



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%. Certificates will be mailed within six weeks of receipt of evaluation and post-test. 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.

TRAUMATIC BRAIN INJURY (TBI) AND DEMENTIA

- 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
- 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.

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

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.

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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

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