

Alzheimer's Disease Staging Issues

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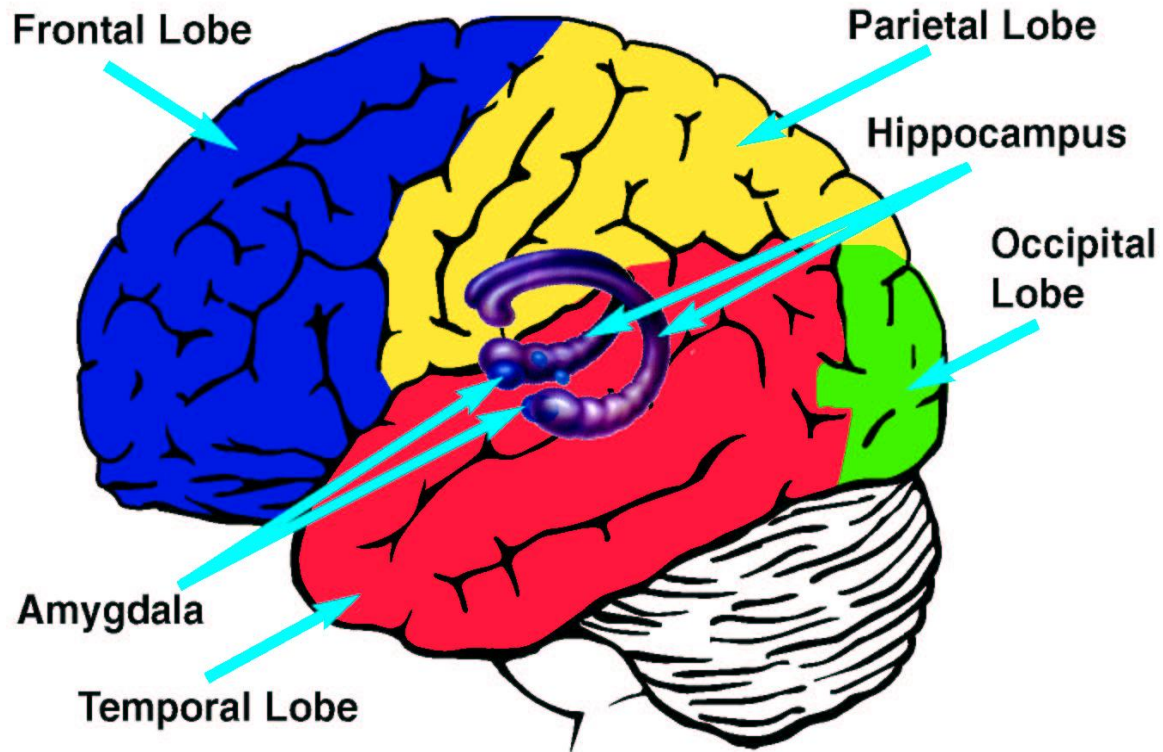
School of Nursing

Dementia

- A progressive decline in 2 or more cognitive domains that is severe enough to interfere with everyday activities
 - memory (amnesia)
 - use of language (aphasia)
 - visual-spatial function (perceptual confusion)
 - recognition (agnosia)
 - motor coordination (apraxia)
 - sequential tasks (executive dysfunction)
- Gradual onset and cognitive decline ≥ 1 year
- No medical or psychiatric explanation



The Human Brain



Alzheimer's Disease

- Early disease affects temporal lobe areas
- Memory, learning, language
- Progressively affects multiple brain areas
- Frontal lobe=executive dysfunction, behavioral symptoms, judgment
- Parietal lobe=visuospatial orientation, agnosia, apraxia
- Basal ganglia=walking, movement
- Brainstem=swallowing, breathing

Alzheimer's Disease

- Neurotransmitter changes
- Dopamine excess can lead to psychosis; depletion leads to parkinsonism
- Serotonin excess can lead to depression, apathy, withdrawal
- Acetylcholine depletion leads to poorer memory, cognitive function
- Glutamate excess leads to neuron cell death

Staging AD

Mild stage (2 - 4 years)

- Symptoms mild - some IADLs maintained
- Difficulty holding onto new information
- Subtle personality & behavioral changes
- Impaired insight regarding memory impairment
- Decreased concentration, judgment, problem solving skills

Staging AD

Moderate stage (2 - 8 years)

- Progressive need for help
- Ends with dependency for basic ADLs

Severe stage (1 - 3 years)

- Nursing home care / 24 hour nursing care
- Lives within the present only
- Still ambulatory
- Incontinent

Staging AD

Profound stage (1 year)

- Frequent incontinence
- Less verbal output
- Loss of independent ambulation
- Feeds with assistance
- Frequent ER visits
- Albumin < 2.5 or decreased PO intake

Staging AD

Terminal stage (6 months)

- Inability to walk or sit up without assistance
- Inability to smile or hold head up
- >10% body weight loss
- Aspiration pneumonia, stage 2 pressure ulcers, urinary tract infection

Alzheimer's Disease

Symptomatology Over Time

	Mild	Moderate	Severe
Function	IADL independent ADL independent	IADL dependent ADL independent	IADL dependent ADL dependent
Cognition	-Difficulty learning -Difficulty with time and word finding -Mild judgment impairment -MMSE >19	-Substantial memory loss -Disoriented -Impaired judgment -Decreased attention -MMSE 12-19	-Fragmented memory -Severe language -Short attention -MMSE <12
Behavior	-Mild personality changes	-Psychosis -Wandering	-Impulsivity -Vocalizations

Adapted from Cotter VT (2002)

Stage-Based Interventions: Patient

Mild

- Info re-dementia, treatment
- Early stage support grp
- Discussion re-interdependence on CG & others
- Activities to promote well being
- AD, POA

Moderate

- Adult day program
- 24 hr supervision
- Structured environment
- Supportive nonverbal communication
- Safe Return

Severe

- Adult day program
- 24 hr assistance
- Adequate nutrition, hydration, mobility, pain, behavior interventions
- Comfort care
- Consider artificial nutrition, hydration

Stage-Based Interventions: Caregiver

Mild	Moderate	Severe
<ul style="list-style-type: none">-Info re-dementia, treatment, community resources-Learn CG role-Peer support	<ul style="list-style-type: none">-Share CG tasks with others-Regular respite-Educate re-communication, behavior-Info re-LTC options	<ul style="list-style-type: none">-Educate re-palliative care approaches, ADL care, prevention of hospitalization-Peer support