



## Family Caregiver Education Series

### *Dementia or "Normal" Aging? How to Tell the Difference*

August 10, 2023 • 10:00 a.m.



**Gia Barsell**

**Manager of Dementia Services  
and Education**

PAC™ Advanced Dementia Trainer  
and Consultant



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**Community Health Educator**  
CARES® Dementia Specialist

## Upcoming Family Caregiver Webinar

### ***Dementia Basics***

Thursday, **September 14, 2023**

10:00 – 11:30 a.m.; Q and A 11:30 a.m. – noon

#### **Presenters:**

Gia Barsell, Hope Hospice, Manager of Dementia Services

Debbie Emerson, Hope Hospice, Community Health Educator

**Register:** [HopeHospice.com/family](https://www.hopehospice.com/family)



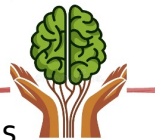
## Session Agenda



- ❖ "Normal" Aging
- ❖ Mild Cognitive Impairment (MCI)
- ❖ Dementia
- ❖ Risk Reduction Strategies
- ❖ Newly Approved Treatments
- ❖ Q and A



## "Normal" Aging



- ❖ Every system in the body experiences age-related changes
- ❖ Cognitive processing may slow down, but routine memory, skills, and knowledge remain stable and may even improve
- ❖ As we age, we tend to slow down, but don't lose ability to function
- ❖ Impact of COVID-19 pandemic and stress
- ❖ Is this behavior "normal" for the person?



## Typical Age-Related Changes



- ❖ Making occasional errors with finances
- ❖ Getting momentarily confused about the day of the week
- ❖ Occasionally needing help using electronics, like the remote control(s) – or a new phone
- ❖ Sometimes having trouble finding the right word
- ❖ Misplacing things from time to time; able to retrace steps to find them
- ❖ Making a mistake or a bad decision on occasion
- ❖ Developing very specific ways of doing things; becoming irritable when a routine is disrupted

Source: [www.alz.org](http://www.alz.org)



## Mild Cognitive Impairment



**cognitive:** *relating to thinking, remembering, problem-solving, interpreting information.*

- ❖ Falls between typical age-related memory loss and dementia.
- ❖ Impairments in thinking, memory, and judgment NOT severe enough to affect ability to function independently.
- ❖ MCI or something else?
  - Medication side effect?
  - Urinary tract infection, dehydration, depression?
  - Vitamin or mineral deficiency?
  - Vision or hearing loss?
  - Chronic pain? Lack of sleep? Excessive stress?



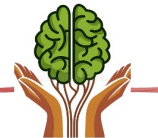
## MCI



- ❖ About 12-18% over age 60 have MCI ([www.alz.org](http://www.alz.org))
- ❖ 1/3 will develop Alzheimer's dementia w/in 5 years
- ❖ Memory complaints most common
- ❖ Not life-altering but definitely a cause for concern
- ❖ Is it early Alzheimer's?
- ❖ Currently, no over-the-counter or prescription treatments; possibly benefits from new meds, Aduhelm® and Leqembi®



## Common Symptoms of MCI

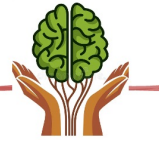


- ❖ More frequent difficulty remembering simple things
- ❖ Difficulty following a conversation or basic instructions
- ❖ Frequently losing train of thought
- ❖ Forgetting appointments or scheduled events
- ❖ Feeling overwhelmed when unable to make plans or decisions
- ❖ Trouble finding your way around familiar environments
- ❖ Increased impulsivity or increasingly poor judgment
- ❖ May experience secondary emotional symptoms such as depression, anxiety, irritability, or apathy

**Note:** *Symptoms do not occur suddenly but worsen over time.*



## Possible Causes of MCI



- ❖ Being 65+
- ❖ Family history of MCI, Alzheimer's disease or another dementia
- ❖ Certain medical conditions such as high blood pressure, stroke, high cholesterol, or heart disease
- ❖ Substance abuse, including alcohol abuse
- ❖ Lack of exercise

Source: Family Caregiver Alliance



## Diagnosing MCI

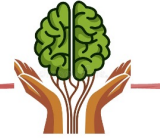


- ❖ Thorough medical history
- ❖ Assessment of independent functioning
- ❖ Interview with family member(s)
- ❖ Assessment of cognitive status to evaluate memory, planning, judgment, ability to understand visual info
- ❖ Examination of reflexes, movement, coordination, balance, and senses
- ❖ Evaluation of mood
- ❖ Possible blood tests and brain imaging
- ❖ Neuropsychological evaluation

