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Geriatric Psychiatry Community
Services of Ottawa

Overview of Dementia








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Learning objectives

- Provide an overview of dementia including the primary causes and symptomology.
- Review the stages and progression of dementia and the impact on the person living with dementia (PLWD).
- Identify common behavioural and psychological symptoms of dementia (BPSD) and expand knowledge of responsive behaviours.

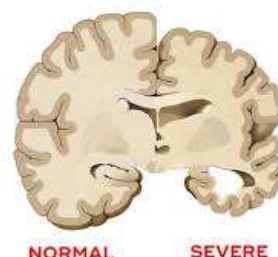


Normal Aging	Lifelong patterns of social engagement tend to be sustained. Changes may occur with life altering events, but re-engagement can be expected within a year or so		Removes oneself from all activities that require social interactions or becomes much more socially intrusive	Not Normal Aging
	May have trouble matching names and faces quickly or finding a specific word on occasion. Accepts prompts or similar words from others		Loses track in a conversation if the subject is changed or if multiple options are provided all at once	
	Can forget the day, month, or year, or get lost in a moment, but is able to notice the mismatch or recover with compensatory supports such as a calendar or watch		May get lost in time; time of day, time of year, or even time of life	
	Occasionally misses a monthly payment and might decide to seek assistance for taxes or investments from a reliable source		Begins making unwise or uncharacteristic decisions related to finances, investments, medications, or routines	
	May make minor mistakes in using equipment or power tools or will forget to turn something off but will recognize the risks of doing so		Makes mistakes in using familiar equipment such as power tools, lawn mower, stove, or microwave and does not seem to recognize risks or take responsibility for errors	
	Can often lose or misplace things and become frustrated but has strategies (retrace steps, scan and search, or ask for help) in place to find them		Misplaces items in unusual places and doesn't recall placing them there, even if the item is found. May voice thoughts that someone else put them there	
	Can get lost when traveling to an unfamiliar location or in challenging driving conditions		Gets lost traveling to or from a familiar location, or becomes confused about where they are when out in the community	

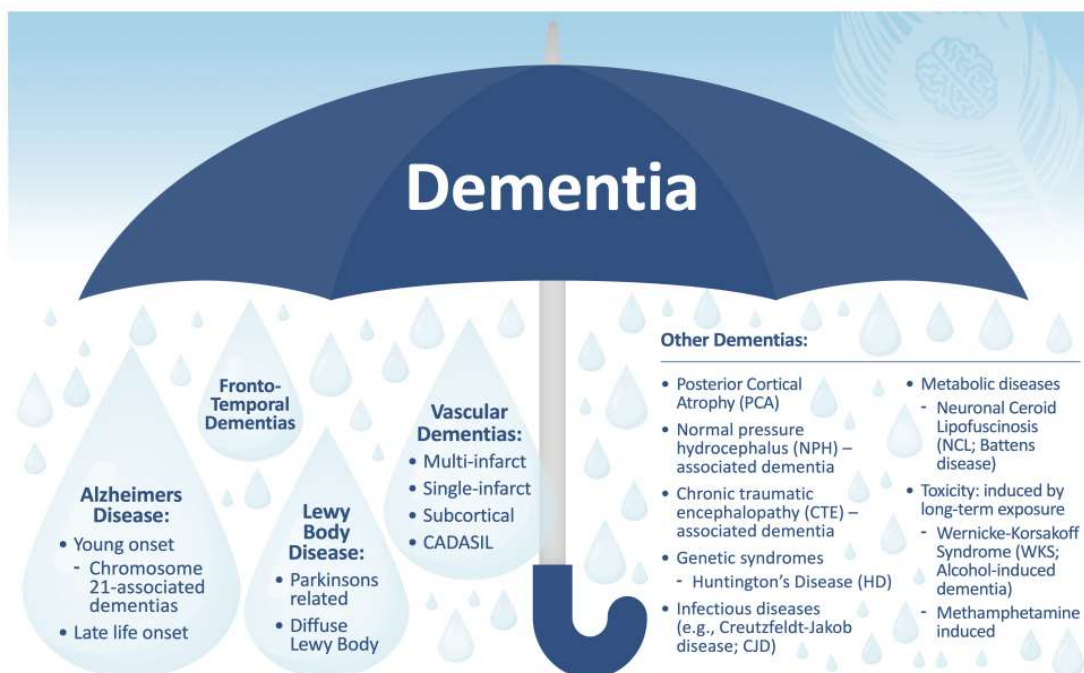
Source: Teepa Snow (2019).
Positive Approach to Care.

