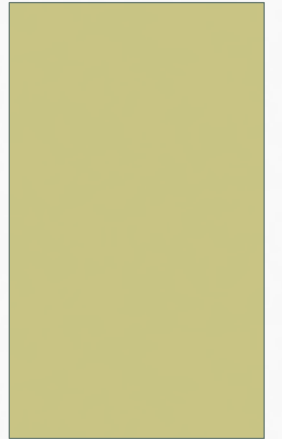


# **DEMENTIA SUPPORT**

**TEJA SINGH JR., MD**

Serves as Medical Director at ActivCare at 4S Ranch



# DEMENTIA DIAGNOSIS

A **diagnosis of dementia** requires that at least two core mental functions be impaired enough to interfere with daily living.

1. Impairment of short term memory
2. The second impairment: Aphasia, Apraxia, Agnosia, Executive Function

# **MEMORY LOSS**

**SHORT-TERM MEMORY LOSS**

# APHASIA

**Aphasia** is an inability to comprehend and formulate language

- Early stages of dementia: There may be mild word-finding difficulties as well as mistaken words (such as saying *aunt* instead of *sister*).
- Moderate to severe stages: There is a loss of fluency, increased paraphasias (use of incorrect words as well as incorrect pronunciation), and poor comprehension.
- Severe stages: There may be echolalia (repetition of words or phrases said by somebody else) and verbal stereotypies (repetition of meaningless words or phrases)

# APRAXIA

Difficulty with the motor planning  
to perform tasks or movements when asked

# AGNOSIA

Inability to process sensory information

Often there is a loss of ability to recognize objects, persons, sounds, shapes, or smells

# EXECUTIVE FUNCTION

Executive functions are a set of processes that all have to do with managing oneself and one's resources in order to achieve a goal.

- Choosing one action (or response) over another is based on split second decision. This is called executive function, or being able to plan and initiate a response.
- Higher order executive functions require the simultaneous use of multiple basic executive functions and include planning, reasoning, and problem solving.
- An example, think about the steps involved in taking a shower: remove clothing, turn on shower, adjust the temperature, step into shower, use shampoo to wash hair, use soap to wash the body, rinse off, turn off the water, dry off, and dress.

# ALZHEIMER'S: STAGE ONE

- **FORGETFUL** Mild or Early Stage, lasts 2 to 8 years.
- Person needs occasional reminders, lists and routine.
  1. Short term memory loss
  2. Disorientation to time; spatial disorientation.
  3. Mild Aphasia.
  4. Mild Apraxia.
  5. Judgment errors.
  6. Affect changes.
  7. Absent-minded, difficulty concentrating.
  8. Behavior or lifestyle changes.
  9. Self-aware or unaware of deficits or changes.



# ALZHEIMER'S: STAGE TWO

- Middle/Moderate Stage, lasts 3 to 6+ years.
- Person needs occasional assistance and supervision.
  1. Short-term and remote memory loss.
  2. Needs help with activities of daily living (bathing, toileting, etc.)
  3. Emotional ups and downs.
  4. Moderate Aphasia.
  5. Moderate Apraxia. One or two steps skills.
  6. Agnosia; less able to interpret sensory input (visual, touch, etc.)
  7. Restless, listless, wandering or slow moving, hard to motivate (abulia).
  8. Clumsy movement, decreased muscle control and some ataxia.

# ALZHEIMER'S: STAGE THREE

- Severe or End State, lasts 1 to 4 years.
- Person needs constant supervision and assistance. Respite essential to primary caregiver.
  1. Decreased communication skills, difficulty talking or understanding.
  2. Apraxia, one-step skills.
  3. Perseveration.
  4. Minimal motor control.
  5. Forgets social graces, decreased gating, spontaneous outbursts.
  6. Behavioral problems, such as wandering, unwilling to bathe or dress.
  7. Incontinent.
  8. Bedridden.

# HELP FOR CAREGIVERS

## REMEMBER: A SENSE OF HUMOR IS ESSENTIAL!

- Be consistent. Do things the same way each time.
- Stay positive. Smile. Praise.
- Take your time. One step at a time. Stay on a daily routine.
- Body language. Eye contact. Point. Pleasant voice.
- Keep pleasant distractors handy: snacks, music, a pet.
- Let others help: family, friends, community resources.
- Medication management
- Promote exercise
- Nutrition

# HELPING APRAXIA

- Familiar actions and tools are easier than anything new or strange.
- Be careful of sharp or dangerous tools.
- Simple movements are easier than complicated movements.
- One-step activities are easier than those with many steps.
- Reduce the choice of tools. Use one object at a time.
- Proximal movements (movements toward the body) are easier than distal movements (movements away from the body.)
- As each step is completed, remind about the next step (if needed).

# HELPING APHASIA

- REMEMBER **K.I.S.S.** (KEEP IT SHORT AND SWEET)
- Set Up the Best Conditions:
  - The Best Setting
  - The Best State Of Mind
  - The Best Way To Talk

## **THE BEST SETTING**

**THE BEST PLACE IS QUIET AND  
PEACEFUL IN A SMALL GROUP.**

# **THE BEST STATE OF MIND**

**THE BEST STATE OF MIND IS  
RESTED AND FRESH.**

# THE BEST WAY TO TALK

- Say the most important thing first. Be direct. Be brief.
- Keep the patient's attention.
- Talk slowly; give patient time to understand. Repeat.
- Use everyday words, short statements, simple grammar.
- Use few describing words. Use nouns, names of people & objects.
- Do not use abstract, general words or pronouns.
- Do not use metaphors (describing a likeness).
- Give correct order when talking about actions using many steps.



# HELP THE PATIENT UNDERSTAND

- Use hand signals. Point. Show pictures. Speak clearly and slowly.
- Write. Being able to read aloud does not mean understanding.
- Ask questions that need "Yes/No" answers.

# HELP PATIENTS COMMUNICATE

- Have them point. Show with an arm and hand. Write or draw it.
- Ask them to act out the request or need. Use facial expression to show meaning.

# SUPPORT SYSTEMS

- Caregiver support
- Physical, Occupational, and Speech Therapy
- Adult Day Care
- Memory Care