



Alzheimer's: Warning signs and diagnosis

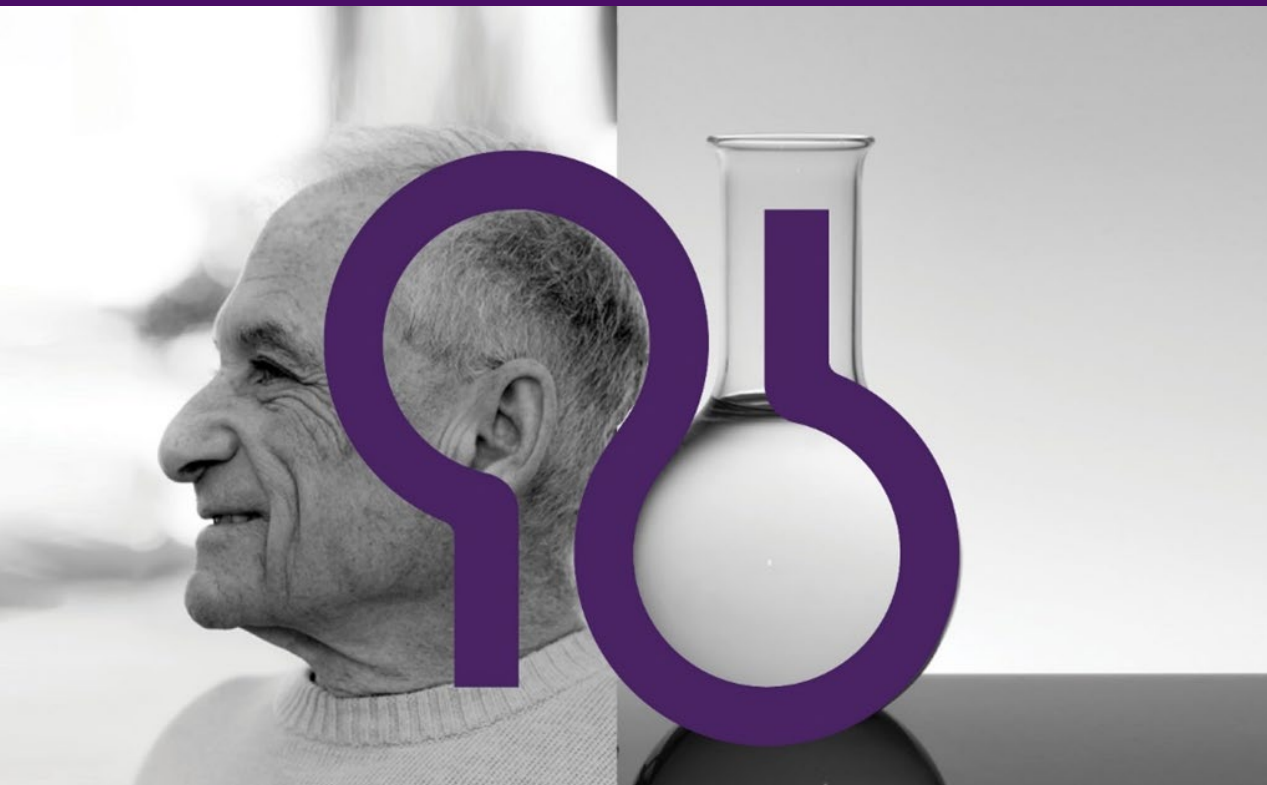
Quique Girones
Executive Director- WY Chapter

OUR TIME TODAY

- Understanding Alzheimer's and dementia
- 10 Warning signs
- How is a diagnosis made?
- How to talk about getting a diagnosis
- How to provide care for someone living with disease



OUR MISSION



The Alzheimer's Association is a worldwide voluntary health organization dedicated to Alzheimer's care, support and research.

Our mission is to lead the way to end Alzheimer's and all other dementia — by accelerating global research, driving risk reduction and early detection, and maximizing quality care and support.

