Dementia | Te mate wareware

Clinical features of dementia

- Onset: Generally insidious and depends on cause
- Course: Long, progressive symptoms
- Progression: Unpredictable, variable
- Duration: Months to years
- Awareness: Diminishing, with occasional insight
- Alertness: Generally normal
- Attention: Can diminish with disease progression
- Orientation: Impaired as disease progresses
- Memory: Impairment gradually worsening as disease progresses. STML often affected first
- Thinking: Difficulty with abstraction, thoughts impoverished, make poor judgements, words difficult to find, lack of cognitive cohesion
- Perception: Misperception of themselves and others often observed. Physical depth perception affected.

Common dementia types	Symptoms
Alzheimer's disease β amyloid plaques and neurofibrillary tangles	• Slow progression, short-term memory loss, word finding difficulties, poor judgement, often experience behavioural and psychological symptoms of dementia (BPSD) at some stage
Vascular dementia Ischemia due cardiovascular disease, associated with stroke and TIA, CT 'white matter changes'	• Step-wise progression, word-finding difficulties, executive function issues, slowed reasoning and impaired problem solving
Mixed dementia	• Occurs when a person has more than one type of dementia, usually Alzheimer's disease and vascular dementia
Lewy body and Parkinson's disease dementia Lewy body protein deposits	• Movement disorders, visual hallucinations, sleep difficulties, depression, apathy, impaired cognition, poor autonomic regulation (eg, BP, pulse, sweating, digestion)
Frontotemporal lobe Frontal/temporal lobe atrophy, Pick's inclusions/Tau protein	• Personality/behaviour changes, lack of judgement, disinhibition, repetitive/compulsive behavior, decline in personal hygiene, apathy

Dementia is a chronic and progressive loss of intellectual functions severe enough to interfere with everyday life. This could include disturbances to function of the brain including:

- memory
- thinking
- orientation
- comprehension
- calculation
- learning capacity
- language and communication
- judgement.

	Dementia	Delirium	Depression
Onset	Insidious, slow, gradual and relentless	Rapid over a short period, hours to days	Can be sudden or gradual
Course	Progressive, unremitting and unpredictable	Fluctuates over 24 hours	Often not recognised or misdiagnosed in the elderly
Duration	Progresses until death unless precipitated by comorbidity	Days to weeks	Self-limiting, may last up to 2 years

Has there been a recent (hours, days, weeks) change or decline in the person's memory or cognitive functional status? If the answer is YES, consider delirium. Refer to the delirium flow charts to rule out acute causes

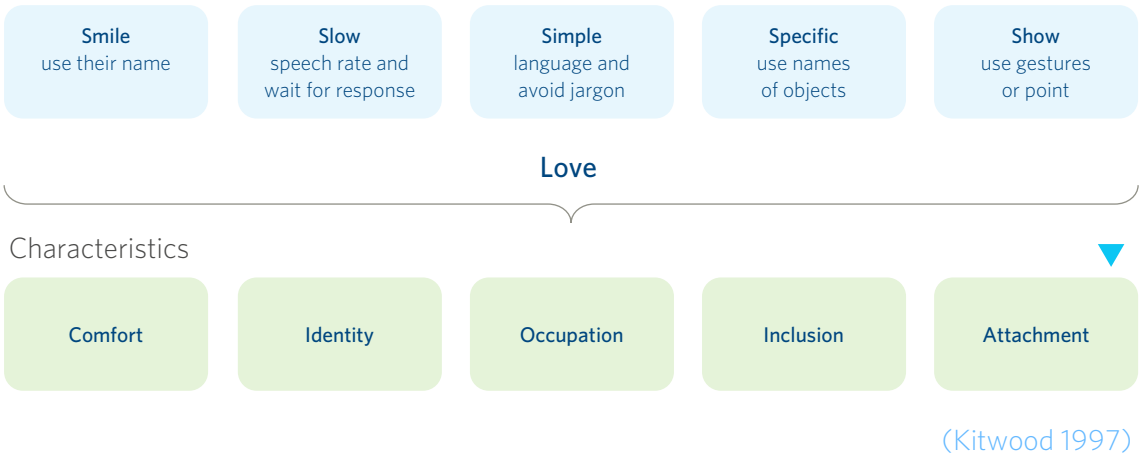
Screening tools to assist in the diagnosis of dementia

- Abbreviated mental test (AMT4)
- Mini-Addenbrooke's Cognitive Examination (Mini-ACE)
- Addenbrooke's cognitive examination (ACER-III)
- Rowland Universal Dementia Assessment Scale (RUDAS).

Care plan – implement person-centred and dementia-centric care

- Treat the person with dignity and respect and maintain privacy.
- Look at situations from the point of view of the person living with dementia.
- Ensure the person has the chance to try new things or take part in activities they enjoy.
- Person-centred care can be a way of preventing and managing BPSD.
- Gain an understanding of their history, lifestyle, culture and preferences. Include their likes, dislikes, hobbies and interests.
- Provide opportunities for the person to have conversations and relationships with other people.
- Family/whānau/carers and the person living with dementia (where possible) need to be involved in developing a care plan that is person-centred.
- Promote the essential psychological needs of people living with dementia: comfort (trust), attachment (security), inclusion (social connection), occupation (meaningful involvement), identity (uniqueness).

Therapeutic communication tool



(Kitwood 1997)

Use therapeutic communication

- Ensure they have hearing aids or glasses as needed.
- Assess how cognitive difficulties affect the individual's communication and adjust yours to help them, eg, memory, concentration, perception, problem solving, self-monitoring and emotional responses.
- Avoid: appearing cross or angry, controlling behaviour, arguing or ignoring.
- Ensure the environment is safe, structured and important rooms are labelled.
- Promote abilities and remember, when you have met one person with dementia, you have met one person with dementia.

Dementia and palliative care

The needs of a person with dementia are the same as everybody else to maintain quality of life. To do this in a compassionate manner, it is important to get to know the person inclusive of physical, cultural, psychosocial and spiritual needs.

! *If dementia symptoms are deteriorating or affecting care needs or safety, consider referral to GP/NP, geriatric or mental health services.*

Bibliography | Te rārangi pukapuka

Dementia

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Kitwood T. 1997. The experience of dementia. *Aging & Mental Health* 1(1): 13–22. DOI: 10.1080/13607869757344

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