

EUNAD-IP

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Dementia

Definition of Dementia

- Dementia is a disorder caused by brain damage that increases with age.

ICD 10 criteria for diagnosis

- **Memory decrease** which leads to problems in everyday life activities or makes independent living difficult or impossible.
- **Decline in cognitive abilities** like thinking, planning and organizing everyday life. This leads to problems or inability to live independently.
- At the beginning, orientation in space and time remains possible for the affected. At later stages, orientation is more and more impaired.
- An impairment in emotional control, motivation or adequate social behavior. This manifests itself in emotional irritability, apathy or impairments in social behavior like eating, dressing and interaction.

Degrees of severity

- No Dementia (CDR=0): No decline in cognitive functioning and memory. The person is able to live completely independently, solves everyday problems well and is fully orientated.
- Questionable Dementia (CDR=0.5): Slight impairment in managing everyday life and activities. The person is fully orientated except slight difficulties with perception of time. Occurrence of constant mild forgetfulness and partial retrieval of events.
- Mild Dementia (CDR=1): Independent living and difficult hobbies or tasks aren't possible anymore. Individuals depend on family and friends. They need encouragement as well as support from others. In this stage, the affected have moderate problems with cognitive tasks like problem-solving. Memory problems concerning recent events occur. The forgetfulness impacts everyday activities.

Degrees of severity

- Moderate Dementia (CDR=2): During this stage of Dementia, memory is already severely affected. The person can only remember profoundly processed material. Recall of recent events in memory as well as declarative memory is impaired. In most situations, the person is disoriented in time and often in place. The person experiences severe problems with cognitive tasks and express a decrease in the ability of social judgement. The affected manage simple chores and their interests are restricted. At this point assistance is needed for tasks like dressing, hygiene and managing their belongings.
- Severe Dementia (CDR=3): This subtype is characterized by a severe memory loss, only fragments of autobiographical memory remain. The person is not oriented in time and space. Using cognitive functions like judgment or problem solving is impossible. People with severe dementia need extensive help with personal care and they are frequently incontinent.

Subtypes of dementia

Common causes

- Alzheimer's Disease
- Vascular dementia
- Mixed dementia
- Fronto-temporal dementia

Less common causes

- Parkinson's disease, severe alcohol abuse, Creutzfeldt-Jakob disease, Huntington's disease, Pick's disease

European prevalence

- The risk for developing dementia is rapidly increasing with progressing age. The prevalence for Dementia lies between 0,7-1% in persons between 60 and 64. People between 85 and 89 years show a prevalence between 16,4 % and 23,6 %.
- In Europe the general prevalence rate over all age groups is 1,55%.
- The European Commission (2006) estimates a total of more than 7 million people in Europe who suffer from dementia.

Worldwide prevalence

- Age-standardized prevalence for those aged 60 years lies between 5%–7% in most world regions, with a higher prevalence in Latin America (8.5%), and a distinctively lower prevalence in the four sub-Saharan African regions (2%–4%).
- In 2010 35.6 million people lived with dementia worldwide.
- Numbers are expected to almost double every 20 years, to 65.7 million in 2030 and 115.4 million in 2050.
- In 2010, 58% of all people with dementia lived in countries with low or medium incomes. This proportion is expected to have risen to 63% in 2030 and 71% in 2050.

Dementia

Effects of a chronic or proceeding illness of the brain that is more frequent in old age

Cause: Alzheimers, cerebrovascular diseases, Creutzfeld-Jacob's disease, Parkinson

Symptoms

- Gradual loss of memory
 - Loss of cognitive functioning
- (mild, moderate, severe)

Memory loss

- Memory loss can be seen mainly when learning new verbal and nonverbal information, in more severe cases long term episodic memory may be affected.

Mild dementia

- Problems with retrieving information like dates, location of everyday items, or recent information.
- Everyday life is difficult but independent living is still possible.

Moderate dementia

- Only well learned information can be remembered. In most cases the recall of recent events and as well as declarative memory (where one has been living or names of persons of trust) is impaired.
- limitations concerning independent living

Severe dementia

- Limited access to autobiographical memory
- complete inability to process and recall recent information.
- Close relatives are not recognized any more.

Other cognitive functions

- Ability to think, problem solving
- Ability to plan ahead and to organize, ability to process and recall information

Mild

- Everyday life can be organised without support but complex activities cannot be planned and performed anymore.

