



Alzheimer's Disease: Education and the Key to Care

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Goals of Session

- Be able to name two successful strategies to use when working with an individual with dementia.
- Be able to name one of the stages of Alzheimer's Disease (AD).



Dementia

- Progressive decline in cognitive function due to damage or disease in the brain beyond what might be expected from normal aging.
- Affected areas in cognition may be memory, attention, language, and problem solving. Higher mental functions are affected first in the process.
- Symptoms of dementia can be classified as either reversible or irreversible depending upon the etiology of the disease.




Alzheimer's Disease and Related Disorders (ADRD)

- Parkinson's Dementia, Vascular Dementia (previously multi-infarct or stroke-related dementia), Pick's Disease, Lewy Body Dementia, Huntington's Disease or Creutzfeldt-Jakob Disease



Alzheimer's is not normal aging

- AD is a progressive and fatal brain disease.
- Approximately 5 million people in the U.S. have AD.
- AD is a disease process that gradually destroys a person's memory and ability to learn and carry out daily activities.

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- AD is abnormal changes taking place in the brain.
 - Nerve cells are being damaged and eventually die. (Plaques & Tangles)
 - Brain functioning that controls memory, behavior, personality, and other bodily functions are lost.



Statistics

- 1 in 8 older Americans has Alzheimer's Disease.
- Every 69 seconds someone in the United States develops Alzheimer's Disease. There is no cure.
- Between 2000 and 2008, AD was the 6th leading cause of death, and yet it was the only one that did not decrease over this period of time—in fact it went up 66%.
- As many as half of those who have dementia symptoms have never been given a diagnosis of dementia.




Statistics continued

- Due to the high rate of hospitalizations and other health-care services, those with Alzheimer's disease received three times as great of Medicare payments as other Medicare beneficiaries in the same age group.
- 80% of care provided at home is provided by family caregivers. Family and other unpaid caregivers of people with Alzheimer's and other dementias are more likely than caregivers of other older people to assist with all ADLs.

Alaskan Statistics

- The largest growing population in Alaska is seniors. The Alaska Commission on Aging in their Report on the Economic Well-Being of Alaska Seniors Report, published in January 2007: “While the senior population in the U.S. increased by 12% in the decade of the 1990s, it grew by 60% in Alaska.” It was also noted that baby boomers comprise 32% of the Alaska population and that the number of individuals becoming seniors in the next few years will increase faster than any other state than Nevada.



The community of Anchorage is the largest municipality in the State with approximately 43% of the state population. According to the 2000 Census the senior population in Anchorage comprises 8.1% of the total Anchorage population of 260,283. As the largest urban city in Alaska, Anchorage has the most developed infrastructure and service delivery system for seniors 60 and older in the State. As noted in the State Plan the population of Alaska is projected to increase by a third from 2000 to 2025. According to the Alaska Department of labor and Workforce Development, the population of seniors in the Alaska population will increase from 8% to 20% in the same 25 years.

Dr. Alois Alzheimer

Dr. Alzheimer presented the case of “Frau Auguste D.” in November, 1906.

She was a 51 year old female who had developed problems with her memory, difficulty speaking and understanding what was said to her. Her symptoms rapidly grew worse and within a few years she was bedridden and died from complications. She died in the Spring of 1906.

Her autopsy revealed dramatic shrinkage, especially of the cortex, brain cells were dead and dying with abnormal deposits in and around the cells.

Diagnosing

- Diagnostic Tests: Clock Drawing Test, Mini-Mental State Examination (MMSE), Functional Assessment Staging (FAST)
- Medical Review: rule-out diagnosis, history, interview family, routine labs
- Accuracy rate of 90%: Probable AD



DSM (Diagnostic and Statistical Manual of Mental Disorders)

- Dementia of the Alzheimer's Type (DAT)


A. The development of multiple cognitive deficits manifested by both

1. memory impairment (impaired ability to learn new information or to recall previously learned information)



2. one (or more) of the following cognitive disturbances:


- a. aphasia (language disturbance)
- b. apraxia (impaired ability to carry out motor activities despite intact motor function)
- c. agnosia (failure to recognize or identify objects despite intact sensory function)
- d. disturbance in executive functioning (i.e., planning, organizing, sequencing, abstracting)




B. The cognitive deficits in Criteria A1 and A2 each cause significant impairment in social or occupational functioning and represent a significant decline from a previous level of functioning.

C. The course is characterized by gradual onset and continuing cognitive decline.

D. The cognitive deficits in Criteria A1 and A2 are not due to any of the following:

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1. other central nervous system conditions that cause progressive deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, Huntington's disease, subdural hematoma, normal-pressure hydrocephalus, brain tumor)
 2. systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis, HIV infection)
 3. substance-induced conditions

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- E. The deficits do not occur exclusively during the course of a delirium.

 - F. The disturbance is not better accounted for by another Axis I disorder (e.g., Major Depressive Disorder, Schizophrenia).



