

Mental Health

Dementia and Alzheimer's Disease

Is Alzheimer's disease the same as dementia?

Dementia is a syndrome consisting of a number of symptoms that include loss of memory, judgment and reasoning as well as changes in behavior, mood, and communication capacities. A person's ability to function becomes more and more difficult, if not impossible. There are different types of dementia. While each of these types may present specific symptoms patterns, dementia eventually affects all areas of a person's life, including how one thinks, feels, acts, and reacts to one's environment.

Alzheimer's disease or Dementia of the Alzheimer Type (DAT) is the most common type of dementia accounting for 64 per cent of all dementias. The disease was first identified by Dr. Alois Alzheimer in 1906. It is a progressive and degenerative disease that destroys vital nerve cells in the brain causing irreversible damage and eventually death. Most people affected by Alzheimer's disease are over the age of 65 even though the disease may also occur at an earlier age.

The features of Alzheimer's disease include a gradual onset and continuing decline of various cognitive abilities. As Alzheimer disease progresses and affects different areas of the brain, the person experiences gradual memory loss, a diminishing ability to plan and perform routine tasks, disorientation in time and space, impaired judgment, impaired language and communication skills, personality changes, and diminishing learning abilities.

It is important to seek medical help to obtain an accurate diagnosis relative to dementia and as to the type of dementia. A thorough medical examination will also provide diagnosis and treatment for conditions that may mimic dementia such as depression, thyroid disease, infections or drug interactions. When other possible causes have been ruled out and symptoms progress, dementia and the type of dementia will be diagnosed. Besides Alzheimer's disease, related dementias include Vascular Dementia, Frontotemporal Dementia, Lewy body Dementia, and Creutzfeldt-Jakob Disease.

Regardless of the type of dementia, individuals can obtain information and support from the Alzheimer Society.

What causes Alzheimer's Disease?

Researchers have not yet found the cause(s) or cure(s) for Alzheimer's disease. It is known that factors, such as increasing age (the most important factor) and family history, increase the risk for a person to develop Alzheimer's disease.

Two types of the disease have been identified: (1) *Sporadic or Late Onset Alzheimer's Disease* which may or may not be inherited is the most common type comprising 90 to 95% of all cases;

(2) *Familial Autosomal Dominant or Early Onset Alzheimer's Disease* is rare but is clearly passed from generation to generation in certain families.

How many Canadians are affected by Alzheimer's disease or Related dementias?

In January 2009, the Canadian Alzheimer Society provided these findings from the study "*Rising Tide: the Impact of Dementia on Canadian Society*".

- Approximately 500,000 Canadians are living with Alzheimer's disease or a related dementia.
- Over 70,000 of them are under the age of 65, and approximately 50,000 are under the age of 60.
- 1 in 11 Canadian over the age of 65 currently have Alzheimer's disease or a related dementia.
- Women make up 72 per cent of Canadians with Alzheimer's disease.
- Within just five years, an additional 250,000 Canadians could develop Alzheimer's disease or a related dementia.
- Within a generation (25 years), the number of people living with Alzheimer's disease or a related dementia will be more than double, ranging between 1 million and 1.3 million people.

What are the Top 10 Warning Signs?

1. Memory loss that affects day-to-day functioning
2. Difficulty performing familiar tasks
3. Problems with language
4. Disorientation in time and place
5. Poor or decreased judgment
6. Problem with abstract thinking
7. Misplacing things
8. Changes in mood or behavior
9. Changes in personality
10. Loss of initiative

How to Help a Person Suffering from Dementia?

Keep in mind principles of care for the person with dementia

When the caregiver has difficulty to know what to do to maximize the quality of life of the person with dementia, he/she can refer to the following principles of care to guide his/her interventions. These principles are derived from the work of American Society on Aging Award Winner (2003) Katie Maslow on dementia care. They were recommended by the *Hopeful Care for the Cognitively Impaired* study group (HCCI) and the Psychosocial and Enhancement Program in dementia (PEP) at Ste-Anne's Veterans Hospital (Ste-Anne-de-Bellevue, Qc) since 1996.

1. There is always something that can be done for the person with dementia to improve the general health, everyday functioning, and quality of life.
2. Some factors other than the disease may be the cause of some of the disabilities in the person with dementia (e.g. untreated acute or chronic illnesses, depression, bad vision, deafness, excessive noise or lack of stimulation and exercise, something in the environment, inappropriate medication, etc.).
3. The person with dementia has residual strengths which can be identified and given opportunities to be used.
4. Communication with the person with dementia is often difficult but regardless of the disabilities, the person with dementia maintains a core of self that can be reached.
5. The behavior of the person with dementia represents meaningful feelings and needs, even if they are not expressed in conventional and understandable ways (e.g. excessive pacing, screaming, combativeness may express fear, loneliness, boredom, pain, need to socialize, etc.).
6. The physical and social environment affects the functioning of the person with dementia and it is important to create a reassuring, facilitating, and adequately stimulating environment.

