

Dementia

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MMSE (copyright)

- Orientation in time and place
- 3 object learning/recall
- World backwards or serial 7's
- 3 step command
- Naming pen and watch
- Repeating phrase
- Sentence and intersecting pentagons



outline

- Definition
- Diagnosis
- Medical management
- 'Real' management
- Personal favourites
- Prevention

Dementia

- A syndrome rather than a disease
- Results in memory impairment and at least another cognitive domain
- Impacts significantly on ADL
- Decline in previous function
- Disturbance is not attributable to another psychiatric, physical or brain disease

Memory problems

- Short vs. long term memory/learning
- Managing complex tasks
- Reasoning ability
- Spatial ability and orientation
- Language
- Sensory memory

Investigation

- Importance of history from other people
- Assessing cognition
- Identification of reversible/contributing causes
- Excluding other processes

Types of Dementia

Cortical Dementia

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.

Subcortical Dementia

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.

Progressive Dementia

Dementia that gets worse over time, gradually interfering with more and more cognitive abilities.

Primary Dementia

Dementia such as Alzheimer's disease that does not result from any other disease.

Secondary Dementia

Dementia that occurs as a result of a physical disease or injury.



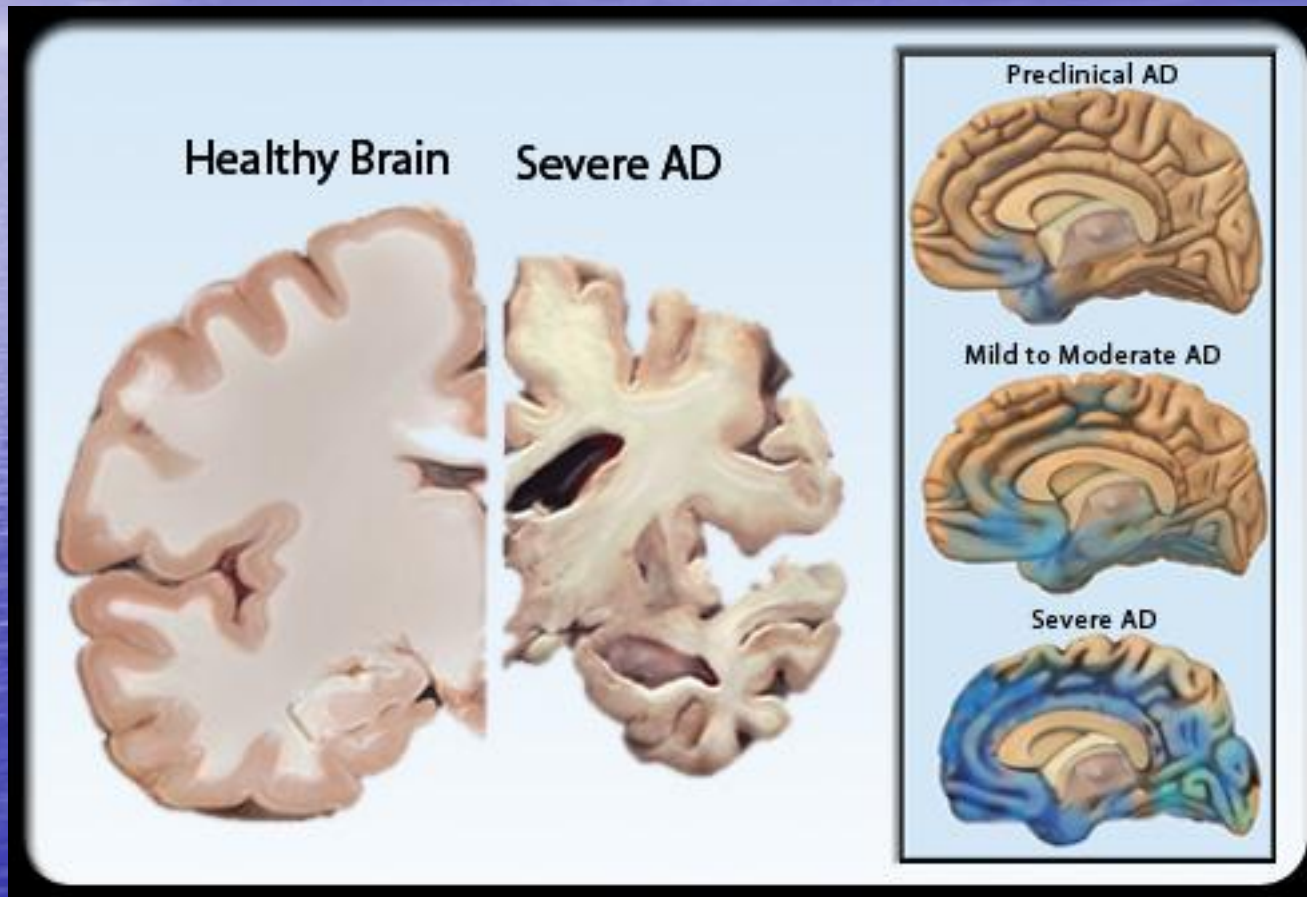
Do we need to know cause?

