

# IMPROVING EMERGENCY SERVICES

For People Living with Dementia



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## About Oregon Care Partners

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Funded by the State of Oregon

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No-cost, high quality training

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Available to anyone living or working in Oregon

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Qualified professionals can earn CE credits

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[OregonCarePartners.com](https://OregonCarePartners.com)

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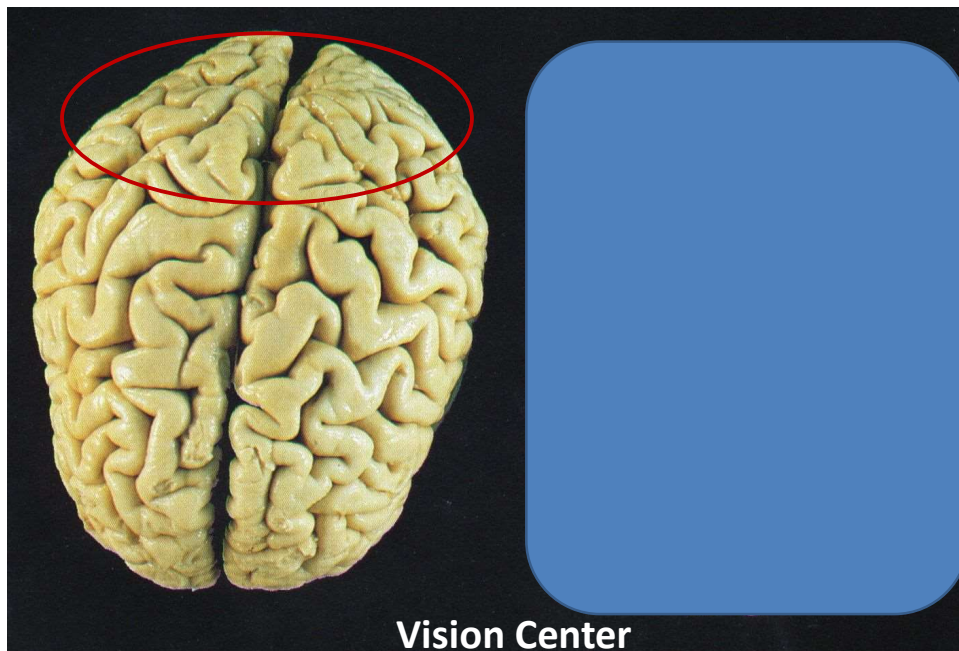


Facilitated by Shelly Edwards, PAC Certified Trainer and Coach



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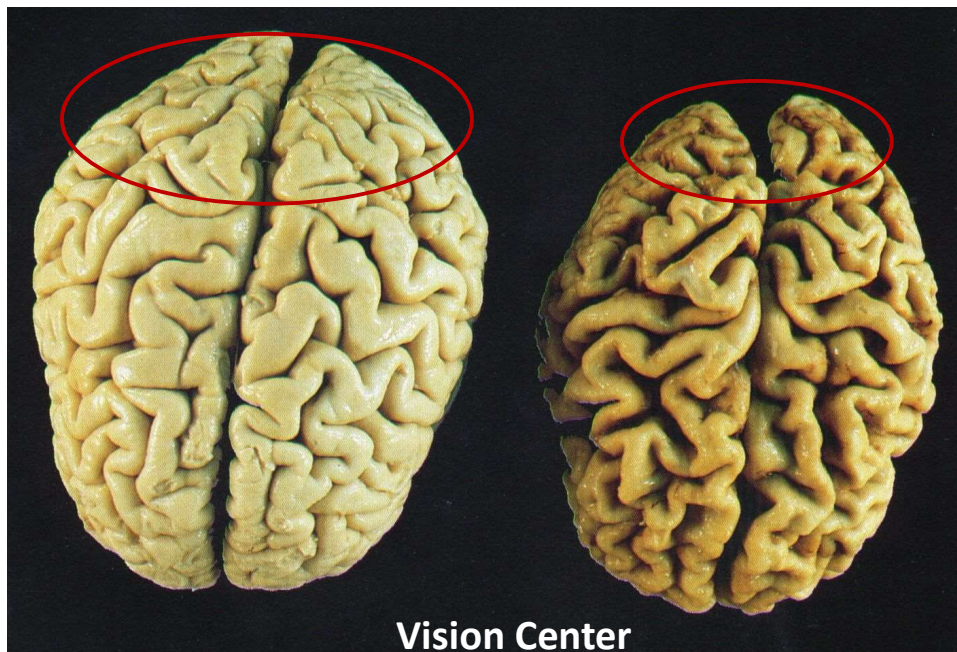
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## Visual Field Changes

