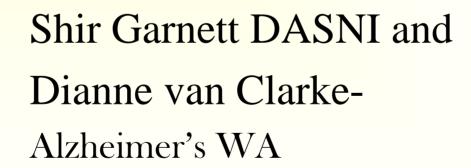


Dementia-A new understanding





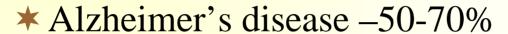
Diagnosis



- ★ The GP and/or family suspect dementia may be present and refers patient for further assessment.
- ★ Full bloods to check if there is nothing else causing changes
- **★** CT scan, MRI, SPECT
- ★ Seniors Mental Health Team for a Hierarchical Dementia Scale (HDS) assessment



Types of dementia

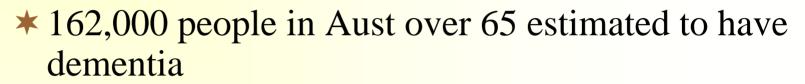


- Gradual changes. Build up of "tangles" in centre of brain cells and "plaques" outside brain cells, disrupting messages within the brain.
- **★** Vascular Disease-2nd most common
 - Problems of the circulation of blood to the brain eg.
 TIA's
- **★** Lewy Bodies Dementia
 - Degneration and death of nerve cells in the brain caused by abnormal lumps inside nerve cells known as Lewy bodies
- **★** Over 100 different types of dementia





Incidence of dementia



- *By 2006- 195,000 over 65 with moderate to severe dementia
- * In City of Albany- Sept-2002 estimated 296 people
- * People as early as 30's and 40's.

Prevalence

- 65-69yrs about 1 in 70
- 75-79 about 1 in 18
- 80-84 about 1 in 9





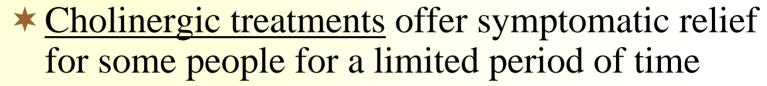
How dementia affects somebody



- * Symptoms-
 - Progressive and frequent memory loss
 - Confusion
 - Personality change
 - Apathy and withdrawal
 - Loss of ability to do everyday tasks
- * Changes- Three stages. Known as early stage, moderate to late
- * Early onset (under age of 65)



Medications



- * Available under PBS under certain conditions
- * Acetycholinesterase Inhibitor Drugs
 - Donepezil Hydrochloride –Aricept
 - Rivastigamine-Exelon
 - Galantamine Hydrobromide-Reminyl
 - Ebixa
- **★** Side Effects-
 - When first taking them-GI, muscle cramps, insomnia, fatigue, loss of appetite. Also dizziness and nightmares. Need to increase doses gradually





Communicating with someone with dementia



- ★ Remain calm and talk in a gentle, matter of fact way (Determine level of understanding of person) Don't be condescending.
- ★ Keep sentences short and simple, focusing on one idea at a time
- * May need to repeat instruction many times.
- **★** Body language —made up of 55% of our communication
- * Avoid background noise and distraction
- **★** Validation therapy-going into their reality!
- * Reminiscence



Admission into hospital

- **★** Gather relevant history on patient, from carer if required. Including social profile.
- ★Note possible illnesses that may cause pain and how this is expressed if comunication limited. Use of Pain Charts
- ★Make sure everyone knows diagnosis of dementia but do not make any assumptions of inabilities..find out what they can do
- **★**Private room if possible or same room





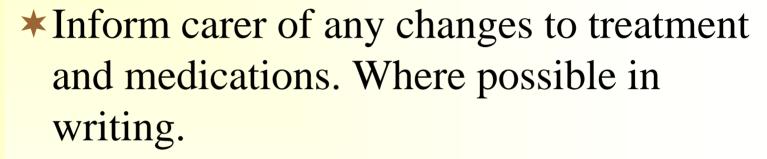
While in hospital

- ★Allocate staff according to their skills and interest and try to be consistent
- ★Maintain independence —don't assume they cannot do own ADL's. May need increased guidance as in unfamiliar environment
- *Minimise physical and chemical restraints





Discharge from hospital



- *Check if home situation needs modifications.
- **★**Referral for follow up support –Use of Dementia directory.



So what's with the turtle?



- **★**D- Dementia
- *A- Advocacy and
- **★**S-Support
- **★**N- Network
- ***** I-international

