Objectives:

1. Describe the prevalence of dementia

. Describe the five sensory input and processing systems, highlighting the dominant role of vision and the major differences between protective and discriminating sensation in each.

3. Discuss the impact of changing sensory awareness and processing as dementia progresses.

How many people have dementia?

- Every 4 seconds someone new is diagnosed with dementia
- 50 million people currently living with dementia
- By 2050, 135 million people will have dementia worldwide
- 1:6 women and 1:10 men living past 55
- Cost is nearly 1 billion dollars annually today

5 Senses
How Humans Take In Data

1. What you see
2. What you hear
3. What you feel/ touch
4. What you smell
5. What you taste

Visual Data

- **The most powerful sensory input.**

  People with dementia pay more attention to what they see than what they hear.

Auditory Data

- **What do we often do wrong?**

Care partners like to talk.

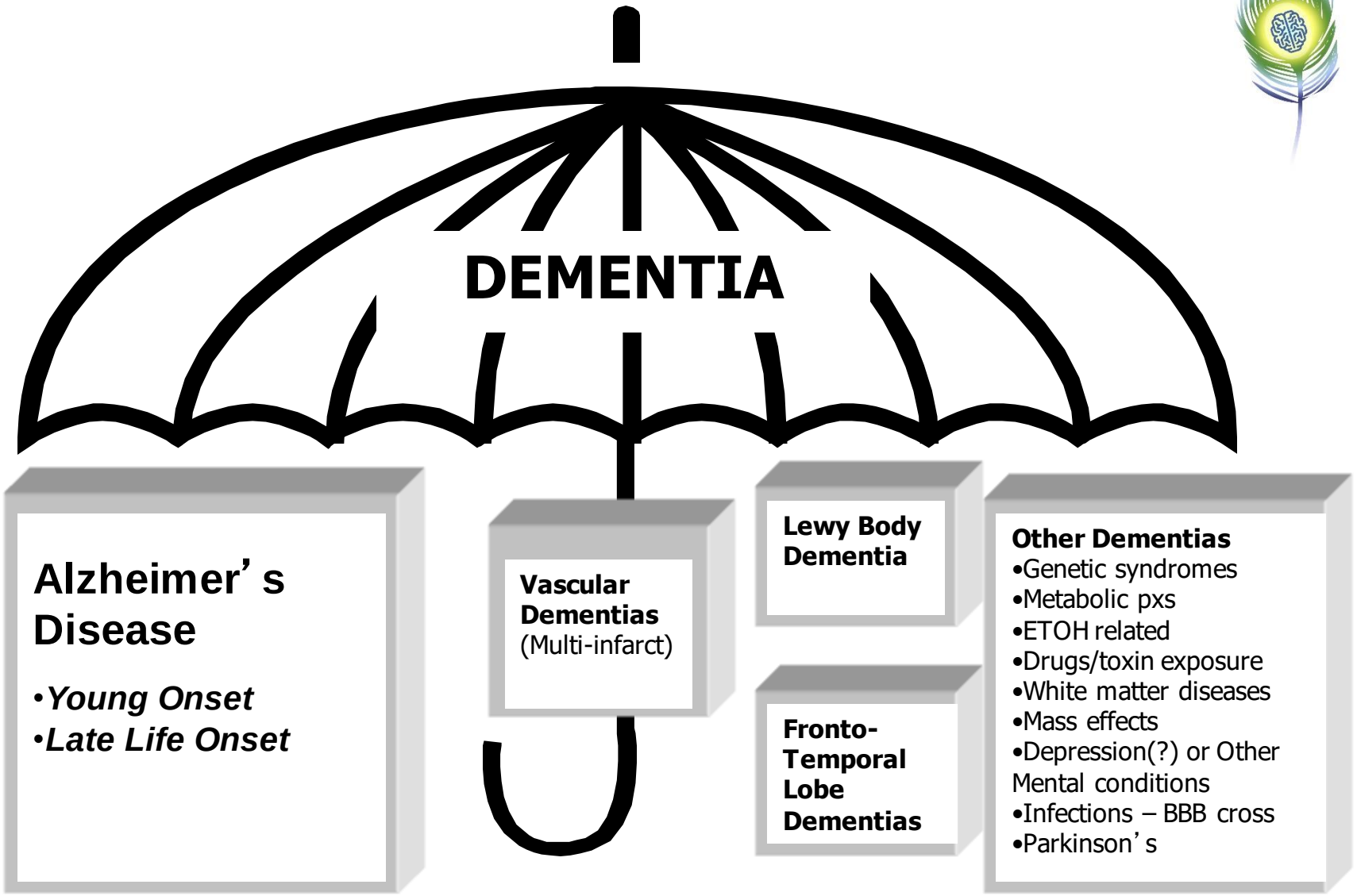
The person with dementia is focused on how we look visually and they are not processing the content.