What is dementia?

- Dementia is a general term for a wide range of symptoms:
 - Memory loss
 - Mood changes
 - Difficulties related to thinking and communication
- These changes affect a person's ability to function in their day-to-day lives.
- You may also hear the term Major Neurocognitive Disorder.

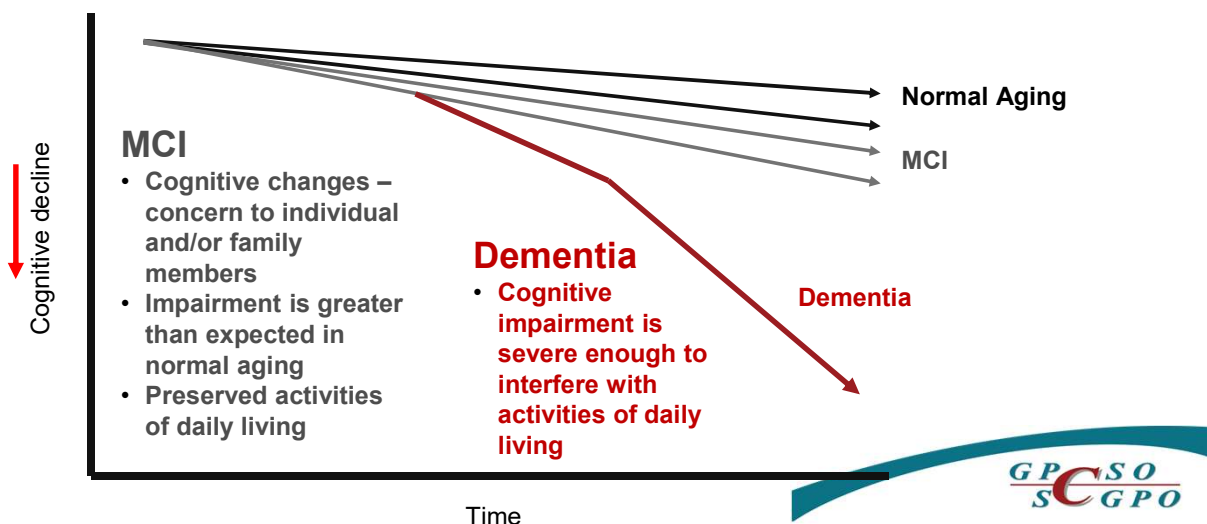


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Source: Teepa Snow (2019). *Positive Approach to Care*.

Normal Aging, Mild Cognitive Impairment, and Dementia



Diagnosis

The diagnosis of dementia is based on a decline in cognition from a previous level of ability and is classified by the presumed underlying cause.

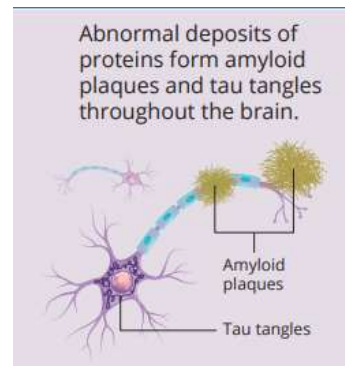
Two core features:

- Cognitive decline in one or more domains;
- **Impairment that interferes with the person's ability to function independently.**



Alzheimer's Disease

- Estimated to be the most common type of dementia (60-80% of all diagnoses).
- Two types of protein (amyloid plaques and tau tangles) develop in the brain. These plaques and tangles interfere with brain cell function and the brain cannot effectively do all the tasks related to memory, decision making, language, etc.



