

Medical Challenges

September 11, 2014

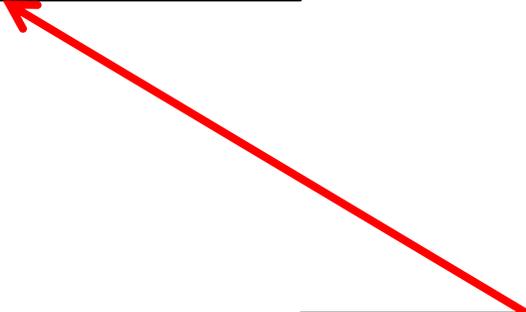
Managing aberrant behavior in patients with dementia

OBJECTIVES

- What is dementia
- What are the different common types of dementia
- What are the stages of dementia
- What are the needs off patients in different stages of dementia.

**Deterioration of
mental functions**

Dementia



**Deterioration of
mental functions**

**Interfering with
daily activities**

Dementia

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graph BT; Dementia[Dementia] --> Mental[Deterioration of mental functions]; Dementia --> Daily[Interfering with daily activities];
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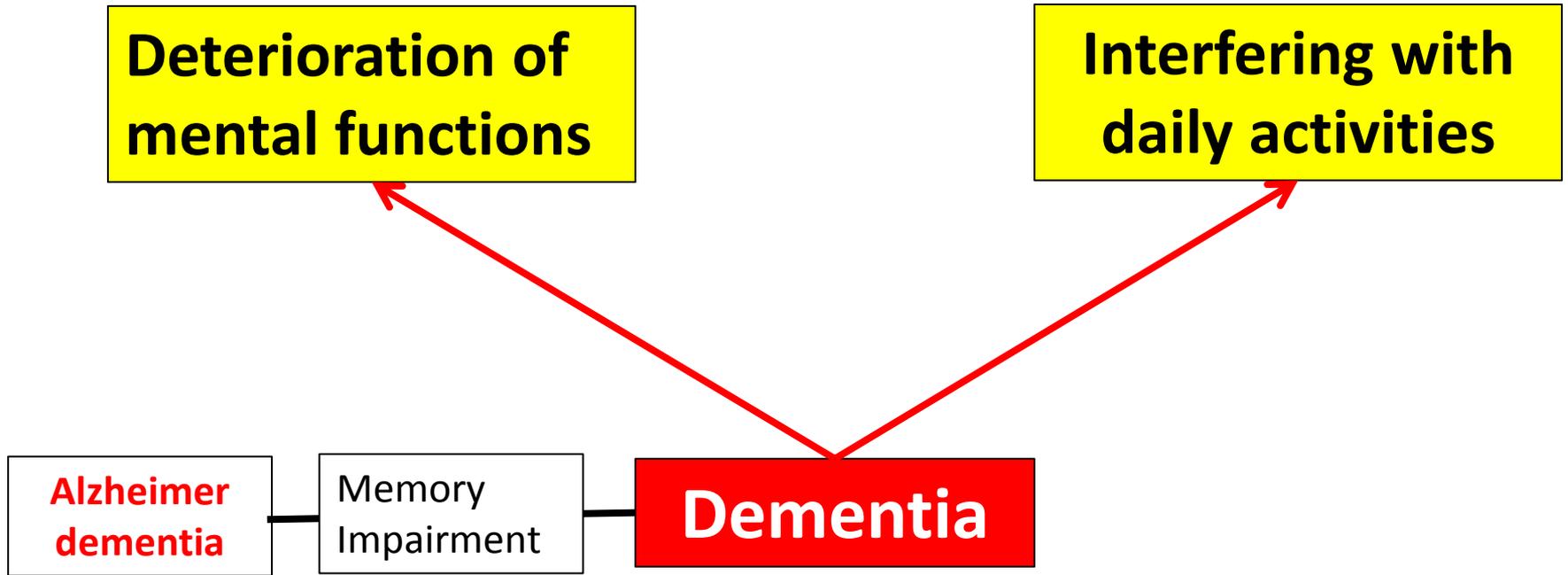
**Deterioration of
mental functions**

**Interfering with
daily activities**

**Alzheimer
dementia**

Memory
Impairment

Dementia



Alzheimer dementia

- Memory impairment - Amnesia:
 - Global, non-selective
 - Interfering with daily activities

Alzheimer dementia

- Memory impairment - Amnesia:
 - Global, non-selective
 - Interfering with daily activities
- Anomia

Alzheimer dementia

- Memory impairment - Amnesia:
 - Global, non-selective
 - Interfering with daily activities
- Anomia
- Agnosia

Alzheimer dementia

- Memory impairment - **A**mnnesia:
 - Global, non-selective
 - Interfering with daily activities
- **A**nomia
- **A**gnosia
- **A**praxia