- Patients and families find it helpful
- Indications/implications
 - Prognosis/treatment options
 - Problems
 - Medication effects
- Research

Dementia syndromes

- Alzheimer Disease (AD)
- Dementia with Lewy bodies (DLB, LBD)
 - Parkinson's disease with dementia (PDD)
- Vascular dementia (VaD)
- Frontotemporal dementia (FTD)
- Huntington's Disease, Alcohol related dementia, Down's syndrome, HIV, CJD
- Normal pressure hydrocephalus, Metabolic dementias

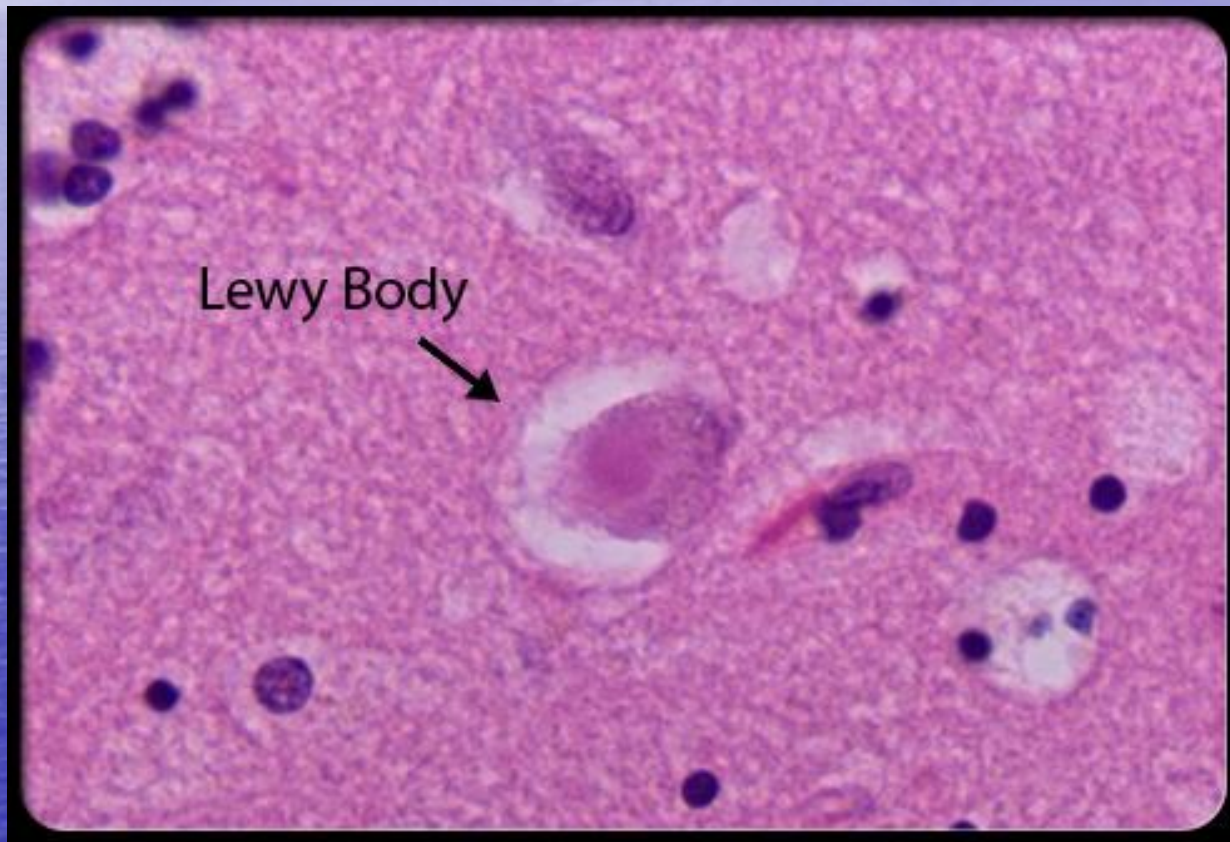
Alzheimer disease



AD

- Neuofibrillary tangles, Tau proteins
- Amyloid deposition
- Cortical dementia
- Personality 'maintained'
- Visio-spatial and language disturbance

