



DEMENTIA: THE PERSON WITHIN.

AN INTRODUCTION

Presented by Lisa Hee
Elite Health Care Australia
Director of Healthy Ageing
and Dementia programs
CQUniversity.



Lisa Hee.

- ▣ Raymond and Lisa Hee
Practical Insights into Caring for Someone with Dementia
- ▣ Elite Health Care Australia 
- ▣ Director of Healthy Ageing and Dementia programs, CQUniversity.

Overview

- ❑ Know the difference between normal ageing and dementia.
- ❑ Know some of the most common types of dementia.
- ❑ Understand the practical consequences of dementia.
- ❑ Explore the probable impact of dementia on the Person With Dementia(PWD) and their families.
- ❑ Explore strategies for dealing with PWD.

Normal brain ageing

- ❑ Slower processing of information but still accurate.
- ❑ Slower, cue dependent memory performance (lists!)
- ❑ Decrease in learning speed and recall – only need extra time as intellectual functioning is adequate.
- ❑ No Change in capacity to learn (you can teach an old dog new tricks!) (Miller, 2009; Peters, 2006; Time for Dementia, 2011)

These normal changes in the brain that do not impact significantly on cognition or functioning.

Cognition

- Is the process of thinking, learning and remembering.
- This includes the ability to plan, manipulate information, start and end activities and recognise errors.
- There are many influences on cognitive function and these may include things such as attitudes, expectation and motivation.
- Current studies are being conducted in identifying interventions that improve cognitive function e.g. improving cardiovascular fitness (Miller, 2010)

Normal ageing.

Whilst there may be mild cognitive impairment in some people as they age:

CONFUSION that interferes
with daily life is **NOT**
A NORMAL PART OF AGEING.

The term 'dementia'

Dementia is an umbrella term that refers to the clinical diagnosis of a syndrome **based on a collection of symptoms** that are caused by damage to the brain and **result in changes in the functioning** of the brain.

Dementia causes reduced capacity to learn in addition to loss of memory, intellect, planning, social skills and normal emotional reactions.

Dementia

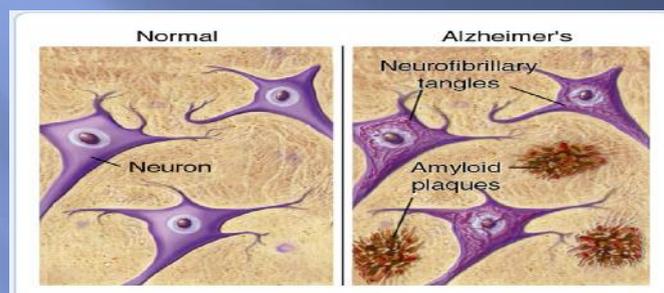
- ▣ It **is** an Organic brain condition.
- ▣ **Not** a psychiatric illness
- ▣ **Not** a punishment for a sin committed by a family member
- ▣ **Not** a deliberate act for attention
- ▣ Does **not** consist of deliberate disruptive behaviours.

Types of Dementia

- Alzheimer's disease is the most common form of dementia (approx. 60-70%).
- Vascular dementia (multi-infarct dementia) accounts for approx. 15%
- Combination of Vascular and Alzheimer's disease occurs in approx. 15%
- Dementia with Lewy bodies (26%)

Alzheimers disease

□



Proteins build up in the brain forming plaques.

As these plaques lay down in the brain among the neurons tangles form. These tangles then interfere with the normal processes within the brain.

Alzheimers progress

- ▣ There are now 7 identified stages of the path (trajectory) of progression in Alzheimer's Disease.
- ▣ For simplicity we will refer to 3:
 - Early
 - Moderate
 - Advanced

- ▣ As we go through these 3 stages on the next 3 slide I want you to think:

How would this affect the person with dementia?

Early

- ▣ Appear more apathetic, with less sparkle
- ▣ Lose interest in hobbies and activities
- ▣ Be unwilling to try new things or unable to adapt to change
- ▣ Show poor judgement and make poor decisions
- ▣ Be slower to grasp complex ideas and take longer with routine jobs

Early...

- ▣ Blame others for “stealing” lost items
- ▣ Become more self-centred and less concerned with others and their feelings
- ▣ Become more forgetful of details of recent events
- ▣ Be more likely to repeat themselves or lose the thread of their conversation

Moderate

- ▣ Be more forgetful of recent events. Memory for the distant past generally seems better, but some details may be forgotten or confused
- ▣ Be confused regarding time and place
- ▣ Forget names of family or friends, or confuse one family member with another
- ▣ Forget saucepans and kettles on the stove. May leave gas unlit

Moderate...

