Dementia

Presented
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Dementia

QuickTime™ and a decompressor are needed to see this picture.
Current Definition
DSM-IV-TR

Dementia:
• Does not imply a prognosis
• Refers to a framework of cognitive impairments that hinders:
  – Intellectual functioning
  – Activities
  – Relationships

  – APA, 2000
Symptoms

• Difficulty solving problems
• Poor emotion regulation
• Agitation
• Delusions
• Hallucinations
• Memory Impairment

– Mayo Clinic, 2009
Etiology

• Deciphers between the different types of dementias.

• Sx’s can be a result of
  – General medical condition
  – Effects of a substance
  – Combination of etiologies

  – APA, 2000
Co-Morbidity

• Axis I
  – Depression as a result of a less meaningful life
  – Bensing, Francke, Meijel, & Ribbe (2009) found 19% of long-term patients with dementia had co-morbid depression, a less meaningful life, and increased rate of death.

• Axis II
  – Cognitive impairment exacerbates health problems.
  – Breitner, Corcoran, Lyketsos, Onyike, Rabins, Toone et al. (2005) found patients with dementia have more profound medical comorbidity because their symptoms are not easily identifiable and go unrecognized.
Prevalence

- Correlation b/w increased life expectancy and the number of dementia diagnoses (Sadock & Sadock, 2007.)
- Statistics reported with the number of individuals with dementia vary (APA, 2000)
  - Sampled age
  - Methodology in gathering data
  - Severity
  - Cognitive Dysfunction
  - Regions/Countries researched
Prevalence (cont.)

- 5% among various groups
  - Moderate to severe dementia at 65 years of age
- 20-40% increase
  - individuals older than 85.
- 15-20% treated in outpatient settings
- 50% placed in long-term facilities
  - Sadock & Sadock, 2007
Prevalence (cont.)

• 24.3 million
  – Global approximation living with dementia
• 4.6 million
  – New diagnoses world wide each year
    – Brayne et al., 2005
Minority Ethnic Groups

• Underrepresented Samples
• Remain in the home with family and did not receive treatment until later progression.
• Lack available resources
• Language barriers

– Balamurali et al., 2010
Future Challenges

• Baby boomers
  – Individualistic
  – Higher divorce rate
  – Less children
  – Suggests they will need to utilize more resources within the community
  – Kind & Podgorski, 2009
Etiology

• Primary, affect the cortex, known as cortical dementia.
  – Alzheimer’s disease
  – Vascular dementia
  – Lewy body dementia
  – Frontotemporal dementia
  – NINDS, 2010
Etiology (cont.)

- Secondary, result of disease or injury.
  - Parkinson’s dementia
  - HIV-related dementia
  - Huntington’s disease
- Creutzfeldt-Jakob & Pugilistica
  - Grouped as secondary dementias
  - Affects the cortical area of the brain
  - NINDS, 2010
Genetic/Environmental Factors

- Advanced age
- Genetic vulnerability
- Familial history
- Tobacco use
- Excessive alcohol ingestion
- Atherosclerosis
- Large amounts of low-density lipoprotein & Plasma homocysteine
- Diabetes
- Mild cognitive deficits
- Down syndrome

– NINDS, 2010
Mirrors Dementia Sx’s

• Reactions to medication
• Metabolic abnormalities
• Nutritional deficiencies
• Infections
• Subdural hematomas (brain bleeds)
• Posining
• Brain tumors
• Anoxia

– NINDS, 2010
Mirrors Dementia Sx’s (cont.)

- Age related cognitive decline
- Mild cognitive impairment
- Depression
- Delirium
  - They do not inhibit daily living
  - NINDS, 2010
Treatment Considerations

• No standard treatment
• Medical assistance
• Psychosocial support
• Reduction in risk factors that may cause increased damage to one’s brain & the quality of caregiving

– MayoClinic, 2009
Treatment Considerations (cont.)

• Cretuzfeldt-Jakob
  – Disease focuses on the quality of life because there is no available treatment.

