

Caring for a Patient or Family Member with Alzheimer's Disease or Related Dementia

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Disclaimers

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Content

- Dementia definition
- Types of dementia
- Treatment
- Behavioral changes and management
- Harmful medications
- Respite and caregiver support
- Resources

Dementia Defined

- Decline in mental ability
 - Memory loss
 - Language problems
 - Trouble making decisions
- Interferes with daily activities.
- Symptoms come on slowly and get worse over time.

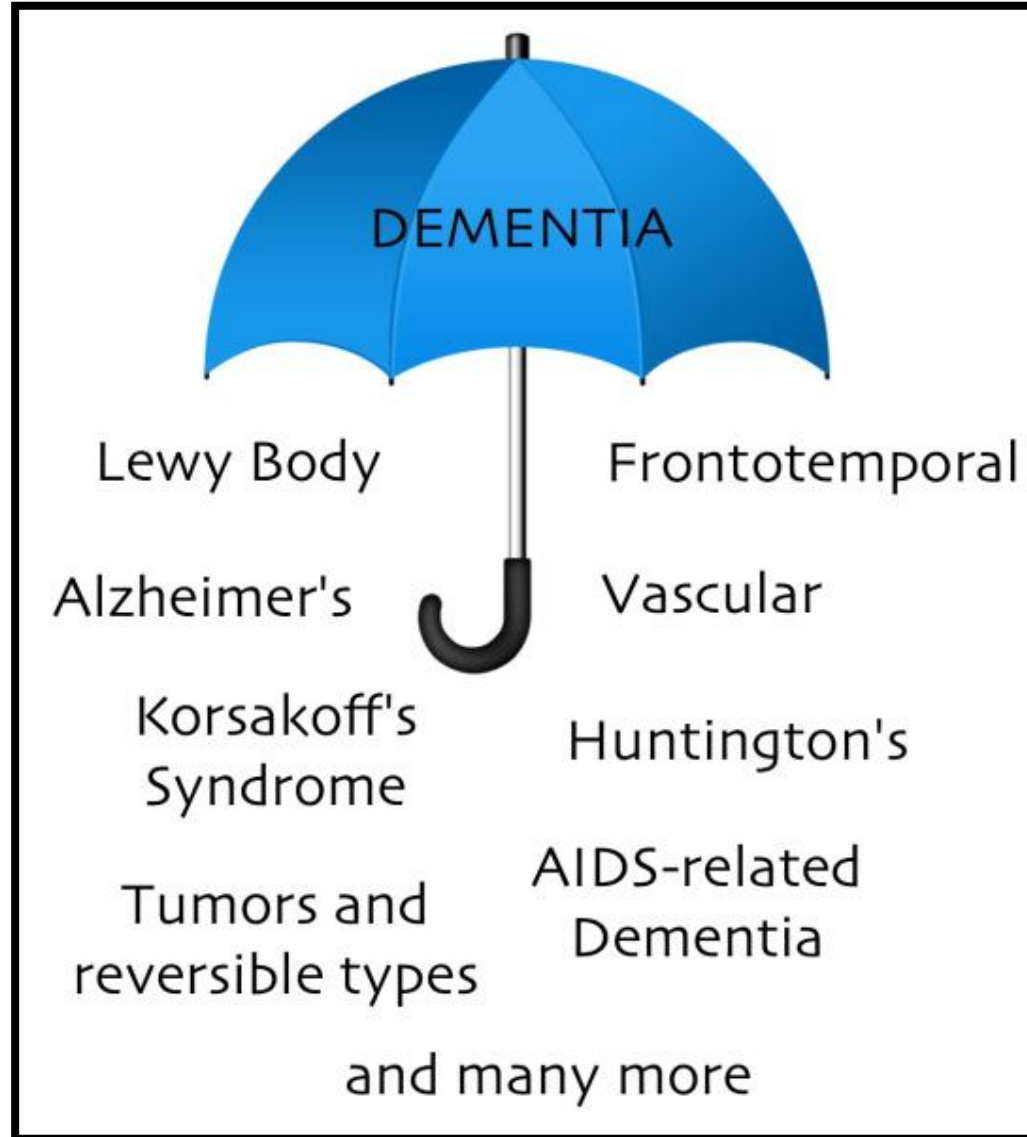
WHAT'S THE DIFFERENCE?

