



We hope you enjoy this inservice, prepared by registered nurses especially for nursing assistants like you.

After finishing this inservice, you'll be able to:

- Define dementia.
- Discuss and compare at least three types of dementia.
- Name at least five symptoms of dementia.
- Describe at least ten ways that you can help your dementia clients meet daily challenges.
- Demonstrate your knowledge of dementia through your daily work with dementia clients.

A Disease Process Module:

Understanding Dementia



Instructions For the Learner

If you are studying the inservice on your own, please:

- Read through all the attached materials. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask _____.
- Take the quiz. Think about each statement and circle the best answer.
- Check with your supervisor for the right answers. You pass the quiz with at least eight correct answers! Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself, and turn in the quiz page to _____ no later than _____.
- Show your Inservice Club Membership Card to _____ so that it can be initialed. **THANK YOU!**



- The word “dementia” comes from Latin and means “without a mind”.
- In 1863, a physician first noticed that people who died from dementia had shrinking and softening of the brain.
- It has been more than 100 years since Dr. Alois Alzheimer made important discoveries about dementia.

What Is Dementia?



Some form of dementia strikes one out of three people over the age of 85.

When you hear the word “dementia”, you probably think of Alzheimer’s disease. And, it’s true. Alzheimer’s disease *is* one form of dementia. However, there are *many* other types of dementia. So, remember: a diagnosis of dementia does not necessarily mean that someone has Alzheimer’s disease, but everyone with Alzheimer’s disease *does* have dementia.

What exactly is dementia? It is a slow, progressive loss of mental functions, including memory, thinking, judgment and the ability to learn. Dementia is not considered a disease by itself. Rather, it is a *syndrome*—or group of symptoms— that can be caused by many different diseases. The symptoms of dementia are often severe enough to keep people from performing normal daily activities.

In the United States, an estimated 6 million people have dementia. Most people with dementia are over age 65 and the risk for dementia increases with age. Does that mean that all senior citizens “lose their minds” at some point? No way! Consider this: more than half of all people over age 100 do *not* have dementia.

It’s true that the brain changes as people get older. But these normal age-related changes, such as a decrease in both short-term memory and the ability to learn, do not affect a person’s ability to function. Dementia does.

For example, people who are aging normally may forget where they put their glasses or have trouble remembering names, but people who have dementia may forget entire events! In general, people with dementia have difficulty performing normal daily tasks such as driving, cooking, and handling finances. Age-related forgetfulness may be frustrating, but dementia is a much more serious decline in mental ability—and one that worsens with time.

Keep reading to learn more about some common types of dementia.



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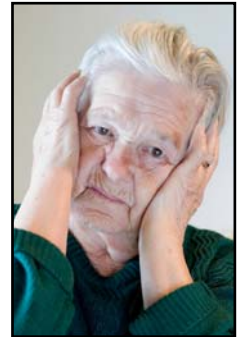
In the Know, Inc.

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What Causes Dementia?

There are many different causes of dementia, including:

- Diseases that affect the nerve cells in the brain, such as multiple sclerosis, Alzheimer's, Parkinson's, Huntington's and Pick's disease.
- Vascular disorders such as stroke.
- Toxic reactions from excessive alcohol or drug use.
- Brain tumors.
- A lack of specific nutrients in the diet, such as vitamin B12 and folate.
- Infections that affect the brain and spinal cord, such as AIDS and Creutzfeldt-Jakob disease.
- Certain types of hydrocephalus—which is an accumulation of fluid in the brain.
- Head injuries.
- Radiation therapy to the head.
- Cardiac arrest.
- Chronic illnesses of the kidneys, liver, and lungs.



Some people have more than one cause for their dementia. In those cases, the diagnosis is called "mixed dementia".

Alzheimer's Disease

By far, the most common cause of dementia is Alzheimer's disease—or AD, for short. Alzheimer's disease is an irreversible disorder of the brain. It causes destructive changes in the brain and can be identified during an autopsy by the presence of numerous clumps of dead nerve cells and "protein tangles" in the brain.