2021 ALZHEIMER'S DISEASE FACTS AND FIGURES



In 2021, Alzheimer's and other dementias will cost the nation

\$355 BILLION



By 2050, these costs could rise to more than

\$1.1 TRILLION

OVER
11 MILLION

Americans provide unpaid care for people with Alzheimer's or other dementias



These caregivers provided an estimated 15.3 billion hours valued at nearly

\$257 BILLION

MORE THAN
6 MILLION

Americans are living with Alzheimer's



1 IN 3

seniors dies with Alzheimer's or another dementia

Alzheimer's and dementia deaths have increased

16%

during the COVID-19 pandemic



DISCRIMINATION

is a barrier to Alzheimer's and dementia care. These populations reported discrimination when seeking health care:



of Black Americans



of Native Americans



of Asian Americans



of Hispanic Americans



WYOMING

ALZHEIMER'S STATISTICS



PREVALENCE

65+ NUMBER OF PEOPLE AGED 65 AND OLDER WITH ALZHEIMER'S

Year	TOTAL	ESTIMATED % CHANGE
2020	10,000	30.0%
2025	13,000	



MORTALITY



DEMENTIA DEATHS DURING THE COVID-19 PANDEMIC

9 more deaths than expected from dementia in 2020

2.4 % higher than average



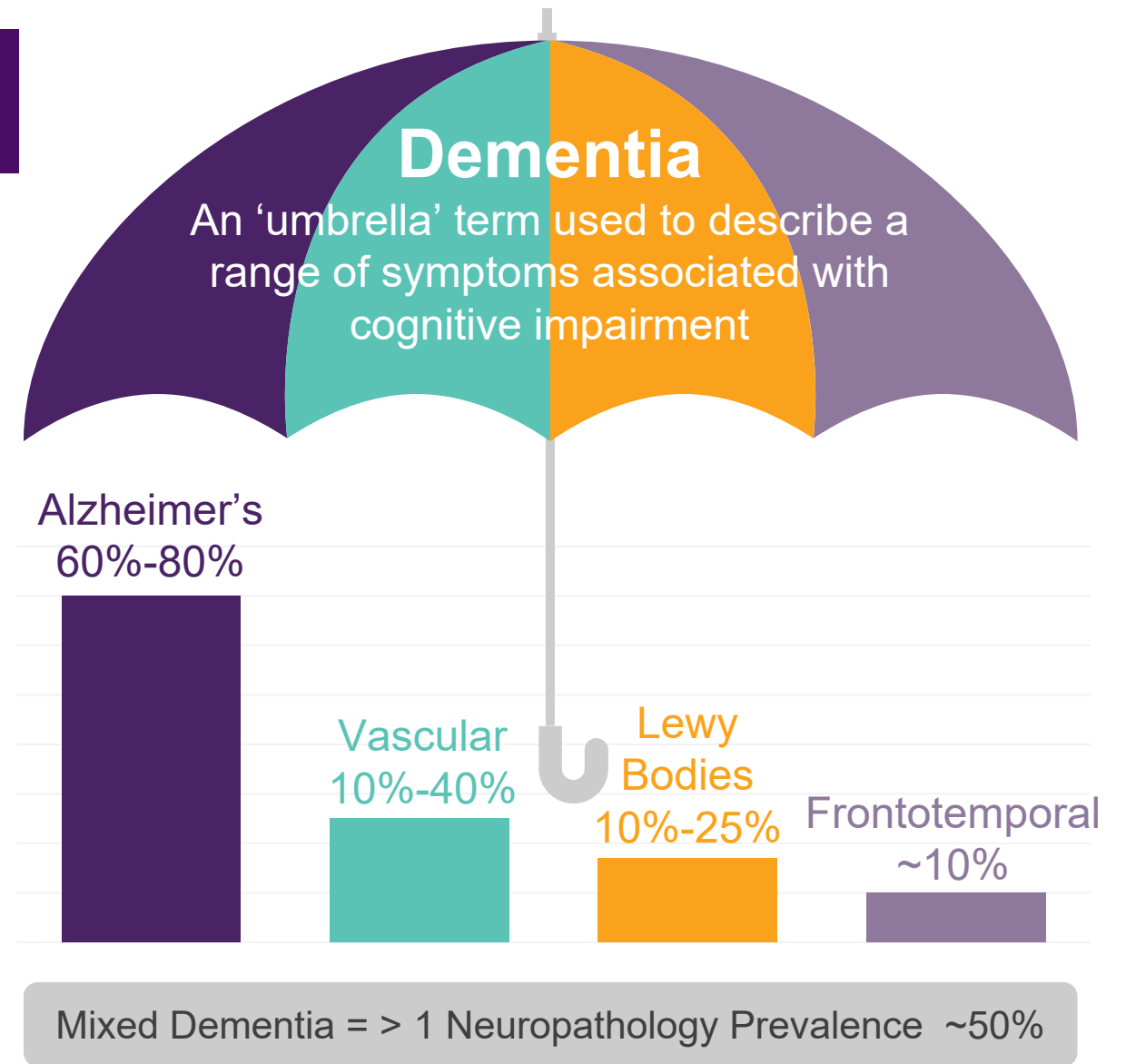
OF DEATHS FROM ALZHEIMER'S DISEASE (2019)