Dementia: What Changes

- Structural changes –permanent
  - Cells are shrinking and dying
- Chemical changes - variable
  - ✓Cells are producing and sending less chemicals
  - ✓Can ‘shine’ when least expected – chemical rush

Four Truths About Dementia

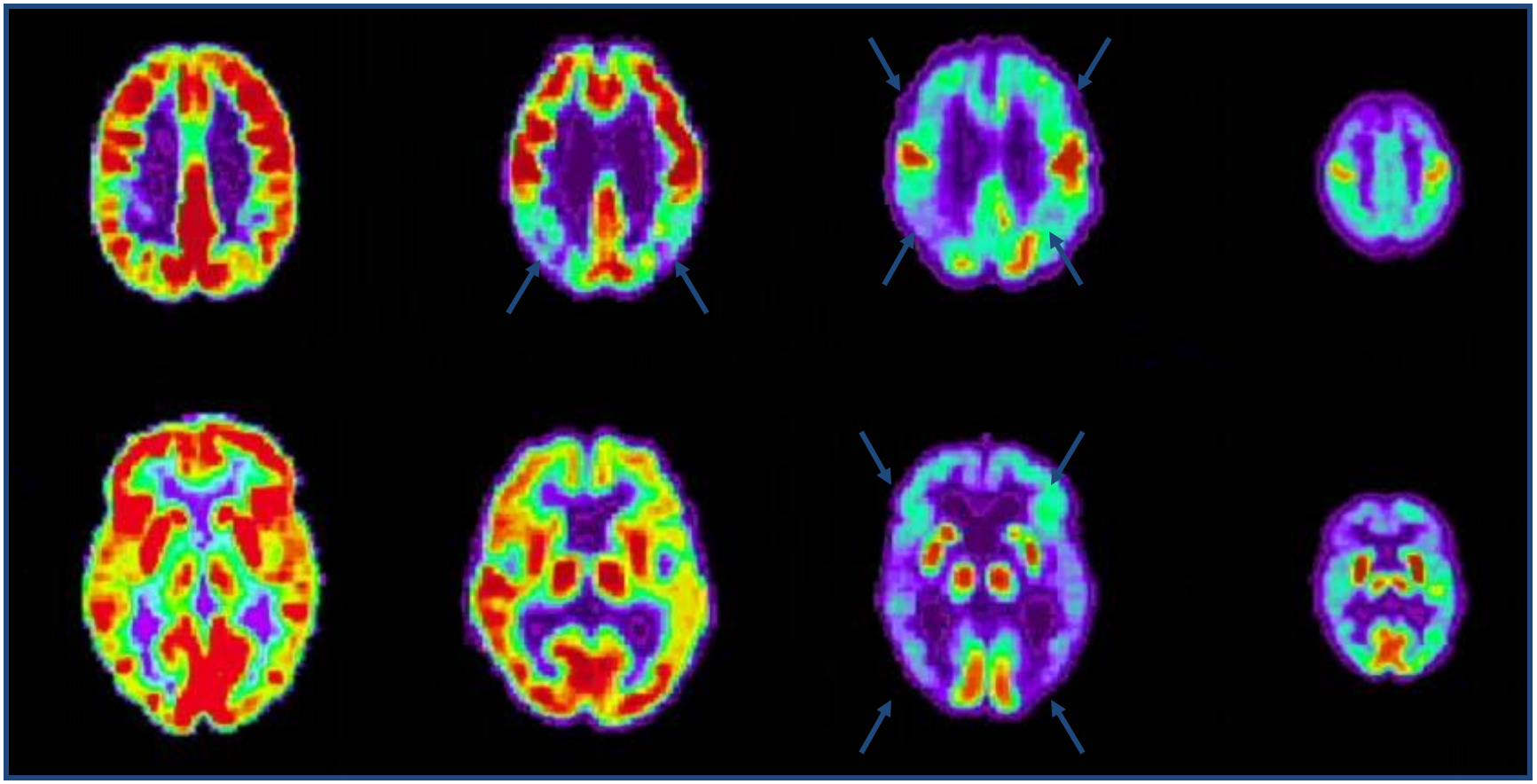
1. At least 2 parts of the brain are dying
2. It is chronic and can't be fixed
3. It is progressive and will get worse
4. It is terminal