Source: National
Institute on Aging
(NIH; 2023)

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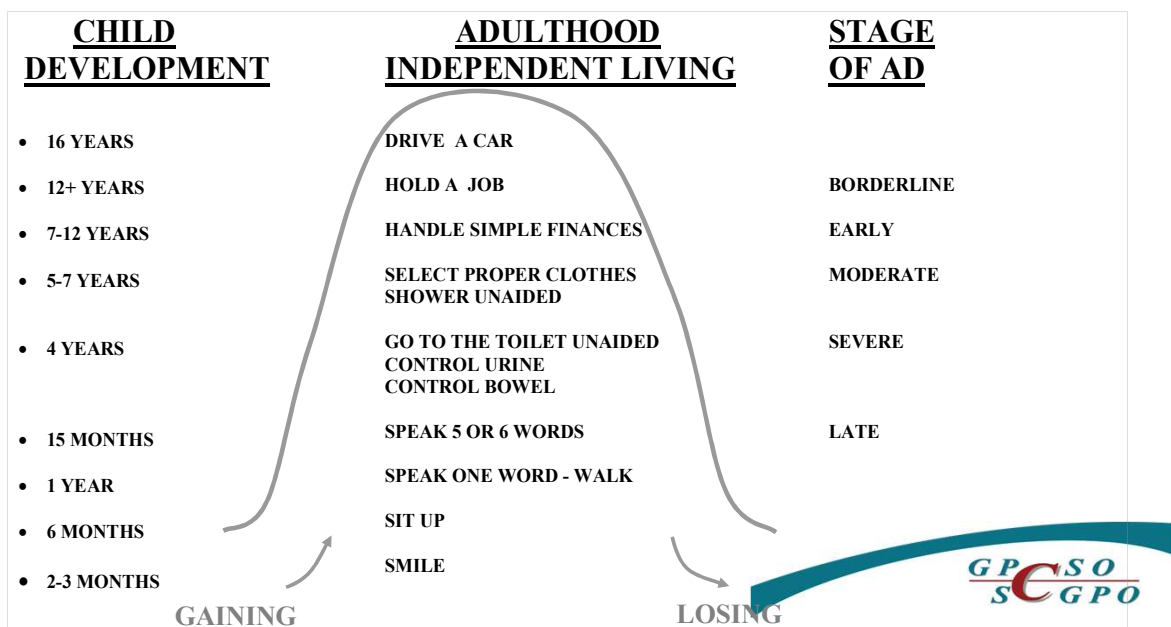
Alzheimer's Disease

- It is a progressive, degenerative, and ultimately fatal illness.
- Affected areas of the brain begin to shrink in size and weight.
- New details are the first to be lost (e.g., memory of recent events or conversations), with a gradual and progressive cognitive, functional, and behavioural changes.

Retrogenesis Theory by Reisberg (1999): "the process by which degenerative mechanisms in dementia reverse those of normal human development."

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REGRESSION-DEVELOPMENT ANALOGY (Reisberg)



Functional Assessment Staging Test (FAST)

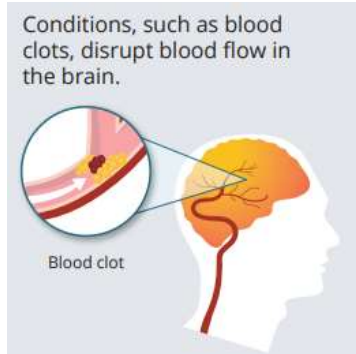
Stage		Brief description	Developmental Age	Average duration of stage
1	Normal	No deficits	Adult	N/A
2	Possible MCI	Subjective deficits	Adult	Unknown
3	MCI	Difficulty with complex IADLs	12+	7 years
4	Mild	IADLs affected (cooking, bills)	8-12 years	2 years
5	Moderate	Needs help selecting proper attire	5 -7 years	1.5 years
6a	Moderately Severe	Needs help putting on clothes	4-5 years	3.5 – 9.5 months
6b		Needs help bathing		
6c		Needs help toileting		
6d		Urinary incontinence	2- 4 years	
6e		Fecal incontinence		
7a	Severe/ Advanced	Language: 5- 6 words	12- 15 months	1 – 1.5 years
7b		Language: 1 word		
7c		Walking		
7d		Sitting	1- 8 months	
7e		Smiling		
7f		Holding one's head up		

Reisberg (1988)

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Vascular Dementia

- Accounts for ~20% of dementia diagnoses.
- Occurs when brain cells are deprived of oxygen.
- Affected areas of the brain will die, which leads to a dementia.
- Progression occurs if more damage to the brain occurs (for example a subsequent stroke).
- Common risk factors for vascular dementia: strokes, high blood pressure, diabetes, atrial fibrillation, obstructive sleep apnea, high cholesterol, etc.