Dementia caused by AD usually begins gradually. The first sign is often a decline in short term memory.

Alzheimer's disease is progressive, but can be unpredictable. Not all

people with AD have the same symptoms or are sick for the same length of time. After an Alzheimer's diagnosis, some people die within a few years, but others have been known to live for up to twenty years.

In general, the younger someone is when AD is

diagnosed, the faster the disease advances.

Eventually, people with Alzheimer's disease lose the ability to take care of their personal needs—and even become unable to walk.

Alzheimer's disease cannot be cured and is ultimately fatal.



Half of all Alzheimer's patients have a family history of the disease.

There are more than one hundred types of disorders than can cause dementia. On the next few pages of this inservice, you can read more about a few of the most common causes of dementia.

Vascular Dementia

Vascular dementia—also known as *multi-infarct dementia* or MID—is mental deterioration caused by a *series* of strokes in the brain. These strokes are more common among men and usually begin after age 70.

Depending on the part of the brain affected, people may lose

specific functions, such as the ability to count numbers or read. People with MID may also have more *general* symptoms, such as disorientation, confusion and behavioral changes.

In general, people with MID decline in “steps”. Each stroke causes more damage, but, in between strokes, they

may experience periods of stability or slight improvement.

MID is not reversible or curable, but controlling problems like high blood pressure or diabetes may prevent more strokes from happening.



A history of high blood pressure, diabetes and/or previous strokes are all risk factors for vascular dementia.

Lewy Body Dementia

Lewy body dementia is an irreversible brain disorder that is caused when protein deposits—called *Lewy bodies*—develop on nerve cells in the brain. Lewy bodies also develop as part of Parkinson's disease. However, in Parkinson's disease,

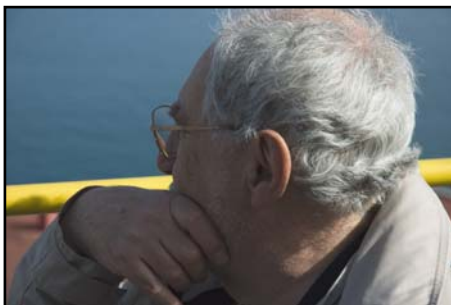
they show up in only *one* part of the brain. In Lewy body dementia, they occur *throughout* the brain.

The symptoms of Lewy body dementia are similar to those of Alzheimer's disease. However, unlike people with Alzheimer's disease, individuals in

the early stages of Lewy body dementia suffer from complex and detailed hallucinations.

They also tend to experience dramatic fluctuations in their mental abilities. For example, on Monday, Mr. Nelson may be able to carry on a normal conversation, but on Tuesday, he may be silent and “in his own world”.

There is no specific treatment for Lewy body dementia. On average, people with this type of dementia survive from 6 to 12 years after their symptoms begin.



Lewy body dementia is more common among men than among women.

▼
Like people who have Parkinson's disease, people with Lewy body dementia move slowly and sluggishly, have a stooped posture and shuffle when they walk.

Creutzfeldt-Jakob Disease Dementia



Some researchers believe CJD is caused by a virus that takes years—or even decades—to develop inside the body.



Creutzfeldt-Jakob disease (CJD for short) is a rare condition, affecting about 200 Americans each year. It is in the same family of diseases as “mad cow disease”. Typically, CDJ occurs after age 60 and, most often, attacks people with no risk factors for the disease. Unfortunately, there is no treatment available and nearly all patients with Creutzfeldt-Jakob disease die within one year.

In the early stages of CDJ, people experience personality changes, impaired memory and a lack of coordination. As the disease progresses, the dementia worsens rapidly. People suffering from CJD may also lose the ability to move, speak and even see.

There is no single test for diagnosing CJD. Doctors make the diagnosis by ruling out other causes of dementia. The only way to confirm a diagnosis of CJD is by doing an autopsy after death. The disease causes the brain to develop holes where nerve tissue used to be, giving the brain a distinctive “sponge-like” appearance.

