



# I'VE BEEN DIAGNOSED WITH DEMENTIA...NOW WHAT?

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# Disclosures

- None

# Objectives

- Define Dementia
- Identify Impacts of Dementia
- Identify What to Expect
- Identify Strategies per Impact
- Identify and Understand the 5M's of Aging
- Discuss Available Medications
- Identify the Multidisciplinary Comprehensive Care in Geriatrics
- Discuss Legal, Financial, and Medical Planning
- What Matters Most?

# What is dementia?

- Dementia is an acquired syndrome of decline in memory and other cognitive functions sufficient to affect daily life
  - Progressive and disabling
  - NOT an inherent aspect of aging
  - Different from normal cognitive lapses

# Normal vs. Abnormal Aging

- Age-Associated Memory Impairment

- NORMAL

- Ex. Forgetting to shut garage at night, forgetting where you put your wallet, the name of an old classmate, or your password for a website

- Not disrupting your life

- Still able to complete daily tasks

- No difficulty learning new things

# Simplified Definition

- Decline in at least two areas:

- Learning & Memory
- Complex Attention
- Executive Function
- Language
- Perceptual Motor
- Social Cognition



- Decline in Functional Status:

- Instrumental Activities of Daily Living (iADLs)
- Activities of Daily Living (ADLs)

- Requirements

- Need evidence from family complaint + neuropsychological testing
- Not explained by delirium or psychiatric condition

# Who has dementia?



# What is the impact?

- Function
- Quality of Life
- Communication



# Early Impact

- Remembering
- Paying attention
- Carrying out daily tasks: shopping, cooking, taking medications
- Using and understanding language
- Making decisions, planning, organization
- Finding their way from one once-familiar place to another

# Late Impact

- Mobility
- Fall Risk (due to Visuospatial Difficulties)
  - Can cause serious and/or life-threatening injuries
- Difficulty with personal care i.e. dressing, bathing, eating
- Controlling bowel/bladder

# Behavior Variability

- Changes in mood
  - Agitated, Anxious, Depressed
- Lack of energy
- Careless
- Aggression
- Inappropriate
- Wandering/asking to “go home” when they are home
- Having hallucinations or delusions



# Diagnosing Dementia

- CLINICAL DIAGNOSIS
- Information from patients and family members
- Medication list
- Screening tools
- Lab tests
- Role of imaging

# What to Expect

\*Scored primarily based on information from knowledgeable informant and/or caregiver

## Functional Assessment Scale (FAST)

1	No difficulty either subjectively or objectively.
2	Complains of forgetting location of objects. Subjective work difficulties.
3	Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity. *
4	Decreased ability to perform complex task, (e.g., planning dinner for guests, handling personal finances, such as forgetting to pay bills, etc.)
5	Requires assistance in choosing proper clothing to wear for the day, season or occasion, (e.g. pt may wear the same clothing repeatedly, unless supervised.*
6	Occasionally or more frequently over the past weeks. * for the following <b>A)</b> Improperly putting on clothes without assistance or cueing . <b>B)</b> Unable to bathe properly ( not able to choose proper water temp) <b>C)</b> Inability to handle mechanics of toileting (e.g., forget to flush the toilet, does not wipe properly or properly dispose of toilet tissue) <b>D)</b> Urinary incontinence <b>E)</b> Fecal incontinence
7	<b>A)</b> Ability to speak limited to approximately $\leq 6$ intelligible different words in the course of an average day or in the course of an intensive interview. <b>B)</b> Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview <b>C)</b> Ambulatory ability is lost (cannot walk without personal assistance.) <b>D)</b> Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests [arms] on the chair.) <b>E)</b> Loss of ability to smile. <b>F)</b> Loss of ability to hold up head independently.

\*Scored primarily on information obtained from a knowledgeable informant.  
Psychopharmacology Bulletin, 1988 24:653-659.

