

Dementia



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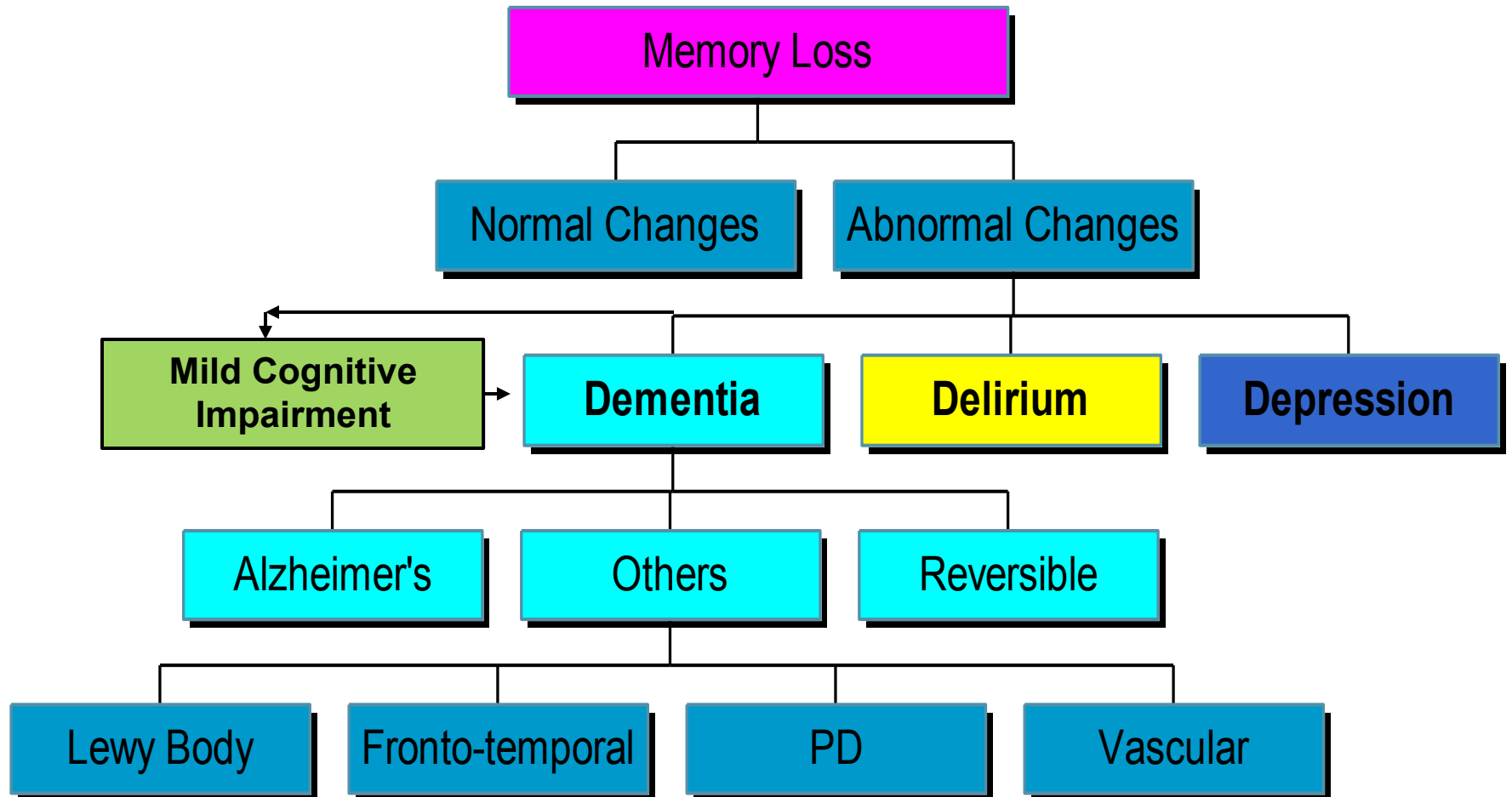


Dementia

- Memory loss
- Neurologic changes
 - Language problems
 - Dressing, driving or toileting problems
 - Using objects incorrectly
 - Personality changes
- Decreased “executive” function - judgement, insight, abstract reasoning
- Bad enough to affect social function
- **NOT** due to something else (depression, meds)

(Note – new definitions proposed)

The 3 D's





Assess for Dementia

- Complete History & Physical exam
- Neurological exam
- Ask about activities of daily living (ADL)
- Mental Status Exam (MOCA)
- Depression test
 - (Geriatric Depression Scale)
- Review medications
- Basic laboratory tests