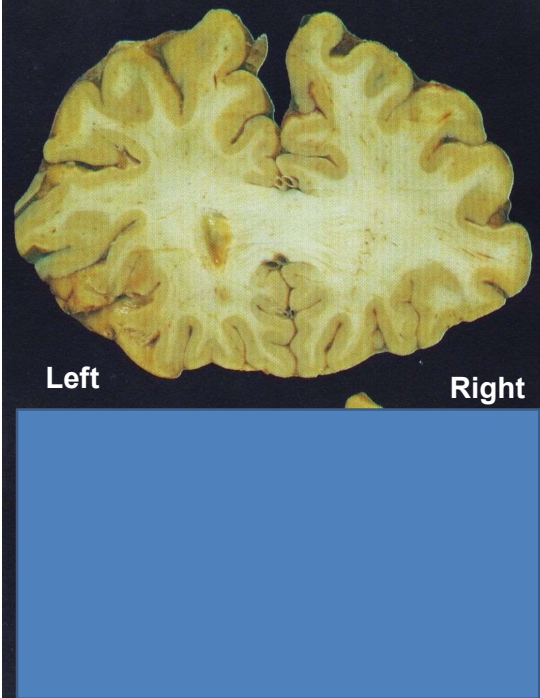
With each new of visual field change, there are new challenges

1. 25 year old visual field - **hands flat to sides of face**
2. With normal age - Less Peripheral Awareness - **Porthole**
3. Early changes - **Tunnel Vision**
4. Mid-state change - **Binocular Vision**
5. Later state changes - Object → Use Confusion - **adjusting binoculars – then reaching out**
6. Late state changes - **Monocular Vision – other hand used for depth and object check-in**
7. End state - Limited Visual Regard – **Monocular vision that is shuts regularly**



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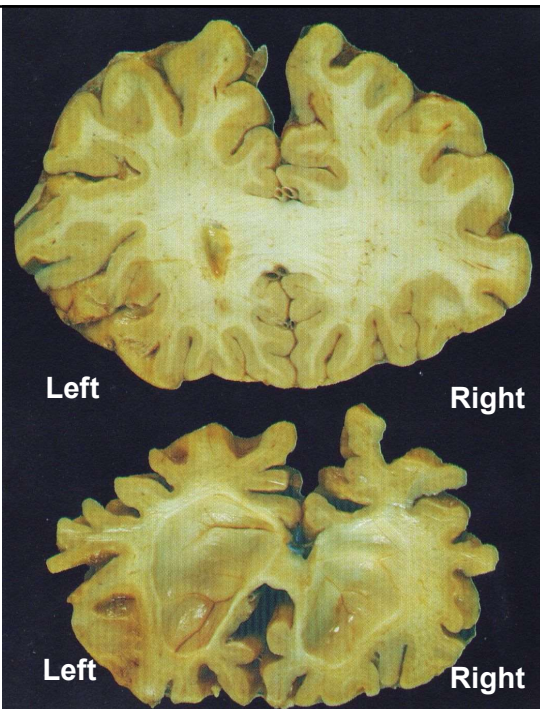
Left Right

## Executive Control Center

- Impulse Control
- Be Logical
- Make Choices
- Start-Sequence-Complete-Move On
- Self Awareness
- See Others' Point of View


