Recognizing Early Signs of Change & Appreciating Different Dementias

Symptom Recognition & Differential Diagnosis

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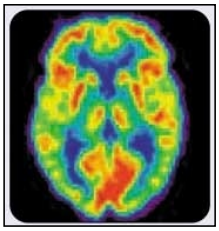
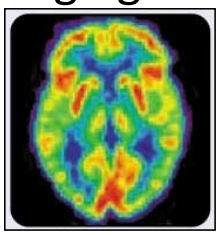
PET and Aging



PET Scan of 20-Year-Old Brain



PET Scan of 80-Year-Old Brain

ADEAR, 2003

As We Age,
WE DO NOT lose function in our Brains, UNLESS…

Something Goes Wrong with Our Brains

Other words we sometimes use…

- Senile
- Hardening of the arteries
- Crazy
- "Not right"
- "Stubborn & Ornery"
- "Losing it"
- "Just getting old"
- "Not trying"
- More forgetful
- "Pleasantly confused"

What is the Difference Between Forgetfulness & Memory Loss that Comes with Dementia?

Is there a CLEAR Difference?

YES!!!!

BUT, Couldn't It Just Be Forgetfulness or Getting Old?

- There is a difference
- At first it may be hard to tell
- Then you start to notice patterns
- One of these things start to show changes…
  - Memory - Problem solving
  - Word finding - Behavior

What is it NOT…

NORMAL Aging

- Slower to think
- Slower to do
- Hesitates more
- More likely to 'look before you leap'
- Know the person but not the name
- Pause to find words
- Reminded of the past
- For you, its harder…

NOT Normal Aging

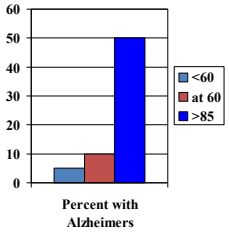
- Can't think the same
- Can't do like before
- Can't get started
- Can't seem to move on
- Doesn't think it out at all
- Can't place the person
- Words won't come – even later
- Confused about past versus now
- For you it's VERY DIFFERENT

Ten Early Warning Signs

- memory loss for recent or new information – repeats self frequently
- difficulty doing familiar, but difficult tasks – managing money, medications, driving
- problems with word finding, mis-naming, or mis-understanding
- getting confused about time or place - getting lost while driving, missing several appointments
- worsening judgment – not thinking thing through like before
- difficulty problem solving or reasoning
- misplacing things – putting them in 'odd places'
- changes in mood or behavior
- changes in typical personality
- loss of initiation – withdraws form normal patterns of activities and interests

How common is dementia?

- The risk goes up dramatically with increasing age
- America is aging
- Various dementia will increase by 300% over the next 50 years… without medical advances & life style changes



What Could It Be?

- Another chronic medical condition developing
- Depression or other mental health issue
- Delirium – acute/rapid onset
- Medication – toxicity, interaction, side-effects
- Undetected hearing loss or vision loss
- Severe but unrecognized pain or central acting pain meds
- Other things…

Drugs that can affect cognition

- Anti-arrhythmic agents
- Antibiotics
- Antihistamines - decongestants
- Tricyclic antidepressants
- Anti-hypertensives
- Anti-cholinergic agents
- Anti-convulsants
- Anti-emetics
- Histamine receptor blockers
- Immunosuppressant agents
- Muscle relaxants
- Narcotic analgesics
- Sedative hypnotics
- Anti-Parkinsonian agents

Washington Manual Geriatrics Subspecialty Consults edited by Kyle C. Moylan (pg 15) – published by Lippencott, Wilkins & Williams , 2003

Cognitive Changes with Aging

- Normal changes = **more forgetful & slower to learn**
- MCI – Mild Cognitive Impairment =
  - Immediate recall, word finding, or complex problem solving problems (½ of these folks will develop dementia in 5 yrs)
- Dementia = **Chronic thinking problems in > 2 areas**
- Delirium =**Rapid changes in thinking & alertness**
  (seek medical help immediately)
- Depression **= *chronic unless treated, poor quality , I "don't know", "I just can't" responses, no pleasure***
  can look like agitation & confusion

Mimics of Dementia

- Depression
  - can't think
  - can't remember
  - not worth it
  - loss of function
  - mood swings
  - personality change
  - change in sleep
- Delirium
  - swift change
  - hallucinations
  - delusions
  - on & off responses
  - infection
  - toxicity
  - dangerous

Understanding the Different Dementias:

One Size Does Not Fit All!