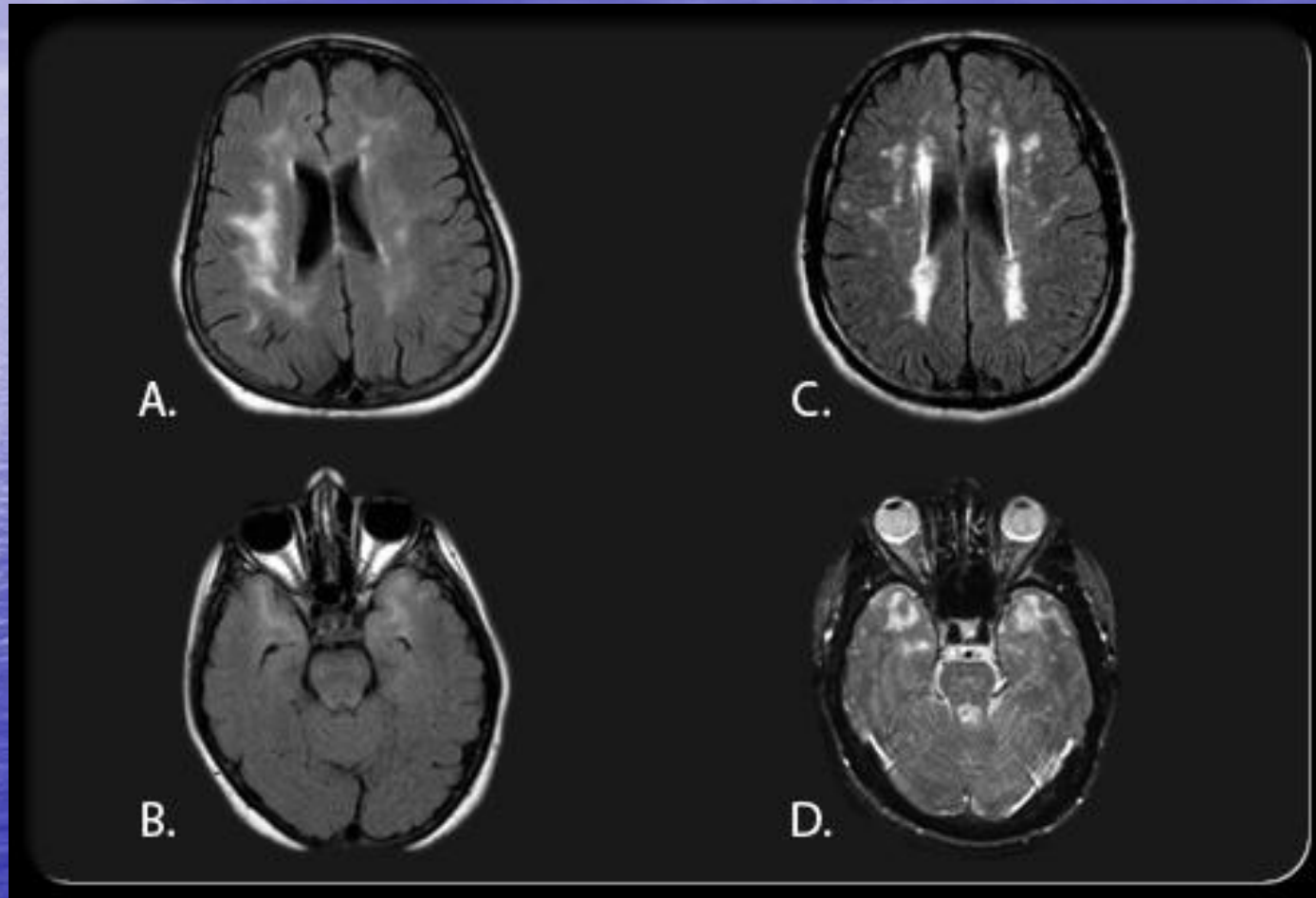
Dementia with Lewy Bodies



DLB

- Parkinson's spectrum
- Subcortical and cortical
- Fluctuations, hallucinations, sensitivity to medication
- REM sleep disorders, restless legs

Vascular Dementia



VaD

- Vascular risk factors
- Stepwise decline
- Stroke like problems
- Often combined with other processes

BPSD

- Behavioural and psychological symptoms of dementia
- 'no longer the person I knew'
- Wandering, aggression, agitation,
- Hallucinations, mis-interpretation, depression, apathy

