

Working with a Person with Dementia Part 1: Understanding the Disease

By: Trudi Biefeld, R.N., Family Care Program

To be able to interact with persons with dementia, it helps to have a basic understanding of dementia; the different types and stages of the disease. This is the first of two articles on this topic. The first article will focus on learning more about dementia itself. The second article will focus on tips that will make your visits more successful for both you and the client (s) with whom you visit.

What is dementia and how is it different than Alzheimer's disease?

The Alzheimer's Association states the following about the difference between Alzheimer's disease and dementia:

Dementia is not a specific disease. It's an umbrella term that describes a wide range of symptoms associated with memory decline or other thinking skills severe enough to reduce a person's ability to perform everyday activities. There are several diseases that cause dementia, including Alzheimer's disease, Vascular dementia, Mixed dementia, Frontotemporal dementia, Lewy body dementia, and Parkinson's disease. Alzheimer's disease, a type of dementia that interferes with memory, thinking, and behavior, accounts for 60-80 % of the cases. Symptoms of Alzheimer's disease usually develop slowly and become worse over time, becoming severe enough to interfere with daily tasks. Vascular dementia, which occurs after a stroke, is the second most common type of dementia. Contrary to widespread belief, dementia is not a normal part of life.

Types of dementia

Alzheimer's Disease

Alzheimer's disease is named after Dr. Alois Alzheimer. Alzheimer's disease is a complex set of events that starts to damage the brain as many as 10-20 years before any problems are actually

noticed. A person who has Alzheimer's disease will go through three different stages: Mild, Middle, and Late or Severe.

The Mild Stage: This stage may last 2 - 4 years. The person may:

- Have forgetfulness that could be subtle

- Try to cover up the forgetfulness by using lists and notes
- Forget names of common things, and have trouble finding words to say.
- Ask the same question and say the same things over and over again.
- Get lost easily, even in familiar places
- Lose interest in things
- Lose things more often than normal
- Undergo personality changes.

Middle Stage: This stage may last 2- 10 years. The person may:

- Have progressive memory loss
- Have difficulty following simple directions or simple calculations
- Have episodic bouts of irritability
- Wander, particularly at night.
- Forget to pay bills
- Loses important papers
- Require close supervision
- Neglect personal hygiene
- Lose social graces

Late Stage: This stage may last 1 -3 years. The person:

- Is unable to use or understand words
- Cannot recognize their own image in a mirror or recognize family members
- Is unable to care for self
- Is incontinent

Vascular Dementia

Vascular dementia is the second major form of dementia and is the result of a cerebral vascular

accident or stroke. Vascular dementia does not have the gradual progression that is seen with Alzheimer's disease. Instead, Vascular dementia has a stair step progression, if any progression. With Vascular dementia, the person has a stroke and develops dementia following the stroke. The person remains stable until he/she has another stroke and then the dementia advances. Along with Vascular dementia, it is possible for the person to have more than one kind of dementia.

Although Alzheimer's and Vascular dementia are the most widely seen types of dementia, there are other types as well. The symptoms with these types might vary somewhat, however the concepts of caring for a person with dementia will basically stay the same.

Lewy Body Dementia (LBD).

Lewy body dementia was named after a Parkinson's disease researcher named Frederic H. Lewy. While researching Parkinson's disease, the scientist discovered abnormal protein deposits that disrupt the brain's normal functioning. Along with the memory and functioning symptoms that occur with this disease, other symptoms may include: visual hallucinations, significant fluctuations in alertness

and attention, and similar to Parkinson's disease, LBD can result in rigid (stiff) muscles, slowed movement and tremors.

Frontotemporal Dementia (FTD) or Pick's Disease

Frontotemporal dementia is caused by the degeneration or deterioration of the frontal lobe of the brain. The degeneration may extend to another area of the brain, the temporal lobe. The symptoms of this dementia involve either changes in behaviors or problems with language.

As you can see, there is no black or white set of symptoms for the disease that the person has to demonstrate nor will they necessarily follow the progression as outlined, but understanding more about the disease can help the caregiver or volunteer be more aware of the client's needs. For more information on dementia or Alzheimer's disease, you can visit the **National Institutes of Health (NIH)** at www.nih.gov or the **Alzheimer's Association** at www.alz.org.

In the second part of this article (Fall 2012), I will give you tips and a few suggestions to make the visit enjoyable for you and the person with dementia.