Alzheimer dementia

- Memory impairment - Amnesia:
 - Global, non-selective
 - Interfering with daily activities
- Anomia
- Agnosia
- Apraxia
- Impaired judgment

Alzheimer dementia

- Memory impairment - Amnesia:
 - Global, non-selective
 - Interfering with daily activities
- Anomia
- Agnosia
- Apraxia
- Impaired judgment
- **Insidious onset**
- **No insight**

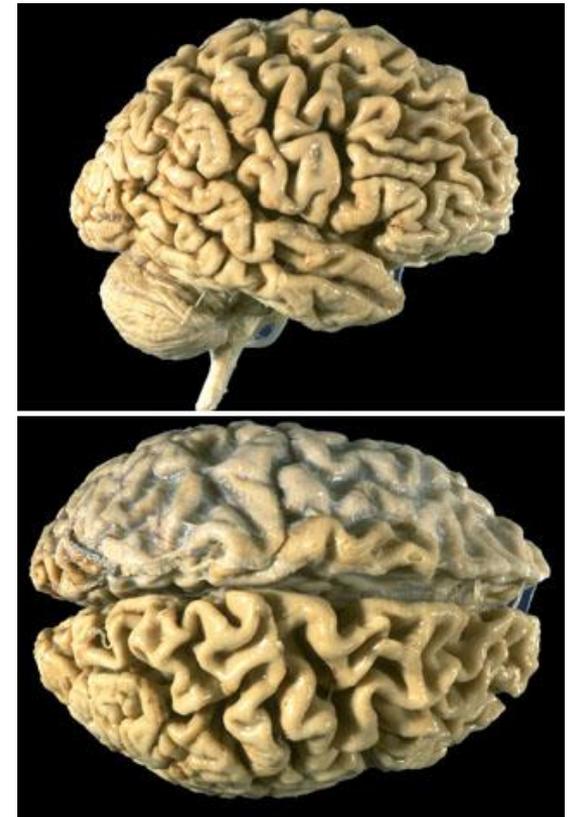
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Change in personality
Paranoid delusions