238

5th leading cause of death

DEMENTIA IS A SYNDROME

- Dementia is a collection of symptoms related to cognitive decline
- Can include cognitive, behavioral and psychological symptoms
- Due to biological changes in the brain
- Alzheimer's is most common cause
- Mixed dementia is very prevalent
- Some causes of cognitive decline are reversible and not truly dementia



CONTINUUM OF COGNITIVE IMPAIRMENT

Impairment does not interfere with activities of daily living

Impairment in two or more cognitive functions that interfere with activities of daily living



MCI is a known risk factor for dementia

Not everyone who experiences MCI goes on to develop dementia, but everyone who experiences dementia has passed through MCI

When you prevent new cases of MCI, you are preventing new cases of dementia

Early Stage

- Problems coming up with the right word or name
- Trouble remembering recently learned information
- Challenges performing tasks in social or work settings.
- Forgetting material that one has just read
- Losing or misplacing a valuable object
- Increasing trouble with planning or organizing

Middle Stage

- Forgetfulness of events or one's own personal history
- Difficulty recalling important details such as one's own address or the high school from which they graduated
- Confusion about date, time, location
- May need help choosing proper clothing for the season or occasion
- Changes in sleep patterns, such as sleeping during the day and becoming restless at night
- Increased risk of wandering and becoming lost
- May experience personality and behavioral changes such as suspiciousness or compulsive, repetitive behavior

Late Stage

- Need 24/7 assistance with daily activities and personal care
- May be less aware of surroundings
- Common changes in physical abilities, including the ability to walk, sit, and swallow
- Increasing difficulty communicating
- Non-verbal communication used to communicate needs
- Especially vulnerable to infections, especially pneumonia

Early Detection and Diagnosis

A large number of those living with Alzheimer's are not diagnosed — and many are unaware of their diagnosis.

An early diagnosis can improve the quality of care and life as well as reduce the financial impact of the disease.

Early Detection and Diagnosis

Early detection allows for both the individual with the disease and their family to make decisions together for future care.