Medical management

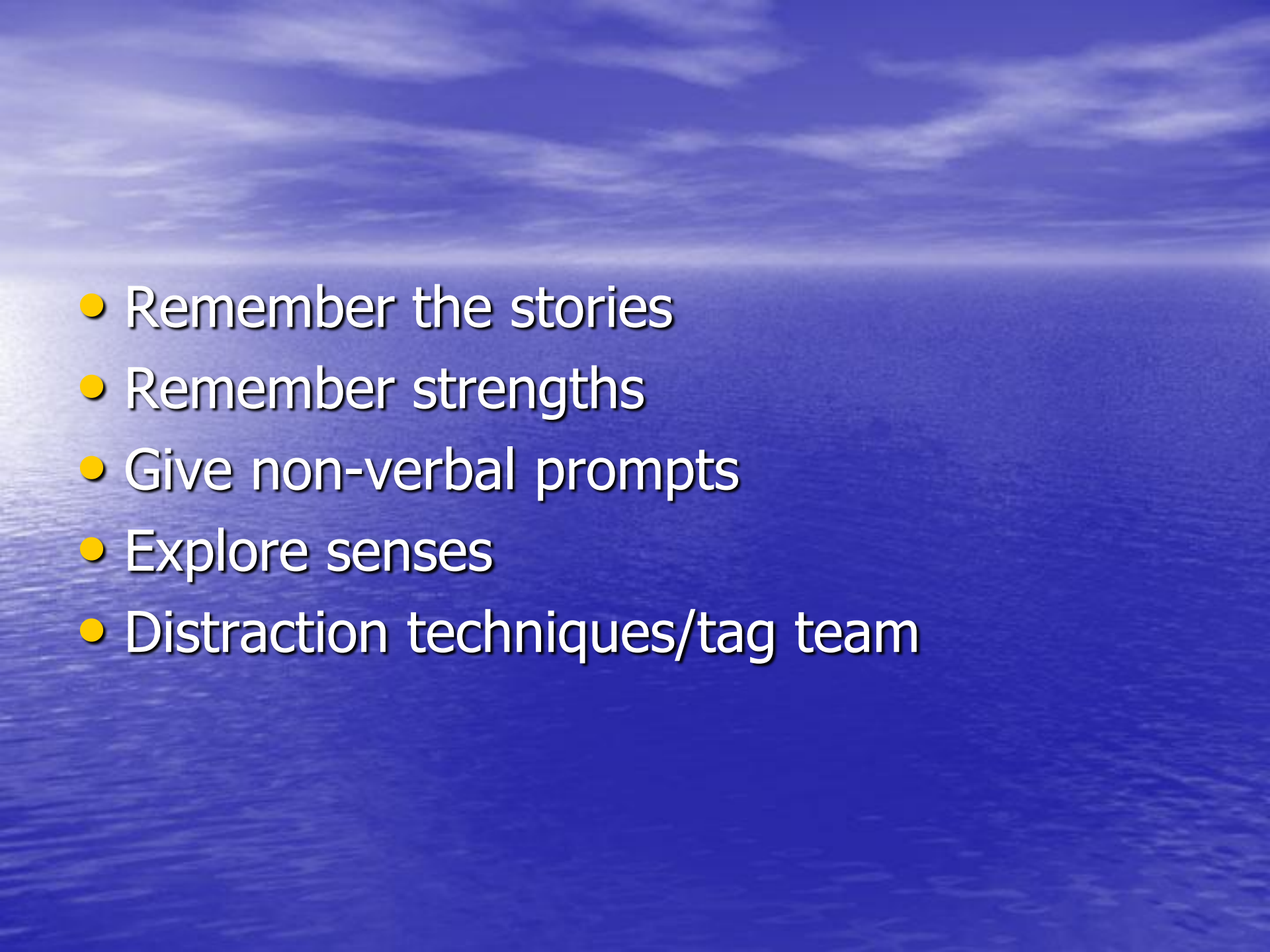
- Identify likely process
- Eliminate/minimise exacerbating conditions
- Decrease risk factors
- Disease process modification
- BPSD management

Real management

- Early discussion about patients wishes
 - EPoA establishment
 - Advance Care Plans
- Maximise participation within abilities
- Maintain safety and 'necessities of life'
- Manage 'crisis' situations
- Carer support, particularly with BPSD
 - Preparation but avoiding unnecessary alarm

Carer support

- Respite options
 - Day care centres and in home (?night care)
 - Residential care
- Support groups
- Managing BPSD
 - Medications
 - Behavioural techniques
 - Maintaining safety

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- Remember the stories
 - Remember strengths
 - Give non-verbal prompts
 - Explore senses
 - Distraction techniques/tag team

Prevention

- Modification of vascular risk factors
 - Smoking cessation
 - Diabetes management
 - Hypertension control
 - Cholesterol management
- Avoid head injury (seatbelts, helmets)
- Limit Alcohol and neurotoxins
- Eating a rainbow

Questions?