Alzheimer dementia

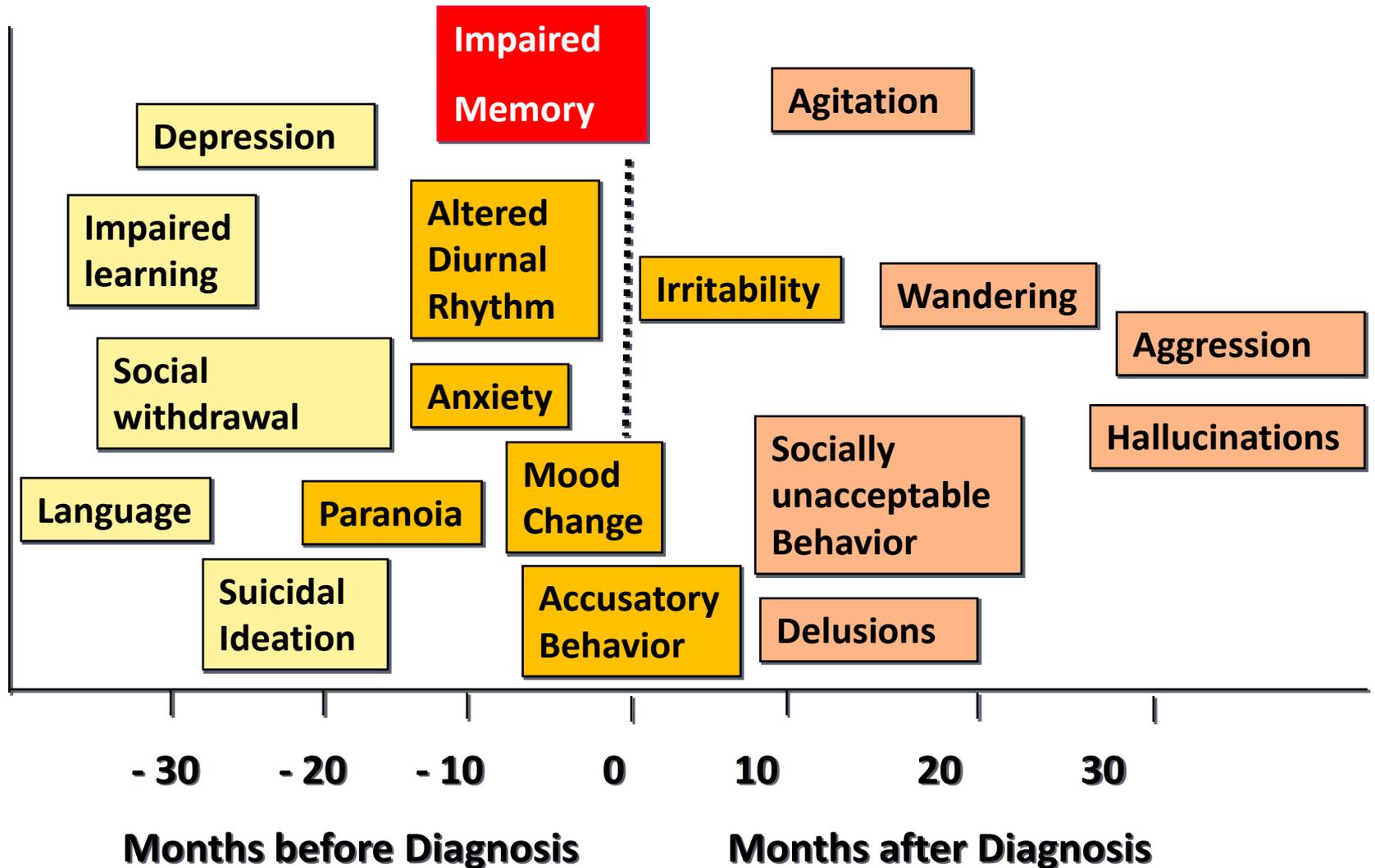
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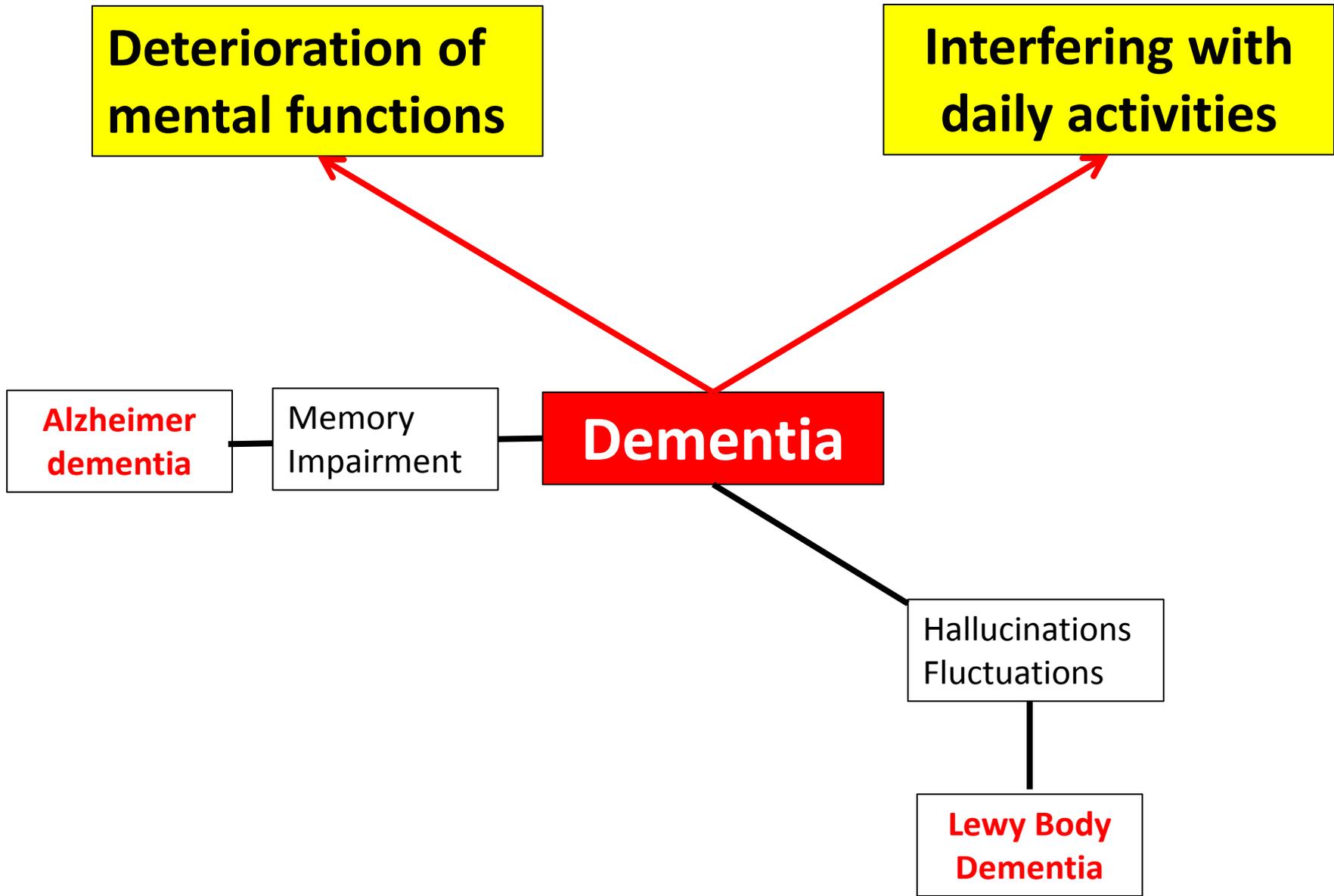