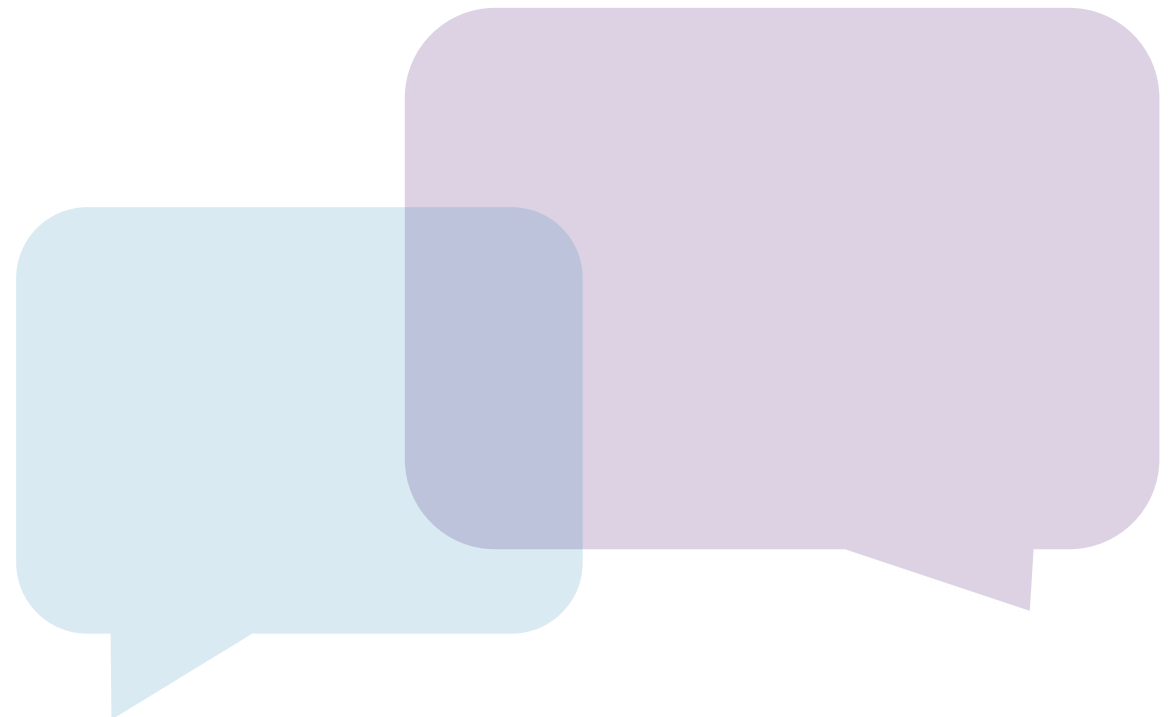
Early Detection and Diagnosis

- There is no single diagnostic test that can determine Alzheimer's disease.
- A diagnosis is the result of examining medical history, use of mental cognitive status tests, physical exam and diagnostic tests, brain imaging, and/or neurological exam

