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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



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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*



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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.



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What causes dementia?

Irreversible conditions:

- Stroke
- Parkinson's disease
- Chronic alcohol abuse

Treatable conditions:

- Infectious diseases
- Thyroid disease
- Depression



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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.



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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



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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



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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



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

Recognize areas of:

- ***impaired*** function (disability)
versus
- ***preserved*** function (residual ability)



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

- Help compensate for disability
- Support residual abilities



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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



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Memory impairment and disability examples

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



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Memory impairment and disability examples

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



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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?



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Language problems and disability

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



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Language problems and disability examples

Mrs. Donne has had hip surgery.

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

Can Mrs. Donne become ambulatory again?



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Language problems and disability: example

Mrs. Edgar remembers she likes ice cream, but can't find the words to express her preference for chocolate.



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Impaired Recognition and Disability

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



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Impaired Recognition and Disability

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



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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?



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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.



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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**)



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Objectives Review

Can you now:

- Describe the stages of dementia?
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- Give examples of cognitive impairments and disabilities?
- Describe what to do when there is an acute change in cognitive or functional status?



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Thank you for your attention!

The End.



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