# Early Impact Strategies

Impact	Strategy
Remembering	Notebook, diary, calendar
Paying attention	Short simple sentences, eye contact
Daily tasks – shopping, cooking, medications	Fixed days/times, shopping lists, familiar places/stores
Using/understanding language	Simple language, puzzle books, reading (even if children's books)
Making decisions, planning, organization	Simple, assistance, patience (do not take away their ability to decide)
Finding way from one place to another	Chaperone, offer to go with them (positive words instead of 'babysitter')

# Early Impact Strategies Continued

Impact	Strategy
Finances	Autopayments, legal assistance (if affordable)
Shopping	Delivery services
Forgetful (recent events, names)	Orientation, Reinforce ("Hi Mom, Mary your daughter"), Name Tags
Medications	Supervision, pill boxes w/ alarms, de-prescribe (!!!), once a day dosing, LESS IS MORE
Acquaintances	Name/introduce themselves (notify in advance to avoid embarrassment)

# Middle Stage Impact Strategies

Impact	Strategy
Complex chores/hobbies	Make it 'fun' quality time, engage community (church, neighbors, friends)
Getting lost in familiar places (i.e. home)	Good light, motion sensitive, label, pictograms
Irritability/Agitation	Redirection, fidget blankets (sensory blanket), music, dance, stories
Recognition	Family book with pictures and names



# Late Impact Strategies

Impact	Strategy
Mobility	Walker, good lighting, avoid rugs, handrails, shower grab-bars
Fall Risk	Exercise, declutter, motion sensitive lights
Personal care (bathe, dressing, etc.)	Assistance, preset settings for water and lighting
Controlling bowel/bladder	Toilet schedule, regulating bowel (potty re-train)

# Advanced Impact Strategies

Impact	Strategy
Swallowing/Eating	Sitting w/ assistance, chin tuck, soft & bite-sized foods, one consistency at a time
Inability to walk, bathe, dress, etc.	Supervision/assistance, simple clothing (Velcro, press buttons, etc.)
Minimal verbal communication	Eye contact, simple choices, pointing at pictures, eye blink (yes vs no)
Recurrent infections	Sit & eat, toilet schedule, walk every hour, hydration, antibiotic ppx