- ❑ Wander in and outside the home, during the day or night, sometimes getting lost if alone
- ❑ Behave inappropriately, for example going outdoors in nightwear
- ❑ Become very repetitive
- ❑ Be neglectful of hygiene or eating

Severe

- ❑ Fail to recognise everyday objects
- ❑ Show no recognition of friends and family
- ❑ Be restless, and appear unable to settle
- ❑ Be aggressive, especially when feeling threatened or closed in
- ❑ Be unable to remember occurrences for even a few minutes, for instance forgetting that they have just had a meal

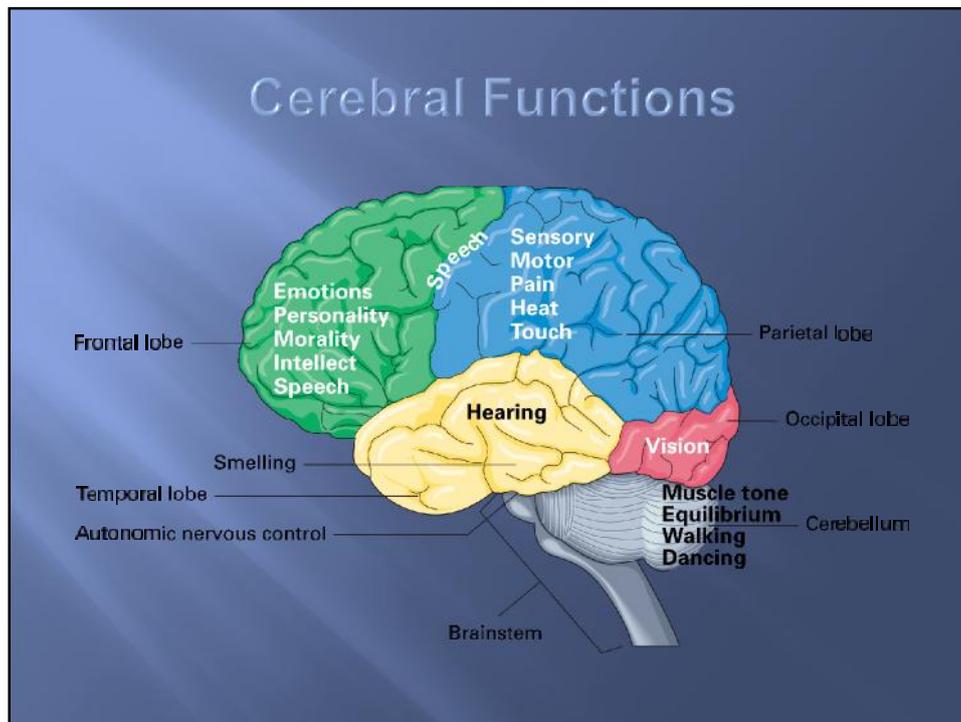
Severe...

- ❑ Lose their ability to understand or use speech
- ❑ Be incontinent
- ❑ Need help with eating, washing, bathing, toileting and dressing
- ❑ Have difficulty walking, may have uncontrolled movements.
- ❑ Immobility will become permanent, and in the final weeks or months the person will be bedridden.

Vascular dementia

- ❑ Dementia is caused by interference with the blood supply (vascular) to the brain.
- ❑ As is can occur in any area, the area of the brain that is affected influences the side effects you will see in the person with Vascular Dementia.





Care of person with dementia

- Reflect on the functions of each lobe area and contemplate how you can assist a person experiencing problems in each area.

Lobes of the brain, and consequences of damage

Lobe	Function	Result of Damage
Frontal Lobe	"Lobe of self" - judgement; inhibition and emotional response; getting tasks planned and started; personality; memory of motor habits or plans; language.	Impaired planning and problem solving; distractibility and inability to focus; behaviour disorders; difficulty learning new information; hemiparesis lack of inhibition, speech and word finding difficulties.
Parietal Lobe	Visual and touch perception; processing sensory signals; body orientation.	Impaired processing and integration of sensory input; difficulties with writing, reading and naming objects; inability to locate and recognise parts of the body; reduced awareness of environment space.
Occipital Lobe	Primary visual perception and associated areas.	Visual defects; loss of ability to recognise objects.
Temporal Lobe	Primary organisation of sound and hearing; language (receptive speech); memory – short and long term retrieval.	Impaired concentration; memory – difficulty retrieving information; difficulty hearing and knowing spoken words; aggression, agitation and irritability including altered sexual interest.

(Time for Dementia, 2011)

Strategies

- ▣ How would **YOU** feel if you experienced any of these difficulties?

Summary

- ▣ Every person with dementia is firstly a PERSON, with a history, beliefs, values and usually have loved ones/family who care for them and also need support.
- ▣ Examples of maintaining the person within:
 - ▣ Carpenter
 - ▣ Mechanic
 - ▣ Mother
 - ▣ Cook



Thank you

- ▣ Please don't hesitate to ask questions.
- ▣ You can also contact me as below...



Lisa Hee

L.hee@cqu.edu.au

Director of Healthy Ageing
and Dementia programs.
CQUniversity.

Email: Exec@elitehcc.com

Website: www.elitehcc.com
*Elite Health Care Consultancy.
Consultancy that cares from the
heart.*

