For being here
It’s good to be with you
What is dementia?
How does it differ from normal aging and mild cognitive impairment?

Can it be prevented?
How is it treated?

How can one live well with dementia?
What is person-centered dementia care?

Use the chat box if there are other questions you’d like me to address
What Is Dementia?

Syndrome

Many causes

Multiple areas of cognition

Impacts function
Reversible Dementia

Multiple causes

Drugs

Depression
Affects more than memory

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language</td>
<td>Not all are affected at once</td>
</tr>
<tr>
<td>Behavior</td>
<td>What’s most prominent depends in part on what’s causing the dementia</td>
</tr>
<tr>
<td>Personality</td>
<td>What’s preserved can be useful for “work arounds”</td>
</tr>
<tr>
<td>Motivation</td>
<td>Progression is usually slow</td>
</tr>
<tr>
<td>Carrying out tasks</td>
<td></td>
</tr>
<tr>
<td>Judgment, planning</td>
<td></td>
</tr>
</tbody>
</table>
What’s not normal

Getting lost in a familiar place.
Not being able to follow a directions/recipe
Telling the same story more than twice without asking.
Asking the same question more than twice.
Losing interest in conversation
Losing interest in other people
Losing interest in hygiene
Leaving home unawares
Natural History of Cognitive Change

Normal Aging

MCI

Dementia

Noticeable symptoms

Diagnosis

Slower, less proficient
Total learning capacity preserved

Time
ONE Quadrillion
START NOW. It's never too late or too early to incorporate healthy habits.

**HIT THE BOOKS**
Formal education will help reduce risk of cognitive decline and dementia. Take a class at a local college, community center or online.

**BUDDY UP**
Staying socially engaged may support brain health. Find ways to be part of your local community or share activities with friends and family.

**BREAK A SWEAT**
Engage in regular cardiovascular exercise that elevates heart rate and increases blood flow. Studies have found that physical activity reduces risk of cognitive decline.

**STUMP YOURSELF**
Challenge your mind. Build a piece of furniture. Play games of strategy, like bridge.

**FOLLOW YOUR HEART**
Risk factors for cardiovascular disease and stroke – obesity, high blood pressure and diabetes – negatively impact your cognitive health.

**HEADS UP!**
Brain injury can raise risk of cognitive decline and dementia. Wear a seat belt and use a helmet when playing contact sports or riding a bike.

**TAKE CARE OF YOUR MENTAL HEALTH**
Some studies link depression with cognitive decline, so seek treatment if you have depression, anxiety or stress.

**FUEL UP RIGHT**
Eat a balanced diet that is higher in vegetables and fruit to help reduce the risk of cognitive decline.

**CATCH SOME ZZZ'S**
Not getting enough sleep may result in problems with memory and thinking.

**GROWING EVIDENCE**
Indicates that people can reduce their risk of cognitive decline by adopting key lifestyle habits. When possible, combine these habits to achieve maximum benefit for the brain and body.
Physical Activity Recommendations (2010)

“Physical activity should be recommended to adults with normal cognition to reduce the risk of cognitive decline”

Quality of the evidence: moderate
Strength of the recommendation: strong

Should be ≥150 min of moderate intense activity per week in at least 10 minute bouts
More may be better. Less may still be good.

Muscle-strengthening activity ≥2 days/wk
Diagnosis

EARLY is best

Tell your Doctor: What Matters Most

Ask for screening test at your ANNUAL Medicare Wellness Visit

Have a complete work-up if needed
Testing
Labs
Imaging studies
After a diagnosis

Talk with friends, family
Find a dementia mentor

Ask lots of questions
Connect with caregiver supports
Contact DAA, AA

Treatments
Create a plan for living well with a chronic disease
Treatments

- Donepezil (Aricept)
- Galantamine (Razadyne)
- Rivastigmine (Exelon)

- Memantine (Namenda)
- Combination (Namzaric)

- Clinical trials
Creating a plan for living well with dementia

**WHO** a person is is as important as **WHAT** he or she has.
Stages of Alzheimer’s:
STRENGTH

What People with Dementia CAN Do

Early stage
- Carries on conversations
- Can plan common tasks like dinner
- Navigates familiar surroundings
- Recognizes familiar people and places

Middle stage
- Remembers what happened long ago
- Recognizes people from early in life
- Reads & understands singular words
- Uses over-learned processes
- Mimics simple actions
- Makes simple decisions

Late stage
- Interprets and uses basic body language
- Enjoys sounds, tastes, smells, sights and touch
Stages of Alzheimer’s Disease: NEEDS

**Middle**
- May need hands-on care
- May get lost easily
- More repetition of questions or statements
- Anger, suspicion
- Changes in personality

**Late**
- Significant confusion
- Loss of ability to communicate
- Needs hands-on personal care
- May lose ability to smile
- May not recognize self or family
All Behavior Has Meaning
Behaviors are not just symptoms.
All Behavior Has Meaning

What needs to change?
It’s easier to change our behavior than others’ behavior.
Person-Centered Dementia Care

- Respect
- Comfort
- Meaning
- Attachment
- Identity
- Inclusion
- Occupation
- Dignity
- Love
Person-Centered Care

Every person has:

- a life story;
- strengths, gifts and contributions to offer;
- hopes, dreams and desires;
- ability to express preferences and to make choices;

and these drive planning and caring
See me

In my own time,
in my own way,
for my own reasons
See us

In our own time, in our own way, for our own reasons
In your shoes...

Not easy
Not alone
Recap and Action Steps

I will support a person living with dementia by listening to their stories.

I will connect people living with dementia to others living well with dementia.

I will focus on what a person CAN do rather than what they can’t.
Resources

**Dementia Action Alliance** (Mentor program)

**Alzheimer's Association**

**The Gerontologist Care Practice Recommendations**

**NIA/NIH Video on brain changes**

**AgingME GWEP**

**The Cedars Portland**
@beingwithaging

Susan Wehry MD

https://www.facebook.com/agingmegwep/

https://sites.une.edu/gwep/

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1QHP330800200., Geriatrics Workforce Enhancement Program, Year Two-total award amount $5754,907.00. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by, HRSA, HHS or the U.S. Government.