Keep in mind principles of care for the person with dementia

The person with dementia has the same needs as everybody else. The only difference is in how their needs are expressed.

- The person needs companionship, warmth, and love.
- The person needs to feel secure and safe.
- The person needs to have pleasure and have a stimulating environment.
- The person needs to feel valued.
- The person needs to maintain his/her self-esteem.
- The person needs to be treated with dignity and respect.

Encourage the person's autonomy

- Allow the person to do as much as he/she can for oneself, but do not expect the person will regain lost skills.
- Break tasks down into small steps that the person can accomplish.
- Assess the person's skills frequently so you can adjust your expectations and help.
- Allow the person to feel useful, provide an opportunity for the person to contribute.

Create a comforting and pleasurable environment for the person

- Remember the person obtains stability and comfort through structure, routine and familiarity.

- Remind yourself the person is highly dependent on his/her environment.
- Adapt the environment to the person rather than to expect the person to adapt.
- Provide an environment that is stimulating enough but not too much.
- Encourage reminiscence but do not force recollections
- Be aware that memories of the past remain intact longer. It's therapeutic to "remember the good old days" with the person.
- Identify the positive memories of the person. Use them to bring comfort and distract the person from annoyances and worries. If one memory in particular brings a smile and comfort, use it again and again.
- Be creative in offering simple fun activities to the person, activities where the person can feel successful.
- Use your sense of humor. It's important to have fun together.

Adapt your communication to the person

- Remember that the person's communication skills have deteriorated.
- Set the stage making sure there are few distractions when trying to communicate with the person.
- Get the person's attention and approach the person slowly and from the front.
- Make eye contact.
- Speak slowly and clearly.
- Give one message at a time.
- Pay attention to the person's reaction (facial expressions, body movements, etc.). Respond to the mood and emotions.
- When you repeat important information, use the same words.
- Show and talk. Use actions as well as words (e.g. show the coat and point to the door).
- Allow the person time to respond.

Be patient with the person

- Don't rush the person.
- Remember that the "ability to remember" cannot be forced.
- Don't take the anger or hostility personally. The person may be trying to communicate.
- Be prepared to listen to the same story and answer the same questions more than once.
- Be aware that the person has no control over his/her behavior.
- Don't argue. Remember the ability to reason decreases as the disease progresses.
- Remember the person is doing his/her best and adopt a supportive and conciliatory attitude.
- Accept to repeat comforting messages. Repetition is part of living with memory loss.

Show compassion for the person

- Remember that your behavior and emotions affect what the person experiences and feels.
- Remind yourself that you have an opportunity to influence the person positively or negatively.

- Adopt a positive relationship that is the product of respect – the unconditional regard for the person, for who the person is.
- Learn more about the illness, the problems and how to adapt to them. Positive regard grows from understanding.
- Remind yourself that hostility, suspiciousness, and agitation may signal distress. Try to identify the cause of the distress to remove it.
- Use reassurance and distraction tactics to alleviate hostility, suspiciousness, and agitation. They may help to restore comfort
- Do not confront or correct the person. Offer or suggest an alternative
- Remember the logo of the Canadian Alzheimer's Society: "*Forget Me Not*"

Understanding Wandering

Wandering is one of the more challenging behaviors associated with Alzheimer's disease and it refers to the need to keep on the move. Wandering is a direct result of physical changes in the brain, leading the person to want to move about, search for someone or something or remove themselves from their current surroundings. The person may wander for a variety of reasons. The person may be: too hot or too cold; hungry or in pain; trying to recreate a situation from the past, perhaps an activity they used to do on a regular basis. Looking for non-verbal clues may help the caregiver to establish the reason for the wandering.

There are several types of wandering associated with Alzheimer's disease:

- Aimless Wandering - a non-focused walking with little or no apparent direction, purpose or destination.
- Purposeful Wandering - goal-oriented wandering where the person wishes to accomplish something.
- Night-time Wandering - when night hours are often a time for wandering due to broken sleep patterns and confusion as to the difference between night and day.
- Industrious Wandering - when the person may incorporate repetitive behavior into the wandering

Suggestions for Managing Wandering

- Allow safe wandering.
- Look at the immediate environment as a cause.
- Reduce the items in the environment that may trigger a desire to go outside.
- Develop meaningful activities.
- Try to involve the person in a regular exercise program.
- Provide visual cues to help reduce confusion.
- Keep a log or diary of wandering patterns.
- Establish contacts in the community.
- Join the Alzheimer Wandering Registry Program.

For further information and support contact the Alzheimer Society of Canada at 1-800-616-8816 or visit them on their Web site at: <http://www.alzheimer.ca>.

Do not hesitate to get help and support from your local Alzheimer Society. You can check the Web site or your telephone directory for an office near you.