Successful Conversations



Sooner is better
than later – don't
wait for a crisis



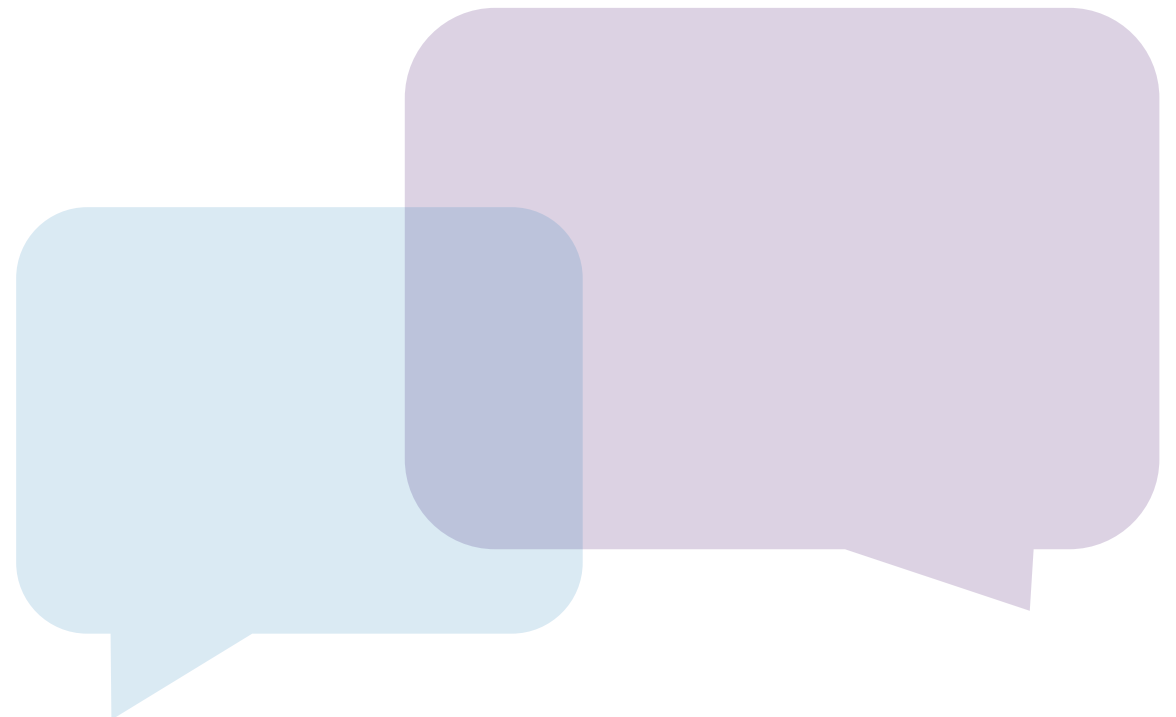
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Develop a plan for using “finesse”



Successful Conversations



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Take notes about the changes you see