Signs of Alzheimer's/dementia	Typical age-related changes
Poor judgment and decision-making	Making a bad decision once in a while
Inability to manage a budget	Missing a monthly payment
Losing track of the date or the season	Forgetting which day it is and remembering later
Difficulty having a conversation	Sometimes forgetting which word to use
Misplacing things and being unable to retrace steps to find them	Losing things from time to time

Four Truths of Dementia

1. At least two parts of the brain are dying
 - One related to memory plus others
2. It is chronic and cannot be cured
3. It is progressive and will get worse
4. It is terminal

The Many Causes of Dementia



Four Common Types of Dementia

Alzheimer's Disease

Vascular Dementia

Lewy Body Dementia

Frontotemporal Dementia

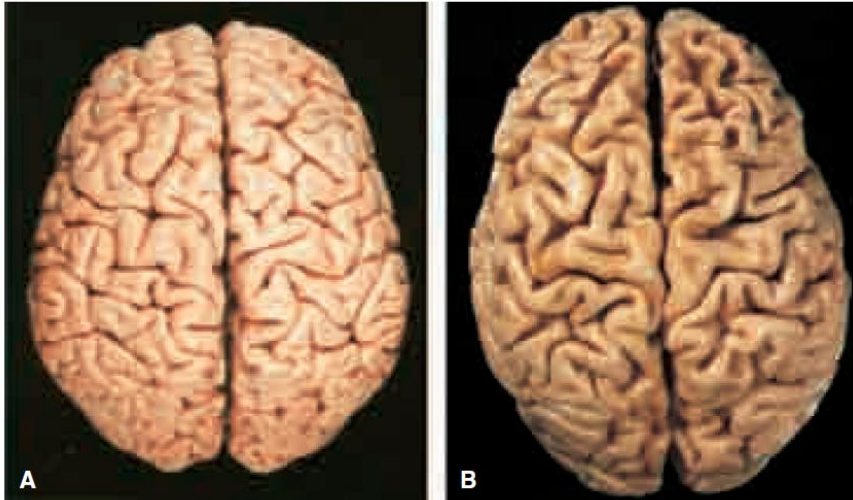
Alzheimer's Disease

- Most common type of dementia
- Accounts for 60-80% of all dementia
- Caused by amyloid plaques and tau tangles

The Brain in Alzheimer's Disease

772 ESSENTIALS OF RUBIN'S PATHOLOGY

FIGURE 28-48. Cortical atrophy. A normal brain is shown on the left (A) and a brain with cortical atrophy caused by Alzheimer disease is shown on the right (B) with thinning of the gyri and prominent sulci.



Normal

Alzheimer's



FIGURE 28-49. Cerebral atrophy with hydrocephalus ex vacuo in Alzheimer disease. Note also the severe atrophy of the hippocampus (arrows) leading to early memory disturbances in this disease.

