A Dementia Primer

Early, Mid-, and End-Stage Symptoms and Treatment

Laurey Sherman, RN, BSN

Founder, Providence Senior Living
• **ADL**=Activities of Daily Living (bathing, dressing, grooming, toileting)
• Normal Aging
• Mild Cognitive Impairment (MCI)
• Short Term Memory Loss (STML)
• Alzheimer’s Disease (AD) / Dementia

<table>
<thead>
<tr>
<th>Normal Aging</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gradual</td>
<td>Normal ADL</td>
</tr>
<tr>
<td>Mild Cognitive Impairment</td>
<td></td>
</tr>
<tr>
<td>More Pronounced</td>
<td>Mild Affect ADL</td>
</tr>
<tr>
<td>Alzheimer’s Disease / Dementia</td>
<td></td>
</tr>
<tr>
<td>Progressive</td>
<td>Incapacitating</td>
</tr>
<tr>
<td>Types of Dementia</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Cortical Dementia</td>
<td>Dementia where the brain damage primarily affects the brain’s cortex, or outer layer. Cortical dementias tend to cause problems with memory, language, thinking, and social behavior.</td>
</tr>
<tr>
<td>Subcortical Dementia</td>
<td>Dementia that affects parts of the brain below the cortex. Subcortical dementia tends to cause changes in emotions and movement in addition to problems with memory.</td>
</tr>
<tr>
<td>Progressive Dementia</td>
<td>Dementia that gets worse over time, gradually interfering with more and more cognitive abilities.</td>
</tr>
<tr>
<td>Primary Dementia</td>
<td>Dementia such as Alzheimer’s disease that does not result from any other disease.</td>
</tr>
<tr>
<td>Secondary Dementia</td>
<td>Dementia that occurs as a result of a physical disease or injury.</td>
</tr>
</tbody>
</table>
What Causes Alzheimer’s Disease (AD)?

- 95%--A combination of genetic, lifestyle, and environmental factors
- 5%--Genetic
- Damage/Death of Brain Cells, specifically the hippocampus
- “Plaques and Tangles”—incapacitate the brain cells
One of the First Signs of AD is Short Term Memory Loss (STML)

**Symptoms:**
- “Short Term” is 30 seconds to several days, things you are currently thinking about
- “Short Term” is 5-9 items. Long Term is far more.
- Difficulty with Normal Tasks
- Problems with Word Finding
- Getting Lost Easily

**Diagnosis:**
- No Definitive Test for AD
- Medical History & Physical Exam
- Cognitive Tests (MMSE, etc)
- CT, MRI, Blood Tests
Treatment for Early AD: Stabilize Memory, Treat Insomnia, Anxiety, Depression

Cholinesterase Inhibitors:
- Aricept
- Excelon
- Galantamine

Also Prescribed:
- Anticonvulsants, Antidepressants, Sedatives

Planning:
- Power-of-Attorney, Living Will
- Family Counseling
- Make Care Giving Choices
Symptoms of Mid-Stage AD

- Repeating statements without realizing the repetition
- Forget things without remembering them later
- Misplacing things, often in illogical locations
- Disorientation—month, day, season, year
- Problems with reading and forming sentences
- Inability to keep track of bills, problems with simple math
- Repeatedly Burning things on the stove, Getting lost while driving
- Personality Changes—aggression, frustration, anger, blaming others
Treatment for Mid-Stage AD: Symptom Relief (Paranoia, Frustration, Fear) & Safety

Cholinesterase Inhibitors:
- Aricept
- Excelon + Namenda
- Galantamine
- Anticonvulsants, Antidepressants, Sedatives

Atypical Antipsychotics:
- Seroquel
- Risperidol
- Others

Care Giving: Ranging from Part Time Sitters to Round-The-Clock Care
Symptoms of End-Stage AD

- Usually Requires Institutionalization or Professional Care
- Needs around-the-clock supervision for Activities of Daily Living
- Bowel and Bladder Incontinence
- Can’t Follow Commands
- Can’t Walk / Difficulty with Balance and Gait
- May not Recognize Family
- Negative Behaviors
- Disassociation
- Can’t Swallow
Treatment for End-Stage AD: Safety, Hygiene, Nutrition, and Comfort Care

Symptom Management:
Antipsychotics, Anticonvulsants, Antidepressants, Sedatives

Care Giving:
Assist with All ADL’s
Provide Meals / Help with Feeding
Environmental Management to Reduce Anxiety

Palliative Care:
For End-of-Life Medical Care and Comfort