Not normal … changes starting

- Inconsistent
- Worse when tired or sick OR in unfamiliar or uncomfortable setting

MCI

- The beginning of NOT NORMAL COGNITION
  - Memory
  - Language
  - Behavior
  - Motor skills
- Not life altering – BUT definitely different… for you

Ten Early Warning Signs – for Alzheimers & ***some*** other dementias

- memory loss for recent or new information – repeats self frequently
- difficulty doing familiar, but difficult tasks – managing money, medications, driving
- problems with word finding, mis-naming, or mis-understanding
- getting confused about time or place - getting lost while driving, missing several appointments
- worsening judgment – not thinking thing through like before
- difficulty problem solving or reasoning
- misplacing things – putting them in 'odd places'
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Is This ALWAYS Alzheimers?

- Some form of DEMENTIA
- Symptom of another health condition
- Medication side-effect
- Hearing loss or vision loss
- Depression
- Delirium
- Pain-related

Dementia
Delirium
Depression

What's What?

What's What – For Each D

- Onset
- Hx & Duration
- Alertness & Arousal
- Orientation responses
- Mood & Affect
- Causes
- Treatment for the cause/condition
- Treatment for the behavioral symptoms

Delirium

- Onset – sudden - hours to days
- Duration – 'cured' or 'dead' - short
- Alertness & Arousal – fluctuates, hyper or hypo-
- Orientation responses – highly variable
- Mood & Affect – highly variable - dependent
- Causes – physiological physical, psychological
- Tx condition – ID & Treat what is WRONG
- Tx behavior – manage for safety only – short term only, don't mask symptoms

Depression

- Onset – recent - weeks to months
- Duration – until treated or death – mnths-yrs
- Alertness & Arousal – not typically changed
- Orientation responses – "I don't know", "I can't say", "Why are you bothering me with this, "I don't care"
- Mood & Affect – flat, negative, sad, angry
- Causes – situational, seasonal or chemical
- Tx of condition – meds, therapy, physical activity
- Tx of behavior – schedule & environmental support, help – combined with meds

Dementia

- Onset – gradual – months to years
- Duration – progressive till death
- Alertness & Arousal – gradual changes
- Orientation responses – right subject, but wrong info, angry about being asked, or asks back
- Mood & Affect – triggered changes
- Causes – brain changes – 60-70 types
- Tx – chemical support – AChEIs & glut mod
- Tx behavior- environment, help, activity, drugs

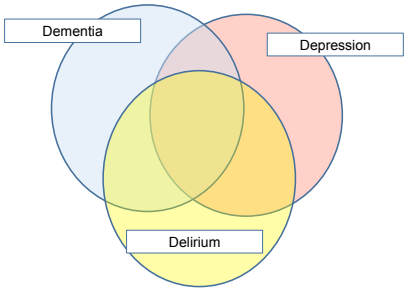
Determine **First** – Is this Dementia, Depression, OR Delirium?

- Delirium can be dangerous & deadly
- Get a good behavior history – look for change
- Assess for possible PAIN or discomfort
- Assess for infections
- Assess for med changes or side effects
- Assess for physiological issues – dehydration, blood chemistry, O_2 sat

2nd –
Is it Dementia or Depression

- Depression is treatable
- Many elders with 'depression' describe themselves as having 'memory problems' or having 'somatic' complaints
- Look for typical & atypical depression
- Look for changes in appetite, sleep, self-care, pleasures, irritability, 'can't take this', movement, schedule changes

The Real Three D's



REALITY…

- Its NOT 3 clean or neat categories
- The 3 are MIXED together
- Which 'D' is causing what you are seeing NOW?
- Are all three D's being addressed?
  - Immediate
  - Short-term
  - Long-term

What Could It Be?

- Another medical condition
- Medication side-effect
- Hearing loss or vision loss
- Depression
- Acute illness
- Severe but unrecognized pain
- Other things…

If it looks like dementia…

- Explore possible types & causes
- Explore what care staff & family members know and believe about dementia & the person
- Determine stage or level compared with support available & what we are providing
- Seek consult and further assessment, if documentation does NOT match what you find out

Screening Options

- OLD – MMSE
- New
  - AD-8 Interview
  - SLUMS – 7 minute screen
  - SAGE – self-administered
  - Animal fluency – 1 minute # of animals
  - Clock Drawing – 2 step
  - Full Neuropsychological testing panel

