

# DEMENTIA



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# What Is It Really ?



- A collection of symptoms that can occur due to a variety of illnesses
- Dementia symptoms include cognitive impairment, communication and memory difficulties
- Currently no cure for dementia, meds and therapy may slow progression.

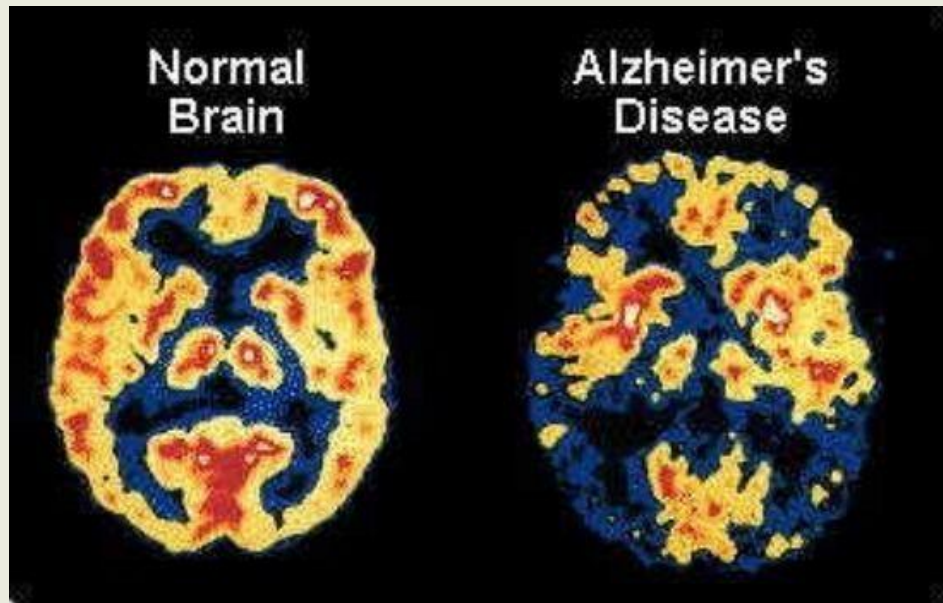
  
*Angela*  
Hospice

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# Is Alzheimer's the same as dementia?

- Often the two terms are used interchangeably
- **THEY ARE NOT THE SAME**
- Dementia is a term that is used to describe symptoms
- Many different types of dementia and Alzheimer's is one



# Stages of dementia

- Three stages
  - 1- Mild- early
  - 2- Moderate- middle
  - 3- Severe- late

Often stage is based on symptoms present

# Scales for rating dementia

GLOBAL DETERIORATION SCALE FOR  
ASSESSMENT OF PRIMARY DEGENERATIVE  
DEMENTIA

FUNCTIONAL ASSESSMENT STAGE TEST (FAST)

CLINICAL DEMENTIA RATING

# FAST SCALE

- Stage 1: No difficulty, either subjectively or objectively
- Stage 2: Complains of forgetting location of objects; subjective work difficulties
- Stage 3: Decrease job functioning evident to coworkers; difficulty in traveling to new locations
- Stage 4: Decreased ability to perform complex tasks (e.g., planning dinner for guests, handling finances)
- Stage 5: Requires assistance in choosing proper clothing

Stage 6: Decreased ability to dress, bathe and toilet independently

Sub Stage 6a: Difficulty putting clothing on properly

Sub Stage 6b: Unable to bathe properly; may develop fear of bathing

Sub Stage 6c: Inability to handle mechanics of toileting (i.e., forgets to flush, does not wipe properly)

Sub Stage 6d: Urinary incontinence

Sub Stage 6e: Fecal incontinence

Stage 7: Loss of speech, locomotion and consciousness

Sub Stage 7a: Ability to speak limited (1 to 5 words a day)

Sub Stage 7b: All intelligible vocabulary lost

Sub Stage 7c: Non-ambulatory

Sub Stage 7d: Unable to sit up independently

Sub Stage 7e: Unable to smile

Sub Stage 7f: Unable to hold head up

Documentation of specific secondary conditions (i.e.

Pressure ulcers, UTI, dysphagia, aspiration pneumonia)

related to Alzheimer's disease will support eligibility for

hospice care.



# DURATION OF STAGES

- **MILD** \_ In early stages (Mild) the person can still function fairly well independently- often symptoms are dismissed by individual and those close to her/him. Can't find car keys, forgets important dates

**MODERATE** stage- usually the longest stage- personal has trouble expressing themselves, poor recall , may lose track of thoughts

Mood and behavior changes (sudden aggressiveness or loss of inhibitions). Sleep disturbances, hoarding, wandering. Incontinence may be present. Some paranoia and depression may be present

## **SEVERE STAGE**

In late stages communication very difficult

Short term memory may be absent –

# STAGES

- ADVANCED DEMENTIA
  - May not recognize family members
  - May need assistance or total help with all ADLS
  - May lose ability to walk, smile sit up straight- might be wheelchair bound
- The severe dementia stage typically lasts approximately 1-3 years.