• Therapeutic approaches
  – Social, psychological, neurological facets
Treatment Considerations (cont.)

• Care plans
  – Goals
  – Treatments
  – Organizing a support system

• Short-term & Long-term predictions
  – MayoClinic, 2009
Treatment Considerations (cont.)

- Stable home environment creates continuity.
- Excessive noise, difficult tasks, memory related questions can increase anxiety.
- Creating a schedule
  - Dementia may worsen in the evening.
    - MayoClinic, 2009
Treatment Considerations (cont.)

- Seeking out available resources
- Research suggests
  - Support groups offer better quality of life
  - Less family disconnection
    - Kind & Podgorski, 2009
Treatment Considerations (cont.)

• Independent treatment to help caregivers & family members cope

• Patients with dementia experience an increase in behavioral problems, anxiety, & paranoia when caregiver relationships become stressed

  – King & Podgorski, 2009
Treatment Considerations (cont.)

• Cognitive-based therapies
  – Cognitive stimulation
  – Reality orientation
  – Life review
  – Reminscence
  – Validation therapy
  – Multi-sensory environment therapy
  – Drama/Art/Music
  – Communication Strategies
  – Hoe & Thompson, 2010
Treatment Considerations
(cont.)

• Sedatives & Antidepressants
  – Manage specific sx’s & behavioral issues

• Cholinesterase
  – Helps stop the breakdown of acetylcholine.
  – A chemical messenger involved with learning & memory.
  – Vascular, Parkinson’s, & Lewy body Dementias
  – MayoClinic, 2009
Treatment Considerations (cont.)

• Memantine
  – Improve sx’s associated with other dementias when used in combination with cholinesterase inhibitors
  – Medications do not stop the disease process or correct brain damage.
  – Effective in decreasing sx’s & slow the advancement of dementia.
    – MayoClinic, 2009
Ethical/Legal Issues

- Personal Representative
- Not an all-or-nothing process
- Patients opinions need to be recognized
- Process should be measured on the patients ability to make decisions, risks, & advantages connected to those choices
- If the patient wishes to discontinue treatment, despite incompetency, discontinuation of treatment does not cause harm, patients choice should be upheld.

-Ford, 2006
Ethical/Legal Issues

- Placing patient’s with dementia into a single category
  - Patients cognitive capacities vary
- Prematurely deeming patients incompetent
  - Early stages patients can make decisions
  - Family members can become overbearing
  - Ethical responsibility to preserve the patients autonomy.

- Garavaglia, 2006
Ethical/Legal Issues

• Western culture
  – Self efficacy is practiced in day to day life
  – During times of illness
  – Important to include the patients in the decision making process when possible
    – Garavaglia, 2006
Ethical/Legal Issues

- Elliot, Gessert, Peden-McAlpine (2009)
  - Participants varied in age, SES, Religious affiliations, & the relationships to the elder with dementia (brother, sister, niece, grandchild, etc).
  - The ethical choices families made focused more on “narrative ethics versus principle-based ethics”
Case Vignette

Mr. X is a retired high school history teacher, he is 62 years of age, and has began acting unusual per his family. His family noticed a decline in memory functioning and was experiencing irrational thoughts. Mr. X was becoming disoriented within his own neighborhood, very agitated when to many people were in his home, and experiencing difficulties executing his nightly routine. Mr. X has been experiencing periods where he is unable to recall his family member’s names and does not understand the books he used to enjoy reading.
Case Vignette (cont.)

Mr. X’s wife reports he is able to read but cannot make sense of the material. Mr. X denied depressive or suicidal thoughts. His wife reported the onset as gradual and has become significantly worse. Mr. X’s wife stated he has not been showing signs of depression but becomes extremely agitated when he is experiencing the inability to recall information. The agitation is affecting his relationship with his family and friends. Mr. X denied any preexisting medical condition or substance abuse. Mr. X’s wife confirmed the accuracy of his self report and stated Mr. X had recently been seen by his primary care physician.
Questions
References


