When the Mind Falters: Cognitive Losses in Dementia

by

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Objectives

At the end of this module you should be able to:

- Describe the stages of dementia
- Distinguish among specific cognitive impairments from dementia
- Link specific cognitive impairments with the disabilities they cause
- Give examples of cognitive impairments and disabilities
- Describe what to do when there is an acute change in cognitive or functional status
What is dementia?

What do we see in these persons?

Memory loss or amnesia, together with decline in these other cognitive functions:

- Use of language, or aphasia
- Visual-spatial function, or perceptual confusion
- Recognition, or agnosia
- Motor coordination, or apraxia
- Performing sequential tasks, or executive dysfunction

What causes dementia?

- Alzheimer’s disease (AD) is the most common cause; AD causes degeneration and death of brain cells.
- Many other medical or neurologic conditions can cause dementia.
What causes dementia?

Irreversible conditions:
- Stroke
- Parkinson’s disease
- Chronic alcohol abuse

Treatable conditions:
- Infectious diseases
- Thyroid disease
- Depression

How long may people live once they have AD?
- Up to 15 years after the onset of the disease.
- Other medical illnesses, accidents or injuries (e.g., heart disease, stroke, infections, falls with injuries) may cause death before AD runs its course.
- Dementia may be recognized or diagnosed in the early, middle or late stages.
How are persons impaired at the early stages of AD?

- Show signs of forgetfulness, confusion, word-finding difficulty, repetition, poor problem-solving
- Need supervision for instrumental activities of daily living (IADLs) e.g., household management

How are persons impaired at the middle stages of AD?

- Show signs of poor recent and remote memory, disorientation, difficulty speaking full sentences, inability to recognize familiar people, difficulty manipulating objects
- Need assistance to perform basic activities of daily living (BADLs) e.g., personal care
- Behavioral problems are common
How are persons impaired at the late stages of AD?

- Show signs of difficulty speaking, walking, sitting up, eating
- Need assistance in all ADLs; progression to total care

At each stage of dementia, look for *disability* and *residual ability*

Recognize areas of:

- *impaired* function (disability) versus
- *preserved* function (residual ability)
At each stage of dementia, look for disability and residual ability

- Help compensate for disability
- Support residual abilities

What to do when there is an acute change in cognitive or functional status

- Initial assessment for medical conditions, psychiatric disorders, medication effects, environmental factors, unmet needs; refer to the RAPs
- Get help from the interdisciplinary team: PT, OT, Speech, Social Work, Pharmacy
- Request consultation from Gerontological Nursing, Geriatric Psychiatry
Memory impairment and disability examples

Loss of memory by itself does not have to cause total disability.

If left without any assistance when he wakes up, Mr. Ames never gets himself dressed.
Memory impairment and disability

- Mrs. Bosc can’t remember where the bathroom is.
- She wets herself daily.
- Her caregivers keep her in diapers.
- Is Mrs. Bosc incontinent?

Language problems and disability

Loss of language function by itself does not have to cause total disability.
Mrs. Donne has had hip surgery.

She cannot understand the physical therapist’s instructions about using the walker.

Can Mrs. Donne become ambulatory again?

Mrs. Edgar remembers she likes ice cream, but can’t find the words to express her preference for chocolate.
Impaired Recognition and Disability

A person with dementia may have difficulty recognizing objects, or agnosia.

- Mr. Gruen can maneuver to unzip his pants.
- He cannot recognize that a toilet is a receptacle for urine.
Impaired Recognition and Disability

- Mrs. Adams has dementia but does not have manual or oral apraxia.
- She is still able to pick up a cup, and still able to sip and swallow.
- Can she drink from a cup?

Apraxia and Disability Examples

- Mr. Jones is continent, but cannot unzip or unbutton his own pants to pull them down.
- Ms. Kay is able to recognize and name a comb, but cannot use it to comb her hair.
Apraxia and Disability in Terminal Stages of Dementia Examples

- Mr. Noble no longer holds or manipulates objects (manual apraxia)
- Mr. Ott sits all day; has difficulty bearing weight and ambulating, even with assistance (gait apraxia)
- Mrs. Paul can swallow, but cannot chew effectively (oral apraxia)

Objectives Review

Can you now:
- Describe the stages of dementia?
- Distinguish among specific cognitive impairments from dementia?
- Link specific cognitive impairments with the disabilities they cause?
- Give examples of cognitive impairments and disabilities?
- Describe what to do when there is an acute change in cognitive or functional status?
Thank you for your attention!

The End.