

Symptoms continued

Major psychiatric symptoms include: Personality changes, depression, and hallucinations & delusions.

Personality changes can become evident in the early stages of dementia. Signs include irritability, apathy, withdrawal and isolation.

Individuals with dementia may show symptoms of depression at any stage of the disease. Depression is treatable, even in the latter stages of dementia.

Psychotic symptoms include hallucinations & delusions, which usually occur in the middle stage of dementia.

Hallucinations occur in about 25 percent of dementia cases and are typically auditory and/or visual. Sensory impairments, such as hearing loss or poor eyesight, tend to increase hallucinations in the elderly with dementia. Delusions affect about 40 percent of individuals with dementia.

Hallucinations & delusions can be very upsetting to the person with dementia. Common reactions are feelings of fear, anxiety and paranoia, as well as agitation, aggression and verbal outbursts.

Individuals with psychiatric symptoms tend to exhibit more behavioral problems than those without these symptoms. It is important to recognize these symptoms so that appropriate medications can be prescribed and safety precautions can be taken.

Psychotic symptoms can often be reduced through the carefully supervised use of medications. Talk to your primary care doctor, neurologist or geriatric psychiatrist about these symptoms because they are treatable.

National Memory Screening Day

National Memory Screening Day is spearheaded by the Alzheimer's Foundation of America to promote early detection of Alzheimer's disease or other conditions related to memory loss; encourage appropriate intervention; and to educate the public about successful aging.

AFA collaborates with organizations nationwide, encouraging them to bring this service to their local communities.

At participating sites, qualified healthcare professionals provide free confidential memory screenings, as well as follow up resources & educational materials to those concerned about memory loss. Together, we hope to improve quality of life.

National Memory Screening Day is held every November

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Dementia: The Facts



Definition - Warning Signs
Symptoms & more



A guide for family, friends
and loved ones

This information was provided by the
Alzheimer's Foundation of America



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Dementia: Definition

Dementia is a general term that describes a group of symptoms such as loss of memory, judgment, language, complex motor skills, and other intellectual function caused by the permanent damage or death of the brain's nerve cells, or neurons.

One or more of several diseases, including Alzheimer's disease, can cause dementia.

Alzheimer's disease is the most common cause of dementia in persons over the age of 65.

It represents about 60 percent of all dementias. The other most common causes of dementia are vascular dementia, caused by stroke or blockage of blood supply, and dementia with Lewy bodies. Other types include alcohol dementia, caused by sustained use of alcohol; trauma dementia, caused by head injury; and a rare form of dementia, frontotemporal dementia.

The clinical symptoms and the progression of dementia vary, depending on the type of disease causing it, and the location and number of damaged brain cells. Some types progress slowly over years, while others may result in sudden loss of intellectual function.

Each type of dementia is characterized by different pathologic, or structural, changes in the brain, such as an accumulation of abnormal plaques & tangles in individuals with Alzheimer's disease, and abnormal tau protein in individuals with frontotemporal dementia.

Warning Signs

- Trouble with new memories
- Relying on memory helpers
- Trouble finding words
- Struggling to complete familiar actions
- Confusion about time, place or people
- Misplacing familiar objects
- Onset of new depression or irritability
- Making bad decisions
- Personality changes
- Loss of interest in important responsibilities
- Seeing or hearing things
- Expressing false beliefs

Diagnosis



Experienced clinicians can accurately diagnose dementia 90 % of the time.

Accurate diagnosis is critical. Some conditions that cause symptoms of dementia, such as hormone imbalance, vitamin deficiency and infections, can be reversed. For irreversible dementias, treatment options vary depending on the disease.

Obtaining a proper diagnosis involves consulting with a healthcare professional expert in dementia, communicating symptoms and undergoing extensive testing. Diagnostic tools include a complete medical history; blood, urine or other medical tests; neuropsychological tests that measure memory, problem solving, attention, and language; and brain scans.

Individuals with clinically diagnosed dementia have clear cognitive loss in two or more intellectual domains, such as amnesia (loss of memory) and aphasia (inability to communicate effectively), but almost all individuals with Alzheimer's disease demonstrate short-term memory impairment.

Other types of dementia may begin with a slow loss of memory function; however, a careful, clinical evaluation will usually provide information that suggests dementia other than Alzheimer's disease.

Symptoms

Symptoms of dementia are divided into two categories: cognitive, or intellectual, and psychiatric.

Differentiating them is important so that behavioral problems that are caused by loss of cognitive functioning are not treated with anti-psychotic or anti-anxiety medications.

The clinical symptoms of dementia vary, depending on the type of disease causing it, and the location and number of damaged brain cells. With Alzheimer's disease, manifestation of all of these symptoms is quite probable; with other types of dementia, it is possible to have some or all of these symptoms.

Symptoms continued

Cognitive, or intellectual, symptoms are amnesia, aphasia, apraxia and agnosia.

Amnesia is defined as loss of memory, or the inability to remember facts or events. We have two types of memories: the short-term (recent, new) and long-term (old) memories. Short-term memory is programmed in a part of the brain called the temporal lobe, while long-term memory is stored throughout extensive nerve cell networks in the temporal and parietal lobes.

In Alzheimer's disease, short-term memory storage is damaged first.

Aphasia is the inability to communicate effectively. The loss of ability to speak and write is called expressive aphasia. An individual may forget words he has learned, and will have increasing difficulty with communication. With receptive aphasia, an individual may be unable to understand spoken or written words or may read and not understand a word of what is read. Sometimes an individual pretends to understand and even nods in agreement; this is to cover-up aphasia. Although individuals may not understand words and grammar, they may still understand non-verbal behavior, i.e., smiling.

Apraxia is the inability to do pre-programmed motor tasks, or to perform activities of daily living such as brushing teeth and dressing. An individual may forget all motor skills learned during development. Sophisticated motor skills that require extensive learning, such as job related skills, are the first functions impaired by dementia. More instinctive functions like chewing, swallowing and walking are lost in the last stages of the disease.

Agnosia is an individual's inability to correctly interpret signals from their five senses. An individual may forget all motor skills learned during development. Sophisticated motor skills that require extensive learning, such as job-related skills, are the first functions impaired by dementia. More instinctive functions like chewing, swallowing and walking are lost in the last stages of the disease.

This information was provided by the Alzheimer's Foundation of America. To learn more, visit www.alzfdn.org