Delirium

- Abrupt or subacute onset
- Disturbed attention
 - Inattentive
 - Apathy
- Disturbed consciousness
 - Belligerent
 - Somnolent
- Fluctuating performance

Confusion Assessment Method - CAM



Types of Dementia

- Alzheimer's disease
- Vascular
- Dementia with Lewy Bodies
- Fronto-temporal
- Others



Dementia with Lewy Bodies

- “Parkinson’s” symptoms
- Fluctuating alertness/sleepiness
- Early visual hallucinations, delusions
- Fainting
- Unexpected falls
- Sensitivity to tranquilizers



Fronto-temporal Dementia

- Slow onset
- Early mental impairment
- Early loss of judgement
 - inappropriate behavior
 - impulsive
 - social withdrawal
 - excessive eating, repeats words
- Inappropriate social behavior

AD - Sequential Losses



Memory

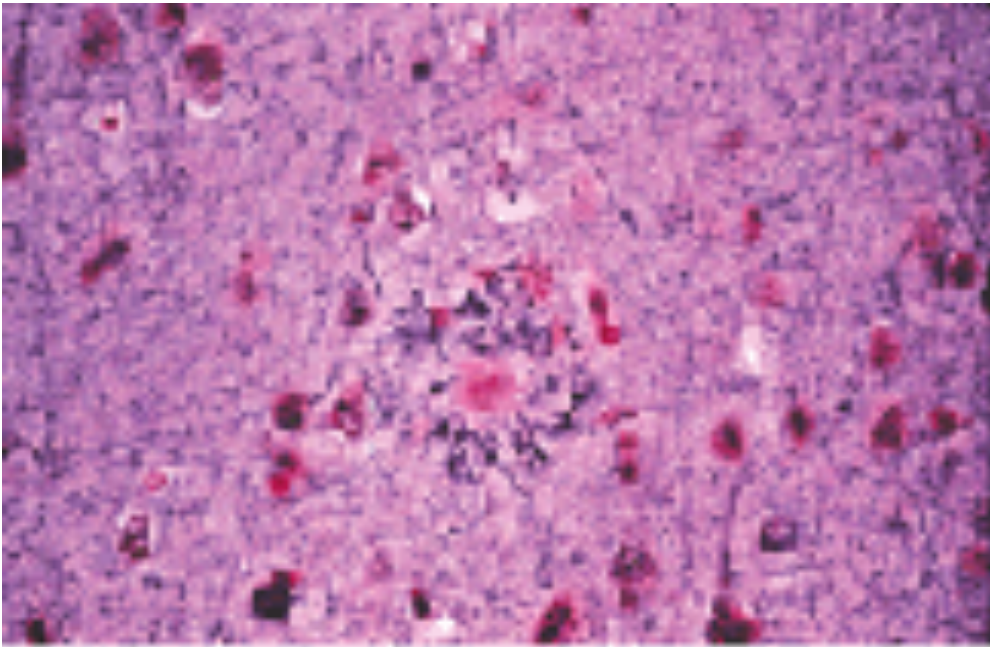
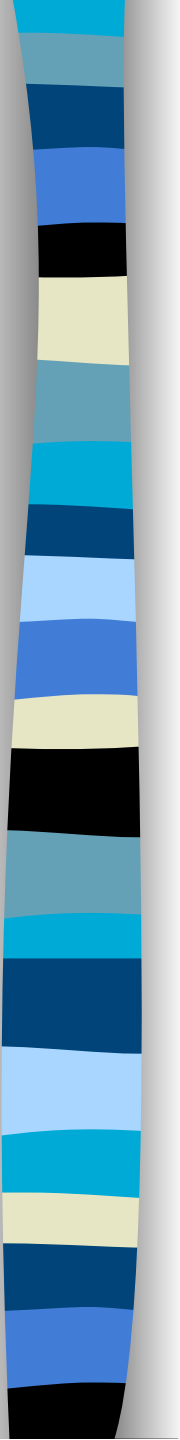
Complex tasks - work, driving to new place