Symptoms of Alzheimer's Disease

Cognitive Symptoms

- Memory: New information
- Language
- Thinking
- Reasoning

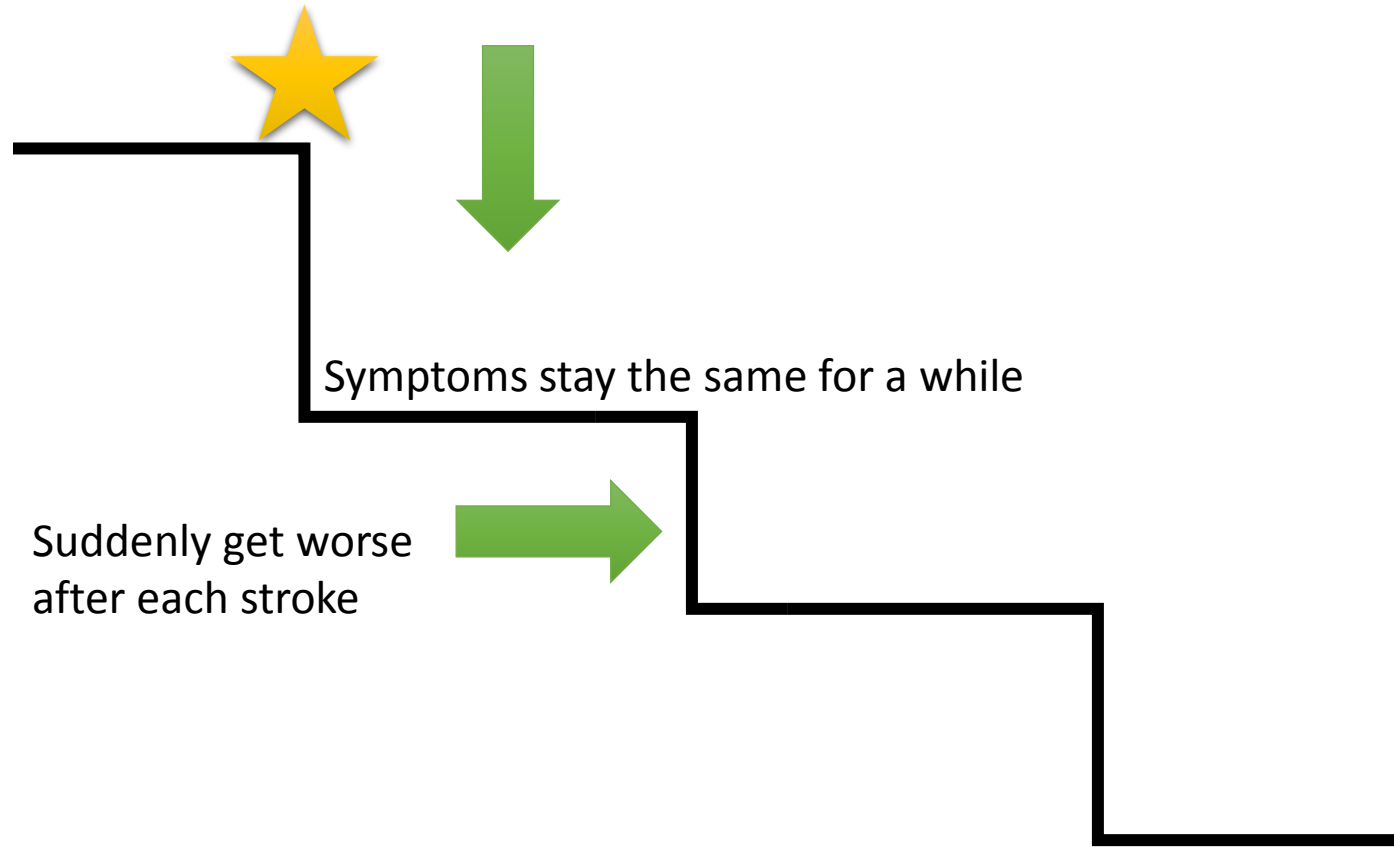
Behavioral Symptoms

- Early Stages
 - Irritability
 - Anxiety
 - Depression
- Late Stages
 - Sleep problems
 - Hallucinations
 - Agitation

Vascular Dementia

- Accounts for 10% of dementia
- Caused by many strokes over time that block blood flow to parts of brain
- Stair-step decline in cognitive function
- Symptoms depend on where the strokes occur

