



DEMENTIA SUPPORT
Northwest

You Are Not Alone.



The Dementia Support Program at NWRC:

- Increases opportunities for people in early dementia and their caregivers to socialize and engage in community
- Supports people with dementia and their caregivers to obtain legal advice and participate in advance care planning activities
- Increases the availability of STAR-C (an evidence-based consultation service to help family caregivers who are caring for someone with Alzheimer's disease or a related dementia)
- Offers culturally tailored dementia caregiving education to Tribal communities in the region
- Provides dementia education and support to cultural and ethnic groups that are currently underserved through the use of translated materials and language appropriate events

Dementia Support Program at Northwest Regional Council



How to reach us:

For personalized assistance with a dementia related issue, please contact your local Aging and Disability Resource Center.

Whatcom: NWRC Aging and Disabilities Resources Program

600 Lakeway Drive

Bellingham, WA 98225

Phone: (360) 738-2500

Email: ADRCwhatcom@dshs.wa.gov

For material requests or to request a training, please contact
NWRCdementia@dshs.wa.gov

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Introduction to Dementia

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Recognizing Dementia: What Can It Look Like?

We all know that many things change as we age. Dementia is often mistaken for being part of the normal aging process but is not a natural part of age.

Normal Aging	Mild Cognitive Impairment (MCI)	Dementia
<p>Some memory changes are common in aging</p> <p>Our bodies and brain slow down, but our intelligence remains stable. It can just take more time to process information.</p> <ul style="list-style-type: none">• Examples include forgetting where we put our keys or not recalling a name.	<p>We might be aware that our memory or mental function has ‘slipped’, and its severe enough to be noticed by other people, but we still can manage daily life.</p> <ul style="list-style-type: none">• MCI may increase risk of later progression to dementia, but some with MCI never worsen	<p>While not a diagnosis itself, “dementia” serves as an umbrella term describing a group of symptoms</p>

What is Dementia?

Each experience with dementia is different

- Influencing factors can include attitude about diagnosis, physical health, the relationships they have with friends and family, the support they receive, and their surroundings.

But most people will share some of the following symptoms:

- Declines in memory, normal thinking, communication, and reasoning ability

Dementia Involves:

- Progressive development
- *Progression varies by person, in some cases advancing rapidly, in others taking years to reach an advanced stage*
- *Rate of progression depends greatly on the underlying cause of dementia*

(Some) Types of Dementia

Alzheimer's Disease

Most common and well known, accounting for about 60% of dementia cases

- Often people will say they have Alzheimer's, not dementia. This is like saying you have pancreatic cancer but not cancer.

Vascular Dementia

'Post-stroke' or Multi-Infarct dementia; occurring in strokes or other brain injuries (10-20% of cases)

- Caused by problems with blood supply to the brain; symptoms vary widely depending on the brain region involved

Dementia with Lewy Bodies

Abnormal deposits of proteins called Lewy bodies form inside the nerve cells of the brain

- 10-20% of cases, and often in combination with Parkinson's Disease

Frontotemporal Dementia (FTD)

A rare disorder affecting the front and sides of the brain. Progresses faster than Alzheimer's disease and tend to occur at a younger age.

Mixed dementias

Occurs when multiple types of dementia-causing brain abnormalities are present, most commonly Alzheimer's and vascular dementia.

Depression and Dementia

Depression

- More likely to complain about memory loss
- Sudden onset, rapid mental decline
- MCI on testing which may improve on recovery
- Knowledge of correct time/date/etc.

Dementia

- Little or no awareness of memory loss (it's good to remember than you forgot!)
- Gradual onset, decline happens slowly
- Cognition impaired on testing and will decline over time

Shared Symptoms

- Loss of interest in activities/hobbies
- Sleep disturbances
- Isolation
- Can interfere with daily functioning

What to do when you think dementia is happening?

Start with a medical exam

Many things can mimic dementia:

➤ *OTC medication, Vitamin B deficiencies, infections, thyroid issues, diabetes, COPD with low O2 levels, etc.*

Seek referrals to neurologists, neuropsychologists, or geriatric psychiatrists (if available)

Contact Northwest Regional Council

Consolidated source for referrals to wide range of support services, case management, caregiver support services, and more.

➤ May recommend a memory screening

Memory Screenings and the Global Deterioration Scale

Memory Screenings	Non-diagnostic, but can give some insight into current cognitive health
	Also opens a space for health promotion and disease prevention for at-risk populations
Global Deterioration Scale	Divides dementia into 7 stages
	In each stage there are different risks, and different care needs

