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
<table>
<thead>
<tr>
<th>Type of Dementia</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<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>
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<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>
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<tr>
<td>Progressive Dementia</td>
<td>Dementia that gets worse over time, gradually interfering with more and more cognitive abilities.</td>
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<tr>
<td>Primary Dementia</td>
<td>Dementia such as Alzheimer’s disease that does not result from any other disease.</td>
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<tr>
<td>Secondary Dementia</td>
<td>Dementia that occurs as a result of a physical disease or injury.</td>
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</tbody>
</table>
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
• 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?