# Interesting facts

- Per Alzheimer's Association, there are 16.1 **UNPAID** caregivers for loved ones
- Some hire paid caregivers to provide and/or supplement care
- Burnout serious problem for caregivers
- Alzheimer disease commonly affects older people, but early-onset Alzheimer disease can affect people in their 30s or 40s. Affects more women than men
- It affects memory, thinking, and behavior.
- Although there is no known cure, early **diagnosis** and **treatment** can lead to better quality of life

# TYPES OF DEMENTIA

- Alzheimer's Dementia- accounts for 60-80% of all cases
- Vascular Dementia- 17%- second most common case Previously called multi infarct or post stroke dementia. Common symptoms: memory loss, impaired judgement , loss of motivation. Cause: bleeding within the brain from stroke
- LEWY BODY DEMENTIA: Third most common- Main symptoms: sleep problems, memory loss, hallucinations, mood swings. There is no known treatment but wide array of therapy to improve quality of life
- Frontotemporal dementia- Previously called Pick's Disease. Fairly rare. Marked by more behavioral and emotional changes. Symptoms: Decreased inhibitions, apathy, loss of motivation, decreased empathy

# Dementias

- Compulsive behaviors , hoarding
- CAUSES: Occurs when frontal or temporal lobes of brain are damaged or shrink
- Dementia caused by Parkinson's Disease
- Creutzfeldt-Jacob Disease. Huntington's Disease and Alcoholism may all cause dementia in the later stages

# DYING PROCESS

- No two people experience it the same way
- Subtle changes start appearing 1-3 months prior to death
- The actual dying process usually begins about two weeks prior to death

# One to Three Months Prior to Death

- Might be difficult to note in non verbal persons.
- Often withdrawal is noted- more sleeping and doesn't appear very excited by the visit
- Sometimes touch and quiet visits are more meaningful
- For more alert persons they be processing their life- we are uncertain what processes are occurring at late stages of dementia
- This is a good opportunity for your loved one to have visitors if they are feeling up to it. Allow all for closure

# One to two weeks prior to death

- Person begins to sleep far more than before. Sometimes up to 23 hours a day- waking just to eat
- Appetite greatly diminished and your loved one might take a couple of bites daily
- Often liquids are preferred to solid food and foods that were once craved may be pushed away
- Please know that this is the body's way of starting to let go and perhaps the energy is more spiritual at this time
- This is an excellent time to prepare other family members of the situation



# One to two weeks prior to death

- Your loved one may show more confusion- talking to people and places that are unknown to you
- Some researchers say at this stage the person has one foot in each world
- May have agitated movements- medication will help to address these issues
- Picking at clothes
- May begin to show some physical signs
  - Changes in vital signs, temperature fluctuation, not eating, taking little fluids

# One to two weeks prior to death

- Please do not argue that what they are seeing is not real
- At this time, you might begin to start saying your good byes
  - Patient may be more quiet than usual- often more reflecting on their life
  - Desiring to look at old photographs, retell stories OR make loved ones
  - Aware of facts that were previously not known

**Loved one may tell you that they know something is happening**

**Loved ones may wait until certain milestones have been reached-**

**Might want to take the opportunity to thank them for being your....**

**Might want to forgive them for something they may have done or you forgive them for something that you feel is important to acknowledge**

**Allow the opportunity to say good bye and tell the person that although you will miss them you will be ok**

**Please remember that various hospice agencies have bereavement programs to help you through this most difficult time**

# Days or hours before death

- Often loved one is minimally responsive or not responsive at all
- May experience a surge of energy- family often mistake this for sudden improvement
- Vital signs may show significant change- increased heart rate, decreased blood pressure, changes in respirations
- Periods of apnea increase (patient may stop breathing for short periods of time)
- Eyes may be half open, loved one may be staring with eyes open
- Might be very restless- can't find comfortable position OR

# Days or hours

- Loved one may be totally still
- Despite lack of fluids, urine may still be made.
- Urine much darker in color with decrease in output
- May not have bowel movement as intake is minimal OR may be incontinent of stool
- Skin may take on purplish hue- particularly on knees, plantar surface of feet and ear lobes
- Skin may be cool to the touch or very feverish
- Respirations might alternate between very fast and very slow

# Days or hours

Loved one may have loud upper respiratory sounds- “death rattle”

Turning one left side might help to diminish these sounds

Some hospices use medication that might help to diminish sound

Loved one might be breathing with mouth open- be sure to give good oral care to keep s/he comfortable

**MOST IMPORTANT THING TO REMEMBER: PEOPLE CAN HEAR UNTIL THEY DRAW THEIR LAST BREATH**

Bring in pictures so that they can view at the bedside

Allow your loved one to talk about whatever comes to mind

Allow pets to have an opportunity to come say goodbye and allow for closure



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# Minutes prior to death

Periods of apnea may increase

Guppy like breathing

Respirations very different- may be very rapid and loved one takes final breath OR respirations very slow and one last breath is taken

NOT LIKE IN THE MOVIES – but occasionally people will open eyes and say things like “thank you” or smile, but often people simply drift off

Loved one can still hear... excellent time to tell her/him† how much you love them and that you will be fine

  
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# FELICIAN CORE VALUES

RESPECT FOR HUMAN DIGNITY

COMPASSION

TRANSFORMATION

SOLIDARITY WITH THE POOR

JUSTICE & PEACE



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