Source: Family Caregiver Alliance



## MCI Diagnosis?

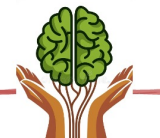


- ❖ Be patient and ask family to do the same
- ❖ Be sure all legal and financial matters are in order:  
Advance healthcare directives, Power(s) of attorney
- ❖ Establish a system of reminders
- ❖ Find constructive ways to deal with anger and frustration
- ❖ Keep an active mind by doing things that are enjoyable and provide a sense of productivity
- ❖ Maintain close relationships and friendships
- ❖ Remember that MCI does not define one's identity
- ❖ Focus on what the person CAN do and avoid worrying about the "what if's"
- ❖ Maintain a healthy lifestyle

Source: Family Caregiver Alliance

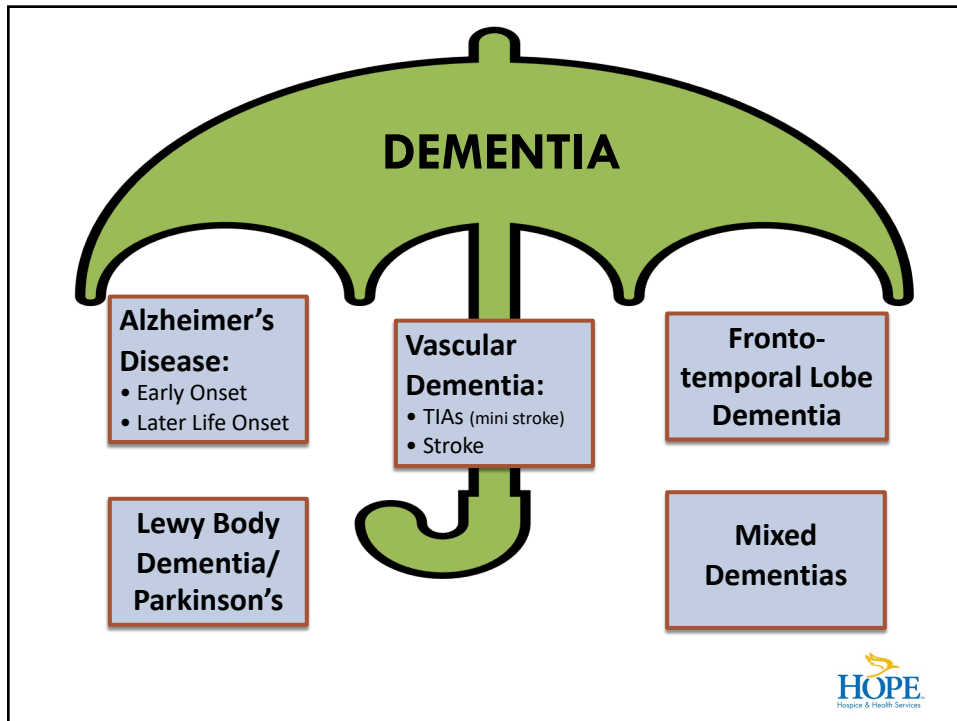


## Key Take-aways from Teepa



- ❖ Dementia is not a disease, but a group of symptoms that impair thinking and behavior.
- ❖ There are many underlying diseases that can cause dementia including Alzheimer's; stroke/TIAs; Parkinson's Disease and Lewy Body Dementia.
- ❖ All dementias are chronic, progressive, and terminal.
- ❖ All dementias involve the death of at least 2 parts of the brain.
- ❖ Memory and language tend to decline first, but ultimately all brain functions are impacted.
- ❖ When a person has dementia, it impacts everyone around them; everyone is "living with dementia."