Parkinson’s Disease

People diagnosed with Parkinson’s disease have a shortage of dopamine. This brain chemical, controls muscle activity, emotions and thought processes.

Without dopamine, people with Parkinson’s disease develop tremors, stiffness, slow speech—and, often, dementia. In fact, Parkinson’s disease

and Alzheimer’s disease share similarities, which has helped researchers to work towards new treatments for *both* these related brain diseases.

Some people with Parkinson’s also develop Alzheimer’s disease and some Alzheimer’s patients also develop Parkinson’s disease.



Pick’s disease tends to be genetic, and often runs in families.

Pick’s Disease

Pick’s disease, also called Frontal dementia, is a rare brain illness that causes dementia. The symptoms of Pick’s disease are similar to Alzheimer’s disease: memory loss, inability to concentrate, changes in behavior, deterioration of language skills and problems performing personal care. However, there are some major differences between Alzheimer’s and Pick’s disease, including:

- People rarely develop Pick’s disease *after* age 70.
- In Pick’s disease, behavioral changes—including being socially and sexually inappropriate—are often an *early* symptom. These behavior problems occur even though the person’s memory has not deteriorated.
- Another early symptom of Pick’s disease is the inability to speak so that others can understand—even though the memory is intact.

Did You Know?

- In 2005, around the world, there were 30 million people with some form of dementia. Scientists believe this number will jump to *87 million* by 2040.
- Alzheimer's disease causes up to half of all dementia cases; vascular dementia is the second most common form of dementia.
- Doctors have found that up to 25% of people with dementia have *both* vascular dementia *and* Alzheimer's disease.
- A recent study by the National Institute on Aging found that people who suffer from loneliness may have *twice* the risk of developing dementia.
- Dementia symptoms can be completely reversed in only about one in ten cases of dementia.



Overall, the biggest risk factor for developing dementia is something that is out of our control: *it's age.*



What If It's Not Really Dementia?

Sometimes, people can seem to be showing symptoms of dementia when, in fact, that is not really the problem. Depression, medication side effects and alcohol abuse are among the problems that can mimic dementia. Consider the following:

- Depression can imitate dementia because when people are depressed, they often have difficulty concentrating, making them seem forgetful.

- The side effects of many prescription and over-the-counter drugs used by elderly people can be mistaken for dementia. Examples of dementia-like symptoms caused by medications are confusion, memory loss and disorientation.
- Continued alcohol abuse impairs mental function. Eventually, even a few drinks a day might be enough to cause noticeable, dementia-like mental problems.

Epecially in elderly people, dementia-like symptoms can be caused by medications that treat Parkinson's disease, depression, allergies, insomnia, diarrhea and even the common cold!



There may be more than 50 conditions that can cause a fake or "pseudo-dementia".

What Are the Symptoms of Dementia?

There are three main stages of dementia, each with its own set of symptoms.

People in the early stage of dementia may show signs of a gradual decline, such as:

- Becoming more forgetful of details or recent events.
- Misplacing objects frequently.
- Losing interest in hobbies or activities.
- Being unwilling to try new things.
- Showing poor judgment and making poor decisions.
- Taking longer to do routine tasks.
- Repeating themselves during conversations.

▼
In most cases, the symptoms of dementia develop slowly...over a number of years. It often begins with mild memory loss.

- Having trouble handling money.
- Blaming other people for “stealing” from them.
- Becoming less concerned with other people’s feelings.

During the moderate stage of dementia, the problems become more obvious, such as:

- Being very forgetful of recent events.
- Becoming confused about time and place.
- Getting lost in familiar surroundings.
- Forgetting names of friends or family members.
- Seeing or hearing things that are not there.
- Neglecting personal hygiene.
- Forgetting to eat.
- Behaving inappropriately, such as going outside without clothes.
- Wandering.

People who have severe dementia are in the third stage and need total care. Their symptoms may include:

- Being unable to remember things, even for a few minutes.
- Losing their ability to understand or use speech.
- Being incontinent.
- Showing no recognition of family or friends.
- Needing help with *all* their personal care.
- Being restless, especially at night.
- Becoming aggressive or combative.
- Having difficulty walking.



