WHAT'S NEW IN THE FIGHT AGAINST DEMENTIA

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DEMENTIA

• This Independent Study is presented by Michigan Nurses Association.
• 1.0 contact hour will be awarded to participants who achieve a minimum passing score of 80%. Participants who do not achieve a passing score will have the option to retake the test at no additional cost.
• This continuing education activity is eligible for use from July 31, 2017 to October 30, 2019.
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OBJECTIVES

• Understand the risk factors for dementia.
• Learn what the symptoms of dementia are and the tests for them.
• Learn what the treatment for dementia entails.
• Know the prevention strategies for dementia.
• Discuss new studies that are aimed at preventing and treating dementia.
DEFINITION OF DEMENTIA

- **Definition**: Dementia is a chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning.

- Alzheimer’s is the most common form of dementia. Alzheimer’s is thought to be caused by the accumulation of plaques in the brain caused by the protein amyloid.

- Other forms of dementia are caused by head injury, stroke (vascular dementia), and tumors.
### RISK FACTORS FOR DEMENTIA

**NON-REVERSIBLE**
- Age-cognitive ability naturally declines as a person ages.
- **Family history**: Those with a family history of dementia or some other cognitive/memory loss disorder are at greater risk.
- **Down syndrome**: Persons with Down syndrome have been found to have higher levels of plaque in the brain tissue.

**REVERSIBLE**
- Heavy alcohol use
- Heart disease
- High BP
- High cholesterol (particularly LDL)
- Air pollution has been shown to be associated with a higher risk of dementia, specifically traffic air pollution.

**REVERSIBLE**
- Depression
- Diabetes
- Increased levels of estrogen
- Obesity
- Smoking
THE LINK BETWEEN EDUCATION AND DEMENTIA

• Recent studies have shown that people who have at least a high school diploma have a lower risk for developing dementia.

• This association could be because those who are better educated are more inclined to make changes in lifestyle and improvements in physical health.

• This could have implications for health policy and research funding since more people will be able to live independently longer.
DIET SODA AND DEMENTIA

• A recent study has shown that people who drink at least one artificially-sweetened beverage a day had 3 times the risk of developing dementia.

• The study did not find an association between sugar-sweetened drinks and dementia.

• This, of course, does not prove that diet soda causes dementia, just that there is an association.
A TBI is defined as a blow, bump, or jolt that causes damage to the brain.

Symptoms include headache, blurry vision, and difficulty concentrating.

Recent studies have shown that middle-aged adults who experience a moderate to severe brain injury are at a significantly higher risk of developing dementia.

Middle-aged men were at highest risk.
SYMPTOMS OF DEMENTIA

• **Difficulty completing familiar tasks:** For example, making a drink or cooking a meal, but forgetting and leaving it.

• **Problems communicating:** Difficulty with language by forgetting simple words or using the wrong ones; making inappropriate comments in public.

• **Disorientation:** With time and place, getting lost on a previously familiar street close to home, for example, and forgetting how they got there or would get home again.*

• **Poor judgment:** The AAFP says: “Even a well person might get distracted and forget to watch a child for a little while. People with dementia, however, might forget all about the child and just leave the house for the day.”
SYMPTOMS OF DEMENTIA, CONT.

• Problems with abstract thinking: For example, dealing with money.

• Misplacing things: Including putting them in the wrong places and forgetting about doing this.

• Mood changes: Unlike those we all have, swinging quickly through a set of moods.

• Personality changes: Becoming irritable, suspicious, or fearful, for example. *

• Loss of initiative: Showing less interest in starting something or going somewhere.*

*These symptoms may occur even before memory loss.
HOW DO THESE SYMPTOMS DIFFER FROM SIMPLE OLD AGE?

• Dementia symptoms interfere with daily life.
• They also affect more than one category of brain function (memory, communication, judgment, language).
• Dementia symptoms may appear rapidly, not gradually as in old age.
TESTING FOR DEMENTIA

The abbreviated mental test score has 10 questions such as:

- What is your age?
- What is the time, to the nearest hour?
- Repeat an address at the end of the test that the test administrator will give at the beginning (e.g. "42 West Street").
- What is the year?
- What is the name of the hospital or town we are in?
- Can you recognize two people (e.g. the doctor, nurse, home help, etc.)?
- What is your date of birth?
- In what year did World War 1 begin? (Other widely known dates in the past can be used.)
- Name the president/prime minister/monarch.
- Count backwards from 20 down to 1.
OTHER TESTS FOR DEMENTIA MAY INCLUDE:

• A PET scan or MRI.
• A neurological evaluation.
• Lab tests.