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Left Right

Left Right

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## We Have Two Brains:



### Cortical – the Neo-Cortex

- Thinking Brain
- Discriminating and Curious
- This part of the brain separates us from animals
  - it allows us to:
    - think logically
    - delay gratification
    - see from others' perspectives

### Reflexive – the Limbic System and RAC System

- Primitive Brain – home of the amygdalae
- Survival – Fright/flight/fight- hide or seek
- Want things now – immediate gratification



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## For an In-Control, Non-Stressed, Mature Brain:



The Neo-Cortex leads  
and directs

The Limbic System  
runs the engine



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## Three Jobs for the Amygdalae

### Threat Perceiver

**Fright**  
**Flight**  
**Fight**  
**Hide**  
**Seek**

### Needs Meeter

**Intake**  
**Energy in-out**  
**Output/waste**  
**Comfort**  
**Pain free**

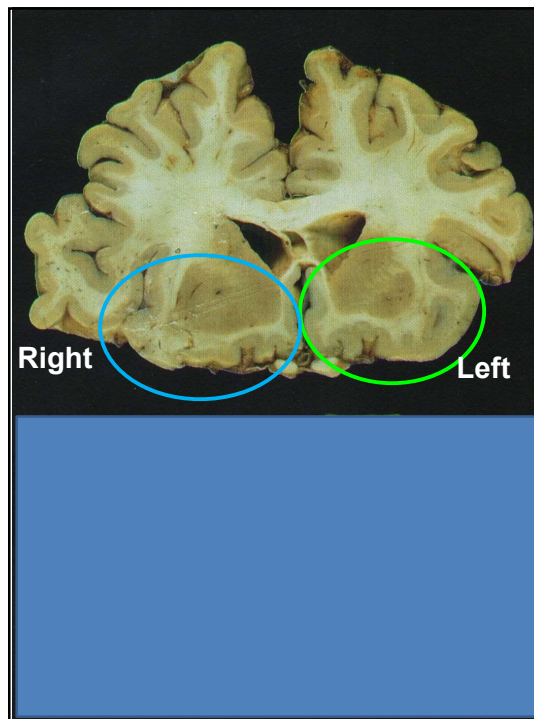
### Pleasure Seeker

**Get likes met**  
**Do what I want**  
**Get rid/leave it**  
**Feel good**  
**Feel better**



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**Where do we have language related abilities in our brain?**

**Left temporal lobe** and **Right temporal lobe**

### Formal Speech & Language

- Vocabulary
- Comprehension
- Speech production

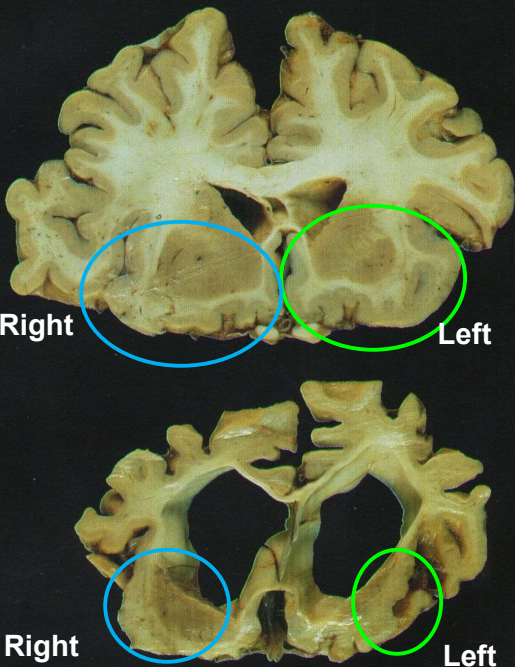
### Automatic & Rhythmic

- Forbidden words
- Back and Forth - chit-chat or arguing
- Rhythm in speech - ?, tone, changes
- Rhythmic learned and comfort – music, poetry, prayer & counting
- Automatic motions – dancing, rocking

