

# Understanding Dementia

Researched and Compiled by Kate Cox

Dementia is a condition that results from a variety of causes. It consists of changes in the brain that affect the person's intellectual capacity with a loss of memory and ability to reason. It can result in changes in mood, personality, speaking and the ability to perform activities of daily living. Dementia is caused by abnormal disease processes and can affect young people as well as the elderly. It is not a normal part of the aging process.

There are as many as seventy abnormal disease processes that result in dementia. Alzheimer's Disease is the most common cause and accounts for 60% of all cases of dementia. Stroke is the second most common cause at 10-15%. Some of the common causes of dementia are described below. Current research is looking at depression as a possible predisposing factor in the development of dementia. A study conducted at the Stockholm Gerontology Research Center in Sweden indicates that social isolation increases a person's likelihood of developing dementia.

An informal survey of skilled nursing facilities in Marin County reveals a high incidence of dementia among residents, with the majority reporting that 80% or more of their residents have a dementia diagnosis.

**Alzheimer's Disease** is an incurable, neurological disease in which destruction of brain cells leads to serious mental deterioration, dementia and eventually death. Alzheimer's involves changes in the brain including the growth of a dense core of protein called plaque that contributes to the destruction of brain cells. Symptoms vary from person to person and in an individual can vary from day to day. Average life expectancy is 10 years from onset. It is believed that about 11% of all Americans over age 65 have this condition.

**Stroke** is an injury to the brain caused by an interruption in the blood supply due to blockage or rupture of an artery. Limitations caused by a stroke depend on the location and extent of the stroke and include paralyses, vision problems, aphasia, emotional stress and depression. For example a person with a right hemisphere stroke typi-

cally has problems with attentiveness, awareness and impulsivity.

**Parkinson's Disease** is a slowly progressive, degenerative disorder characterized by slow and decreased movement, muscular rigidity, resting tremor and postural instability. It is the fourth most common neurological disorder of the elderly. More than 50% of people with Parkinson's have mild intellectual changes; about 20% have more substantial cognitive impairment.

**Anoxia** is loss of oxygen to the brain. There are many causes of this condition including heart attacks and respiratory arrests. Resulting problems can be in the area of cognitive functioning, including difficulties with memory. A variety of behavioral problems may also result from anoxia.

**Huntington's Disease** is a hereditary disorder of the central nervous system that results in degeneration over a period of 10-25 years.

**Vascular Dementia** is caused by disruption of blood supply to the brain resulting in small strokes.

**Head Injury or Traumatic Brain Injury (TBI)** results from injury to the brain either through a closed or open head injury.

**Frontotemporal Lobe Dementia** is frequently confused with Alzheimer's Disease. In this condition there is shrinkage of the brain and initial symptoms are behavior disorders followed by the development of dementia. The behavior problems include compulsiveness and inability to control impulses.

**Lewy Body Disease** involves an imbalance in chemicals in the brain and results in motor symptoms and cognitive problems including intense visual hallucinations.

**Alcohol-Related Dementias** are associated with severe alcoholism and result from a vitamin deficiency. The person may have severe memory loss, inability to learn new things and a tendency to make up stories.

**Acquired Immune Deficiency Syndrome (AIDS)** can lead to loss of memory, difficulty in concentration, and a reduced speed of information processing.

**Depression** can exhibit the same symptoms as dementia. However, the



symptoms usually do not have to be permanent. A combination of psychotherapy and medication has been shown to be effective in treating depression. What is not known and remains the focus of current research is the possibility of a causative linkage between depression and Alzheimer's

All of these disease processes exhibit similar symptoms of dementia that can make communication between you and your LITA friend challenging. Regardless of the cause of your friend's limitations, the following are some tips you may find helpful.

**Tips for  
Communicating  
with a Person with  
Dementia**

♥ **Identify the person's**

**strengths:** People who suffer from advanced dementia do retain some functions. For example, people with Alzheimer's Disease seem to retain their senses of smell, taste and touch. Pleasurable activities can be structured that use these abilities. Children, pets and music often stimulate strong emotional memory and response.

*A daughter whose mother is in a nursing home in the East, sent flowers regularly as her mother was having difficulty engaging in conversation on the phone. Her mother loved flowers and always kept a beautiful*

*garden. The flowers triggered emotions and a strong response so that her daughter is able to connect with her.*

*A resident was slumped over in her wheelchair and appeared incoherent until she saw the little Bichon dog that her new LITA friend brought to visit her. Within minutes, she was talking and laughing.*

♥ **Don't disagree with made**

**-up stories:** *During a recent placement a resident insisted that she wouldn't be at the facility very much longer even though her placement was meant to be permanent. The new volunteer simply assured her that she would love to visit as long as she was there and that she would see her again next week.*

*A resident friend kept asking how her daughter was, not remembering that she had recently died. Instead of correcting her friend with the truth, and causing more sadness, the volunteer engaged the resident in telling stories about her daughter.*

♥ **Join in the reality of the person by accepting the person's own version of reality rather than correcting him/her:** *One Christmas day a mother, father, and*

*daughter had opened their gifts. Afterwards their custom was to put the gifts back in the boxes and place them under the tree. Some time later the mother, who suffered from dementia, saw the presents and was concerned that they had not opened their gifts. Instead of contradicting her, the family simply enjoyed "opening" the gifts again.*

*A resident was sitting with her LITA friend when a man walked by speaking very loudly. The resident said "That's it. If he's going to the movies I'm not going to go." The volunteer replied, "I agree, I'm not going either."*

*Another resident was asked if she would like a LITA visitor. She then expressed her concern about what she would do if the visitor came when she was doing the dishes or other housecleaning chores. The LITA staff member assured her that this would be carefully taken into consideration.*

♥ **Avoid asking questions that rely on short-term**

**memory:** People with dementia often lose their ability to retain information about events that happened in the recent past while having no problem recalling events from the distant past. Questions or corrections may embarrass the person or make them angry or sad.

♥ **Respond to the person's feelings, not his/her words:**

Often a person with dementia can no longer communicate in the usual way by exchanging information. This means we must rely on feelings and emotions when communicating with them. The feelings you express in your voice are as important as what you say. Making eye contact and touching can also be very important in communicating with a person with dementia.

♥ **Use distractions for dealing with anxiety:**

*During a recent introduction of a volunteer to a resident friend, the resident starting talking about the September 11th attacks and became very anxious. The activity director, who was making the introduction, quickly made eye contact with the resident, touched her hand and said, "Look at that beautiful tree." The resident was immediately distracted, events of September 11th were forgotten and her mood totally changed.*

♥ **Provide Reassurance:**

LITA works with people who have experienced a loss of those things that give a sense of personal identity, such as home, pets, possessions, and independence. As a result they lose their sense of self-worth. Often when residents are asked if they would like a LITA visitor, the response is surprise that someone would actually want to visit them. Anxiety is very common for people who have been separated from all that is familiar. LITA volunteers can do much to provide reassurance by responding to concerns and anxiety in a positive and supportive manner.



*Special thanks to the Alzheimer's Association, Family Caregiver Alliance, Beth Logan, MSW and LITA volunteers for providing information for this article. For information on Alzheimer's Disease and support services for families contact the Alzheimer's Association at (415)472-4340 or visit their website: [www.alzncal.org](http://www.alzncal.org). For information on *It Takes Two*, A course for Family Caregivers, contact the Family Caregiver Alliance at (415)434-3388 or visit their website: [www.caregiver.org](http://www.caregiver.org).*