When You Forget that You Forgot: Recognizing and Managing Alzheimer’s Type Dementia, Part I.

Goals for Today

- Describe essential features of dementia
- List common types of dementia
- Identify “reversible” causes of dementia
- Describe behaviors in each of 4 stages
- Discuss the PLST model
More than “confusion”

- Many things can interfere with memory
  - Being overloaded; having too much going on at one time
  - Medications, even ones taken according to directions
  - Illness and disease that are unrelated to brain disease
  - Unfamiliar surrounding such as relocation or hospitalization
Dementia

- Permanent loss of mental abilities caused by damage to brain cells
- NOT a “normal” part of aging!
- The common end result of many entities
  - diseases
  - traumas
  - infections
  - drugs
Progressive loss of intellectual abilities . . .

- **MEMORY** impairment
  - Short-term early
  - Long-term later

- **Loss of LANGUAGE**
  - Loss of ability to express oneself
  - Loss of ability to understand what is said
Dementias: Essential Features

- Loss of PURPOSEFUL MOVEMENT
  - Has the physical ability
  - Can’t perform the task (e.g., getting dressed)

- Loss of ability to accurately interpret SENSORY INFORMATION
  - Cannot understand what is seen, heard, felt
  - Not related to sensory impairment
Dementia: Essential Features

- Impairments in...
  - Abstract thinking
  - Ability to reason
  - Judgement
  - Impulse control

- Personality changes
  - Not “him/herself”
Lost abilities result in changes:
- Personality
- Behavior
- Emotion

“My mother would never say such a thing!”
Who has dementia?

- Dementia is a “generic term”
  - Many different types
  - Alzheimer’s disease → Most common type

- Risk increases with advancing age
  - 25% of 80 year olds
  - 33% of 85 year olds
  - 50% of 90 year olds
Who has dementia?

- Common problem among nursing home residents: 50% to 80% have dementia
- Increasing problem among those in assisted living: 50% to 67%
- Many at home, cared for by family
Dementia: Types

- Alzheimer’s Type
  a.k.a. Alzheimer’s Disease
  - 360,000 new cases annually
  - 4 million Americans afflicted
  - 4th leading cause of death
  - 14 million (1 out of 45) by the year 2050
  - 80% of population in nursing homes
  - Leading cause of behavioral symptoms
**Dementia: Types**

- **Vascular, a.k.a., Multi Infarct**
  - Step-wise, “patchy” loss of abilities
  - Sudden onset, slower course, more variable

- **Mixed dementia**
  - AD and another type (e.g. vascular, Lewy Body Dementia)
Dementia: Types

- Frontotemporal Dementia (FTD)
  - a.k.a. frontal lobe; Pick’s disease one type
  - Affects younger age group
  - More common in women than men
  - Insidious onset, like AD
  - Personality changes, language problems early, memory loss later
Dementia: Types

- Diffuse Lewy Body Dementia (LBD)
  - More fluctuation in impairment
  - Visual hallucinations common, often vivid
  - Parkinson-like features
  - Repeated falls common
  - Particular sensitivity to antipsychotics
Dementia: Types

Dementia due to . . .
- Medical disease like HIV Disease
- Neurological disease
  - Parkinson’s Disease
  - Huntington’s Disease
- General medical conditions
  - Anoxia
  - Vitamin deficiency
Bottom Line:

All Alzheimer’s is DEMENTIA . . .
but not all DEMENTIA is Alzheimer’s!!
**Dementia: Types**

- LOTs of variability in presentation!

  ✓ Within specific types . . .
  ✓ BETWEEN types . . .

- Overlapping syndromes are common

  ✓ Dementia AND delirium
  ✓ Mixed dementia
“Reversible” Dementia

- Multiple health problems may cause “confusion”
- Always explore alternative causes
- Treatment of underlying physical problem may arrest losses
- Problems not fully “reversible” but remaining capacity may be preserved
Like working a puzzle . . .

D-E-M-E-N-T-I-A

D rugs
E motion
M etabolic
E ndocrine
N utrition
T rauma
I nfection
A lcoholism
Stages of Dementia

- Early - Forgetful
- Middle - Confused
- Later - Ambulatory
- Terminal - Endstage
Early: Forgetful

- Short-term memory impaired
  - Loses things
  - Forgets
- Blames stress, fatigue
- Compensates with lists, memory aids
- Depression common
Later: Confused

- Loss of memory
- Increasing disorientation
  - Time
  - Place
  - Person
  - Things
“Helen” crochets using a single simple stitch but doesn’t remember that she is retired - and sometimes puts her bra on over her blouse.

“Harold” greets everyone like his oldest friend (“Nice to see you! So good of you to drop by! I’m great! How are you?”) but doesn’t know his own wife.
Confused: Example

- “Mildred” avoids the question “How old are you” with “Jack Benny and I are both 29.” When asked what she had for lunch, she replied, “I went to the Riviera and had pink champagne and caviar.”