Successful Conversations



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Practice in advance

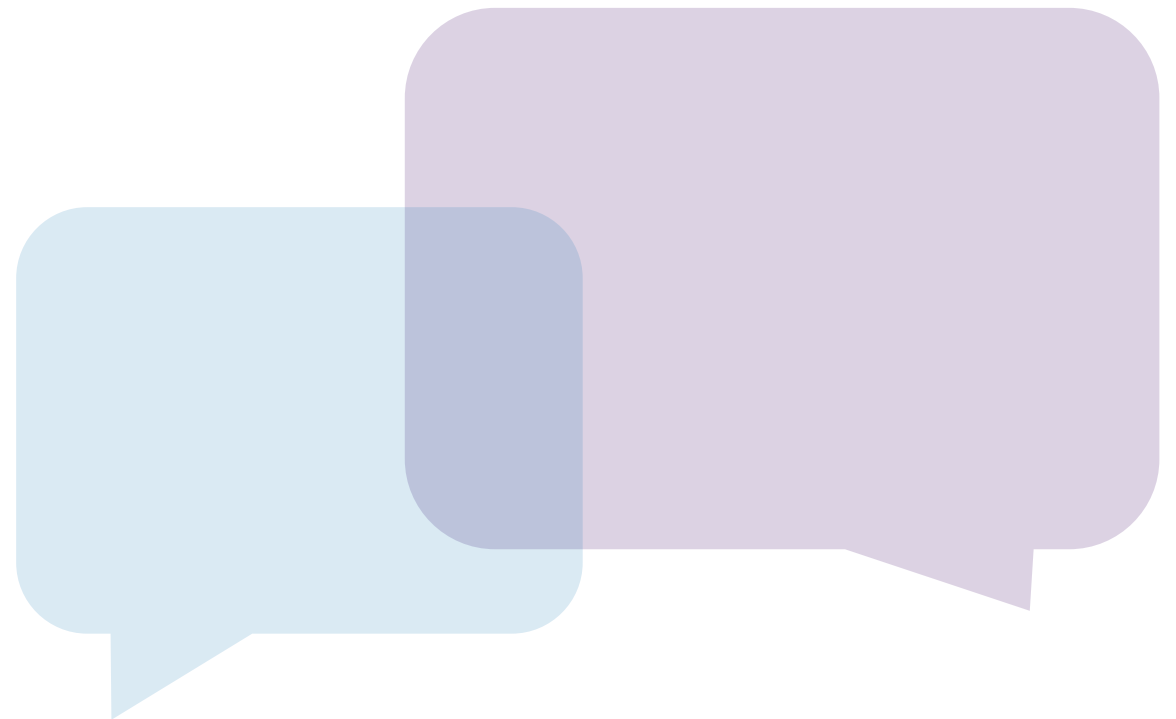
Conversations About Going to the Doctor



Tips to Help with the Conversation Going to the Doctor



Use words that
are most
comfortable for
the person



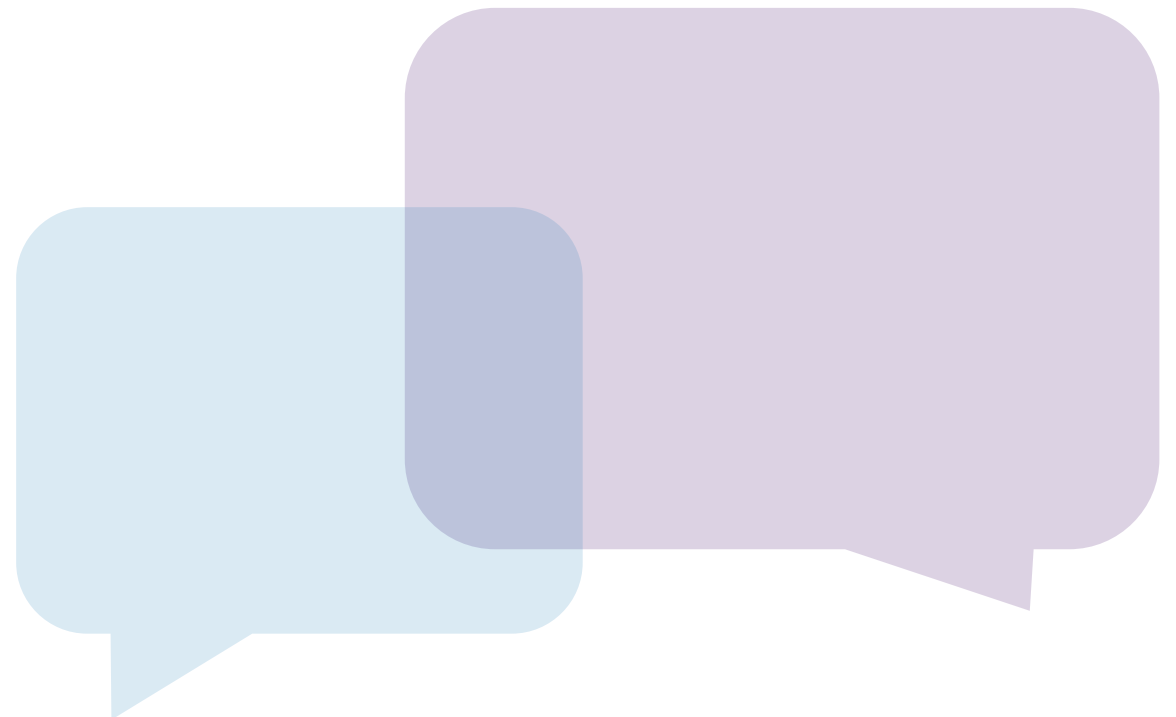
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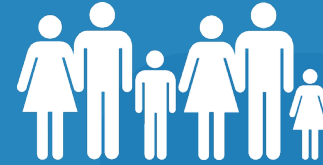
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If still reluctant, try using a "therapeutic fib"

Person-Centered Care

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Person-Centered Care

Philosophy of care that focuses on the *individual* living with dementia

- Knowing the person with whom you are working is most important
- Best care practices are guided by the individual
- Dignity, respect, and authenticity are central to care and relationships with individuals
- Social environment should include opportunities for engagement that are meaningful
- There is no one-size-fits-all approach to dementia care

Person-Centered Care

- If you've seen one person living with Alzheimer's, you've seen ONE person with Alzheimer's!