AD8 Dementia Screening Interview

- Does your family member have problems with judgment?
- Does your family member show less interest in hobbies/activities?
- Does your family member repeat the same things over and over?
- Does your family member have trouble learning how to use a tool, appliance, or gadget ?
- Does your family member forget the correct month or year?
- Does your family member have trouble handling complicated financial affairs ?
- Does your family member have trouble remembering appointments?
- Does your family member have daily problems with thinking or memory?
- Scores:

  Changed, Not Changed, Don't Know

Animal Fluency

- Name as many animals as you can
- Give one minute – (don't highlight time limit)
- Count each animal named (not repeats)
- Establish Baseline versus Normal/Not Normal
  - 12 normal for > 65 and 18 for <65
  - Compare you to you OVER time

Clock Drawing

- Give a BIG circle on a blank sheet of paper
- Ask to draw the face of a clock - put in the numbers
- Watch for construction skills & outcome
- Ask to put hands on the clock to indicate 2:45
- Watch for placement and processing
- Scoring: 4 possible points
  - 1-12 used correct quadrants
  - minute hand correct hour hand correct

SLUMS

- Orientation – day of week, month, state (3)
- Remember 5 items – ask later (5)
- $100 – buy apples $3 and Trike $20
  - What did you spend? What is left? **(2)**
- Animal fluency (0-3) (<5, 5-9, 10-14, >14)
- Clock drawing (4) – numbers in place, time right
- Number reversals (2) – 48 – say 84…
- Shapes (2) – ID correct, which is largest
- Story recall (8) – recall of info from a story – 4?s

SLUMS - rating

High School Education

- 27-30 – Normal
- 21-26 – MNCD (MCI)
- 1-20 - Dementia

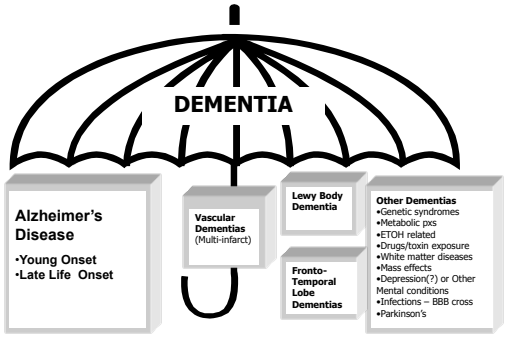
Less than High School

- 25-30 – Normal
- 20-24 – MNCD (MCI)
- 1-19 - Dementia

Dementia – What Changes?

- Structural changes –permanent
  - Cells are shrinking and dying
- Chemical changes - variable
  - Cells are producing and sending less chemicals
  - Can 'shine' when least expected – chemical rush

Dementia
does not equal
Alzheimers
does not equal
memory problems

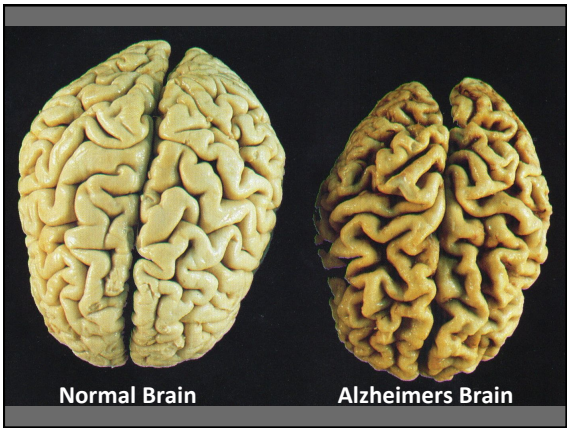


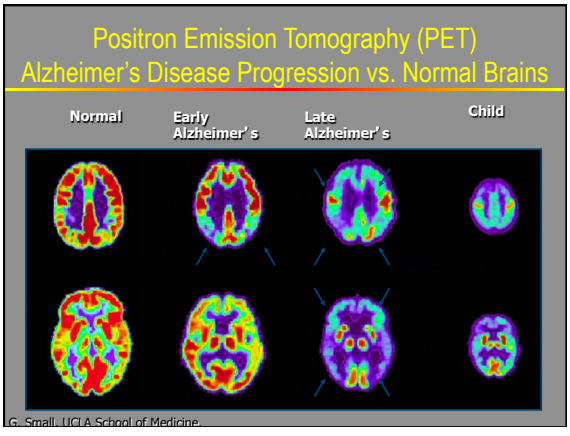
Four Truths About Dementia

- **At least 2 parts of the brain are dying**
  - **One related to memory & the one other**
- **It is chronic – can't be fixed**
- **It is progressive – it gets worse**
- **It is terminal – it will kill, eventually**