- “George” got lost walking in his neighborhood of 30 years -- as soon as he could no longer see his own house.
Later Still: Ambulatory Dementia

- Progressive loss of ability interferes with FUNCTION
- Increasingly withdrawn and self-absorbed
- Depression tends to resolve
**Ambulatory: Functional losses**

- Willingness and ability to bathe
- Grooming
- Choosing among clothing
- Dressing
- Gait and mobility
- Toileting
- Communication, reading, and writing skills
Ambulatory: Behaviors

- Behavioral symptoms more common
  - Irritability
  - Agitation
  - Anxiety
  - Pacing
- Reduced tolerance for stress
- Resistiveness to care
Endstage Dementia

- All abilities lost
  - Mute
  - No longer walks
  - Little purposeful activity
  - Forgets to eat, chew, swallow

- Complications are common
Symptoms: Not in distinct stages!

- Losses and symptoms vary from person to person, depending on:
  - Extent of brain cell death and loss
  - Location of brain cell death and loss
  - Speed with which losses occur
Common Behavioral Symptoms

- Concealed memory losses
- Wandering
- Sleep disturbance
- Losing and hiding things
- Inappropriate sexual behaviors
Common Behavioral Symptoms

- Repeating questions
- Repetitious actions
- Territoriality
- Hallucinations
- Delusions
- Illusions
Catastrophic Behaviors

- Agitation
- Combativeness
- Confusion
- Fearfulness
- Night waking

- Noisy behavior
- Purposeful wandering
- Sudden withdrawal from activities
- “Sundown” syndrome

Unexpected, intense, and “out of proportion” reactions to a situation...
PLST: Progressively Lowered Stress Threshold model

- Developed by nurse researchers in Iowa (Hall & Buckwalter)
- Emerged from observations of persons with dementia
- Based on theories of “person-environment fit”
Basic principles:

- Some behaviors result from losses associated with dementia
- Other behaviors result from environmental stress
- Stress takes many forms in dementia
- Stress threshold is lower in dementia
Goals

- Redefine “stress” for person with dementia
- Recognize lowered stress threshold
- Interpret behavior as anxiety that increases to cause dysfunctional behavior
- Manage stress for person with dementia
  - Modify routines, approaches
  - Monitor personal, social, environmental stress
PLST: Normal Stress Threshold

Normal Stress Threshold

Stress

Time

Dysfunctional Behavior

Anxious Behavior

Normal Behavior
PLST: Lowered Threshold

- Normal Stress Threshold
- Dysfunctional Behavior
- Anxious Behavior

Stress over time leads to a lowered threshold for stress, resulting in dysfunctional and anxious behavior.
Increased anxiety
Night awakening
Catastrophic behaviors
“Sundowning” syndrome

More likely to occur as stress increases
PLST: Catastrophic Behaviors

- Normal Stress Threshold
- Lowered Stress Threshold

<table>
<thead>
<tr>
<th>A.M.</th>
<th>P.M.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dysfunctional Behavior</td>
<td></td>
</tr>
<tr>
<td>Anxious Behavior</td>
<td></td>
</tr>
</tbody>
</table>
PLST: Sources of Stress

- Fatigue
- Multiple competing stimuli
  - Noise, confusion
  - Television, radio, public address
  - Too many people
  - Too many things going on at once
    - Eating dinner
    - Taking medications
    - Meal-time entertainment
PLST: Sources of Stress

- Physical Stress
  - Illness, medication side-effects
  - Hunger, thirst, discomfort

- Changes
  - Caregiver
  - Routine
  - Environment
PLST: Sources of Stress

- Demands that exceed abilities
  - Decisions that are too complex
  - Tasks that are outside abilities
- Negative and restrictive feedback
  - “Don’t do that!”
  - “Your parents are dead”
  - “But this IS your house”
  - “No, you’re not going to work”
PLST: Care Planning Goal

- **GOAL** - To act like a “prosthetic device” that supports the person do what he/she is able to do
  - Interventions serve like memory “crutch” that fills in for lost abilities
  - Supports person to be autonomous in spite of lost abilities
  - Keeps stress at manageable level throughout the day
PLST: Care Planning Goal

- Normal Stress Threshold
- Lowered Stress Threshold
- Dysfunctional Behavior
- Anxious Behavior

A.M. | P.M.
PLST: Summary

Consider . . .

- Safety needs of client & other residents
- Disruptive behaviors
- Inability to participate in care
- Disturbances to other residents
- Family needs
- Increased care time and need for staff
Dementia: Incurable – Not Untreatable!

- Preserve and enhance remaining abilities
- Avoid unnecessary stress and overstimulation
- Treat illness or other complications
- Provide education and guidance for families and other caregivers