Simpler tasks - checkbook, baking

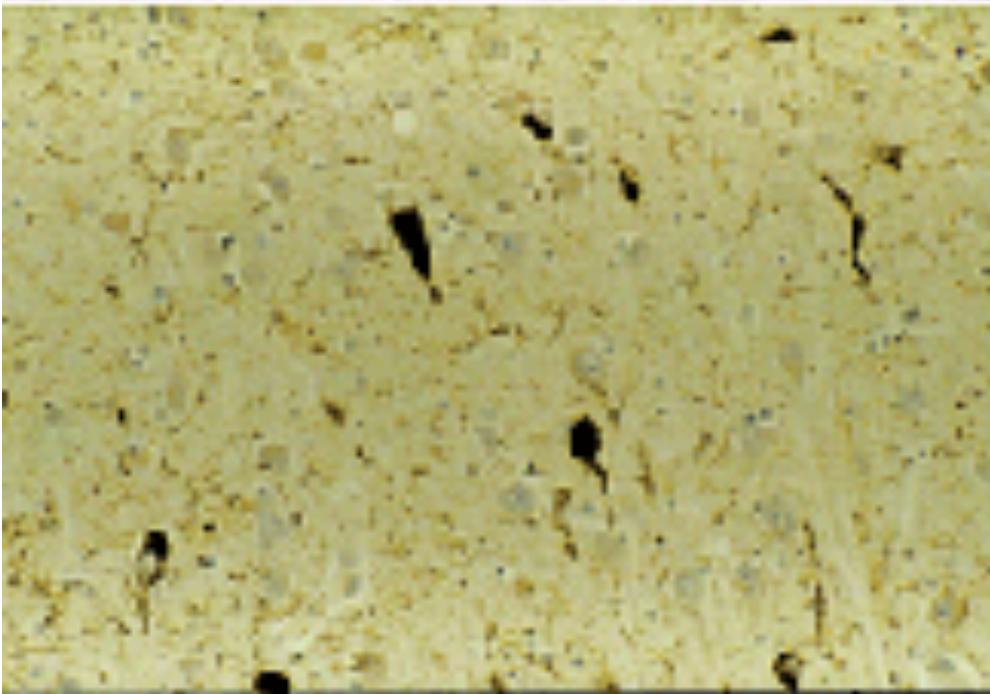
Language - can't name things, says words incorrectly

Dressing & toileting problems

ADLs - bathing, incontinence, transfers, walking



Plaques



Tangles

¹⁰
(Occur in normal people)



Treatment Options for AD

- Acetylcholinesterase inhibitors
 - Donepezil (Aricept) – generic available
 - Rivastigmine (Exelon) – generic available
 - Patch – no generic
 - Galantamine (Razadyne) – generic available
 - XR
- NMDA antagonist
 - Memantine (Namenda) – no generic
 - XR

Not for MCI – Cochrane Systematic Review, 2010



Approach to Rx Decisions

■ Outcomes (15% effect size)

- About 10% have a mild improvement
- About 20% have a slower decline
- The rest show no benefit
- Side effects are common (30% - 50%)
- Costs about \$200/mo (generic) to \$500/mo

■ Must monitor for effectiveness

- MOCA
- Self- or family-report



Improve Health Status

- Exercise (300 minutes per week)
- Discontinue all non-essential drugs
 - “Medication debridement”
- Report and treat any sudden change in status
- Determine goals and values regarding management of other chronic conditions
 - Go Wish Cards



Medication “Debridement”

- Based on goals of care and stage (FAST)
- Maintain all drugs that support current quality of life
- Stop all non-essential drugs
- Consider stopping all drugs for prevention
- Avoid psychotropics, anticholinesterase, antihistamines

Functional Assessment Stage (FAST)

| Stage of Cognitive Decline | Signs and Symptoms | Average Duration |
|----------------------------|---|------------------|
| 1: No cognitive decline | Normal functioning | |
| 2: Very mild decline | Benign forgetfulness, no change in MOCA | Prediagnosis |
| 3: MCI | Measurable change but no effect on function | 7 years |
| 4: Moderate decline | Trouble with new or complex tasks | 2 years |
| 5: Moderately severe | Major memory problems, IADLs affected | 1.5 years |
| 6: Severe | Forgets family, ADL problems | 2.5 years |
| 7: Very severe | Unable to communicate or walk | 2.5 years |



Patient & Family Education

- Promoting skills (focus on what they CAN do)
- Fostering physical and mental activities
- Avoiding unnecessary challenges to the person
 - never argue “facts”
- Recognizing role of stress
- Focusing on the person, not the disease