Dementia affects everyone differently. Some people deteriorate quickly and some take years to move through the stages.



In the final weeks or months before death, people with dementia are usually confined to a wheelchair and/or bed.



A common diagnostic test is the Mini-Mental State Exam, which assesses how well the brain and memory are functioning.



Diagnosing Dementia

Currently, there is no one test that spots dementia. However, the ability to diagnose dementia has improved a lot in the past few years. Now, many physicians have enough firsthand experience to allow them to distinguish Alzheimer's disease from other similar conditions in 8 out of 10 patients.

To help them make a diagnosis of dementia, physicians will:

- Perform a thorough physical examination.
- Ask the person to complete a variety of mental status tests.
- Look for the signs and symptoms of dementia.
- Try to rule out all the conditions that *mimic* dementia. This may involve ordering blood work and/or other tests such as CT or MRI scans.

Treating Dementia

The treatment for dementia depends on what is happening in the brain. For example, with many types of dementia, the nerve cells in the brain don't communicate

the way they should. There are medications that help nerve cells "talk" to each other. These drugs can slow the progression of the disease—but are *not* a cure.

In addition, doctors may prescribe medications that treat symptoms of dementia, such as depression, anxiety, aggression or sleep problems.

People with dementia, especially those in the middle to late stages, require assistance with meeting their daily safety, health and wellness needs.

Preventing Dementia

Dementia cannot be prevented entirely, but the following steps may help:

- Exercise the brain by *stretching* your mind. Play "thinking" games, such as chess or Scrabble. Learn to speak a foreign language or play a musical instrument. Read the newspaper every day.
- Do some sort of regular physical exercise to improve circulation to the brain. Start slow and aim for 30 minutes every day.
- Eat a well-balanced diet, including "brain foods" like whole grains, salmon and fresh fruits and vegetables.
- Don't smoke. Smokers have a much higher risk of developing some type of dementia than non-smokers.
- See your physician for regular checkups.



Try to manage stress since studies have shown that stress can increase memory loss.

Challenges For People with Dementia: Eating

A common problem for people with moderate to severe dementia is to have some difficulty at meal time. Why? There are a number of possible reasons, including:

- Changes in appetite—either increased or decreased.
- Forgetting to eat.
- Being frightened by a noisy dining room.
- Confusion about how to use silverware.
- Too agitated to sit for an entire meal.
- Feeling rushed at meal time.
- Distracted by the table setting and/or environment.
- Forgetting how to chew and/or swallow.
- Confusion over too many food choices.



Many eating problems experienced by dementia clients are temporary and will change as their condition deteriorates.



How You Can Help...

- If possible, offer five to six small meals per day, rather than three larger ones.
- Remind your dementia clients that it is meal time.
- Demonstrate how to use silverware...or offer foods that can be eaten easily with the fingers.
- Simplify the meal by using just one plate, one piece of silverware and just a few food choices.
- Avoid tablecloths and dishes that are *patterned* as they may be too distracting.
- Reduce the amount of noise in the dining area to avoid frightening your dementia clients.
- If possible, serve foods that are *familiar* to your client.
- Check the temperature of foods before you serve them.
- Avoid using foam cups—dementia clients may try to eat them.
- Use *bowls* rather than plates to make it easier to get food onto a spoon.
- Demonstrate how to chew and say “chew now” in a friendly tone of voice.
- To encourage clients to swallow, stroke them gently on the throat and say, “swallow now”.
- Encourage your clients to finish one food completely before moving on to another. (Some people get confused by a change in texture.)
- Give your dementia clients plenty of time to finish their meal.



Be sure to report any sudden changes in appetite or other eating difficulties. There may be a medical or treatable cause for the problem.



A neat and clean physical appearance is important to every person's self-esteem.



