



THE
Cedars

Healthy Aging and Living well with Dementia

Dec. 3, 2020

with Susan Wehry MD, Director, AgingME
Maine's Geriatrics Workforce Enhancement Program

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 \$754,907.00. 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.



—

For being here
It's good to be with
you

A photograph of wooden blocks spelling out 'THANK YOU' on a wooden shelf. The blocks are light-colored wood with dark brown letters. The shelf is made of a single piece of wood. The background is a blurred green and brown, suggesting an outdoor setting with foliage.

THANK 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

DEMENTIA

Defined: An 'umbrella' term used to describe the symptoms of a group of more than 100 conditions that impair memory, behaviours and thinking. The most common causes of dementia are outlined below.

Parkinsons disease (PD)

accounts for 5% of dementia cases. PD is a degenerative disorder of the central nervous system.

Fronto-temporal dementia (FTD)

accounts for 5% of dementia cases. FTD is associated with rounded and tangled bundles of protein in brain nerve cells.

Vascular dementia (VaD)

is the second most common form of dementia accounting for 20% of cases. VaD occurs through a reduced blood supply to the brain usually due to stroke.

Alzheimers disease (AD)

is the **most common form of dementia** accounting for 50-70%. AD is a degenerative disease that attacks the

Dementia with Lewy bodies (DLB)

accounts for 15% of dementia cases. DLB is associated with Lewy bodies which are abnormal brain cells.

What Is Dementia?

Syndrome

Many causes

Multiple areas of cognition

Impacts function

Reversible Dementia

Multiple causes

Drugs

Depression



Affects more than memory

Language

Not all are affected at once

Behavior

What's most prominent depends in part on what's causing the dementia

Personality

What's preserved can be useful for “work arounds”

Motivation

Carrying out tasks

Progression is usually slow

Judgment, planning

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.