“Dementia Reconsidered,” Tom Kitwood, 1997



Controlling Destiny

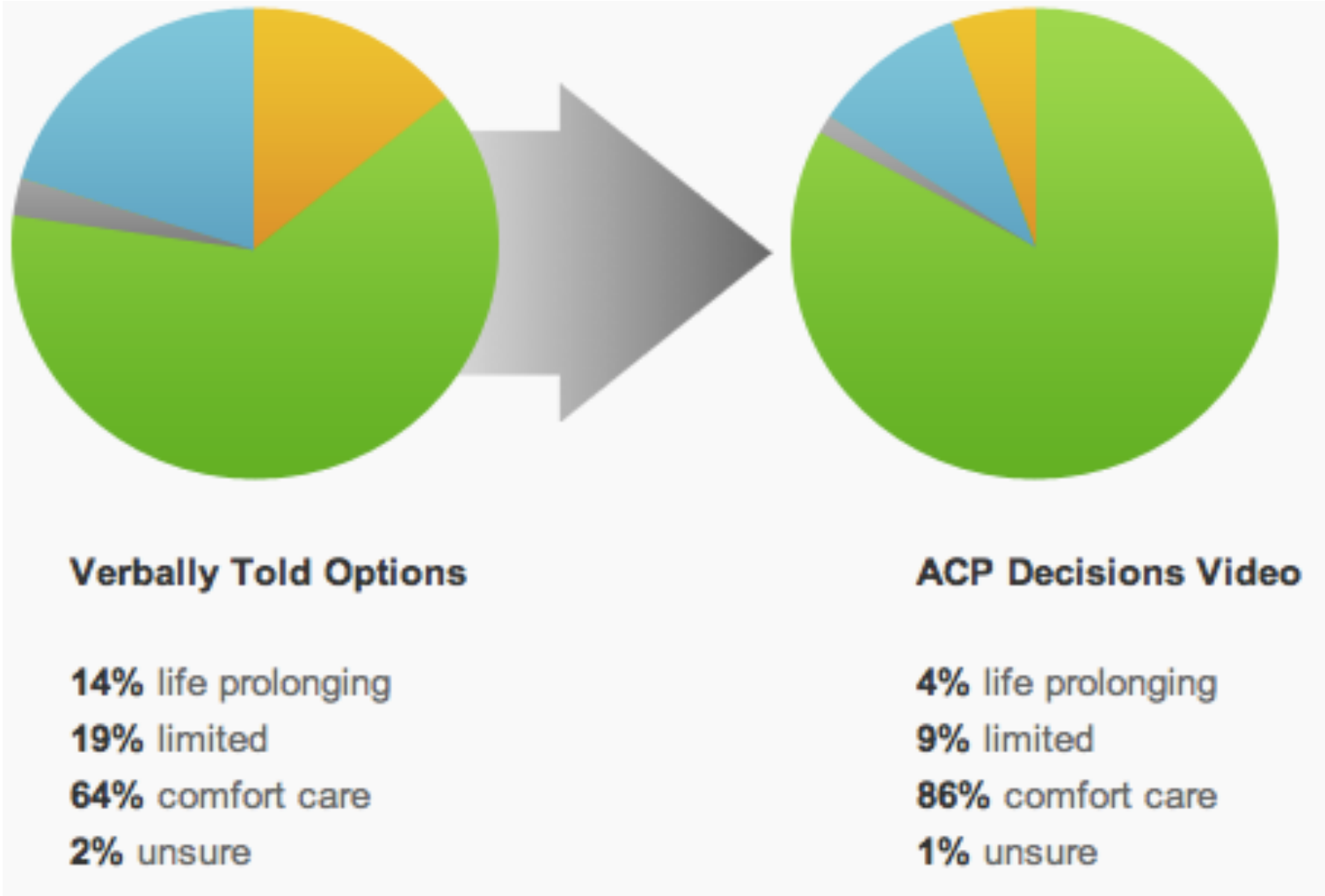
- Begin the values discussion early
- Naming and educating a surrogate
- Signing a advance directive form
 - Discussing specifics (normalize it)
 - End of course decisions
 - Infections - Antibiotics?
 - Dysphagia - Tube feedings?
 - Complications - Invasive treatment or hospitalization?
- Role of POLST?



Choosing Wisely

- “Don’t recommend percutaneous feeding tubes in patients with advanced dementia; instead offer oral assisted feeding.”
 - AGS, AAHPM, AMDA
- Honest framing of the discussion
 - The final stage of life
 - Recall goals and values (Go Wish Cards)
 - Talk about the steps to be taken to reach those goals

ACP Decisions Videos





Family & Community Resources

- Alzheimer's Project 850-386-2778
- Alzheimer's Association www.alz.org
 - 1.800.272.3900
- *The Best Friends Approach to Alzheimer's Care* by Bell & Troxel
- *Take Your Oxygen First*, by Gibbons & Laird
- Participate in a support group
- Referral for research?
 - National Alzheimer's Association
 - FSU College of Medicine



Advice From Experience

- A caring doctor who will answer questions is one of the most important “treatments”
- Look for hope and reality
 - Finding a “new normal”
 - Supporting the person’s best efforts
- Talk to other caregivers – they are the experts!
- Learn from dementia – living in the moment



What We can Learn from Persons with Dementia

“Contact with dementia can – and indeed should – take us out of our customary patterns of over-busyness, hypercognitivism and extreme talkativity, into a way of being in which emotion and feeling are given a much larger place.”