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
Dementia: Essential Features

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
Dementia: 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”
Dementia: Essential Features

- 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
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
Dementia: Types

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” (i.e., delirium)

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

Drugs
Emotion
Metabolic
Endocrine
Nutrition
Trauma
Infection
Alcoholism

Like working a puzzle . . .
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
Confused: Example

- “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
- Dysfunctional Behavior
- Anxious Behavior
- Normal Behavior

Stress
Time
PLST: Lowered Threshold

Normal Stress Threshold

Stress

Dysfunctional Behavior

Anxious Behavior

Time

Anxious Behavior
PLST Behaviors

- Increased anxiety
- Night awakening
- Catastrophic behaviors
- "Sundowning" syndrome
- More likely to occur as stress increases

- Purposeful wandering
- Confusion, agitation
- Combative behavior
- Diminished reserve
PLST: Catastrophic Behaviors

Normal Stress Threshold

Lowered Stress Threshold

Dysfunctional Behavior

Anxious Behavior

A.M.

P.M.
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
  - A.M.
  - P.M.
- Dysfunctional Behavior
- Anxious Behavior
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