Change in personality
Paranoid delusions

Peak Frequency of Behavioral Symptoms

Adapted from Jost & Grosberg, 1996





Lewy Body Dementia

- Impaired executive functions
- Hallucinations, formed
- Fluctuations: cognition, consciousness
- REM behavioral disorders
- Extra-pyramidal signs – Parkinson disease

**Deterioration of
mental functions**

**Interfering with
daily activities**

**Alzheimer
dementia**

Memory
Impairment

Dementia

Disinhibition
Anomia

**Fronto-
Temporal
Dementia**

Hallucinations
Fluctuations

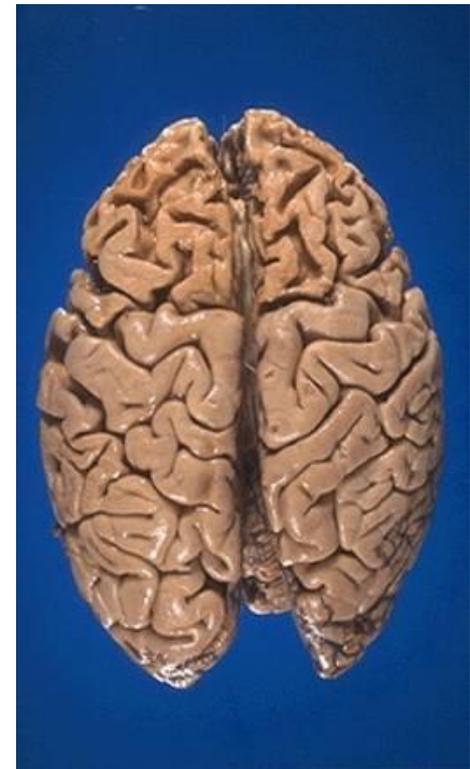
**Lewy Body
Dementia**

Fronto-temporal dementia

- Change in personality
- Disinhibition
 - inappropriate behavior
- Anomia

Fronto-temporal dementia

- Change in personality
- Disinhibition
 - inappropriate behavior
- Anomia



**Deterioration of
mental functions**

**Interfering with
daily activities**

Dementia

**Alzheimer
dementia**

Memory
Impairment

**Multi-infarct
dementia**

Neurological
signs

Disinhibition
Anomia

Hallucinations
Fluctuations

**AIDS
Neuro- Syphilis**

**Fronto-
Temporal
Dementia**

**Lewy Body
Dementia**

Vascular – Multi-infarct dementia

- Localizing neurological signs
- Step-wise deterioration
- Evidence of atherosclerotic disease
predisposing to thrombo-embolic diseases.

Deterioration of mental functions

Interfering with daily activities

Dementia

Alzheimer dementia

Memory Impairment

Multi-infarct dementia

Neurological signs

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Disinhibition
Anomia

**Fronto-
Temporal
Dementia**

Hallucinations
Fluctuations

**Lewy Body
Dementia**

Slowing down

**Parkinson
disease
dementia**

Parkinson dementia

- Parkinson disease signs:
 - Fine tremors
 - Rigidity
 - Reduced automatic movements
 - Micrographia
- Diagnosis of Parkinson disease made more than one year prior to evidence of cognitive dysfunction

Deterioration of mental functions

Interfering with daily activities

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Alzheimer dementia

Memory Impairment

Gait & UI

Hydrocephalus

Multi-infarct dementia

Neurological signs

Disinhibition
Anomia

Hallucinations
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**AIDS
Neuro- Syphilis**

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Dementia**

**Parkinson
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dementia**

Hydrocephalus

- Increased muscle tone
- Rigid Gait,
difficulties walking
repeated falls
- Urinary incontinence
- Slowed thinking process:
Mind “not as sharp as before”

Deterioration of mental functions

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Fronto-Temporal Dementia

Multi-infarct dementia

Parkinson disease dementia

Stages

Mild

**Protect
patient from
predators**

Moderate

**Protect
patient from
self**

Severe

**Nursing care
“with a
twist”**

Issues to consider when caring for patient with dementia

- Orientation is impaired
- Cannot cope with too many stimuli
- Patient does not understand what is going on
- Unpredictability
- Feeling insecure, basic needs not met
- Needs to be reassured
- Attitude and body language are important

Coping mechanisms

- Easy distractibility
- Short attention span
- Patient is as apprehensive as caregiver:
 - Attitude
 - Body language
 - Make sure patient sees you and does not feel threatened
 - Tone and volume of voice
 - Make sure patient understands what you are about to do.
- No “best approach” – individuality of the patient



Thank You