Stage	Clinical Characteristics
1 No Decline	No subjective complaints of memory deficit. No memory deficit evident on clinical interview.
2 Very mild decline	Subjective complaints of memory deficit, most frequently in following areas: (a) forgetting where one has placed familiar objects; (b) forgetting names one formerly knew well. No objective evidence of memory deficit on clinical interview. No objective deficits in employment or social situations. Appropriate concern with respect or symptomatology
3 Mild decline	Earliest clear-cut deficits. Manifestations in more than one of the following areas: (a) patient may have gotten lost when traveling to an unfamiliar location; (b) co-workers become aware of patient's relatively poor performance; (c) word and name finding deficit becomes evident to intimates; (d) patient may read a passage or a book and retain relatively little material; (e) patient may demonstrate decreased facility in remembering names upon introduction to new people; (f) patient may have lost or misplaced an object of value; (g) concentration deficit may be evidence on clinical testing. Objective evidence of memory deficit obtained only with an intensive interview. Decreased performance in demanding employment and social settings. Denial begins to become manifest in patient. Mild to moderate anxiety accompanies symptoms.
4 Moderate Decline	Clear-cut deficit on careful clinical interview. Deficit manifest in following areas: (a) decreased knowledge of current and recent events; (b) may exhibit some deficit in memory of one's personal history; (c) concentration deficit elicited on serial subtractions; (d) decreased ability to travel, handle finances, etc. Frequently no deficit in following areas: (a) orientation on time and person; (b) recognition of familiar persons and faces; (c) ability to travel to familiar locations. Inability to perform complex tasks. Denial is dominant defense mechanism. Flattening of affect and withdrawal from challenging situations occur.
5 Moderately Severe Decline	Patient can no longer survive without some assistance. Patient is unable during interview to recall a major relevant aspect of their current lives, e.g., an address or telephone number of many years, the names of close family members (such as grandchildren), the name of the high school or college from which they graduated. Frequently some disorientation to time (date, day of week, season, etc.) or to place. An educated person may have difficulty counting back from 40 by 4s or from 20 by 2s. Persons at this stage retain knowledge of many major facts regarding themselves and others. They invariably know their own names and generally know their spouses and children's names.
6 Severe Decline	May occasionally forget the name of the spouse upon whom they are entirely dependent for survival. Will be largely unaware of all recent events and experiences in their lives. Retain some knowledge of their past lives but this is very sketchy. Generally unaware of their surroundings, the year, the season, etc. May have difficulty counting from 10, both backward and, sometimes, forward. Will require some assistance with activities of daily living, e.g., may become incontinent, requires travel assistance. Diurnal rhythm frequently disturbed. Almost always recalls their own name. Frequently continue to be able to distinguish familiar from unfamiliar persons in their environment. Personality and emotional changes occur. These are quite variable and include: (a) delusional behavior, e.g., person may continually repeat simple cleaning activities; (b) anxiety symptoms, agitation and even previously nonexistent violent behavior may occur; (c) cognitive abulia, i.e., loss of willpower because an individual cannot carry a thought long enough to determine a purposeful course of action.
7 Very Severe (Late Dementia)	All verbal abilities are lost. Frequently there is no speech at all – only grunting. Incontinent of urine, requires assistance toileting and feeding. Loss of basic psychomotor skills, e.g., ability to walk. The brain appears to no longer be able to tell the body what to do. Generalized and cortical neurologic signs and symptoms are frequently present.

Communication Strategies and Useful Tips

Don't tell them they have dementia, don't even use the term

Think of your role conversationally as playing a part in their play instead of focusing on trying to 'set them straight'

Avoid trying to rationalize or use logic-based reasoning

When facing rising feelings of anxiety or anger, blend diversion and redirection

Safety Precautions and Resources

Safety in the home

- a. Household safety (Stoves, toasters, chemical solutions)
- b. Driving
- c. Firearms should be removed for safety of person with dementia as well as others

Wandering and Project Lifesaver

- a. Wandering can become common as dementia progresses
- b. In partnership between Whatcom County Search and Rescue and DSNW, PLS allows for faster and more efficient searches in cases where someone living with dementia has wandered away

Safety and Caregivers: Common Concerns

Caregiving can be exhausting, overwhelming, and relentless, and puts the caregiver themselves at risk for health concerns and even elevates their own risk of dementia.

However, when interacting with caregivers, keep an eye out for *warning signs and risk factors that result in an unsafe environment*:

- Leaving a loved one with advanced (Stage 5+) dementia unsupervised
- Leaving keys to the car unsecured, or leaving their loved one in a car while shopping/errands
- Attempting to secure a loved one in a locked and unsupervised space

Caregivers: Common Experiences/Concerns

It's important to emphasize the need for caregivers to also look after their own health.

Caregivers can be experiencing:

- High levels of stress
- Isolation
- Exhaustion
- Dealing with Guilt

Caregivers: Common Experiences/Concerns

Reflecting on certain things may help alleviate guilt:

- They're doing the best they can
- Nobody is perfect, and everyone gets frustrated with their loved ones sometimes
- Their caring and being there for their loved one helps enormously

Tips for Caring for a Person With Dementia

- Know your limits
- Prioritize
- Don't Compare Yourself
- Talk About It!

Caregivers: Resources for Support

Looking after themselves can take on a variety of forms:

Using technology to help in a caregiving role

Ex: Use the internet to help with online banking/bill pay; shop online to buy groceries, etc.

Join a Caregiver Support Group, and seek additional caregiving education

Talking to their PCP if they're struggling to cope or feeling depressed, anxious, or stressed

For Caregivers: You Are Not Alone!

Need additional resources, guidance, or support? No caregiver should feel like they have to go it alone, and fortunately here in northwestern Washington we're all here to help!

Northwest Regional Council, 360.676.6749, www.nwrcwa.org

- Comprehensive support services, case management, and referrals

Dementia Support Northwest: 360.671.3316, www.dementiasupportnw.org

- Daytime respite programs, support groups, educational offerings, and Project Lifesaver enrollment

Dementia Action Collaborative: <https://www.dshs.wa.gov/altsa/dementia-action-collaborative>

- The Dementia Roadmap
- Dementia Legal Planning Toolkit
- Dementia Safety Info Kit

Q&A