Vascular Dementia

- Accounts for about 20% of dementia
- Can come from a series of strokes in large and small vessels. (anoxia)
- Prevention is the key:

Dementia-Non Alzheimer's

- Brain tumor
- AIDS
- Head trauma
- Syphilis
- Vitamin B12 deficiency
- Other systemic infectious, metabolic, toxic and degenerative causes
- Depression- “Pseudo-dementia”

Treatable Dementias

- NPH - (Normal pressure hydrocephalus)
  - Enlargement of ventricles which compresses brain tissue without increase intracranial pressure
  - Signs & Symptoms
    - Dementia
    - Ataxia
    - Urinary incontinence
- Vitamin B12 deficiency
  - Can affect cognition at blood levels below 400
- Thyroid disturbance
  - Hyperthyroidism-mental ilegacy, dulling of cognitive function
  - Hypothyroidism- irritability, inattention
- Tertiary syphilis
  - AKA Neuro-syphilis
  - Spots on skin infection
  - Occurs 8-10 years after primary infection
  - Penicillin IV = Tx of choice
**Vascular Dementia**

- Accounts for about 20% of dementia
- Can come from a series of strokes in large and small vessels
- Prevention is the key:

**Parkinson's Disease & Dementia**

- Syndrome of badykeinesia, resting tremor, rigidity (+flat affect, shuffling gait)
- 18-40% of PD develop dementia
- Patients who are older at onset are more likely to develop dementia with PD
- Patients who develop tremors are less likely to develop the dementia syndrome.

**Diffuse Lewy Body Disease**

- 20% of dementia
- Seems to progress faster than Alzheimer's Disease
- Main symptoms are:
  - Fluctuating cognitive impairment
  - Visual hallucinations
  - Parkinsonism
  - Extreme Neuro-leptic sensitivity

** Avoid Antipsychotic Drugs**
- Extreme Neuro-leptic sensitivity
- Parkinsonism
- Fluctuating cognitive impairment

**Prevention is the key:**
Other Dementia’s

• Huntington’s Disease
  – (ages 35-40 onset)
  – Hereditary
  – Signs & symptoms – dementia, personality changes and also have psychosis

AIDS

Dementia Complex

– 2/3 of those who die from AIDS
– Signs & symptoms – forgetfulness, slowed thinking and poor concentration that progresses.
– Antiretroviral drugs delay the development and slow the progression.

Other Dementia’s

• Pseudo dementia
  – A term used by Wells in 1979 to describe reversible cognitive changes that occur in depressed older adults that are often misdiagnosed as dementia
  – 10-20% of depressed patients have significant cognitive impairment.
  – Signs & symptoms –
    • Poor short term memory and recall, but relatively good recognition
    • Loss of ability to dress and groom
  – Poor effort on testing: “I don’t know”
  – Tx: dementia improves with treatment of depression.
• Client may or not be aware he is having difficulties
• Memory loss
• Disorientation
• Apraxia (forgets how to use tools and appliances)
• Anomia- forgetting names
**Symptoms Stage II**

- Poor short-term memory
- Disorientation (person, place, time)
- Inability to perform skilled movements (shoelaces, eating utensils, etc)
- Language difficulties
- Social withdrawal
- Fewer inhibitions
- Agitation

**Symptoms Stage II (cont’d)**

- Restlessness, pacing, wandering, pacing
- Sleepiness
- Sever Sleep Disturbances
- Hallucinations or delusions
- Changes in eating Habits

**Symptoms Stage III**

(severe Dementia)

- Little or no memory
- Great Difficulty communicating with others
- No recognition family/ friends
- Difficulty remembering how to eat
- Loss of bowel/ bladder control
- Increased frailty (muscle weakness, susceptibility to infections and illnesses)
Caregiver Guide

- Day to Day care of an individual with dementia can be stressing.
- Need a Plan of Care that changes as the needs of the consumer change.
- Changes are needed in the physical environment as well as the social and emotional environments.

Dressing and Grooming

- Maintain a ROUTINE.
- Comfort of the Environment.
- Provide assistance only as needed.
- *DON'T ARGUE OR FORCE A PERSON TO CHANGE HIS CLOTHES!*
- Don't offer too many choices of things to wear.
- Glasses: make sure you have more than one pair of glasses available, and a copy of the prescription.

Stressors

- As the Patient's condition becomes worse, the role of the caregiver increases:
- Priorities of the caregiver must be rearranged to accommodate the care of the patient.
Behavior

- Catastrophic Reaction - responding to situations that overwhelm the capacity to think, perform and control their emotions.
- Wandering
- Sundowner's Syndrome (increase in confusion in late afternoon or early evening)
- Sexual Behaviors

Problem solving (cont'd)

- Plan of Action
- Put the plan into action
- Evaluate the Plan
- Ongoing Re-evaluation

General Management

Guidelines

- WANDERING
  - Reduce excess Stimulation
  - Provide meaningful activity
  - Evaluate Medications
  - Use a toileting Schedule
  - Use ID bands or alarm bracelets
General Management

• Difficulty With Personal Care
  – Break task into small steps
  – Be patient, allow time
  – Demonstrate and allow patient to perform the parts of the task they are still able to do
  – Arrange clothes and other items (toothbrush, toothpaste) in the order they are to be used

General Management

• Suspiciousness/paranoia
  – Offer to help find lost objects
  – Don’t argue or reason;
  – don’t take personally
  – Distract or change subject
  – Introduce self and role on a regular basis
  – Reassure
  – Medication evaluation
  – Check out the validity of the situation

General Management

• Agitation
  – Assess/manage sources of pain, constipation, infection, full bladder
  – Medical evaluation: eliminate caffeine/alcohol
  – Schedule adequate rest
  – Do not put in failure-oriented situations
  – Redirect energy to a suitable task
  – Be consistent
General Management

• Sleep disturbance
  – Medical evaluation;
  – Antidepressant medication if indicated
  – Later bedtime;
  – More daytime exercise
  – Check room temperature, use nightlights
  – Limit caffeine and alcohol
  – Nighttime snack
  – Limit naps