Recognizing Early Signs of Change & Appreciating Different Dementias
Symptom Recognition & Differential Diagnosis

PET Scan of 20-Year-Old Brain
PET Scan of 80-Year-Old Brain

PET and Aging

As We Age, WE DO NOT lose function in our Brains, UNLESS...
Something Goes Wrong with Our Brains
Other words we sometimes use...

- Senile
- Hardening of the arteries
- Crazy
- “Not right”
- “Stubborn & Ornery”
- “Losing it”
- “Just getting old”
- “Not trying”
- More forgetful
- “Pleasantly confused”

What is the Difference Between Forgetfulness & Memory Loss that Comes with Dementia?

Is there a CLEAR Difference?

YES!!!!

BUT, Couldn’t It Just Be Forgetfulness or Getting Old?

- There is a difference
- At first it may be hard to tell
- Then you start to notice patterns
- One of these things start to show changes...
  - Memory - Problem solving
  - Word finding - Behavior
What is it NOT...

NORMAL Aging
• Slower to think
• Slower to do
• Hesitates more
• More likely to "look before you leap"
• Know the person but not the name
• Pause to find words
• Reminded of the past
• For you, it's harder...

NOT Normal Aging
• Can't think the same
• Can't do like before
• Can't get started
• Can't seem to move on
• Doesn't think it out at all
• Can't place the person
• Words won't come – even later
• Confused about past versus now
• For you it's VERY DIFFERENT

Ten Early Warning Signs
• memory loss for recent or new information – repeats self frequently
• difficulty doing familiar, but difficult tasks – managing money, medications, driving
• problems with word finding, mis-naming, or misunderstanding
• getting confused about time or place – getting lost while driving, missing several appointments
• worsening judgment – not thinking thing through like before
• difficulty problem solving or reasoning
• misplacing things – putting them in "odd places"
• changes in mood or behavior
• changes in typical personality
• loss of initiation – withdraws from normal patterns of activities and interests

How common is dementia?
• The risk goes up dramatically with increasing age
• America is aging
• Various dementia will increase by 300% over the next 50 years… without medical advances & life style changes
What Could It Be?

- Another chronic medical condition developing
- Depression or other mental health issue
- Delirium – acute/rapid onset
- Medication – toxicity, interaction, side-effects
- Undetected hearing loss or vision loss
- Severe but unrecognized pain or central acting pain meds
- Other things...

Drugs that can affect cognition

- Anti-arrhythmic agents
- Antibiotics
- Antihistamines - decongestants
- Tricyclic antidepressants
- Anti-hypertensives
- Anti-cholinergic agents
- Anti-convulsants
- Anti-emetics
- Histamine receptor blockers
- Immunosuppressant agents
- Muscle relaxants
- Narcotic analgesics
- Sedative hypnotics
- Anti-Parkinsonian agents

Cognitive Changes with Aging

- Normal changes = more forgetful & slower to learn
- MCI – Mild Cognitive Impairment =
  - Immediate recall, word finding, or complex problem solving problems (½ of these folks will develop dementia in 5 yrs)
- Dementia = Chronic thinking problems in > 2 areas
- Delirium = Rapid changes in thinking & alertness
  (seek medical help immediately)
- Depression = chronic unless treated, poor quality, I "don’t know", "I just can’t", "responses, no pleasure"
  can look like agitation & confusion
### Mimics of Dementia

- Depression
  - can't think
  - can't remember
  - not worth it
  - loss of function
  - mood swings
  - personality change
  - change in sleep

- Delirium
  - swift change
  - hallucinations
  - delusions
  - on & off responses
  - infection
  - toxicity
  - dangerous

### Understanding the Different Dementias:

One Size Does Not Fit All!

### Not normal ...

changes starting

- Inconsistent
- Worse when tired or sick OR in unfamiliar or uncomfortable setting
MCI

• The beginning of NOT NORMAL COGNITION
  – Memory
  – Language
  – Behavior
  – Motor skills
• Not life altering – BUT definitely different… for you

Ten Early Warning Signs – for Alzheimers & some other dementias

• memory loss for recent or new information – repeats self frequently
• difficulty doing familiar, but difficult tasks – managing money, medications, driving
• problems with word finding, mis-naming, or mis-understanding
• getting confused about time or place - getting lost while driving, missing several appointments
• worsening judgment – not thinking thing through like before
• difficulty problem solving or reasoning
• misplacing things – putting them in “odd places”
• changes in mood or behavior
• changes in typical personality
• loss of initiation – withdraws form normal patterns of activities and interests

Is This ALWAYS Alzheimers?