Step-Wise Decline in Vascular Dementia



Lewy Body Dementia

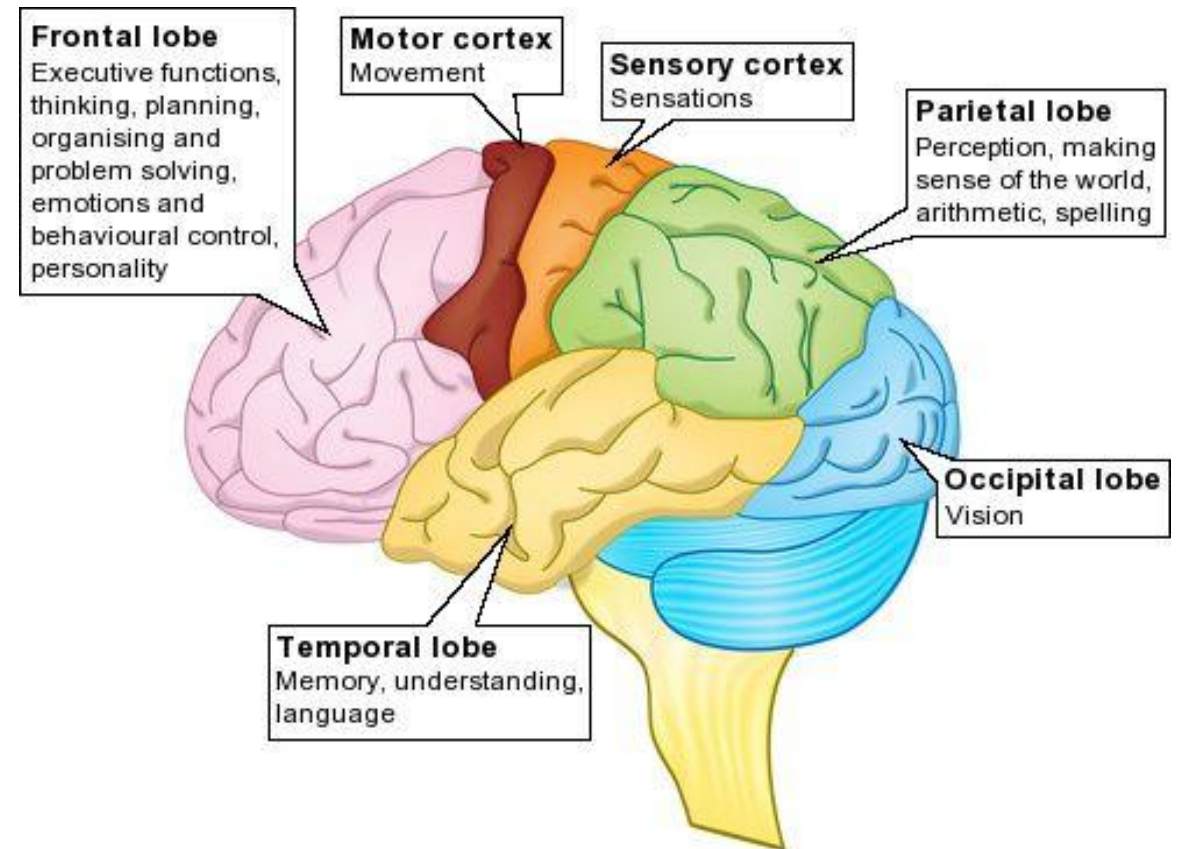
- Accounts for 10-25% of all dementia cases
- Specific cause remains unknown
 - Buildup of proteins in the different parts of the brain
- Can be similar to Parkinson's disease and Parkinson's dementia
 - Lewy Body: Movement symptoms and dementia around the same time
 - Parkinson's Disease: Movement symptoms first, dementia much later

Symptoms of Lewy Body Dementia

- Confusion
- Trouble making decisions
- Seeing things that aren't really there
- Nightmares
- Memory loss
- Stiffness
- Poor balance
- Dizziness
- Falls
- Incontinence

Frontotemporal Dementia

- Personality
 - Loss of insight and emotional control
- Language
 - Difficulty understanding others, trouble with words, reading difficulty



Treatment of Dementia

- Behavioral management!
- Medications available for treatment of Alzheimer's Disease
- Weigh the risks and benefits of these medications with a physician
- Goal of future treatments: target changes in the brain, rather than only decreasing symptoms

Personality and Behavioral Changes

- Getting upset, worried, or angry more often
- Depression, anxiety, lack of interest
- Hiding things
- Paranoia
- Wandering
- Hitting
- Aggression
- Misunderstanding what he or she hears or sees

Consider Their Point-of-View

- It is important to understand that you will not be able to change the person suffering from Dementia.
- Find a way to adapt and interact with your loved one.
- They might feel:
 - Sadness
 - Fear
 - Stress
 - Confusion
 - Anxiety

Non-Drug Treatment

1. Identify the behavior
2. Understand the cause
3. Change the environment to help the situation

Trigger of Behavioral Change

Environmental Changes

- Caregiver change
- Change in living arrangements
- Travel
- Hospitalization
- Houseguests
- Bathing/Changing clothes

Medical Causes

- Pain
- Infection
- Delirium
- Medications
- Constipation
- Urinary retention

Preventing Agitation

Create a calm environment

- Reduce noise
- Remove stressors
- Change your expectations
- Limit caffeine
- Exercise
- Soothing rituals
- Gentle reminders