290.4X Vascular Dementia (formerly Multi-Infarct Dementia)

Dementia Due to Other General Medical Conditions

HIV, Head Trauma, Parkinson's Disease, Huntington's Disease, Pick's Disease, Creutzfeldt-Jakob Disease


Substance-Induced Persisting Dementia

Dementia Due to Multiple Etiologies

294.8 Dementia Not Otherwise Specified

Early Onset AD

- Occurs in person under age of 65.
- Approximately 500,000 people in their 30s, 40s, and 50s have AD or a related dementia
- Inherited genetic risk factors in early onset Alzheimer's: There are a very small number of people worldwide who have a defective gene on chromosome 1, 14 or 21 that seems to trigger Alzheimer's Disease with early onset.



Down syndrome and early onset Alzheimer's Disease

Down syndrome is caused by a genetic abnormality of chromosome 21. People with Down syndrome are at an increased risk of developing Alzheimer's Disease. Research differs but it is thought that up to 50% of people with Down syndrome develop Alzheimer's between the ages of 50 and 60 years of age.



Mild Cognitive Impairment (MCI)

- Individual has problems with memory, language, or another mental function severe enough to be noticeable to other people and to show up on tests, but not serious enough to interfere with daily life.
- Research has shown that individuals with MCI have an increased risk of developing AD over the next few years, especially when their main problem is memory.

Stages

- Mild/Early – Forgetfulness. Typically benefits from cueing prompting reminders.
- Moderate/Middle – Confusion. Needs assistance with personal care, mobility and/or language deficits.
- Severe/Late – end stage. Impairment of cognition, mobility, and language. Bed bound.

Global Deterioration Scale by Dr. Barry Reisberg

Approx. Age	Abilities Acquired	Alzheimer's Stage	Abilities Lost
■ 12 + years	Hold a job	Borderline	Hold a job
■ 7 – 12 years	Handle simple finances	Early	Handle simple \$
■ 5 – 7 years	Select proper clothes	Moderate	Select proper clothes
■ 5 years	Put on clothes	Severe	Put on clothes
■ 4 years	Shower unaided		Shower unaided
■ 4 years	Go to toilet unaided		Go to toilet unaided
■ 3 – 4 ½ years	Control urine	Late	Control urine
■ 2 – 3 years	Control bowels		Control bowels
■ 15 months	Speak five or six words		Speak 5 or 6 words
■ 1 year	Speak one word		Speak one word
■ 1 year	Walk		Walk
■ 6 – 9 months	Sit up		Sit up
■ 2 – 3 months	Smile		Smile

Functional Assessment Staging of Alzheimer's Disease (FAST)

by Dr. Barry Reisberg

Stage Skill level

- 1 No difficulties.
- 2 Complains of forgetting location of objects.
- 3 Decreased job functioning evident to co-workers; difficulty in traveling to new locations. Decreased organizational capacity.
- 4 Decreased ability to perform complex tasks (e.g., planning dinner for guests), handling personal finances (forgetting to pay bills).
- 5 Requires assistance choosing proper clothing to wear. (day, season)
- 6A Difficulty putting clothing on properly without assistance.
- 6B Unable to bathe properly.
- 6C Inability to handle mechanics of toileting.
- 6D Urinary incontinence.
- 6E Fecal Incontinence.
- 7A Ability to speak limited to approximately a half dozen different words or fewer.
- 7B Speech ability limited to the use of a single intelligible word.
- 7C Ambulatory ability lost (cannot walk without personal assistance).
- 7D Ability to sit up without assistance lost.
- 7E Loss of the ability to smile.
- 7F Loss of the ability to hold up head independently.



Risk Factors for AD

- Age

- 10% of individuals age 65 and older

- 15% of individuals age 75 and older

- 50% of individuals age 85 and older

- Blow to the head with loss of consciousness



Treatment

- Medications: slow progression, identified for use in early stages
- Environment: individual cannot change, but environment can be changed.



Useful Practices working with individuals with ADRD

- Familiarity, routine
- Don't argue, don't quiz
- Long term memory last to be damaged
- Limit distractions
- Don't give multiple tasks
- Right Branching Sentences
- Patience



Useful Practices continued

- Modify tasks to allow for success
- Individuals with cognitive impairment are probably not manipulating
- Bridging
- Allow the individual to continue to accomplish what they can
- Stimulate, but don't frustrate



Activity Types

- Cognitive

- Physical

- Social



Successful Activities

- Use the Surroundings
- Combine long-term familiar abilities with new events
- Use varying ways to Communicate
- Use Strengths
- Find Joy and Humor when possible
- Remember everything is an Activity!



Activities!

- Practice
- Have Fun
- Engage & Enjoy!



Final Thoughts

- We may not be able to stop the disease process, but we can slow the progression of the disease through medications and/or a healthy, stimulating environment.
- A diagnosis can be beneficial.
- Research is ongoing, progress is being made.



Questions, Answers & Discussion

Thank you for your time.