Alzheimer's –Two Forms

Young/Early Onset
Late Life Onset





Young Onset

- Groups – genetic, Down, head injury, life style, +
- Young family – kids often involved
- Mis-diagnosis & non–diagnosis is common
- Work may be first place to notice
- Relationships are strained early - misunderstood
- Services are a problem – usually
- Finances are problematic
- Executive decision making & sequencing DOWN

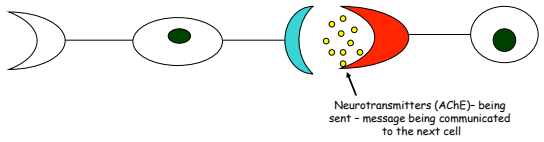
Alzheimer's

- New info lost
- Recent memory worse
- Problems finding words
- Mis-speaks
- More impulsive or indecisive
- Gets lost
- Notice changes over 6 m – 1 yr
- Lasts 8-12 years

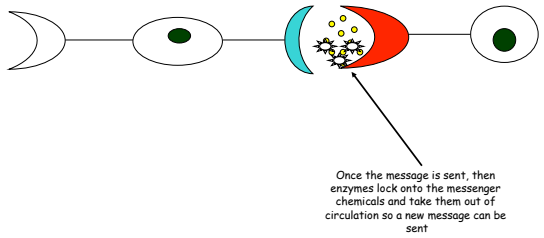
Typical treatment for Alzheimers

- Start with AChEI as soon as diagnosis is made
- If side-effects are too much – try another one
- Stay on the AChEI until --- 2 groups of thought
  - Placement in a 'facility'
  - Considering other med stops – near end
- Add Namenda – mid-stage disease
- Stay on Namenda – as above

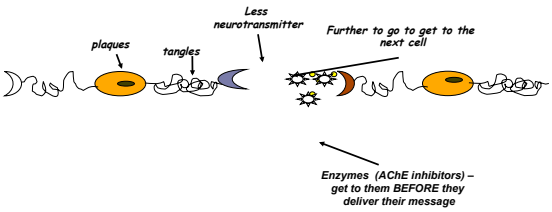
Normal Brain Cells



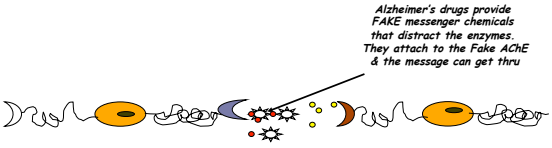
Normal Brain Cells



Brain Cells with Alzheimer's



What do Alzheimer's drugs DO?



Aricept, Exelon, Reminyl (Razadyne)

One Other Dementia Drug

- Memantine - Namenda
  - from Europe - 10 years of research
  - came 4.5 years ago to the US
  - different effect
  - moderates glutamate absorption
  - Works best in combination with AChE inhibitors

Vascular Dementias

Secondary
Old term – MID
Many variations
CADASIL - genetic

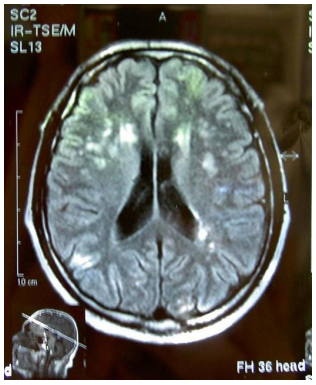
Vascular Dementia

- Sudden changes – stepwise progression
- Other conditions: DB, HTN, heart disease
- So, damage is related to blood supply/not primary brain disease: treatment can plateau
- Picture varies by person (blood/swelling/recovery)
- Can have bounce back & bad days
- Judgment and behavior 'not the same'
- Spotty loss (memory, mobility)
- Emotional & energy shifts

Vascular dementia

CT Scan

The white spots indicate dead cell areas - mini-strokes



Latest Thinking About Vascular Treatment?