Monitor Personal Comfort

- Check for pain, hunger, thirst
- Check for constipation, full bladder
- Check for skin irritation
- Be sensitive to their frustration

During an Episode of Agitation

What to do

- Ask permission
- Approach slowly from the front
- Use calm, positive statements
- Validation
- Give options
- Distraction
- Say “I’m sorry”
- Say “I know it’s hard”

What not to do

- Raise voice
- Take offense
- Corner, crowd, restrain
- Argue, reason, shame
- Force, explain, show alarm
- Make sudden movements out of person’s view

Delirium: Symptoms and Risk Factors

- Advanced Age
- Dementia
- Dehydration
- **Infection**
- **Medications**
- Hospitalization
- Surgery
- Low blood sugar

Key Symptoms	Treatment
Sudden onset of changes in thinking	Treat the cause
Unable to pay attention	Keep familiar people with them in hospital
Confusion	Awake during day, sleep at night



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How to Recognize Delirium



https://www.youtube.com/watch?v=hwz9M2jZi_o

Beers Criteria

- List of potentially harmful medications for older adults developed by American Geriatrics Society
- Medications to be avoided in Dementia
 - Anticholinergic drugs
 - Benzodiazepines
 - Hypnotics
 - Antipsychotics

Anticholinergic Medications: Can increase risk of falls, dementia, delirium

1st generation antihistamines

- Bendaryl (diphenhydramine)
- Atarax, Vistaril (hydroxyzine)

Antidepressants

- Tricyclics: amitriptyline, nortriptyline, imipramine
- paroxetine

Urinary incontinence medications

- Oxybutynin
- Detrol, Vesicare

Side effects include confusion, dry mouth, constipation, urinary retention, sedation, memory impairment

Benzodiazepines

- Alprazolam, lorazepam, diazepam, clonazepam, temazepam, oxazepam
- Used to treat anxiety, insomnia, alcohol withdrawal
- Can cause drowsiness, memory problems
- If they have to be used, should be at the lowest dose that works

Lorazepam Oxazepam

Temazepam

Remember “LOT” These are preferred as they are shorter acting and better metabolized by older adults

Sleep medications and Antipsychotics

Hypnotics

- Ambien (Zolpidem) most common
- Used for treatment of insomnia
- Side effects
 - Headache, drowsiness, dizziness
 - Increased risk for falls and delirium
 - FDA alert regarding increased risk of morning impairment

Antipsychotics

- Sometimes used to treat agitation in dementia and delirium
- **Haloperidol**, risperidone, olanzapine, quetiapine are common examples
- Black-Box Warning

A Message to Caregivers



<https://www.youtube.com/watch?v=Yd7uycTX7mg>

Remember to Focus on what is Maintained

- How things or people used to be
- Emotional Memories
- Desire to be respected
- Desire to be in control
- Need for things to “make sense” from MY perspective
- Social chit-chat
- Music and rhythmical speech
- Expletives
- Non-verbal
 - Facial expressions (until severe)
 - Gestures
 - Body language



Art



Music



Dance

Caregivers



- Caring for a loved one with dementia can be overwhelming
- People with dementia living with highly stressed caregivers may have more behavioral problems and agitation

Respite Resources

- Family, Friends, Volunteers, Adult Day Services
 - NC Department of Health and Human Services Website provides a listing of Adult Day Services by county.

<https://www.ncdhhs.gov/assistance/adult-services/adult-day-services>

- NC Division of Aging and Adult Services

<https://www.ncdhhs.gov/divisions/daas>

Respite, project CARE 828-687-5609

Caregiver Support Resources

- Alzheimer's North Carolina, INC.
 - www.alznc.org
 - 919-832-3732
- Transitions Guiding Lights-Caregiver Support Center
 - guidinglightsnc.org
 - 919-371-2062
- North Carolina 211
 - dial 211 or 888-892-1162
 - NC211.org
- North Carolina Institute of Medicine
 - Current policy and legislation
 - www.nciom.org search for dementia
- Alzheimers.gov
- National Institute on Aging
 - www.nia.nih.gov/alzheimers
 - ADEAR- Alzheimer's Disease Education and Referral
 - 1-800-438-4380



Any questions?