OVERVIEW OF DEMENTIA TYPES

PURPOSE & KEY TERMS

The purpose of this section is to assist the learner in acquiring basic understanding of types of dementia, how care needs change as a resident with dementia changes and what to expect when caring for a resident with dementia.

- Behavioral symptoms
- Delirium
- Dementia
- Depression

OBJECTIVES

The learner will be able to:

- Define the different types of dementia.
- Explain causes of dementia and identify the most common form of dementia.
- Describe behavioral symptoms associated with dementia.
- Give examples of reversible causes of dementia.
- Give examples of the types of care needs of residents with dementia and how the care needs will change for the resident.
INTRODUCTION

- Understanding the causes of challenging behaviors can be a useful in understanding the person:
  - Challenging behaviors can be the result of a:
    - Medical condition;
    - Psychiatric condition; or
    - Combination of both.
  - Dementia, depression and delirium frequently result in challenging behaviors:
    - It is important to understand the symptoms of dementia, depression and delirium.

INTRODUCTION

- Behavior is a form of communication:
  - Challenging behaviors often result when a basic need has not been met;
  - A person may be conveying many needs through challenging behavior.
  - Often, resident behaviors are a problem for others but not for the resident:
    - The resident who eats his food with his fingers may be a problem for you because you are not comfortable observing this;

INTRODUCTION CONTINUED

- However, it more than likely is not a problem for the resident as long as the person is getting enough to eat and a balanced diet;
- When looking at behaviors ask yourself, “Is this my problem or is it a problem for the resident?”;
- If a resident's behavioral symptoms become a problem for the entire household it must be addressed.
INTRODUCTION CONTINUED

- One of the most important things you must do is to develop a relationship with the resident:
  - The better you know the resident the better you will understand their needs and they are communicating;
  - You may also find the behavioral symptoms are not a problem at all because you know what they mean.

REVIEW OF DEMENTIA TYPES

- Dementia is defined as “the loss of intellectual function (thinking, remembering and reasoning) so severe that it interferes with an individual’s daily functioning and eventually results in death.”
  - Most of the behavior symptoms that confront caregivers occur with residents who have dementia.
  - Dementia is a broad term that describes a group of symptoms.

REVIEW OF DEMENTIA TYPES CONTINUED

- Symptoms of dementia:
  - Memory loss;
  - Disorientation;
  - Personality changes;
  - Inability to carry out normal activities of daily living;
  - Thinking and reasoning difficulties.
  - Dementia can have a variety of causes. The most common cause is known as Alzheimer’s disease.
**REVERSIBLE CAUSES**

- Sometimes a resident’s behavior will change suddenly. This generally is not a sudden onset of dementia but is “delirium”:
  - Delirium most commonly is caused by an infection, medication reaction/interactions, illness, or dehydration;
  - Dementia is not a reversible but delirium can be quickly reversed by treating the cause;
  - When reporting the behavior changes to the physician or nurse, it is important to explain that the behaviors are new to the resident.

**REVERSIBLE CAUSES CONTINUED**

- Reversible causes of dementia
  - Drug toxicity;
  - Infection;
  - Depression;
  - Metabolic and endocrine disorders;
  - Vision and hearing problems;
  - Nutritional problems;
  - Tumors and trauma;
  - Blood circulation complications.

**DEPRESSION**

- Depression can also cause confusion and behavior changes in the elderly:
  - You may observe the resident has lost interest in eating, loses weight (a younger resident may eat more and gain weight), sleeps poorly or sleeps much of the time, and has little interest in the activities;
  - The resident may have multiple complaints of physical problems and may talk about death;
  - They may be confused and disoriented.
DEPRESSION CONTINUED

- Short-term depression, is a normal reaction to loss and grief:
  - When residents leave their own homes to live in an AFH, they will grieve the loss of their home and independence.
  - Chronic depression does not get better without treatment and can be life-threatening:
    - Contact the physician, nurse or mental health professional to report this type of depression as the resident may need an antidepressant medication and/or mental health therapy.

MEDICATIONS

- Medication reactions/interactions can cause behavior symptoms:
  - Ask the pharmacist to review their medications to be sure the behavior isn’t the result of a medication reaction or interaction;
  - After trying to change or work with the behaviors, you may want to ask an RN or mental health professional to assess the resident. They can help you determine alternative measures:
    - Contacting the physician for a medication or physical restraint order should be the last thing you do.

MEDICATIONS CONTINUED

- Find out as much about the individuals’ recent behaviors and in the past:
  - If possible, work with the resident’s family and/or others who are significant in the resident’s life. They may be able to provide valuable information including their history and patterns of daily living activities;
  - If you have gathered information about the resident’s past work, volunteer and social activities you may find a way to work with the challenging behavior.
DISCUSSION/QUESTIONS