Person-Centered Care

Get to know the individual

- During an initial assessment
- Talk with family and friends
- Review life history
- Talk directly with the person living with dementia!

Assessment and Care Planning

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THE BRAINS BEHIND SAVING YOURS.®

Learning Objectives

- Describe the purpose and goal of a comprehensive assessment
- List the components of a comprehensive assessment
- Identify who should be involved in an assessment and how often assessments should be conducted

Assessment and Care Planning

**Cognitive
Status**

**Functional
Ability**

**Dementia-
Related
Behaviors**

**Medical
Status**

**Living
Environment**

Safety

Assessment and care planning

- Should identify challenges to health, functioning, and quality of life, as well as **opportunities to optimize these areas and support individuality**
- Occurs every 6 months or after change in needs/abilities
- Needs to be **person-centered** and address the **WHOLE PERSON**
- Goal should be to support best possible life for person living with dementia and family, including advance planning.

Life History

- Key to assessment and care planning
- Record of personal information regarding individuals with whom you are working.
- Should be recorded at initial intake and updated with ongoing assessments and interactions
- May include:
 - Important life roles and relationships
 - Significant experiences, good and bad
 - Preferred foods, routines, activities
 - Spiritual and cultural practices
 - Stressors, comforts

Assessment and care planning

- Should include family and key members of person's care team, as well as the **individual living with dementia.**
- Information should be properly documented and shared with all staff working with the individual to maintain consistency of care and result in proper referrals, resources, and additional planning

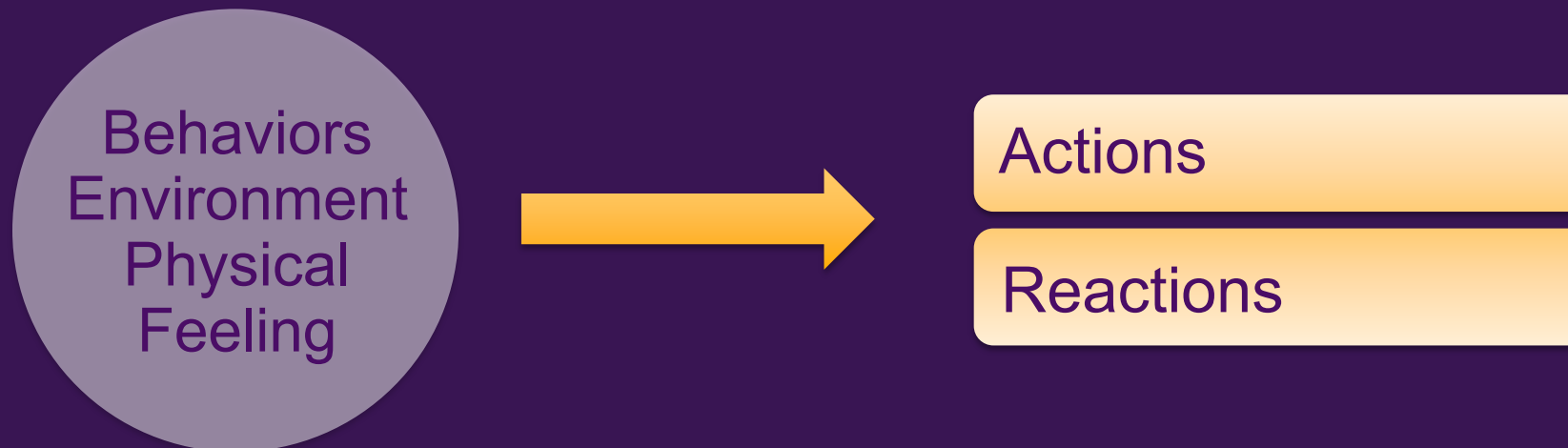
Assessment and care planning

- Assessments and care plan documentation should guide all staff to know the person – understand their particular needs, reactions to situations, best communication approaches, and most dignified approaches to personal care.
- A person-centered assessment can be conducted by anyone on the care team
- Each individual is unique – care plans should be as well