- Lots of similarity with Alzheimer's
- Manage blood flow issues CAREFULLY!
- Watch for and manage depression

Lewy Body Dementia

- Movement problems - Falls
- Visual Hallucinations – animals, children, people
- Fine motor problems – hands & swallowing
- Episodes of rigidity & syncopy
- Nightmares or Insomnia
- Delusional thinking
- Fluctuations in abilities
- Drug responses can be extreme & strange
  - Can become toxic, can die, can become unable to move
  - Can have an OPPOSITE reactions

Latest Thinking about Lewy Body Treatment

- Try AChIs – Start Low & Go Slow
- Then Try Namenda early – Start Low & Go Slow
- BE VERY careful about anti-psychotic meds – (**not** Haldol)
  - Balancing movement losses & aid to function – not working?
- Parkinson's meds – may/may not help movement BUT may make hallucinations and delusions worse
- Anti-depressants – may be used to help anxiety, sleep, & depression – can increase confusion, movement & drowsing
- Sleep aids or Anti-anxiety meds – can cause paradoxical rxs

Fronto-Temporal Dementias

- Many types – Typically Younger Onset
- Frontal – impulse and behavior control loss (not memory issues)
  - Says unexpected, rude, mean, odd things to others
  - Dis-inhibited – food, drink, sex, emotions, actions
  - OCD type behaviors
  - Hyperorality
- Temporal – language loss
  - Can't speak or get words out
  - Can't understand what is said, sound fluent – nonsense words

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FTDs

- FvFTD – frontal variant of FTD
- FTD – frontal-temporal lobe dementia
- TLD – non-fluent aphasia
- TLD – fluent aphasia
- CTE – chronic traumatic encephalopathy

FvFTD

- Mis-behavior
- Impulsivity
- Dis-inhibition
- Inertia
- Obsessive compulsive behaviors
- Inattention
- Lack of social awareness
- Lack of social sensitivity
- Lack of personal hygiene
- Becomes sexually over-active or aggressive
- Becomes rigid in thinking
- Stereotypical behaviors
- Manipulative
- Hyper-orality
- Language may be impulsive but unaffected OR may be reduced or repetitive

FTD (Pick's Disease)

Frontal Issues

- Poor decision making
- Problems sequencing
- Reduced social skills
- Lack of self-awareness
- Hyper-orality
- Ego-centric
- Dis-inhibited – food, drink, words, actions
- OCD behaviors early
- Excessive emotions

Temporal Issues

- Reduced attempts to talk
- Reduced content in speech
- Poor volume control
- Public use of 'forbidden words'
- Sing-song speech
- Can't understand others' words

Temporal Lobe
Non-Fluent Aphasia

- Can't NAME items
- Hesitant speech
- Not speaking
- Worsening of speech production over time
- Echolalia
- Mis-speaking
- Word salad
- Receptive inability
- Other skills intact – early
- 25% never develop global dementia

Temporal Lobe
Fluent Aphasia

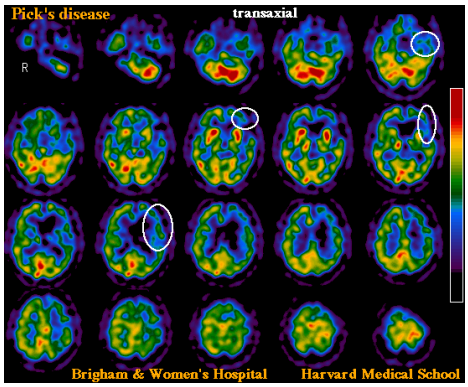
- Has smooth delivery
- More nonsense words
- Word salad
- May think they make sense
- Expect rhythm back
- Fixates on a few phrases
- Chit-chats if enjoying company
- Volume control varies – limited awareness of others' needs
- There are frequently 1-2 'value words' mixed in to speech
- Picks up on 'value words' they hear – they then connect & want to talk more

Chronic Traumatic Encephalopathy

- Caused by repeated head injuries or concussions – doesn't happen to all
- Symptoms
  - Frontal lobe issues
  - Temporal lobe issues
  - Sometimes rapid progression into 'Alzheimer' patterns
  - Sometimes rapid progression into FTD pattterns

Pick's Disease

PET Scan



Latest Thinking About FTD Treatments

- Consider Namenda earlier
- Look at SSRI medications
- May use medications used to treat OCD
- May NOT use AChI Medications

What if it doesn't seem to be one of these?