## Changes That May Indicate Dementia



- ❖ Memory loss that disrupts daily life
- ❖ Challenges in developing a plan or thinking things through
- ❖ Difficulty starting and/or completing familiar tasks
- ❖ Confusion with time or place; past or present
- ❖ Trouble understanding visual images and spatial relationships
- ❖ Difficulty using language, even with visual, verbal, or touch cues
- ❖ Misplacing things and losing the ability to retrace steps
- ❖ Decreased or poor judgment
- ❖ Withdrawal from work or social activities
- ❖ Changes in mood and personality

Source: [www.alz.org](http://www.alz.org)

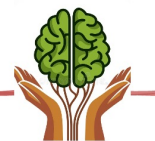
## Evaluating Symptoms



- ❖ Thorough medical exam
- ❖ Assessment of functioning and behavioral changes
  - Impaired memory or thinking skills
  - Changes in personality, mood
  - Interview with family member
- ❖ Medical tests to rule out other conditions.
  - Blood
  - Brain imaging
- ❖ Cognitive test(s) to evaluate memory, judgment, ability to understand visual information
  - General Practitioner Assessment of Cognition (GPAoC)
  - Mini-cog
  - Montreal Cognitive Assessment (MoCA)



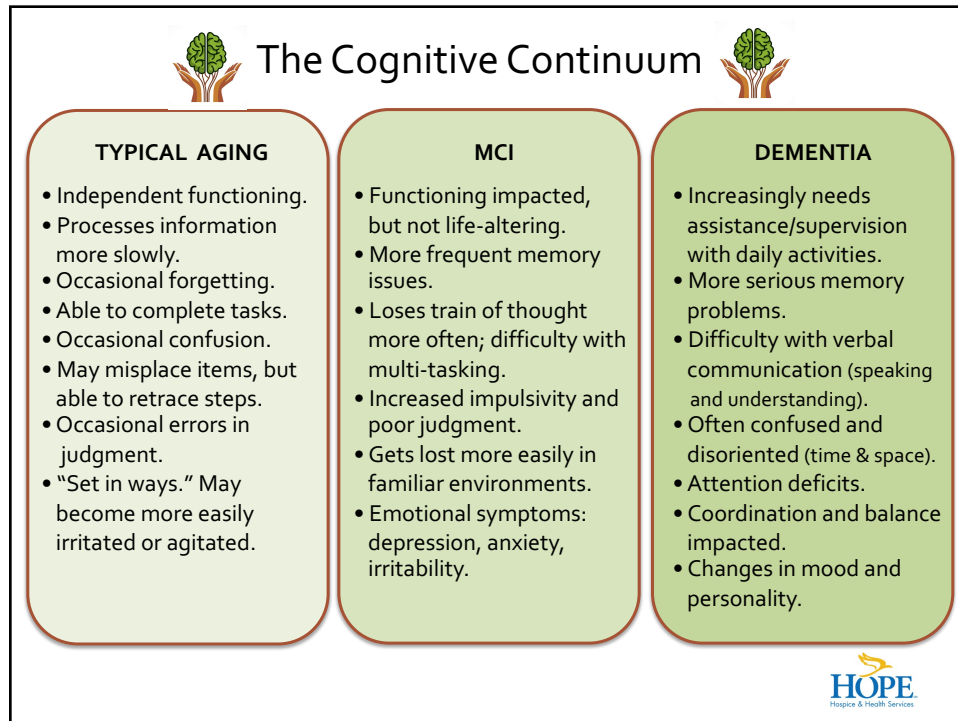
## If one is living with dementia . . .




- ❖ Remain as independent as possible
- ❖ Develop coping strategies
  - Recognize triggers for anxiety, worry, stress
  - Establish a daily routine
  - Ask others for help
  - Rely on sources of strength
- ❖ Gain a sense of control over your life
- ❖ Maintain healthy relationships
- ❖ Stay physically active and socially engaged
- ❖ Strive to maintain the highest quality of life possible








## Risk Reduction Strategies



- ❖ What's good for the heart is good for the brain
  - Eat a balanced diet/maintain healthy weight
  - Keep blood pressure within normal range
  - Get regular exercise – at least 150 minutes/week
  - Do not smoke
  - Consume alcoholic beverages in moderation
- ❖ Manage stress
- ❖ Establish healthy sleep habits
- ❖ Get your vaccines: flu, shingles, pneumonia, COVID
- ❖ Engage in intellectual activities – learn something new; read/do something that makes you think



## New Treatments for Alzheimer's Disease



- ❖ **Aduhelm® and Leqembi®**
- ❖ Infusion therapy to treat mild dementia stage of Alzheimer's or MCI
  - May reduce beta amyloid plaques
  - Not a cure but may slow cognitive and functional decline
  - No evidence that lost memories or functions restored
  - Requires thorough medical evaluation and diagnosis to prescribe treatment (Amyloid PET scan; CSF analysis)
- ❖ Controversies
  - Amyloid hypothesis
  - Side effects
  - Costly, but Medicare will most likely cover 80%