# Examples



# Medication Reminders

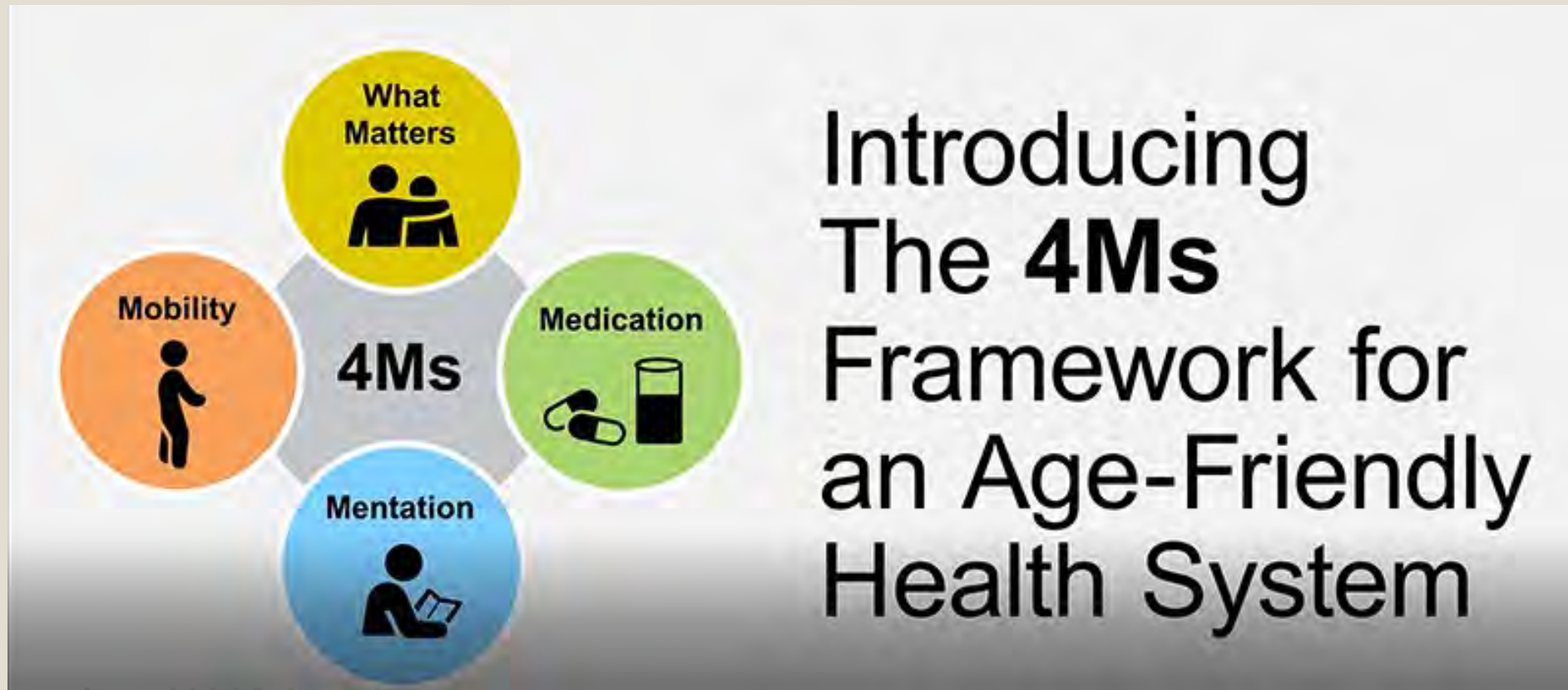




# Sensory Board/Blanket



# Age Friendly Health Systems



# 5 M's

- **What Matters:** Know and align care/goals with each individual older adult involving care preferences such as quality of life, involvement, and end-of-life care
- **Medication:** Age friendly, necessary, de-prescribe
- **Mentation:** Prevent, identify, treat, and manage dementia, depression, and delirium across all aspects of care
- **Mobility:** Move safely, daily movement, maintain function
- **Meals:** PROTEIN, hydration, fruits/vegetables