- Atypical or other dementias
- Mixed picture

Other Dementias

- Genetic syndromes – Huntington's Chorea
- ETOH related – Wernickes or Korsakoffs
- Drugs/toxin exposure – heavy metals, pesticides
- White matter diseases - MS
- Mass effects – tumors & NPH
- Depression and Other Mental Conditions
- Infections – BBB cross – C-J, HIV/Aids, Lyme
- Parkinson's – 40% about 5-8 yrs in
- Progressive Supranuclear Palsy

Alcohol-Drug Related Dementia

May be called - Wernicke's & Korsakoffs syndrome

- Possibly caused by neurotoxicity &/or Vitamin B1 & thiamine deficiency
- Common Symptoms
  - Decreased ability to learn 'new'
  - Decreased interest in valued activities, people, life
  - Impaired judgment and decision making
  - Emotional lability or apathy
  - Problems with balance and coordination
  - Problems with social control and behaviors
  - Problems with initiation & termination

Dual Diagnosis – Young Dementia

- Underlying psychiatric illness
  - Diagnosed and treated
  - Undiagnosed but suspected
  - Undiagnosed and unrecognized
- Newer onset of symptoms of dementia
  - Diagnosed and treated
  - Undiagnosed but suspected
  - Undiagnosed and unrecognized

Mixed picture

- Can have multiples
- can start with one and add another
- Can have some symptoms – not all
- Also can have other life-long issues and then develop dementia (Down's, Mental illness, personality disturbances, substance abuse)

Latest Thinking About FTD Treatments

- Consider Namenda earlier
- Look at SSRI medications
- May use medications used to treat OCD
- May NOT use AChI Medications

So, You are NOTICING CHANGES…

What Should You DO?
Get it assessed –
Go see the doctor!

Why Bother Getting a Good/ Complete Diagnosis

- Future plans
  - Progression & prognosis
  - Finances
  - Health
- Being in control
- Medications can make a difference in quality of life

So, You are NOTICING CHANGES…

What Should You DO?

Get it assessed –

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Building Caregiver Skills & Knowledge

- Understand dementia & its progression
- Know how symptoms affect behavior
- Describe needs connected to behavior
- Optimize interaction skills

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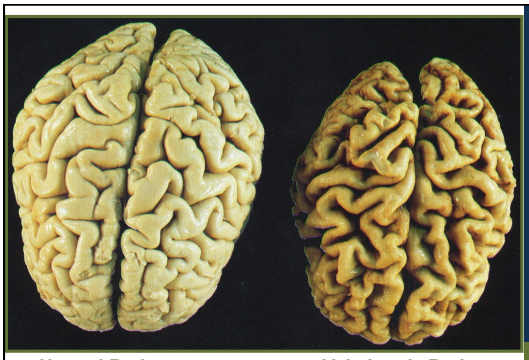

Normal Brain Alzheimer's Brain

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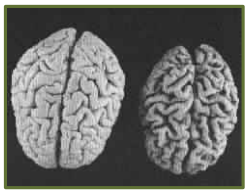
Brain atrophy



- the brain actually shrinks
- cells wither then die
- abilities are lost
- with Alzheimer's area of loss are fairly predictable
- … as is the progression
- BUT the experience is individual…

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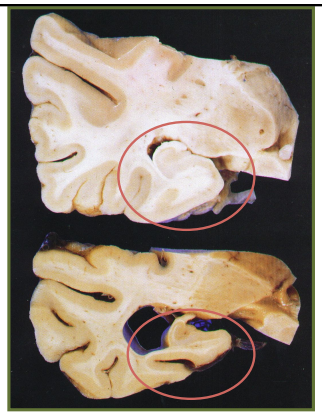

Learning &

Memory

Center

Hippocampus

BIG CHANGE

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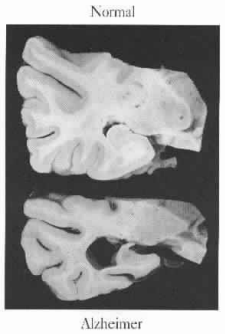
Memory Loss



- Losses
  - Immediate recall
  - Attention to selected info
  - Recent events
  - Relationships
- Preserved abilities
  - Long ago memories
  - Confabulation!
  - Emotional memories
  - Motor memories

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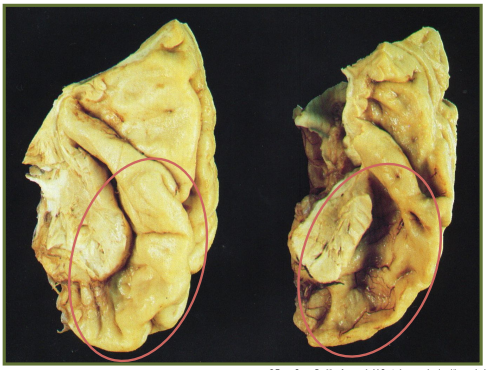
Understanding Language – BIG CHANGE



