

# The Dementia Mind

John W. Daly MD

Clinical Professor emeritus

UCSD Geriatrics

# What is Dementia

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- A neural cognitive disorder:
  - Impairment in two or more cognitive areas
  - A decline in functional ability
  - Not due to the effects of a drug or other illness

# What are the main causes of dementia

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- Alzheimer's Disease
  - Dementia with Lewy Bodies
  - Frontal Temporal Dementia
  - Vascular Dementia
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# Major Cognitive Domains

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- Memory
- Language
- Executive function
- Visual spatial ability
- Calculation
- Motor Skills

# Terminology

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- Amnesia: loss of memory
  - Aphasia: language disturbance
  - Agnosia: deficit in perception
  - Apraxia: loss of learned motor skill
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# Alzheimer's Disease

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- Memory loss: usually earliest symptom
  - Rapid forgetting, episodic memory loss
- Executive Function: organization
- Language: fluent aphasia
- Perception: agnosia
- Apraxia: later stages with loss of ability to dress or feed self

# Dementia with Lewy Bodies

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- Visual spatial impairment
- Visual hallucinations
- Loss of executive function
- Parkinsonism
- Memory not usually affected till later in disease

# Frontal Temporal Dementia

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- Behavioral change
  - Loss of inhibition and social awareness
- Loss of executive function
  - Problems with decision making & planning
- Language impairment
  - Primary progressive aphasia
  - Semantic loss

# Vascular dementia

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- Language impairment
  - Expressive and/or receptive aphasia
- Executive function
  - Impaired decision making and planning
- Motor skills
  - Hemiplegia
  - Loss of coordination

# Behavioral changes from cognitive impairment

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- Memory loss
- Executive function
- Language impairment
- Agnosia

# Behavior and memory loss

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- Suspicion
  - Misplaced objects are “stolen”
  - Delusion of infidelity
- Frustration
- Panic
  - Fear of abandonment when alone
- Disorientation
  - Where am I? How did I get here?

# Consequences of Executive Function Loss

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- Ability to manage finances
- Ability to make decisions “in one’s best interest”
- Loss of insight into impaired ability
- Loss of usual role
- Frustration, denial ,anger, suspicion

# Language impairment and behavior

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- Inability to express needs or feelings (especially regarding pain or discomfort)
- Frustration, frustration, frustration
- Anger and agitation
- Being misunderstood and misunderstanding others
- Greater reliance on non-verbal cues

# Agnosia and behavior

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- Familiar people, places and situations no longer seem familiar.
- The world becomes a scary place
- Old traumatic events may be relived (PTSD)
- Fear elicits aggression and combative behavior as self preservation instinct (fight or flight response)

# Strategies for dealing with memory loss

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- Acceptance and tolerance of rapid forgetting
  - “Don’t you remember” not helpful response
- Gentle redirection
  - To a pleasant, non-threatening activity
- A reassuring supportive attitude

# Agitation and aggressiveness in late stage dementia

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- Are common and have a significant adverse impact on care
- Most frequent reason for failure of care at home or for transfer from care facility to inpatient geriatric psychiatry unit
- Have numerous biologic and environmental triggers.

# Medical conditions that cause or contribute to agitation in dementia

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- Adverse drug reaction
- Sensory impairment
- Metabolic disorders
- Infections
- Dyspnea
- Anemia
- Fecal impaction
- Urinary retention
- Pain
  - Muscle-skeletal
  - Inflammatory
  - Visceral
  - Neuropathic

# Environmental triggers to agitation and aggression

- Noisy, chaotic or confusing environment
- New environment or situation
- Confinement or restraint
- Staff or caregiver response
  - Attempts to restrain or confine patient
  - Confrontational approach
  - Loud, threatening or angry voice
  - Facial expressions

# Dealing with Aggression and Combative behavior

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- Look for the source of fear. By far the most common trigger for aggression is a fear response
- Keep voice calm, gentle and non-threatening. An angry responses increases fear
- Redirection away from situation
- Allow a “cool down” space. Do not corner.
- Be aware of personal safety

# Non-drug interventions for agitation

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- Redirection away from focus of agitation
  - Engagement in conversation or activity
  - Walk with me , talk with me
  - Avoid confrontation
  - Be flexible, creative and innovative
- Behavior mapping
  - To identify triggers and patterns of agitation
- Quiet rooms
  - Music, mood lighting, comfy chair

# Alzheimer's Disease treatment goals

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- Cure: has not been achieved
- Reverse changes: has not been achieved
- Modulate the disease course
  - Arrest disease progression: Neither have
  - Slow disease progression: been achieved
- Symptom management:
  - Currently available medications have a modest effect on disease symptoms

# What can we do for patients with Alzheimer's disease?

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- Safety and security
- Therapeutic environments
- Dignity preservation
- Symptom control
- Culturally appropriate care
- Advocacy

# General recommendations

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- Simplify drug regimen
- Evaluate need for each drug taken
- With new drug start low, go slow
- Use a few drugs well, rather than many drugs poorly
- Titrate based on response
- Close attention to adverse reactions

# Strategies to improve quality of life in later stage dementia

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- Stage appropriate activities
- Flexible schedules
  - Meals
  - Sleep pattern
- Care giver support and education
- Medication reduction
  - Less is best
- Decrease the number of physicians involved
- Pain control
- Palliative care and hospice services