Alzheimer’s can only be inferred, not definitively diagnosed, except on autopsy.
ENCOURAGE PATIENTS TO:

• See a doctor early;
• Keep track of all symptoms and dates;
• List other personal information such as recent life changes, stresses and events;
• List the medications currently taken.
TREATMENTS: MEDICATIONS

- **Cholinesterase inhibitors such as Aricept**: Work by boosting the chemical messengers involved in memory and judgment. 
  Side effects: nausea & vomiting, diarrhea

- **Memantine (Namenda)**: Boosts glutamate, also a chemical messenger. 
  Side effects: dizziness

- These medications will not prevent dementia, but may slow down the symptoms.

- A new medication (aducanumab) was shown to clear the brain of amyloid plaques – bigger clinical trials with this have begun.
HELP WITH ACTIVITIES OF DAILY LIVING:

- Enlist help of an occupational therapist;
- Painting the rooms of the house different colors may assist in helping them find them;
- No quizzing or correcting, just reassurance and validation;
- Modify tasks – break into small, easy steps.
THERAPIES

• Encourage exercise, which can also decrease depression, retain motor skills, and create a calming effect;

• Encourage participation in games and thinking activities;

• Establish a nighttime routine – limit caffeine*, TV, and daytime naps

*A new study showed that caffeine (and 23 other compounds) could boost an enzyme in the brain that can prevent dementia.

• Help the person keep a calendar;

• Make plans for the future;

• Encourage communication – maintain eye contact, speak slowly, and present one idea at a time.
POSSIBLE NEW TREATMENTS FOR DEMENTIA?

• New research suggests that the administration of aspirin and antiplatelet drugs can lower the risk and progression of dementia.

• This may be because aspirin and antiplatelet drugs prevent new strokes, a leading cause of dementia.

• Some anti-depressants (SSRIs) have been shown to decrease some of the agitation and psychosis in dementia.
ALTERNATIVE THERAPIES

• Vitamin E
• Omega 3
• Co-enzyme 10
• Gingko
• Music, pet therapy, aromatherapy, and massage therapy

* Has not been proven effective in treating dementia; more research is needed.
TAKING CARE OF YOURSELF AS CAREGIVER

• Look for information and services from agencies that can provide support
• Allow other caretakers and support personnel to help – don’t try to control the caretaking completely
• Ask for help as needed
• Keep involved in an outside interest so that you don’t become isolated but don’t use your interests as a means of distraction from the caregiving
• Make sure that your personal relationships survive throughout the caretaking relationship
IF YOU ARE THE NURSE WITH A DEMENTIA PATIENT

• Approach from the front.
• Address using their formal name.
• Decrease distractions from TV and other conversations, and make sure you have their attention.
• Speak slowly and calmly.
NUTRITION FOR THE DEMENTIA PATIENT

• Use regular prompts to eat and drink.
• Guide their initial movement with utensils.
• May need food cut into small pieces.
• Allow sufficient time to eat.
• Be flexible – offer nutrition at other times, too.
• Notice any weight loss and report to doctor and dietician.
BATHING THE DEMENTIA PATIENT

• Maintain privacy and dignity.
• Make sure the room is warm.
• Check water temperature to make sure it is not too warm or cold.
• May want hair washed daily (or not).
• Use this time to chat and reassure the patient.
• Also use this as an opportunity to observe ease of motion and skin integrity.
• Be organized so that you don't have to leave patient for any length of time.
TOILETING THE DEMENTIA PATIENT

• Check to see if patient can use commode unattended; they may not be able to find it.
• Show patient where toilet is.
• Remove any obstacles or fall risks.
• Be aware of fidgeting, getting up & down, picking at clothes.
• Make sure clothing is quickly removable (use Velcro).
• Limit fluids 1-2 hours before bed.
OTHER HELPFUL IDEAS

• Orient patient to room (you may need to do this daily).

• Be aware that patients with dementia may want to walk to decrease agitation.

• Be alert to aggressive behavior. Don’t enter into arguments, just try to calm and reassure the patient.
REFERENCES


This CE is **FREE** for MNA members and $20 for non-members.

**POST-TEST DIRECTIONS**

Complete the evaluation and post-test response form and make your payment online by clicking [HERE](#).

OR

Download and complete the evaluation and post-test response [PDF FORM](#) and send to:
- By mail: Michigan Nurses Association, 2310 Jolly Oak Road, Okemos, MI 48864
- By fax: 517-349-5818

**AWARDING OF CE**

Participants who achieve a minimum passing score of 80% will receive a certificate awarding **1.0 contact hour**. Participants who do not achieve a passing score will have the option to retake the test at no additional cost.

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