Medical Challenges
September 11, 2014
Managing aberrant behavior in patients with dementia

OBJECTIVES

- What is dementia
- What are the different common types of dementia
- What are the stages of dementia
- What are the needs of patients in different stages of dementia.
Deterioration of mental functions

Dementia
Dementia

- Deterioration of mental functions
- Interfering with daily activities
Dementia

Deterioration of mental functions

Interfering with daily activities

Alzheimer dementia

Memory Impairment

Dementia
Alzheimer dementia

• Memory impairment - Amnesia:
  – Global, non-selective
  – Interfering with daily activities
Alzheimer dementia

• Memory impairment - Amnesia:
  – Global, non-selective
  – Interfering with daily activities

• Anomia
Alzheimer dementia

• Memory impairment - Amnesia:
  – Global, non-selective
  – Interfering with daily activities

• Anomia

• Agnosia
Alzheimer dementia

• Memory impairment - Amnesia:
  – Global, non-selective
  – Interfering with daily activities
• Anomia
• Agnosia
• Apraxia
Alzheimer dementia

• Memory impairment - Amnesia:
  – Global, non-selective
  – Interfering with daily activities
• Anomia
• Agnosia
• Apraxia
• Impaired judgment
Alzheimer dementia

• Memory impairment - Amnesia:
  – Global, non-selective
  – Interfering with daily activities

• Anomia
• Agnosia
• Apraxia
• Impaired judgment
• **Insidious onset**
• **No insight**
Alzheimer dementia

- Memory impairment - Amnesia:
  - Global, non-selective
  - Interfering with daily activities
- Anomia
- Agnosia
- Apraxia
- Impaired judgment
- Insidious onset
- No insight

Change in personality
Paranoid delusions
Alzheimer dementia

- Memory impairment - Amnesia:
  - Global, non-selective
  - Interfering with daily activities
- Anomia
- Agnosia
- Apraxia
- Impaired judgment
- Insidious onset
- No insight

Change in personality
Paranoid delusions
Peak Frequency of Behavioral Symptoms
Adapted from Jost & Grosberg, 1996
Dementia

Deterioration of mental functions

Interfering with daily activities

Alzheimer dementia
Memory Impairment

Dementia

Hallucinations
Fluctuations

Lewy Body Dementia
Lewy Body Dementia

- Impaired executive functions
- Hallucinations, formed
- Fluctuations: cognition, consciousness
- REM behavioral disorders
- Extra-pyramidal signs – Parkinson disease
Deterioration of mental functions

Interfering with daily activities

Alzheimer dementia

Memory Impairment

Dementia

Disinhibition

Anomia

Hallucinations

Fluctuations

Fronto-Temporal Dementia

Lewy Body Dementia
Fronto-temporal dementia

• Change in personality
• Disinhibition
  inappropriate behavior
• Anomia
Fronto-temporal dementia

- Change in personality
- Disinhibition
  inappropriate behavior
- Anomia
Dementia

Deterioration of mental functions

Interfering with daily activities

Alzheimer dementia

Memory Impairment

Dementia

Multi-infarct dementia

Neurological signs

Disinhibition Anomia

Hallucinations Fluctuations

AIDS Neuro-Syphilis

Fronto-Temporal Dementia

Lewy Body Dementia
Vascular – Multi-infarct dementia

- Localizing neurological signs
- Step-wise deterioration
- Evidence of atherosclerotic disease predisposing to thrombo-embolic diseases.
Dementia

- Alzheimer dementia
- Multi-infarct dementia
- Memory impairment
- Neurological signs
- Disinhibition
- Hallucinations
- Anomia
- Fluctuations
- Slowing down
- Fronto-Temporal Dementia
- Lewy Body Dementia
- Parkinson disease dementia

Deterioration of mental functions

Interfering with daily activities
Parkinson dementia

• Parkinson disease signs:
  – Fine tremors
  – Rigidity
  – Reduced automatic movements
  – Micrographia

• Diagnosis of Parkinson disease made more than one year prior to evidence of cognitive dysfunction
Deterioration of mental functions

- Alzheimer dementia
- Memory Impairment

- Multi-infarct dementia
- Neurological signs
  - AIDS Neuro- Syphilis
  - Fronto-Temporal Dementia

- Disinhibition
- Anomia

- Hallucinations Fluctuations

- Gait & UI
- Hydrocephalus

Interfering with daily activities

- Slowing down
- Parkinson disease dementia
Hydrocephalus

- Increased muscle tone
- Rigid Gait,
  difficulties walking
  repeated falls
- Urinary incontinence
- Slowed thinking process:
  Mind “not as sharp as before”
Dementia

Deterioration of mental functions

- Memory impairment
- Hallucinations
- Fluctuations
- Anomia
- Disinhibition

Interfering with daily activities

- Alzheimer dementia
- Lewy body dementia
- Fronto-Temporal dementia
- Multi-infarct dementia
- Parkinson disease dementia
- Neurological signs
- Slowing down
- Gait & UI
- Hydrocephalus
Stages

Mild: Protect patient from predators

Moderate: Protect patient from self

Severe: Nursing care “with a twist”
Issues to consider when caring for patient with dementia

- Orientation is impaired
- Cannot cope with too many stimuli
- Patient does not understand what is going on
- Unpredictability
- Feeling insecure, basic needs not met
- Needs to be reassured
- Attitude and body language are important
Coping mechanisms

• Easy distractibility
• Short attention span
• Patient is as apprehensive as caregiver:
  – Attitude
  – Body language
  – Make sure patient sees you and does not feel threatened
  – Tone and volume of voice
  – Make sure patient understands what you are about to do.
• No “best approach” – individuality of the patient