DEMENTIA
Alzheimer's Disease
•Young Onset
•Late Life Onset
Vascular Dementias
(Multi-infarct)
Lewy Body Dementia
Fronto-Temporal Lobe Dementias
Other Dementias
•Genetic syndromes
•Metabolic pxs
•ETOH related
•Drugs/toxin exposure
•White matter diseases
•Mass effects
•Depression(?) or Other Mental conditions
•Infections – BBB cross
•Parkinson's

Mimics of Dementia Symptoms

- **Depression**
  - can't think
  - can't remember
  - not worth it
  - loss of function
  - mood swings
  - personality change
  - change in sleep
- **Delirium**
  - swift change
  - hallucinations
  - delusions
  - on & off responses
  - infection
  - toxicity
  - dangerous

Positron Emission Tomography (PET)
Alzheimer's Disease Progression vs. Normal Brains



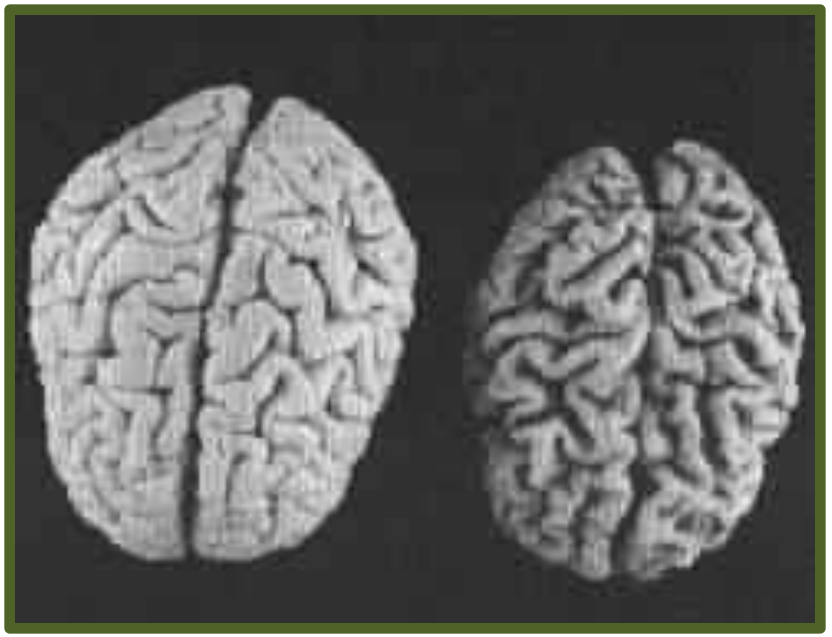
G. Small, UCLA School of Medicine.