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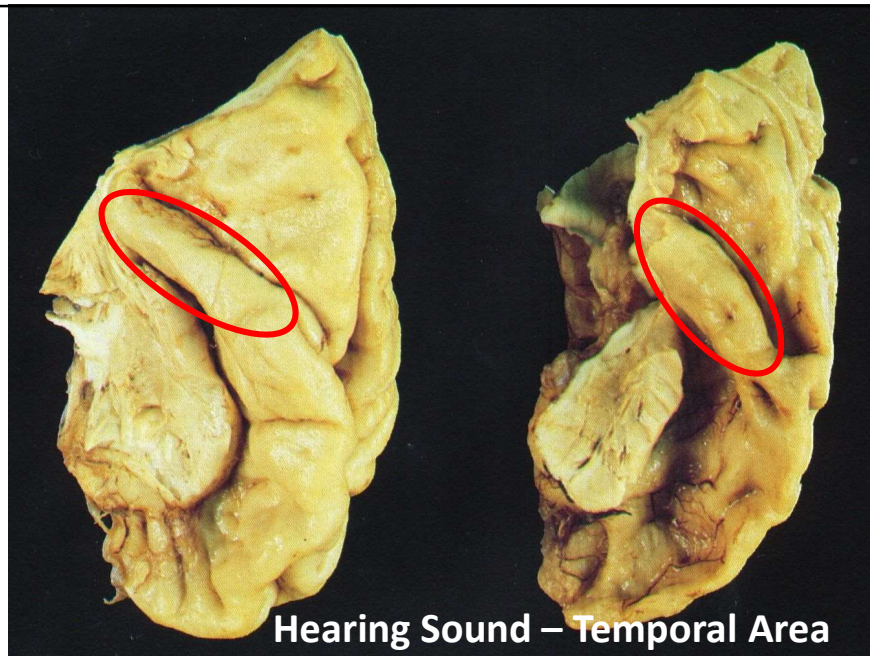
Now let's look at **hearing** –  
 one temporal lobe ability with dementia

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Hearing Sound – Temporal Area

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## Hearing Sound is one area of minimal loss

Dementia does not routinely cause loss of hearing

Aging can cause hearing loss in the range of human speech for about 70% of people over age 75.

You want to offer a connection...

How could you determine someone's hearing ability without surprising them?

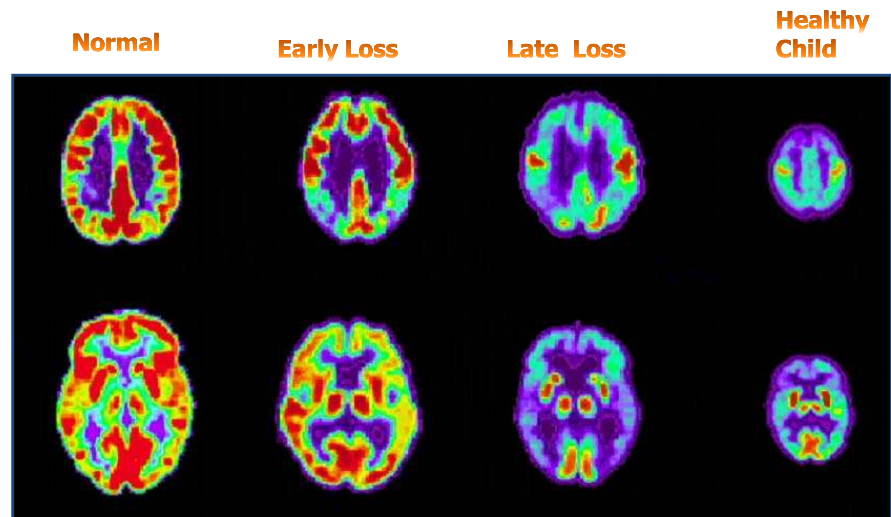
Let's try something...