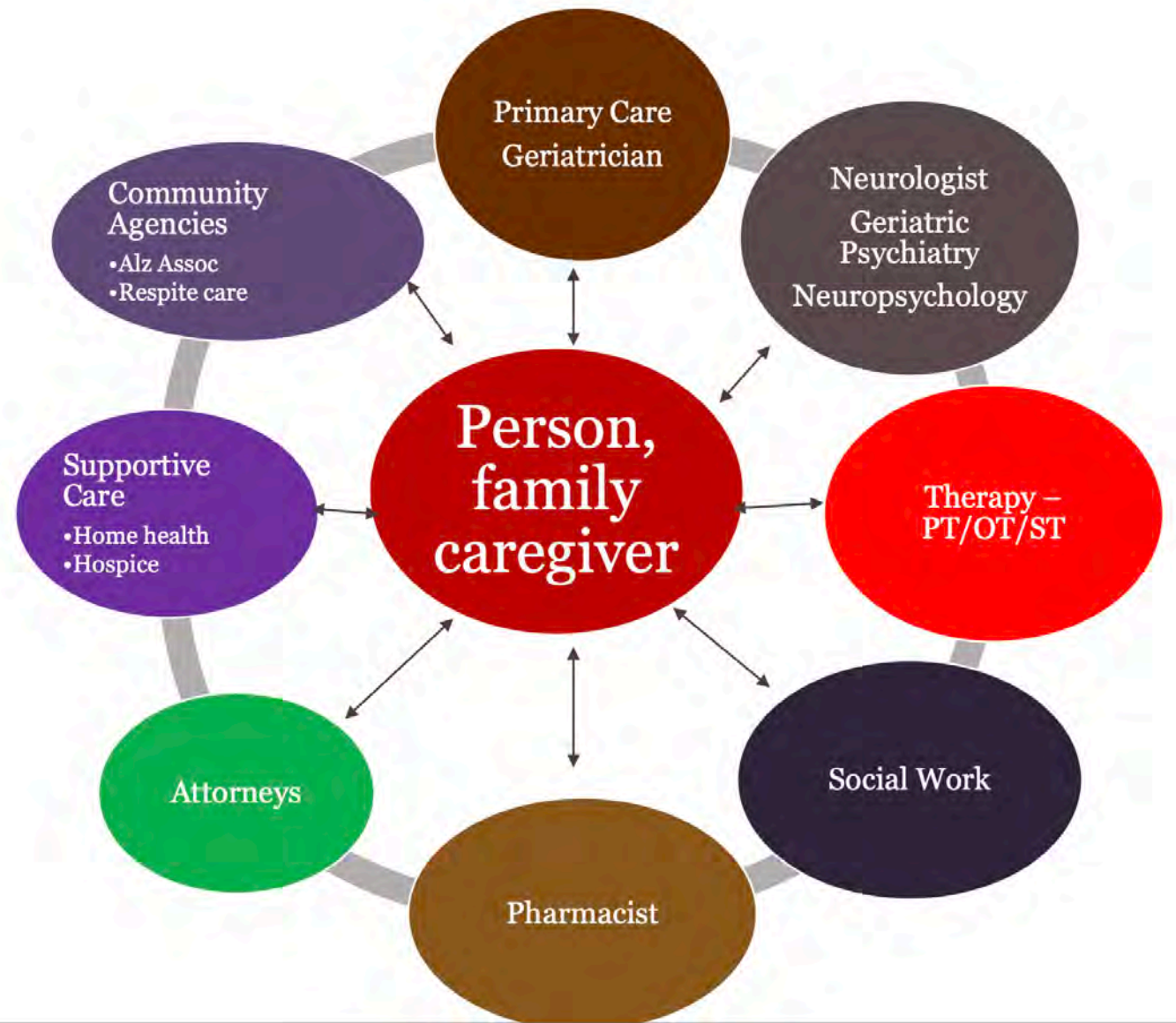
\* Some also include money (especially for caregivers)



# Communication Techniques

- Proximity
- Eye contact
- Voice tone
- Simplicity
- Enunciate
- **Positivity**
- Attitude
- Validation
- Redirection





# MULTIDISCIPLINARY COMPREHENSIVE CARE



# Legal Planning

- NEVER TOO EARLY
- Inventory of existing legal documents, make necessary changes
- Make legal plans for property, finances, and health
- Put plans in place for future health care and long-term care desires
- Name a person who can make decision when you no longer can

# Financial Planning

- Identify family members/trusted individuals who can assist
- Review benefits: government, insurance, veteran
- Review long term care insurance
- Identify care costs to be aware
- Decide who can help with financial responsibilities
- Expenses
  - Chronic conditions and associated costs
  - Medical equipment
  - Safety-related i.e. home modifications
  - Personal care
  - Adult Day care, In-home care, Full-time residential care
  - Prescriptions



# Medical Planning

- Express your wishes
  - Full code/DNR, medications, feeding tubes, dialysis
- Hospice
- Talk with primary care team
- Autopsy
- Donation
- Funeral/burial plans



# What Matters Most to YOU?

- What are your preferences as you age?
- What keeps you going?
- What brings a smile to your face?

# Resources for YOU!

- KU Alzheimer's Disease Research Center
- Dementia Care Assist App for your phone
- Alzheimer's Association

# Resources

- Texas Geriatric Society
  - Dr. Patel at UT Health San Antonio
- American Alzheimer's Association
- American Geriatric Society
- Amazon