



Family Caregiver Education Series

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

August 11, 2022 • 10:00 – 11:30 a.m.

Optional Q and A following the presentation

Debbie Emerson, M.S. Community Health Educator
CARES® Dementia Specialist

Gia Barsell, Manager of Dementia Services
PAC™ Certified Trainer and Consultant

Upcoming Family Caregiver Webinar

Dementia Basics

Thursday, **September 8, 2022**

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 Treatment
- Q and A



What do we mean by “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



What is Mild Cognitive Impairment (MCI)?

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? Excessive stress?



What is Mild Cognitive Impairment (MCI)?

- About 12-18% over age 60 have MCI. (www.alz.org)
- 1/3 will develop Alzheimer's dementia within 5 years.
- Memory complaints most common.
- Affects men more than women.
- Not life-altering but definitely a cause for concern.
- Is it early Alzheimer's?
- Currently, no approved drugs or other treatments; possibly benefits from new med, Aduhelm™.



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



If one is diagnosed with MCI . . .

- 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 ifs.”
- Maintain a healthy lifestyle.

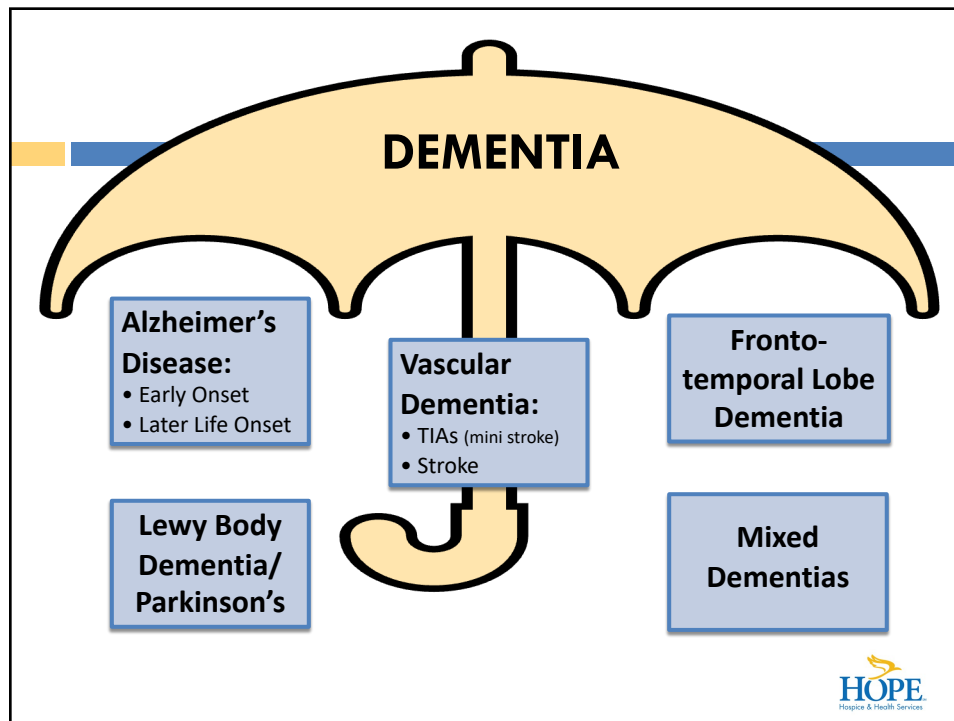
Source: Family Caregiver Alliance



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 two 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

Evaluating Symptoms

- Thorough medical exam: Medical and medication history
- 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 for as long 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.




The Cognitive Continuum



NORMAL AGING	MCI	DEMENCIA
<ul style="list-style-type: none"> • Independent functioning. • Processes information more slowly. • Occasional forgetting. • Able to complete tasks. • Occasional confusion. • May misplace items, but able to retrace steps. • Occasional errors in judgment. • "Set in ways." May become more easily irritated or agitated. 	<ul style="list-style-type: none"> • Functioning impacted, but not life-altering. • More frequent memory issues. • Loses train of thought more often; difficulty with multi-tasking. • Increased impulsivity and poor judgment. • Gets lost more easily in familiar environments. • Emotional symptoms: depression, anxiety, irritability. 	<ul style="list-style-type: none"> • Increasingly needs assistance/supervision with daily activities. • More serious memory problems. • Difficulty with verbal communication (speaking and understanding). • Often confused and disoriented (time & space). • Attention deficits. • Coordination and balance impacted. • Changes in mood and personality.

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, etc.
- Engage in intellectual activities – learn something new; read/do something that makes you think.



New Treatment for Alzheimer's Disease

- Aducanumab (Aduhelm™)
- 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 it will restore lost memories or functions.
 - Requires thorough medical evaluation and diagnosis to prescribe treatment (Amyloid PET scan; CSF analysis).
- Controversies
 - Amyloid hypothesis
 - Inconclusive clinical trials/accelerated approval
 - Side effects
 - Costly - \$56,000/year



Questions



Thank you for completing our evaluation upon leaving the webinar.

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