

Dementia

What are the signs and what is it?

Dementia is a loss of mental capabilities which are severe enough to interfere with the normal activities of daily living and which last longer than six months duration. It is not something a person is born with and represents a gradual or stepwise loss of the normal activities of daily living. There are several types of dementia, each of which eventually results in the death of brain cells and in impairments in an individual's memory, reasoning, planning ability and personality. It is not an inevitable aspect of aging, nor are all patients with dementia elderly. The most common types of dementia are Alzheimer's dementia and vascular or "multi-infarct" dementia.

It is estimated that five to eight percent of all people between the ages of 65 and 74 suffer from dementia and that up to 20 percent of all individuals between 75 and 84 years of age suffer from dementia. Estimates also state that up to 47 percent of all those over 85 suffer from some form of dementia. As to Alzheimer's disease, there are between two and four million sufferers from the disease in the US alone. That number is expected to rise exponentially by the middle of the 21st century.

Symptoms of dementia can be defined as irreversible or reversible, depending on what's causing the condition. Less than ten percent of cases are considered to be reversible and can be managed by treating the underlying cause. Delirium can be confused with dementia due to the fact that they each have overlapping symptoms. Delirium is a loss of awareness of the surroundings due to metabolic, toxic or physiological medical conditions that temporarily affect the brain's ability to function. Aspects of severe depression and psychosis can have dementia-like symptoms but, if treated, the dementia symptoms disappear.

SIGNS OF GENERALIZED DEMENTIA

Generalized dementia is a progressive disease, with symptoms begin so mild you can write them off to something else or to the normal aging process. Gradually, however, it becomes easier to identify dementia as the cause of the symptoms and a clinical diagnosis is made. In Alzheimer's dementia, the diagnosis is purely clinical; that is, it is not based on medical tests or X-rays but is made on the symptoms alone. Let's look at some of the symptoms and signs of generalized dementia:

- Memory loss for recent events. While everyone misplaces ones keys or has difficulty remembering the name of someone they know, dementia patients begin to forget more obvious things such as whether or not they took their pills or what (or whether) they had for breakfast. They begin



to forget appointments and forget that they just told something to someone and tell them all over again.

The patient is not oblivious to this memory loss as it is often one of the earliest symptoms and it can cause anxiety and distress in the person. Long term memory loss, on the other hand, is relatively spared so the person remembers details of their childhood and young adulthood, often with reasonable accuracy. Gradually, however, all memory is lost and the individual forgets the names of their close loved ones and cannot function without considerable assistance in daily tasks. The dementia patient forgets aspects

of their lives but do not later recall them as do normal people.

Martha was admitted to the hospital with low potassium and low blood pressure. Doctors suspected dementia because she asked the same questions over and over again, forgetting the answer given to her. It was discovered by her niece that Martha had been taking triple the dose of her blood pressure medications because she was always forgetting that she had taken it and would take another pill. She gradually recovered from her medical condition and received home health services to remind her to take her pills properly.

- **Difficulty performing simple tasks.** The sufferer may forget how to cook a meal or may remember how to cook it but forget to serve it. They may even have forgotten that they cooked the meal in the first place. Things like balancing the checkbook may be something that is forgotten by the dementia-ridden individual. Anything that requires stepwise directions may be forgotten or the order of the steps may be forgotten. This becomes dangerous when the dementia patient forgets the steps to driving a car or forgets how to safely start a fire. This can be a difficult sign to pick up in the beginning and may be written off as mistakes at first.

James had a son who looked over his mail periodically and noticed a fair amount of overdraft statements lately. His son asked James to reveal the



content of his checking account books. His son examined the books, he found several deletions and multiple math errors making it impossible to follow exactly how the books were balanced. His son offered to balance the checkbook at all times for James so he wouldn't have to face so much in overdraft fees. James was embarrassed but agreed.

- **Difficulty with word usage.** The patient may use the wrong word in a sentence, may speak haltingly or skip words so that they are very difficult to understand. They may use rhyming words, such as the

word “day” for the word “may”. The halting nature of the speech happens when they recognize they are not speaking correctly and try to correct the errors in their speech. Later in the course of the disease, they don't recognize that they are making mistakes and just speak in a normal tone but with words mixed up. This is a condition called “expressive aphasia”.

Anna struggled to communicate with her family. She had word finding difficulties which angered and frustrated her and she often used the wrong word and didn't recognize it. She compensated by speaking very slowly but eventually, her difficulty with speech left her with very little intelligible speech, even when trying to communicate with her family.

- **Disorientation as to time and place.** Such patients can get lost on the street they've lived on their entire lives. They do not recognize time and often stay up late into the night, finally falling asleep in their clothes. They may suddenly find themselves at a place in which they didn't know how they got there or how to get back home. This tends to occur in more severe dementia.

Edward was constantly asking people for directions at the nursing home where he lived. He would wheel down the hallway and come to a turn, finally realizing he didn't know where he was or where he was going. “Help me, help me!” He would cry out until a staff person pointed him to his room. As he neared his room, he didn't recognize it as being his and would cry out again. This continued all day long.

- **Poor judgment.** This is far more than just distraction. The patient may go outside in cold weather without a jacket or other paraphernalia or may show up to breakfast without having changed out of their pajamas. They cannot judge directions and are a poor judge of character, making them potential targets of charlatans who are trying to sell them something they don't need.

Marge was found to have a two thousand dollar deficit in her checking account. While she vaguely remembers it, she recalls having bought some kind of insurance from a “nice man” who showed up at the door. The police were contacted but the money was never recovered.