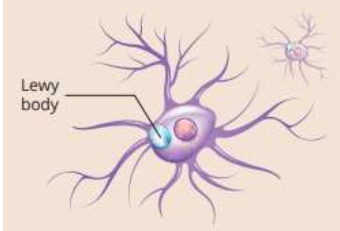
Source: National Institute on Aging (NIH; 2023)

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Lewy Body Dementia

- Includes Dementia with Lewy Bodies and Parkinson's Disease Dementia
- Main symptoms include:
 - Changes in thinking and reasoning, especially involving visual judgements
 - Fluctuations in thinking and memory
 - Visual hallucinations
 - Changes in movement (slowness, stiffness, rigidity, falls)
 - Sleep disorder that involves acting out dreams

Abnormal deposits of the alpha-synuclein protein, called "Lewy bodies," affect the brain's chemical messengers.



Source: National Institute on Aging (NIH; 2023)

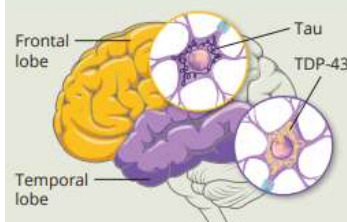
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Rare Dementia Support (RDS) Canada 2024

Frontotemporal dementia

- Includes: behavioural variant (bvFTD), primary progressive aphasia (PPA) and its subtypes.
- A group of dementias predominantly affecting:
 - Behaviour
 - Personality
 - Language

Abnormal amounts or forms of tau and TDP-43 proteins accumulate inside neurons in the frontal and temporal lobes.



Source: National Institute on Aging (NIH; 2023)

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Frontotemporal dementia

- There are six main symptoms:
 - Reduced inhibition
 - Loss of motivation
 - Obsessions and compulsions
 - Appetite changes
 - Lack of empathy
 - Difficulties with executive functions (planning, problem solving, judgement, decision making)

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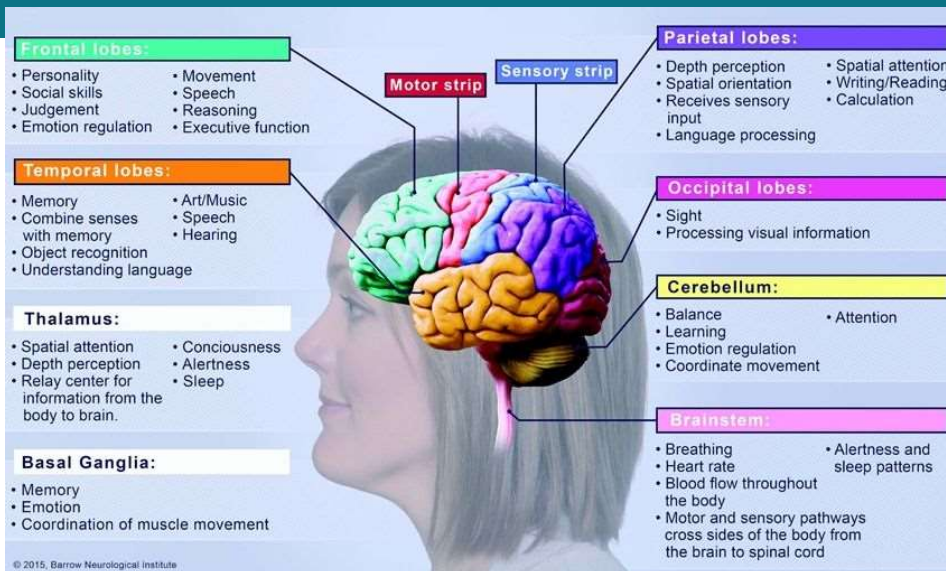
Mixed Dementia

- It is possible to have multiple types of dementia at once.
- Most common types: Alzheimer's disease and vascular.
- This can affect how a person progresses.



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The Brain



Barrow Neurological
Institute (2015)

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Progression of Dementia

Symptoms

Early stage

Alzheimer's Disease

Dementia with Lewy Bodies

Frontotemporal Dementia


Vascular Dementia


Symptoms

Late stage

The different types of dementia may have different symptoms in the early stages, but as the disease progresses, their similarities increase significantly.