Normal Brain

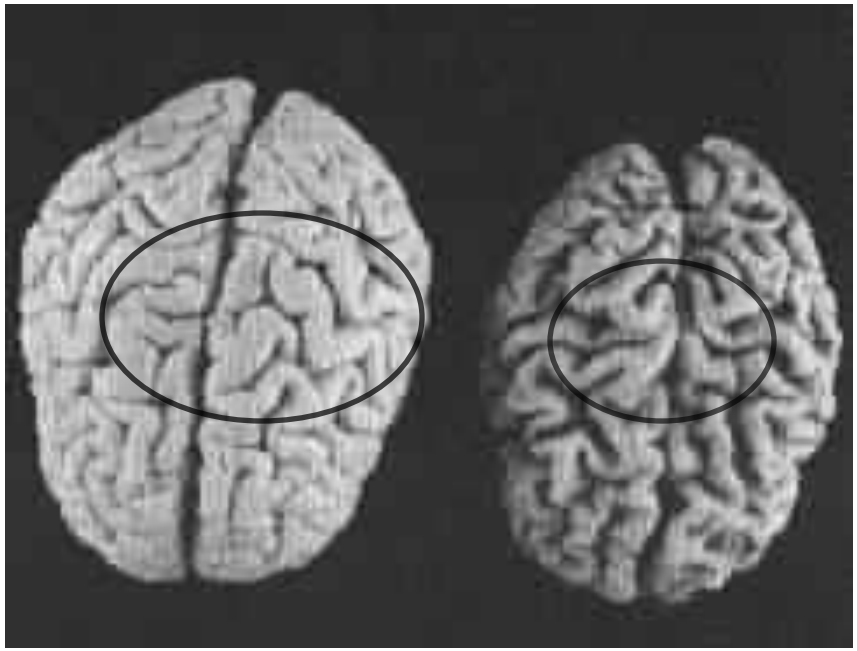
Alzheimer's Brain

Brain Atrophy

- The brain actually shrinks
- Cells wither then die
- Abilities are lost
- With Alzheimer's area of loss is fairly predictable
- BUT the experience is individual…



Vision



Losses

- Edges of vision – peripheral field
- Depth perception
- Object recognition linked to purpose
- SLOWER to process – scanning & shifting focus

Preserved

- ‘See’ things in middle field
- Looking at… curious

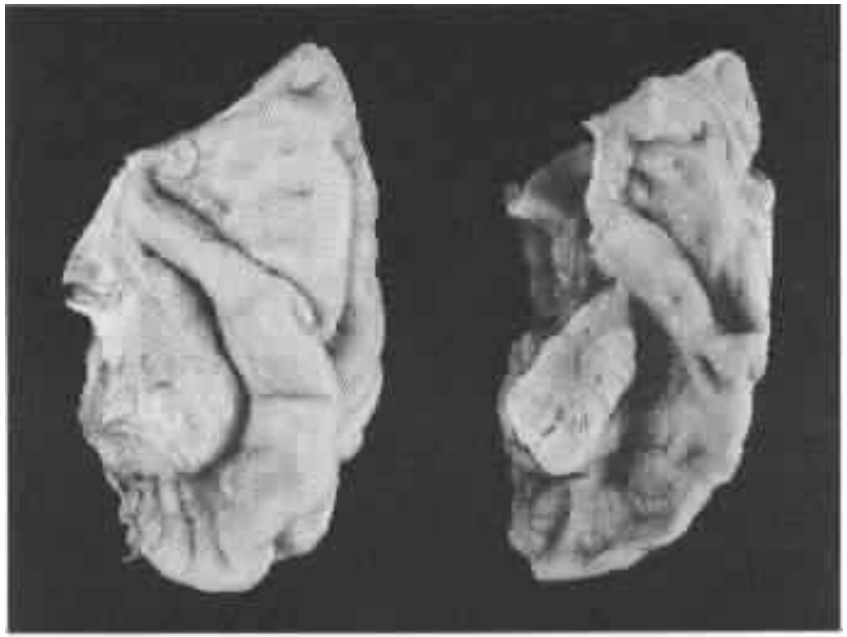
Understanding

Loss

- Can't interpret words
- Misses some words
- Gets off target

Preserved Ability

- Can get facial expression
- Hears tone of voice
- Can get some non-verbals
- Learns how to cover



Sensory Changes

Loss

- Awareness of body and position
- Ability to locate and express pain
- Awareness of feeling in most of body

Preserved Ability

- 4 areas can be sensitive
- Any of these areas can be hypersensitive
- Need for sensation can become extreme

