brain Tau in NFL players
Vascular Dementia

Vascular dementia is a type of dementia that occurs when the brain does not get enough oxygen and nutrients. This happens when the blood vessels that supply oxygen become diseased or blocked and interrupt the flow of blood to the brain. High blood pressure, heart problems, high cholesterol, and diabetes all can cause damage to the blood vessels.

There are two main types of vascular dementia:

- **Stroke**—caused by an interruption in the supply of blood to specific parts of the brain or as the result of a series of small strokes called a transient ischemic attacks (TIAs).

- **Small vessel disease**—caused by damage to tiny blood vessels that lie deep in the brain. The symptoms develop more gradually and are often accompanied by walking problems.

Symptoms:

- Problems with concentration
- Memory problems, forgetfulness
- Periods of acute confusion
- Dizziness
- Laughing or crying inappropriately
- Physical weakness or paralysis
- Moving with rapid, shuffling steps
- Problems communicating, slurred speech
- Hallucinations or delusions
- Wandering and getting lost
- Physical or verbal aggression

Progression:

- Onset can be gradual or dramatic.
- May not change in severity for long periods and then take a big dip.
- Damage already done to the brain cannot be reversed but further damage can be greatly minimized with treatment.

Vascular Dementia
Lewy Body Dementia is caused by the build up of tiny protein deposits in the brain. The presence of these deposits, or Lewy Bodies, disrupts the brain’s normal functioning and interrupts the action of important chemical messengers.

**Symptoms:**
Abilities fluctuating daily, even hourly, making it appear that they are getting better at times. Other symptoms:
- Visual hallucinations
- Shuffling and difficulties with balance
- Very slow movements
- Muscle stiffness
- Loss of facial expression
- Fainting and/or falls
- Nightmares
- Problems sleeping
- Spatial disorientation

**Progression:**
- Changes occur at about the same rate as Alzheimer’s.
- Generally progresses over a 5-20 year period.