Challenges For People with Dementia: Hygiene

While most of us take getting bathed and dressed for granted, people with dementia can become confused by this rather complex process. If you think about it, there are probably one hundred small steps involved in washing, brushing your teeth, combing your hair and putting on clothes. Eventually, most people with dementia lose interest in personal hygiene. This may be because they:

- Have forgotten what clothes are or how to dress themselves.
- Don't like feeling out of control.
- Get anxious about being naked.
- Are afraid of getting wet.

How You Can Help...

- Make sure the client's room is warm enough for getting dressed or undressed.
- Provide for your client's privacy.
- Try to use the same location each day for dressing and a *different* spot for undressing.
- Make sure your client's clothes fit comfortably and are not so long the client might trip.
- Simplify the dressing process by offering only a few clothing choices.

Let your supervisor know if your client becomes combative or upset while getting dressed or if the client insists on wearing the same clothes, day after day—even to bed.

More Ways to Help...

- If possible—and if your client seems to enjoy it—play calming music during bath time.
- Make sure the bathroom is warm and well-lit.
- Avoid mirrors if your client no longer recognizes him or herself.
- Try to schedule a bath during the time of day that your client is most relaxed.
- Let your client feel the water before getting into the bathtub or shower. Say something like, "This water feels nice."
- For additional tips, see the In the Know inservice entitled "Bathing Tips".



Praise your dementia clients for completing each small step of the bathing process.

Challenges for People with Dementia: Sleeping

It is not unusual for people with dementia to have sleeping problems. These may come from:

- Being confused about when it's day and when it's night.
- Having to get up frequently during the night to urinate.
- Being depressed. This can lead to sleeping too much or having insomnia.
- Being in pain.
- Having leg cramps or "restless legs".
- Experiencing some kind of disruption in their daily routine.
- Taking medications. Some drugs make people sleepy; others can keep them awake.

People with dementia may also experience "sundowning"—an increase in restlessness, agitation and disorientation that gets worse at the end of the day.



You may notice that when clients nap too frequently during the day, they have trouble getting to sleep at night.

How You Can Help...

Sleeping problems tend to worsen if a dementia client's routine is changed.

Help your clients keep on a schedule of getting up and going to bed at the same times every day. Report any new sleep issues to your supervisor.

- Try increasing your client's level of activity during the day.
- Observe what your clients eat. Sleep can be disrupted by eating foods with too much sugar or caffeine.
- Whenever possible, keep your client's afternoon and evening hours calm, filled with quiet activities only.
- For clients who tend to get confused, try closing the drapes and turning on the lights well before sunset. This cuts down on shadows which can add to their confusion.
- Make sure your client's sleeping area is not too hot or too cold.
- Consider leaving on a night light near the bed to keep clients from getting disoriented.
- Avoid having daytime clothing within sight at night. Your client may see the clothes and think that it's time to get up and get dressed.
- Some dementia clients enjoy having some soft music playing near their bed at night.



For safety reasons be sure to leave a nightlight on in the client's bathroom and in any hallway leading to it.

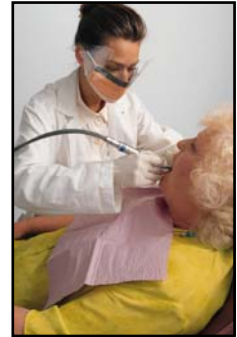
Some Important Points About Dementia

- **Focus on strengths!** Most types of dementia cause an inevitable decline of a person’s memory, intellect and personality. However, this usually occurs only in the middle to late stages. During the early stage of dementia, it is especially important

to focus on the person’s remaining *strengths*...and not on what he or she is losing. For example, Mr. Smith has trouble remembering what he hears, but does well with visual cues. His aide put simple written instructions and pictures on the walls

of Mr. Smith’s living area.

- **Last in, first out!** For most people with dementia, the things they learned most recently are the most easily forgotten. Allow your clients to focus on what they do remember.



Mrs. Waters may not remember that you just helped her get dressed, but she can tell you all about a blouse she owned forty years ago.