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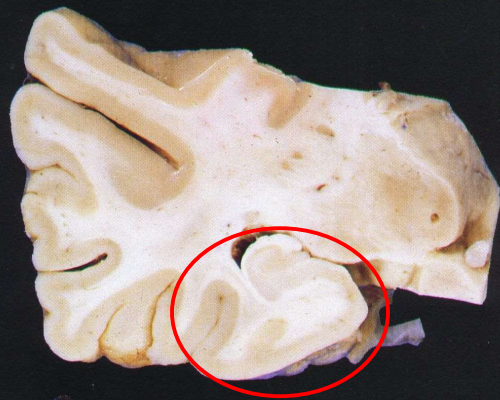
## Positron Emission Tomography (PET) Dementia Progression vs. Normal Brains



PAC  
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G. Small, UCLA School of Medicine.

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### Hippocampus

#### Learning & Memory Center

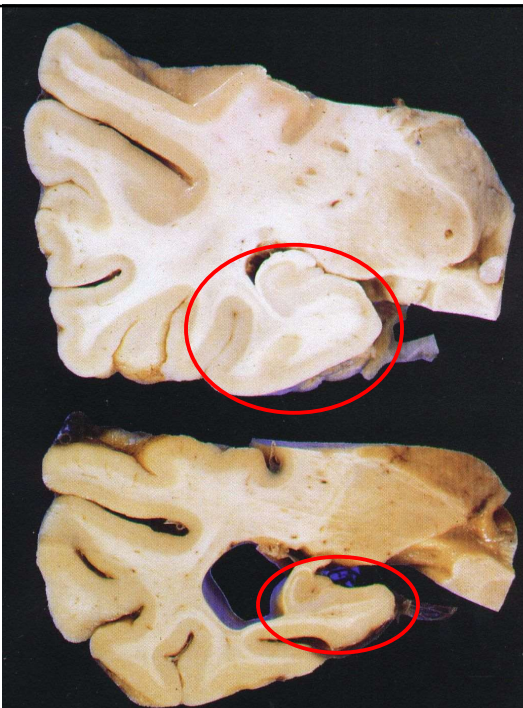
- Way finding
- Learning & Memory
- Time Awareness