Characteristics of dementia:
The 8 A's

Anosognosia	The inability to recognize that something has changed (cognition, personality, behaviour). The person lacks insight into their condition and functional limitations.
Amnesia	Memory loss, beginning with short-term memory and eventually long-term memory.
Aphasia	Loss of the ability to use language, including the ability to communicate verbally, understand, read, and / or write.
Agnosia	Loss of the ability to recognize people, objects, and / or sounds.
	

Apraxia	Loss of the ability to carry out purposeful movement (plan, sequence, and execute the required steps).
Altered Perception	Loss of perceptual acuity. Can affect depth perception, proprioception, as well as misinterpretation of information from their senses (e.g., illusions).
Apathy	Loss of initiative, motivation, and interest in doing things.
Attentional Deficits	Difficulty with maintaining attention / focus on task.
	

Behavioural and Psychological Symptoms of Dementia (BPSD)



What is BPSD?

Behavioural &
Psychological
Symptoms of
Dementia

Behavioural and psychological symptoms of dementia (BPSD) are non-cognitive symptoms of dementia such as changes to behaviour and mood that frequently occur in all dementias.

(CCSMH, 2024; Cloak, Schoo, & Khalili, 2024)



Behavioural and Psychological Symptoms of Dementia

Perceptual

- Hallucinations
- Delusions

Motor

- Pacing
- Wandering
- Repetitive movements
- Physically responsive

Vegetative

- Sleep disturbance
- Change in appetite

Verbal

- Yelling
- Calling out
- Repetitive speech / vocalizations
- Verbally responsive

Emotional

- Euphoria
- Depression
- Apathy
- Anxiety
- Irritability

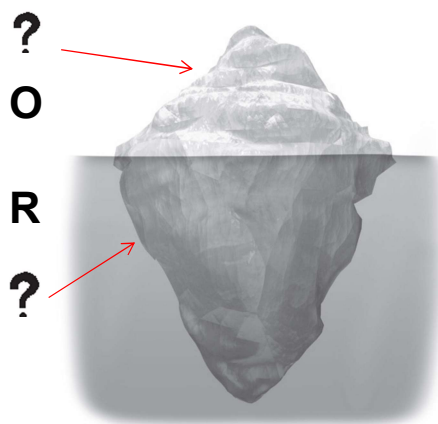


Why do we see changes in behaviour?

- All behaviours (words, gestures, actions) have meaning and are important. They are a way of communicating something (e.g., a need, a discomfort, a feeling, etc.).
- The person may be responding to something negative, frustrating, or confusing in his or her environment.
- To address or change the behaviour, we must look at the underlying reason or trigger.



What's the "real" problem?

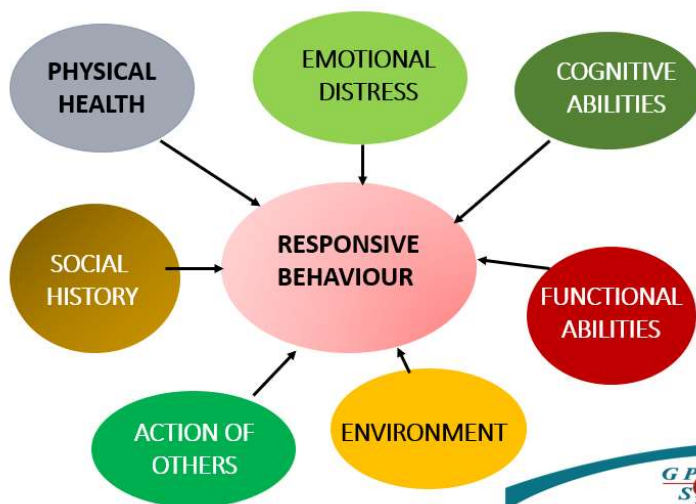


Our observations =
What we see

Possible triggers =
What's *really* going
on / influencing the
behaviour

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Understanding Responsive Behaviours



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Physical Health

- What might be contributing to their behavioural expressions?
 - Hunger
 - Pain
 - Constipation
 - Loss of vision or hearing
 - Lack of movement
 - Needing to void but unable to find the toilet
 - Wanting to do something but being physically unable to



Emotional Distress

Low tolerance to frustration

- Even a minor disruption or sudden change in routine can cause an increase in expressive or responsive behaviours.

Anxiety

- May look like: Pacing, wringing of the hands, worried facial expression, crying, making loud repetitive noises, trying to leave.