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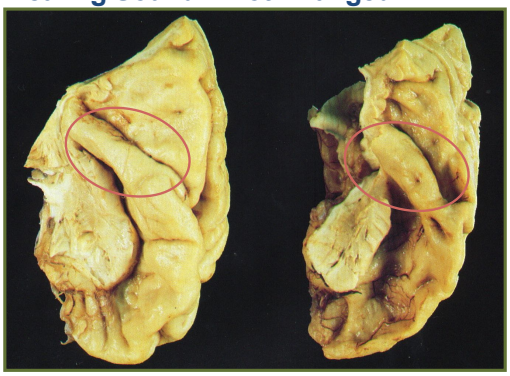
Hearing Sound – Not Changed



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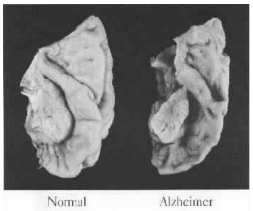
Understanding

- **Losses**
  - Can't interpret words
  - Misses some words
  - Gets off target
- **Preserved abilities**
  - Can get facial expression
  - Hears tone of voice
  - Can get some non-verbals
  - Learns how to cover



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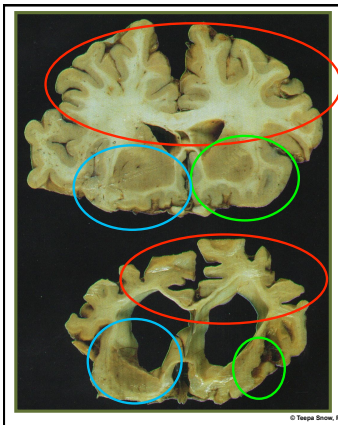

Sensory Strip
Motor Strip
White Matter Connections
BIG CHANGES

Automatic Speech
Rhythm – Music
Expletives
PRESERVED

Formal Speech & Language Center
HUGE CHANGES

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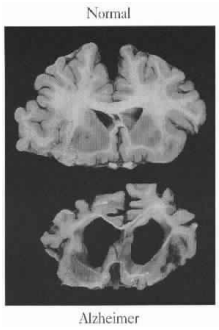
Sensory Changes

- Losses
  - Awareness of body and position
  - Ability to locate and express pain
  - Awareness of feeling in most of body
- Preserved Abilities
  - 4 areas can be sensitive
  - Any of these areas can be hypersensitive
  - Need for sensation can become extreme



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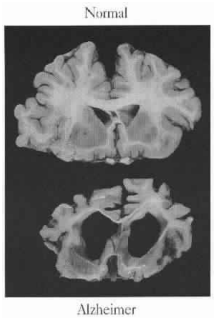
Self-Care Changes

- Losses
  - initiation & termination
  - tool manipulation
  - sequencing
- Preserved Abilities
  - motions and actions
  - the doing part
  - cued activity



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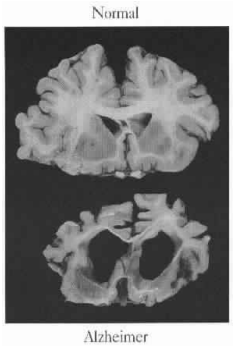
Language



- Losses
  - Can't find the right words
  - Word Salad
  - Vague language
  - Single phrases
  - Sounds & vocalizing
  - Can't make needs known
- Preserved abilities
  - singing
  - automatic speech
  - Swearing/sex words/ forbidden words

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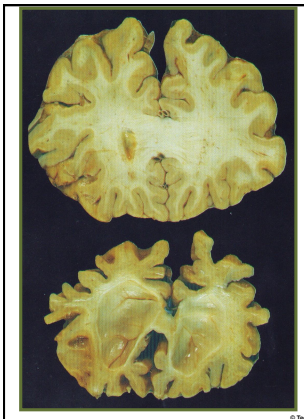

Executive Control Center
Emotions
Behavior
Judgment
Reasoning

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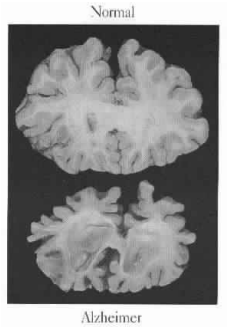
Impulse & Emotional Control

Losses
- becomes labile & extreme
- think it - say it
- want it - do it
- see it - use it

Preserved
- desire to be respected
- desire to be in control
- regret after action