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## Hippocampus BIG CHANGES

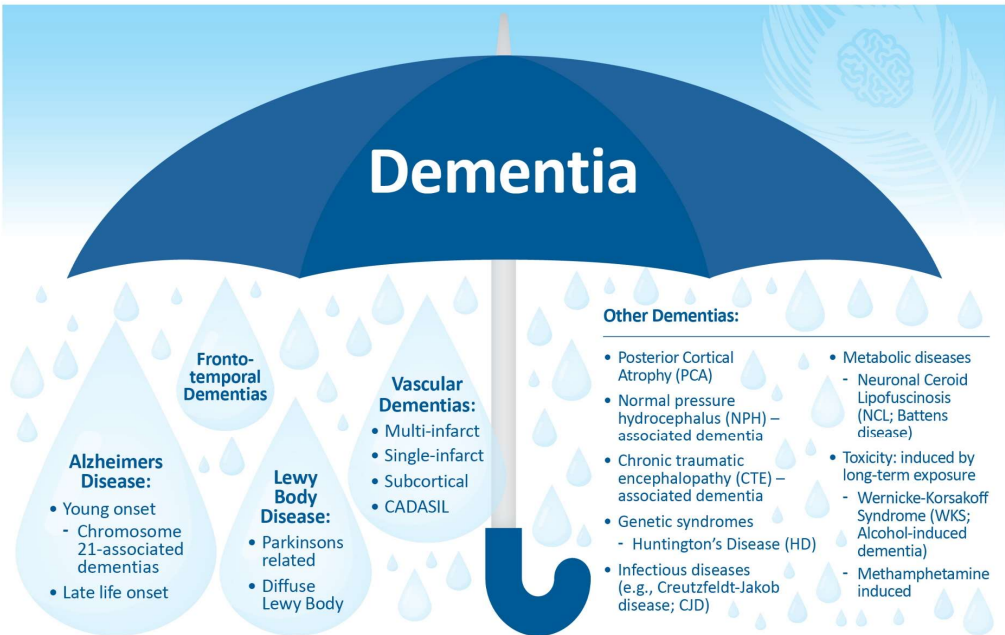
### Learning & Memory Center

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# Dementia

### Alzheimers Disease:

- Young onset
- Chromosome 21-associated dementias
- Late life onset

### Fronto-temporal Dementias

### Lewy Body Disease:

- Parkinsons related
- Diffuse Lewy Body

### Vascular Dementias:

- Multi-infarct
- Single-infarct
- Subcortical
- CADASIL

### Other Dementias:

- Posterior Cortical Atrophy (PCA)
- Normal pressure hydrocephalus (NPH) – associated dementia
- Chronic traumatic encephalopathy (CTE) – associated dementia
- Genetic syndromes
  - Huntington's Disease (HD)
- Infectious diseases (e.g., Creutzfeldt-Jakob disease; CJD)
- Metabolic diseases
  - Neuronal Ceroid Lipofuscinosis (NCL; Batten's disease)
- Toxicity: induced by long-term exposure
  - Wernicke-Korsakoff Syndrome (WKS; Alcohol-induced dementia)
  - Methamphetamine induced

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### Four Truths About All Dementias:

- At least two parts of the brain are dying
- It keeps changing and getting worse – progressive
- It is not curable or fixable – chronic
- It results in death – terminal

<h4>Alzheimers</h4> <ul style="list-style-type: none"> <li>• New details lost first</li> <li>• Recent memory worse</li> <li>• Some language problems, mis-speaks</li> <li>• More impulsive or indecisive</li> <li>• Gets lost – time/place</li> <li>• Several forms and patterns</li> <li>• Young onset can vary from late life onset</li> <li>• Down Syndrome is high risk</li> <li>• Notice changes over time</li> <li>• Related to beta-amyloid plaques and tau pathologies</li> </ul>	<h4>Lewy Body</h4> <ul style="list-style-type: none"> <li>• Movement problems – Falls</li> <li>• Visual disturbances</li> <li>• Delusional thinking</li> <li>• Fine motor problems – hands and swallowing</li> <li>• Episodes of rigidity and syncope</li> <li>• Insomnia – sleep disturbances</li> <li>• Nightmares that seem real</li> <li>• Fluctuations in abilities</li> <li>• Drug responses can be extreme and strange</li> <li>• Related to synuclein protein malformations</li> </ul>	<h4>Vascular</h4> <ul style="list-style-type: none"> <li>• Sudden changes in ability – some recovery</li> <li>• Symptom combinations are highly variable</li> <li>• Can have bounce back and bad days</li> <li>• Judgment and behavior <i>not the same</i></li> <li>• Spotty losses</li> <li>• Emotional and energy shifts</li> <li>• Least predictable</li> <li>• Caused by problems with blood flow, oxygen, nourishment of brain cells</li> </ul>	<h4>Frontotemporal</h4> <ul style="list-style-type: none"> <li>• Many types</li> <li>• Frontal: impulse and behavior control changes <ul style="list-style-type: none"> <li>- Says unexpected, rude, mean, odd things</li> <li>- Apathy – not caring</li> <li>- Problems with initiation or sequencing</li> <li>- Dis-inhibited: sex, food, drink, emotions, actions</li> </ul> </li> <li>• Temporal: language change <ul style="list-style-type: none"> <li>- Difficulty with speaking – missing/changing words</li> <li>- Rhythm OK, content missing</li> <li>- Not getting messages</li> </ul> </li> <li>• Related to tau pathologies</li> </ul>
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## Post-Test & Evaluation

<https://www.surveymonkey.com/r/JGCQHDC>

- To receive CEUs, you must complete the post-test evaluation
- You will receive a confirmation email once your account has been updated to reflect completion
- CEU certificates will be available to print and download from your Oregon Care Partners account within 72 hours after your post-test completion is received



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## Contact Us

For questions or more information  
on additional free training

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