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

Memory Loss

Normal Changes
- Mild Cognitive Impairment
- Dementia
  - Alzheimer’s
  - Others
    - Reversible
      - Lewy Body
      - Fronto-temporal
      - PD
      - Vascular

Abnormal Changes
- Delirium
- Depression
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

(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)

<table>
<thead>
<tr>
<th>Stage of Cognitive Decline</th>
<th>Signs and Symptoms</th>
<th>Average Duration</th>
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</thead>
<tbody>
<tr>
<td>1: No cognitive decline</td>
<td>Normal functioning</td>
<td></td>
</tr>
<tr>
<td>2: Very mild decline</td>
<td>Benign forgetfulness, no change in MOCA</td>
<td>Prediagnosis</td>
</tr>
<tr>
<td>3: MCI</td>
<td>Measurable change but no effect on function</td>
<td>7 years</td>
</tr>
<tr>
<td>4: Moderate decline</td>
<td>Trouble with new or complex tasks</td>
<td>2 years</td>
</tr>
<tr>
<td>5: Moderately severe</td>
<td>Major memory problems, IADLs affected</td>
<td>1.5 years</td>
</tr>
<tr>
<td>6: Severe</td>
<td>Forgets family, ADL problems</td>
<td>2.5 years</td>
</tr>
<tr>
<td>7: Very severe</td>
<td>Unable to communicate or walk</td>
<td>2.5 years</td>
</tr>
</tbody>
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Reisberg, 1982, 1999
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

Verbally Told Options
- 14% life prolonging
- 19% limited
- 64% comfort care
- 2% unsure

ACP Decisions Video
- 4% life prolonging
- 9% limited
- 86% comfort care
- 1% unsure
Family & Community Resources

- Alzheimer’s Project 850-386-2778
- Alzheimer’s Association [www.alz.org](http://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.”

Tom Kitwood, *Dementia Reconsidered*, p 5