Changing the Way We Think

We need to change the way we perceive “behaviors”

- Behavior is a form of communication
- Erase the “behaviors = negative” thinking
- The way we **act**, intentionally or not, directly affects others’ **reactions**



Common Triggers and Responses

Triggers:

Environmental

- Changes in schedule/routine
- Loud noises
- Unfamiliar surroundings

Non- Environmental

- Pain/discomfort
- Over/understimulation
- Fear/frustration
- Hallucinations

What may be needed:

- Comfort
- Food/drink
- Physical/emotional contact
- Simplified tasks
- Person-centered schedule
- Meaningful engagement

Appropriate and Meaningful Activities

Appropriate when they respect...

- Age
- Beliefs
- Culture
- Values
- Life Experiences
- Choice

Meaningful when they incorporate...

- Interests
- Lifestyle
- Enjoyment
- Sense of belonging and productivity

Behavioral Changes

Reactions

- Repetitive actions/ verbalizations
- Hallucinations, delusions, suspicion
- Aggressive or combative responses
- Wanting to go home
- Wandering
- Shadowing
- "Sundowning"
- Sexual behaviors

Behavioral Changes

Your Actions

- Stay calm
- Be patient
- Re-approach later/
give space
- Step back,
understand,
empathize
- Try not to take things
personally
- Don't argue
- Don't correct or
attempt to orient to
reality
- Connect and re-direct

**Change your actions or the
environment to reduce
behavior triggers**

Communication



How do we communicate successfully?

- **Eliminate correcting**
 - Instead, enter their reality
- **Eliminate negative words**
 - Instead, turn negatives into positives
- **Eliminate “demands”**
 - Instead, incorporate choice and ask for help



Communication Changes

- Ask one question/ give one directive at a time
- Use statements, close-ended questions
- Be empathetic, supportive and comforting
- Emphasize key words
- Look beyond words:
 - Focus on emotions
 - Recognize mixed/ incorrect signals
 - Use non-verbals
- Avoid quizzing or memory dependent questions
- Apologize if needed – even if you did nothing wrong

Non-Verbals

Make an OK sign...



Communication Tips

DO

- Respond to feelings
- Give time for response
- Introduce yourself
- Include the PLWD in the conversation
- Respond to key words
- Low & slow

DON'T

- Argue or question
- Use figures of speech
- Rely on just words
- Rely on memory/recall
- Speak too fast or rush
- Speak “down”
- Talk negatively about the person to others

Tips to Take Home

- Be patient, supportive, and reassuring
- Give them time to process
- DON'T argue
- Focus on feelings
- Limit distractions/ provide new setting if needed
- Avoid quizzing/ memory dependent questions
- Ask one question at a time
- Simplify – environment & tasks
- Join reality and redirect
- Know the person



Community Resource Finder

www.communityresourcefinder.org

Get easy access to resources, community programs and services.

Based on guidance from local governments and health departments during the COVID-19 crisis, many programs will be offered virtually rather than in-person.

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PROGRAMS AND EVENTS

AARP
Family Caregiving™

PROGRAMS AND EVENTS



CARE AT HOME



COMMUNITY SERVICES



HOUSING OPTIONS



MEDICAL SERVICES

24/7 Helpline

- Available around the clock, 365 days a year.
- Helpline specialists and master's-level clinicians offer confidential support and information.
- Bilingual staff and translation service in 200+ languages
- Live chat available.
- TTY Service 866.403.3073



24/7 Helpline

800.272.3900

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Live Chat

Contact Us

- Nationwide 24-hour Helpline
1.800.272.3900
- Wyoming Chapter
307.316.2892
- Reach us online at
www.alz.org/wyoming