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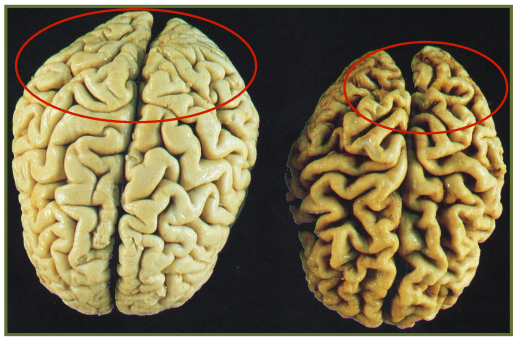
Vision Center – BIG CHANGES



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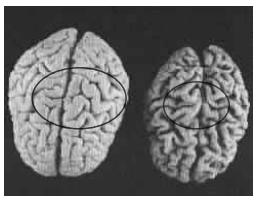
Vision



- Losses
  - Edges of vision – peripheral field
  - Depth perception
  - Object recognition linked to purpose
  - SLOWER to process – scanning & shifting focus
- Preserved
  - 'see' things in middle field
  - Looking at… curious

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What Should Happen When Going to See the Doctor?

If you are concerned but <65

- Screening of your thinking
- Simple ones
  - Animal fluency
  - Orientation &3 item recall
  - Clock drawing
- Short but helpful
  - MMSE
  - SLUMS
- Open discussion about who, what when, where, why?

If you are >65

- Screening of your thinking
- Simple ones
  - Animal fluency
  - Orientation &3 item recall
  - Clock drawing
- Short but helpful
  - MMSE
  - SLUMS
- Open discussion about who, what when, where, why?

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If the Screen Indicates Concerns…

- R/O other 2 D's, Look at Meds
- Complete work-up & follow up

OR

- Send for a full Neuro-psychological eval
- THEN follow up with you

OR

- Refer to a specialist

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Try to get a Work-Up – A Diagnosis

- Two possible situations…
  - Aware and cooperative
  - Not aware and NOT interested or willing

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Getting a Diagnosis

What Should Happen?
What Should NOT?

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What Should be DONE…

- A complete physical, medical, & psychological history
- A good history from the person and the family of the 'problem'
- A thorough PE neurological & cardiac exams with blood work
- A complete medication review
- Imaging study (CT, MRI, PET)
- Neuropsychological testing – what works and what doesn't
- FOLLOW-UP and counseling or at least a referral

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What Should We Do If We Suspect Something Might Be Happening?

- Be supportive
- Be an ADVOCATE
- Work Out Health Care Support – HC-PoA
- Check with Your Doctor – Raise Your Concern
- Consider a Neuropsychological Assessment
- Consider Seeing a Specialist – geriatrician, neurologist, gero-psychiatrist

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When Should You Consider getting a Second Opinion?

- When what we talked about didn't happen
- When you feel un-listened to about concerns
- When you are not offered options that seem reasonable
- When you think or feel that the MD is not skilled enough to do a good job of managing this
- When it is an atypical dementia

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Intervention & Programming to:

- physical activity
- mental activity
- social activity
- spiritual involvement
- well-being and self-worth
- minimize 'risky', challenging, or 'dangerous behaviors
- reduce anxiety or distress

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Latest Thinking About Risk Reduction…

Help…

- Mental activity
- Aerobic activity
- Enough vitamins E & C
- Heart Smart Diet
- Omega 3 fatty acids
- Lower weight
- Not smoking
- Avoiding head injuries
- Getting enough sleep
- De-stressing

Help…

- Statins (if needed)
- NSAIDS (if needed)
- Keeping iron in limits
- Keeping homocysteine 'right' – Vitamin B's
- Staying socially active
- Getting depression treated
- Control diabetes better
- Control hypertension better

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Family and Caregivers…

- Take care of yourself
- Understand the symptoms & progression
- Skills in support & caregiving
- Skills in communication & interactions
- Understand the condition
- Identify & use resources
- Set limits for yourself

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Support Groups for -

- people with various types of dementia
- care givers – by dementia type
- family members – by dementia type
- those recovering from the loss of the person they have cared for

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Community Resource Development

- Programs
- Volunteers
- Funding
- Options

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So… What is Dementia?

- It changes everything over time
- It is NOT something the person can control
- It is NOT always the same for every person
- It is NOT a mental illness
- It is real
- It is hard at times

Dementia can be treated

- With knowledge
- With skill building
- With commitment
- With flexibility
- With practice
- With support
- With compassion

How to Get Started…

- Be Honest …
- What is Going on NOW?
- Get someone to help you look at it
- Talk about 'what is' …
  - The GOOD
  - The BAD
  - The UGLY!

Different Dementias

Does It Matter?

What Do You Think?