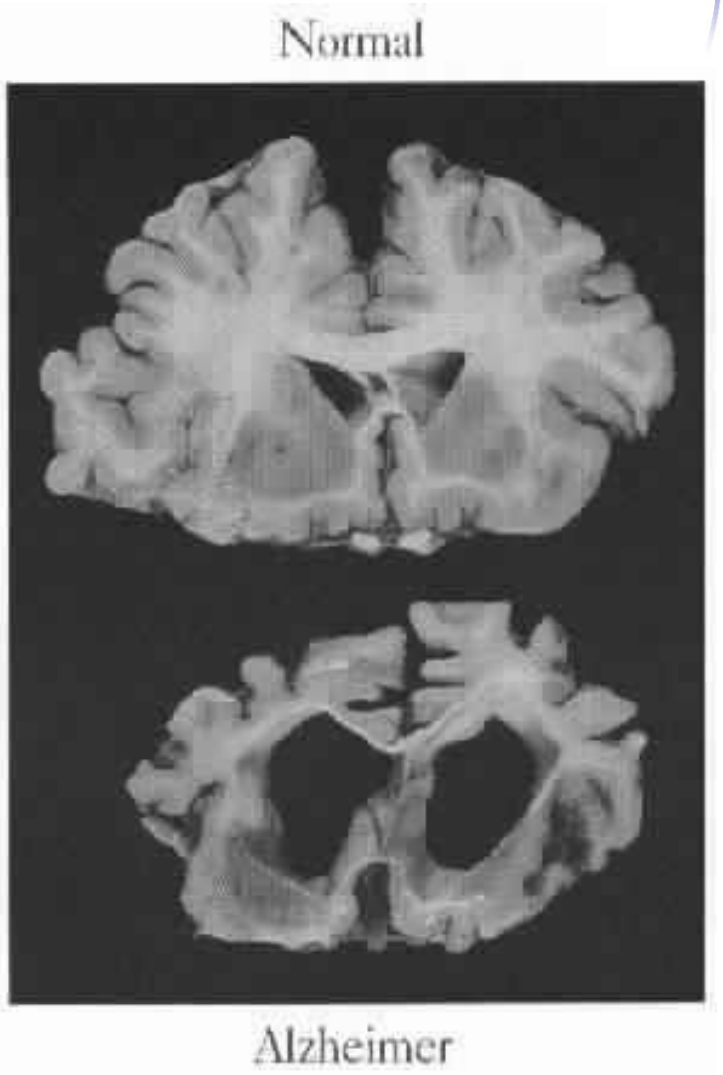
Self-Care Changes

Loss

- initiation & termination
- tool manipulation
- sequencing

Preserved Ability

- motions and actions
- the doing part
- cued activity



Language

Loss

- Can't find the right words
- Word Salad
- Vague language
- Single phrases
- Sounds & vocalizing
- Can't make needs known

Preserved Ability

- Singing
- Automatic speech
- Swear words, sex talk, forbidden words

Approach Matters

Use a consistent Positive Physical Approach™

- Pause at edge of public space
- Gesture and greet by name
- Offer your hand and make eye contact
- Approach slowly within visual range
- Shake hands and maintain Hand-Under-Hand™
- Move to the side
- Get to eye level & respect intimate space
- Wait for acknowledgement

Supportive Communication

Make a connection

- Offer your name – “I’m (NAME)… and you are…”
- Offer a shared background – “I’m from (place) …and you’re from…”
- Offer a positive personal comment – “You look great in that ….” or “I love that color on you…”

Emotional Communication

Validate emotions

- EARLY –"It's really (label emotion) to have this happen" or "I'm sorry this is happening to you"
- MIDWAY – Repeat/reflect their words (with emotion)
  - ✓LISTEN for added information, ideas, thoughts
  - ✓EXPLORE the new information by 'watching and listening' (wonder what they are trying to communicate)
- LATE – Check out their 'whole' body –
  - ✓Observe face, posture, movement, gestures, touching, looking
  - ✓Look for NEED under the words or actions

Keep it SIMPLE

- USE VISUAL combined VERBAL (gesture/point)
  - ✓“It’s about time for… “
  - ✓“Let’s go this way…”
  - ✓“Here are your socks…”
- DON’T ask questions you DON’T want to hear the answer to…
- Acknowledge the response/reaction to your information…
- LIMIT your words – SIMPLE is better always
- Wait, Pause, Slow Down

For ALL Communication

If what you are trying is NOT working…

- STOP
- Back off
- THINK IT THROUGH…
- Then, re-approach
- And try something slightly different

- **Sapphires – True Blue – Slower BUT Fine**
- **Diamonds – Repeats & Routines, Cutting**
- **Emeralds – Going – Time Travel – Where?**
- **Ambers – In the moment - Sensations**
- **Rubies – Stop & Go – No Fine Control**
- **Pearls – Hidden in a Shell - Immobile**

Positive™ Approach to Care

People living with dementia

need care partners to think about and act on what they want, need, and think.

Watch and Observe

- What they show you- how they look
- What they say – how they sound
- What they do – physical reactions