Moderate

- Everyday life cannot be organised independently any more, only simple activities can be performed

Severe

- Not possible to follow the thoughts of the affected any more

Other disabilities

- Reduced affect control, changes in social behavior.
- Enhanced irritability, emotional lability....

Treatment

- No possibility to heal but chance to reduce suffering
- The earlier dementia is diagnosed the better the treatment effects.

Treatment

- Reduce glutamat
- Reduce effect of Cholinesterase (Cholinesterase responsible for reduction of Acetylcholin)
- Antidementiva or Nootropica

Treatment

- In cases of disturbed blood circulation, medication has to focus on enhancing blood circulation.
- Risk factors have to be treated as well (high blood pressure, high blood sugar levels, high blood fat levels, weight problems).

Psychosocial treatment

- Movement, ergotherapeutic interventions

Psychosocial interventions

- Routine and healthy lifestyle
- Maintain independence and mental flexibility as well as mobility as long as possible

How to deal with a person who suffers from dementia

Orientation

- External Orientation support in structuring environment and daily routine (vgl. Baier, 2001, p. 392).

Orientation support

- Big clocks, Calendars, Signs, Nametags, different colors for environments with different functions, free access to stimulating material like fotos, games, journals, radio etc.
- a well structured daily schedule

Mileu Therapy

- Structure in social environment, daily schedule and physical environment

Social environment

- All professions have one concept
- Continuity in relationships (personal relationship, client centered stance, knowledge of biography)
- Adapting communication (slow, simple, gaze)
- Work satisfaction of helpers
- Inclusion of relatives

Structure in daily schedule

- Change of activity and calm phases (Interval concept)
- Standard daily routine
- Dementia adapted activities (low ability for concentration, change between known and unknown activities)
- Use continuous and small groups

Physical environment

- Protection and activation
- Have good overview
- No barriers
- No dead ends (round walks)->be aware of enhanced movement needs of persons with dementia

Physical environment

- Hidden entrance and exit
- Good lightning
- Low noise level
- Familiar belongings from home

Validation

- Acceptance of individual emotions
- Emotional concern as basis for communication
- What the person feels and needs is „true“
- Understand the inner emotional world of the affected person (Feil 2000, p. 11)

Validation

- Erik Erikson defined the last stage of human development as „Integrity“
- In stages of integrity the capability of working through and integrate the past is given
- Unsolved emotions come back in this stage
- If tasks remain unsolved a positive integration is not possible

Stage 1: Malorientation

- Accessibility of cognitive functions
- existing self awareness
- ignorance of memory loss and emotions
- blaming of others
- Reactivation of conflicts from the past in the present
- Fear of further losses leads to behaviors like “collecting” (e.g. food, journals etc.)
- Affected persons are aware of reality and meet their roles in society. They are very vulnerable and averse to being touched, they avoid eye contact and show much tension in their body language (p. 52-54).

Stage 2: Time confusion

- Enhanced physical and social losses
- No further ignorance and denial of memory
- Flight into past and desist from the present reality
- Regression to universal emotions like love, hate, sadness, fear etc.
- Attempt to evoke positive emotions from the past. Emotions are expressed in a direct manner.
- Maladaptation in performing demanded social roles
- Ability for verbal communication reduced
- Body language calm and relaxed
- Positive reaction to body and eye contact (see p. 54-57).

Stage 3: Repetitive Motion

- Nonverbal communication, behaviors and movements utilized for symbolization (p. 57)
- Verbal communication not possible any more
- Facial expression and gesture broach the issue of autobiographical past
- Repetitive behaviors or sounds
- Possibility to communicate in cases of eye- and body contact (see p. 57-60)

Stage 4: Vegetation

- Lack of verbal and nonverbal communication skills
- Absence of emotion expression
- almost no movement
- eyes mostly closed (see p. 60f.)

Practical use

- Understand that withdrawal into past is a survival strategy, validation means to accept this and respect the wisdom of the elderly (Feil, 2000, p. 35).

Practical use

- „Listen carefully, accept emotions and try to empathize" (p. 37).

Validation steps

- “Collect information”
- “Assess stage of dementia”
- “Use validation”

Summary

- Structure of environment (clear and continuous in environment and relationships)
- Validation (accept focus in past, emotional reality and ensure a support in emotion regulation, adapt to stages)
- Person centered stance (empathy, acceptance, congruence)