More Food For Thought

- **Stimulate, don’t overwhelm.** There is a fine line between providing stimulation to people with dementia and overwhelming them. Get to know each client as an individual so you

know what their limits are. For example, Mr. Green may become agitated by all the sights and sounds after a ten minute walk, but Mrs. Hall is content to sit and watch her neighbors for over an hour.

- **Childlike, not childish.** People with moderate to severe dementia tend to lose the ability to care for themselves. Just like small children, they need help with eating, dressing, walking and toileting. But, remember, just because some of their needs and behaviors may be childlike, they are not children. Be sure to treat them as adults; don’t patronize or “talk down” to them.



Don’t take your client’s behaviors *personally*. Remember that the client has a debilitating condition and is not behaving this way on purpose.

▼ Personality Plus!

Typically, dementia tends to exaggerate personality traits that already existed. For example, someone who was bossy in his younger years may be completely domineering due to dementia. Or, dementia may make a person who was always tidy become obsessed with neatness.

Also Good to Know...

Follow the leader.

People with dementia tend to take on characteristics of their caregivers and/or family members. For example, Mr. Stone's wife is anxious and irritable out of worry for her husband. When she comes to visit, Mr. Stone becomes anxious and irritable, too.

All in the family.

When a loved one has dementia, the whole family is affected—especially if they have primary responsibility for the person's care. Studies have shown that family members of dementia clients have a higher risk of depression, anxiety and even illness.

Change the environment, not the person.

To meet the needs of your dementia clients, watch how they react to different situations throughout their day. For example, if Mrs. Mason won't sit still in a noisy dining room, serve her meals someplace quiet.



Try to imagine how you would like to be treated, and talked to, if you were in your client's shoes.

▼

Keep these ten warning signs in mind as you go through your work day—especially if you care for a number of elderly clients. If you notice these signs developing in any of your clients, report the situation to your supervisor. Your observations may help them receive an early diagnosis—and treatment—for dementia.

The Ten Warning Signs of Dementia

- 1. Memory loss**—such as forgetting more often or forgetting *recently* learned information.
- 2. Problems performing everyday jobs**—such as getting confused when making a telephone call or playing a game.
- 3. Difficulty with language**—such as forgetting simple words or substituting words so that a sentence doesn't make sense.
- 4. Confusion about time and place**—such as getting lost in familiar locations or forgetting if it is day or night.
- 5. Poor or impaired judgment**—such as wearing pajamas outside or giving away large sums of money to strangers.
- 6. Problems with abstract thinking**—such as forgetting what numbers are...and how to use them.
- 7. Misplacing items**—especially putting things in the wrong place such as eyeglasses in the freezer or keys in the sugar bowl.
- 8. Changes in mood or behavior**—especially rapid mood swings that come on for no apparent reason.
- 9. Changes in personality**—especially *drastic* changes such as extreme paranoia or fearfulness.
- 10. A loss of initiative**—people with dementia often become very passive and tend to avoid social activities.



Are You “In the Know” About Dementia?

Finish each statement with one of the words from the list below.

Then check your answers with your supervisor.

(Hint: You will not use every word on the list.)



Vascular
40
Diagnose
Lewy Body
Combative
AIDS

Pick’s disease
Blood pressure
Medications
Stroke
Diseases
65

Memory loss
Symptoms
Bedridden
Alzheimer’s disease
Observe
Behavioral changes

1. Dementia is a group of _____ that can be caused by many different diseases.
2. Dementia can be caused by strokes, brain diseases and infections such as _____.
3. The most common cause of dementia is _____.
4. People with _____ dementia decline in “steps” caused by a series of strokes.
5. _____ dementia tends to cause hallucinations.
6. One form of dementia known as _____ usually develops in people *before* the age of 70.
7. In most cases, dementia begins with mild _____.
8. In the terminal stage of dementia, most people are _____.
9. Most people with dementia are over age _____.
10. When working with elderly clients, it’s important to _____ them for signs and symptoms of dementia.

EMPLOYEE NAME

(Please print):

DATE:

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:



Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in employee’s personnel file.