- **Trouble with abstract thinking.** They tend to think very concretely and forget how to reason a

problem. Number problems are particularly difficult and they are unable to balance a checkbook or reason their way through an abstract mathematical problem. This can begin in the early stages of the disease but eventually, they forget the meaning behind numbers and don't even know what to do with them.

George was a very bright math professor who did crossword puzzles every day. Eventually, he gave up in frustration because the problems and questions were so difficult and he wasn't getting anywhere. He was well in other areas but began to develop other signs of Alzheimer's dementia within the following year.

- **Misplacing items.** This is more than just losing the keys. Items may be placed inside completely wrong places, such as putting a pot in the freezer or a wristwatch in a sugar bowl. These things tend to be found later by accident, and often by family members surprised by the location of the items. Nadine complained that she was still hungry even though she knew she had eaten the "Meals on Wheels" meal that was brought to her. When her nephew went to investigate, he found the entire "Meals on Wheels" meal in the bathroom on the toilet seat. Nadine didn't remember having placed the meal there.

- **Changes in mood.** Dementia patients are often very moody. They change moods frequently and go from tears, to laughter to anger very easily. They must be approached with caution and calmness in order to help garner calmness in them. Medications that control mood sometimes help in these situations. Abel was having problems picking fights with other residents at the nursing home residents over minor things. He would be talking with them or with staff and would suddenly become angry, lashing out for no good reason. He was placed on oral Ativan, a relaxant, which made him slightly sleepy but which controlled his anger episodes.

- **Personality changes.** People who have dementia may have drastic changes in their baseline personality and may seem like different people. They can become irritable, suspicious or fearful of others or can become much more docile than they had been when they didn't suffer from dementia. The person doesn't recognize their personality changes themselves and feels just like they always had.

Adelaide kept calling the police from the home where she lived with her husband. She told them her husband was stealing money from her and was beating her but there was never any proof and she sometimes called when other family members were present to verify that Adelaide was just being suspicious. She also complained that her neighbors were spying on her and sometimes called the police for that. She started taking an antipsychotic after family members said this just "wasn't like her" and the behaviors stopped as often.

- **Loss of initiative.** People who have dementia may become passive and unwilling to engage with other people. They might not want to go places or see other people. They often find themselves just sitting, watching television, listening to the radio or just doing nothing. It's as if they've turned their brain off and have become vegetative at much of the time. Abe was often found in the same clothes he had been wearing for several days, sitting in front of his television. TV dinners were stacked around him. He had apparently just enough initiative to make himself something to eat and that was about it. He denied feeling sick; rather he said he just "didn't feel like doing anything".

The signs and symptoms of the disease begin gradually and are often written off to something else. It's only when something bad happens or the symptoms become more severe that people recognize the situation as dementia.

STAGES OF DEMENTIA

There are seven stages to dementia. Understanding these stages helps you to see how the disease progresses from minimal changes to severe and lethal findings:

STAGE I: This involves almost no signs of memory loss or personality changes; however, there may be some abnormality found in the Mini-Mental Status Test given by doctors.

STAGE II: This involves very mild cognitive decline. There may be some forgetfulness, forgetting of familiar names, losing items of daily use. Such changes are often visible to family members, friends or colleagues.

STAGE III: This is also early stage dementia and is best identified by impairments or problems in the following areas:

- The patient cannot remember words or names of things or people.
- The patient cannot remember the names of people introduced to him or her.
- There are differences in performance in the work or social environment noticeable by family, colleagues or friends.
- There is an inability to retain what is read in books or newspapers.
- The patient misplaces or loses valuable objects.
- Loss of ability to plan or organize life things.

STAGE IV: This involves a moderate cognitive decline with the following deficiencies observed:

- The patient cannot recall recent or current events.
- The patient cannot perform mental activities like counting backwards from 100 by 7s.
- The patient cannot plan or organize a complex task such as a picnic or party.
- The patient begins to become more socially withdrawn and remains silent in social situations.

STAGE V: This involves moderately severe cognitive loss with major memory gaps and deficits in cognitive functioning. They may need help with activities of daily living and exhibit the following deficits:

- The patient cannot recall their address, telephone number or the name of the school they graduated from.
- The patient is confused as to date, day of the week, season, etc.
- The patient fails to perform simpler mathematical activities such as counting backwards from 40 by 4s.
- The person retains the ability to say his or her own name and the names of their spouse and children.
- The patient is able to toilet themselves.

STAGE VI: This involves moderately severe or mid-stage dementia and is seen as severe memory difficul-

ties, personality changes and a considerable amount of help in their activities of daily living. The following symptoms are common.

- Patient loses track of surroundings and cannot recall his or her family or personal history. He or she can still recall their name without difficulty.
- The patient needs help getting dressed.
- The patient has a large disturbance in the sleep/wake cycle.
- The patient needs help with toileting and reminders to flush, etc.
- There are episodes of fecal or urinary incontinence.
- There are changes in behavior and a great deal of suspicion and delusions.
- There are behaviors like hand-wringing.
- The patient exhibits wandering behaviors and can get lost.



STAGE VII: This is the final stage and is called end-stage dementia. The patient cannot communicate with the environment and cannot control their movements. Symptoms include:

- Minimal ability to speak and if they speak, there are unintelligible sentences.
- The patient needs help eating, toileting and with all activities of daily living.
- They gradually lose the ability to walk, to sit up and to hold their head up.

