

Community Information Forum

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Dr. David B. Hogan
Brenda Strafford Foundation Chair in
Geriatrics Medicine
University of Calgary

Important to note: The slides used during Dr. Hogan's presentation on September 20th, 2014 are provided for the use of attendees information only. They are intended to provide an outline of the material covered during the session. This information must not be used as specific medical advice. To obtain medical advice, please contact your physician / medical practitioner.

Dementia

- Acquired impairment in thinking that usually includes memory and other aspects of thinking (like decision-making and speech), is severe enough to interfere with your ability to live independently, and can't be better explained by something else like depression or acute confusion (delirium)
- In DSM-5 (5th version of Diagnostic and Statistical Manual of Mental Disorders) suggestion to use another term – *major neurocognitive disorder*

Mild Cognitive Impairment

- Boundary between normality & early dementia
 - Thinking complaint (usually memory; single or multiple)
 - Impaired on testing (e.g., memory - recall of information from paragraph read to them)
 - Preserved general thinking abilities & still independent (though complex tasks may take greater effort or adaptation/ compensation)
- While not all do, about 10-15% per year progress to dementia
- Why important? Search for cause, advance planning, high risk group (need monitoring, may be target group for interventions in the future)

Doesn't Mean You Have a Condition Every Time You Forget Something

- We all forget things – about once per day
- Normal aging – some things improve but typically
 - Mild decline in memory (retrieval, get with cueing), “tip of the tongue” phenomena, problems with attention (difficulty focusing/ more distractible), processing speed, & dealing with complex tasks that require taking in & analyzing new information
 - Lot of variability & can compensate for these changes

Concern

- AD8 questionnaire
- Change in the last several years caused by cognitive problems; 2+ “yes”
 - Judgment, less interest in hobbies/ activities, repetition, trouble learning how to use tool/ appliance/ gadget, forgets month or year, trouble handling complicated financial affairs, trouble remembering appointments, daily trouble with thinking and/ or memory

Causes of Dementia

- Multiple potential causes of dementia - alone or in combination; can overlap
- Commonest (middle-aged and older adults)
 - Alzheimer disease
 - Combination (especially as we get older/ 80+)
 - Dementia with Lewy Bodies
 - Vascular Dementia
 - Frontotemporal Degeneration
- Rarer causes
 - Alcohol-Related, traumatic brain injury/ chronic traumatic encephalopathy, etc...

How It Is Diagnosed

- Evaluate if suspicion
- History from the person – thinking, function, behaviour
- Interviewing a family member
- Examination
- Cognitive (thinking) test +/- screen for depression
- Laboratory tests
- Brain imaging in many

Care

- Complex as needs of the person change over time and have to deal with the caregiver (“hidden” patient); elements include
 - Inform person and family of diagnosis
 - Safety
 - Advance planning/ decision-making capacity
 - Refer to Alzheimer Society
 - Treatment plan – update, drug & non-drug aspects
 - Monitor and access services as needed

Questions

- General information about Alzheimer disease and other dementias
 - What is the difference between Mild Cognitive Impairment and Alzheimer Disease? See prior slides
 - Is it possible for beta-blockers to cause permanent short-term memory loss? While taking certain beta blockers (e.g., propranolol), trend for worse delayed memory retrieval + dulling of the emotional sting of fearful memories
 - Down Syndrome – trisomy 21
 - Lewy body Disease – core & suggestive features

Questions

- General information (#2)
 - Traumatic Brain injury (TBI) – moderate-severe TBI leads to a greater risk of developing Alzheimer later in life but no evidence single mild TBI increases dementia risk; emerging evidence suggests repeated mild TBIs, such as what can occur in contact sports like boxing, football, and hockey may be linked to a greater risk of a type of dementia called chronic traumatic encephalopathy (CTE)
 - Is Alzheimer's contagious? No evidence of human-to-human transmission

Questions

- General information (#3)
 - Is Alzheimer hereditary? A small (< 5%) number are caused by mutations on certain genes + number genes that can increase your susceptibility
 - MS (Multiple Sclerosis) - Some people with MS experience a loss of mental abilities if damage caused by the MS occurs in certain parts of the brain; the mental abilities most likely to be affected are memory, concentration and problem solving; there may also be emotional problems, such as mood swings; the term “dementia” is not generally used in association with multiple sclerosis because the decline is not usually that severe

Questions

- Assessment & investigations
 - I would like to know who a person would see to find out if they are coming down with Alzheimer's and what kind of tests are done. Do we need to go through our family doctor? Usually family doctor first
 - Is a PET scan conclusive for AD? No (especially early) and not needed in all suspected cases of AD
 - Are there blood tests for Vascular Dementia? No
 - Do you recommend genetic testing if the disease runs in your family, especially the early onset type? Depends

Questions

- Care
 - Should you tell the person who has the disease that they have it? Yes
 - How do family members handle diagnosis? Acknowledge it when it comes up but don't insist person "accepts" it
 - Once an individual receives the diagnosis of Alzheimer who is the best caregiver? Depends
 - When to decide that a person with dementia needs to move into a facility? Balance between their needs/ types of problems encountered and available resources
 - Are routines helpful for someone with dementia? Yes

Questions

- Behavioural issues: while progressive deterioration of thinking underlies these problems, consider the person, precipitants (e.g., unrecognized pain or the environment/ over stimulation) & the impact of your reaction; examples & general approaches to them
 - Asks the same thing over and over
 - Shadowing – some equate it with sundowning but to me it is following you closely around the house like a shadow
 - Verbal threats
 - Denial – often not “denial” in the usual sense; rather it is a lack of awareness of the impairment (*anosognosia*); focus on mitigating the effects rather than trying over and over to make the person understand/ accept diagnosis

Questions

- Behavioural issues (#2)
 - If the answer is upsetting (e.g., asking about someone who has passed away), do you continue to tell them bad news? No if it is to no constructive purpose
 - Care facility
 - Asks to go home from the care facility
 - During outings becomes agitated & doesn't want to go back to the care facility - should we stop taking her out?
 - Can't recall our last visit but I've been there regularly - do I argue & remind her that I have been there recently?

Questions

- Drugs
 - Drug use and impact on dementia – substance-abuse dementia can occur but rare other than alcohol and also may be a risk factor for development of Alzheimer
 - Behaviour and alcohol intake
 - Effect of coffee on dementia - most interest in the possibility of prevention
 - Zopiclone
 - Coconut oil
 - IVIG (intravenous immunoglobulin)
 - Final results released last year of two trials showed overall there was no significant effect of treatment
 - How do memory drugs work?

Questions

- Miscellaneous

- Prevention – activity, diet, stimulation, general health
- What kinds of research projects /trials are being done in Calgary right now - <http://www.c5r.ca/current-studies/>
 - How can one participate in these studies? Identify researcher/ research project, review study & see if willing to enrol, and determine if meet entry criteria
- How to deal with the stigma of the disease and how to deal with community or society's response to a diagnosis (fear or sharing it)? Important issue
- G8 Summit focused on Dementia and Alzheimer's Disease – Is there international work on this disease?

Thank you