Depression

- May look like: sadness, crying / tearfulness, irritability, low appetite or over-eating, sleeping more than usual, taking no pleasure in previously enjoyed activities.
- Thoughts of wanting to die, suicidal ideation / intent



Cognitive and Functional Abilities

- May not remember that they require assistance with personal care (or be unaware that they require assistance – think of **anosognosia**).
- Changing tolerance of sensory input (**altered perception**).
- Forgetting steps involved in dressing, bathing, toileting (**apraxia**)
- Difficulty recognizing the objects required to complete the task (**agnosia**)
- Lack of interest in personal appearance (**apathy**)
- Difficulty making decisions about what to wear or choosing weather-appropriate clothing.
- Difficulty staying focused on the task at hand (**attention deficit**).
- Layering multiple clothing items (**apraxia**).



Environment

Sensory overload can be a trigger for increased agitation, anxiety, anger, and aggressiveness

Reduced opportunities for cognitive, physical, and social stimulation.

*There are no medications to address:

- Boredom
- Loneliness
- Lack of success



Environment

Other considerations:

Is the environment set up for success?

- Lighting
- Warm and inviting
- Conveys comfort and safety VS cold and unfamiliar
- Colour contrast
- Wayfinding cues (signage and pictograms)



Action of Others

Verbal vs Nonverbal Communication

To what degree are they connecting on an emotional / social level with others?

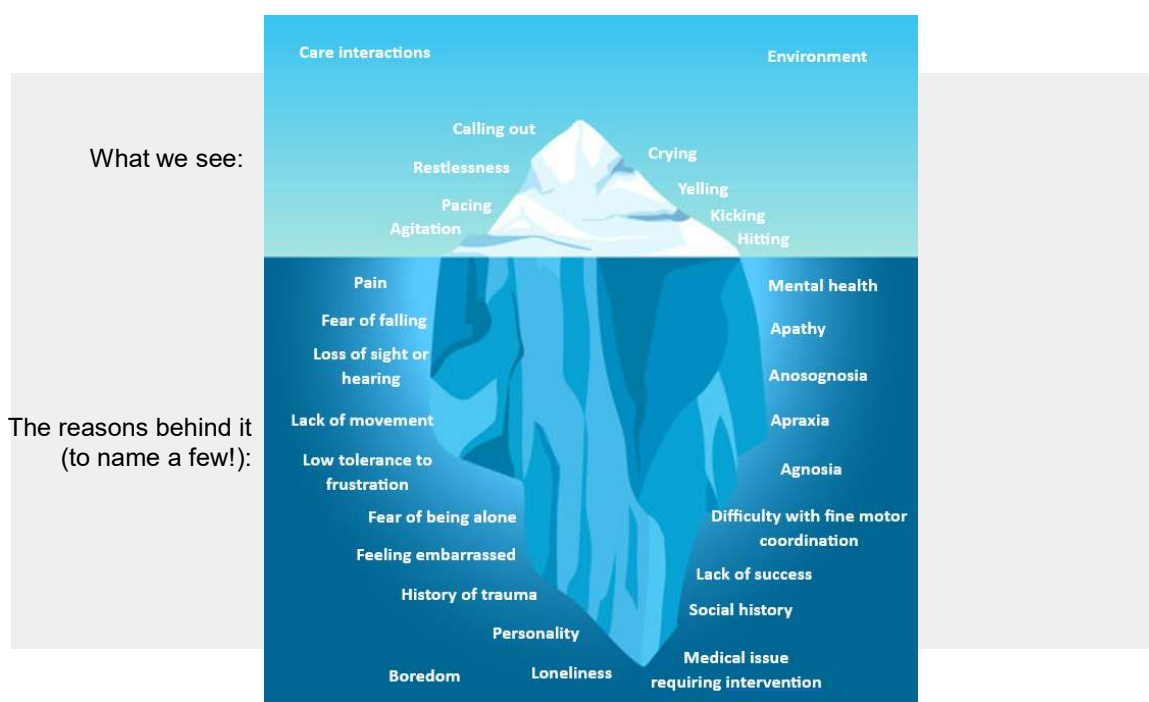
- Filling up their “cup” with care, compassion, and connectedness

Is loneliness playing a role in their behaviour change?



Social History

- Who is the person you are caring for?
- What do you know about them? (past and present)
 - Needs?
 - Interests?
 - Remaining skills / abilities?



Thank you!
Any questions?



References

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