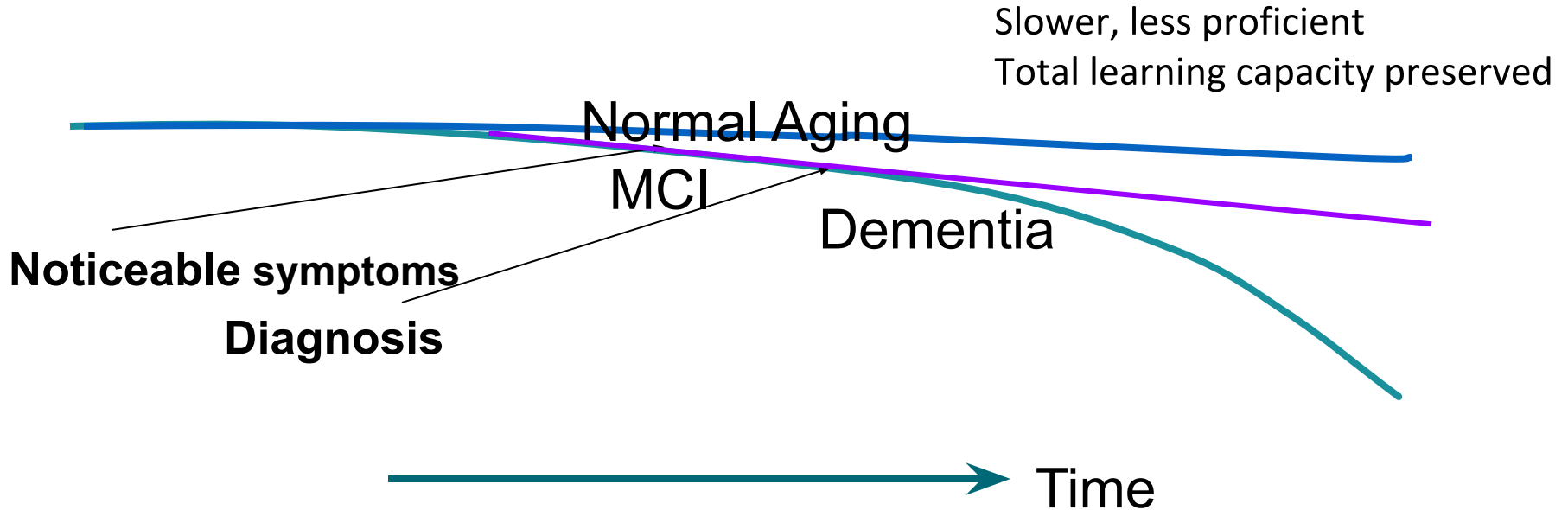
Losing interest in conversation

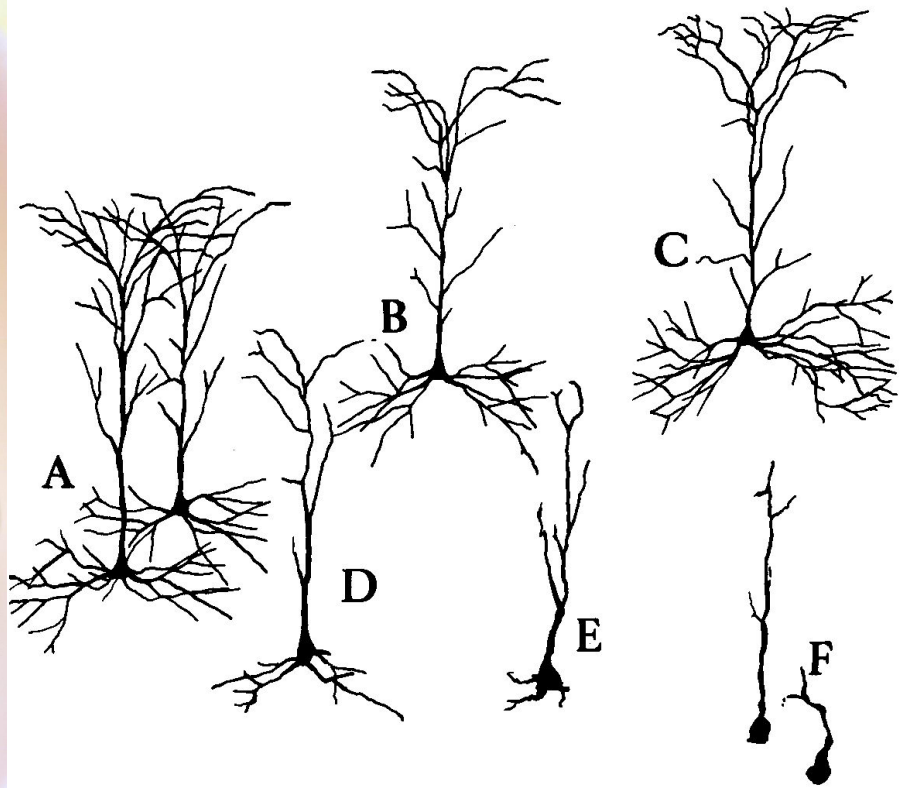
Losing interest in other people

Losing interest in hygiene

Leaving home unawares

Natural History of Cognitive Change





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.



BUTT OUT

Smoking increases risk of cognitive decline. Quitting smoking can reduce risk to levels comparable to those who have not smoked.



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.



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.



TAKE CARE OF YOUR MENTAL HEALTH

Some studies link depression with cognitive decline, so seek treatment if you have depression, anxiety or stress.



STUMP YOURSELF

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



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.

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.

Bottom line
Exercise
Sleep
Connect

RISK REDUCTION OF COGNITIVE DECLINE AND DEMENTIA

WHO GUIDELINES



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

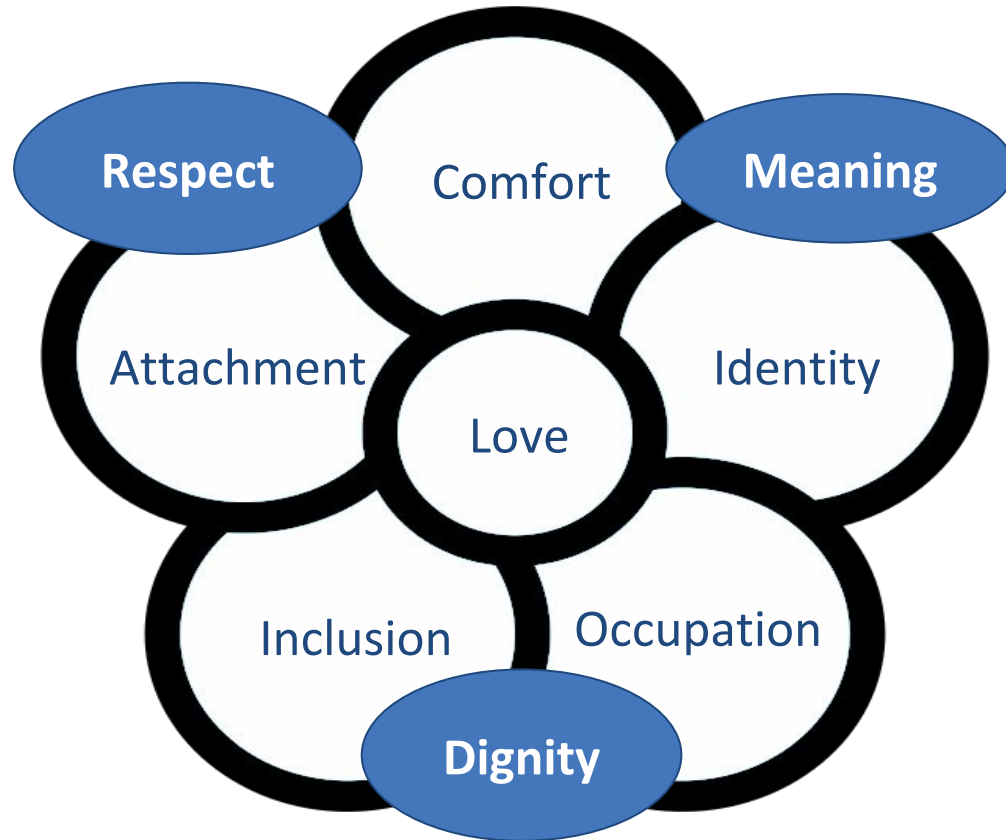
What needs to
change?





**It's easier to change our
behavior than others'
behavior.**

Person-Centered Dementia Care



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](#)

Connect with AgingME



@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 \$ \$754,907.00. 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.