• Some form of DEMENTIA
• Symptom of another health condition
• Medication side-effect
• Hearing loss or vision loss
• Depression
• Delirium
• Pain-related
What’s What

What’s What – For Each D

• Onset
• Hx & Duration
• Alertness & Arousal
• Orientation responses
• Mood & Affect
• Causes
• Treatment for the cause/condition
• Treatment for the behavioral symptoms

Delirium

• Onset – sudden - hours to days
• Duration – ‘cured’ or ‘dead’ - short
• Alertness & Arousal – fluctuates, hyper or hypo-
• Orientation responses – highly variable
• Mood & Affect – highly variable - dependent
• Causes – physiological physical, psychological
• Tx condition – ID & Treat what is WRONG
• Tx behavior – manage for safety only – short term only, don’t mask symptoms
### Depression
- **Onset** — recent - weeks to months
- **Duration** — until treated or death — mths- yrs
- **Alertness & Arousal** — not typically changed
- **Orientation responses** — “I don’t know”, “I can’t say”, “Why are you bothering me with this, I don’t care”
- **Mood & Affect** — flat, negative, sad, angry
- **Causes** — situational, seasonal or chemical
- **Tx of condition** — meds, therapy, physical activity
- **Tx of behavior** — schedule & environmental support, help — combined with meds

### Dementia
- **Onset** — gradual – months to years
- **Duration** — progressive till death
- **Alertness & Arousal** — gradual changes
- **Orientation responses** — right subject, but wrong info, angry about being asked, or asks back
- **Mood & Affect** — triggered changes
- **Causes** — brain changes – 60-70 types
- **Tx** — chemical support – AChEIs & glut mod
- **Tx behavior** — environment, help, activity, drugs

### Determine First –
**Is this Dementia, Depression, OR Delirium?**
- Delirium can be dangerous & deadly
- Get a good behavior history – look for change
- Assess for possible PAIN or discomfort
- Assess for infections
- Assess for med changes or side effects
- Assess for physiological issues — dehydration, blood chemistry, $O_2$ sat
2nd – Is it Dementia or Depression

- Depression is treatable
- Many elders with ‘depression’ describe themselves as having ‘memory problems’ or having ‘somatic’ complaints
- Look for typical & atypical depression
- Look for changes in appetite, sleep, self-care, pleasures, irritability, ‘can’t take this’, movement, schedule changes

The Real Three D’s

REALITY…

- It’s NOT 3 clean or neat categories
- The 3 are MIXED together
- Which ‘D’ is causing what you are seeing NOW?
- Are all three D’s being addressed?
  - Immediate
  - Short-term
  - Long-term
What Could It Be?

- Another medical condition
- Medication side-effect
- Hearing loss or vision loss
- Depression
- Acute illness
- Severe but unrecognized pain
- Other things...

If it looks like dementia...

- Explore possible types & causes
- Explore what care staff & family members know and believe about dementia & the person
- Determine stage or level compared with support available & what we are providing
- Seek consult and further assessment, if documentation does NOT match what you find out

Screening Options

- OLD – MMSE
- New
  - AD-8 Interview
  - SLUMS – 7 minute screen
  - SAGE – self-administered
  - Animal fluency – 1 minute # of animals
  - Clock Drawing – 2 step
  - Full Neuropsychological testing panel
**AD8 Dementia Screening Interview**

- Does your family member have problems with judgment?
- Does your family member show less interest in hobbies/activities?
- Does your family member repeat the same things over and over?
- Does your family member have trouble learning how to use a tool, appliance, or gadget?
- Does your family member forget the correct month or year?
- Does your family member have trouble handling complicated financial affairs?
- Does your family member have trouble remembering appointments?
- Does your family member have daily problems with thinking or memory?

**Scores:**

Changed, Not Changed, Don't Know

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**Animal Fluency**

- Name as many animals as you can
- Give one minute – (don't highlight time limit)
- Count each animal named (not repeats)

**Establish Baseline versus Normal/Not Normal**

- 12 normal for > 65 and 18 for <65
- Compare you to your OVER time

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**Clock Drawing**

- Give a BIG circle on a blank sheet of paper
- Ask to draw the face of a clock - put in the numbers
- Watch for construction skills & outcome
- Ask to put hands on the clock to indicate 2:45
- Watch for placement and processing
- Scoring: 4 possible points
  - 1-12 used correct quadrants
  - minute hand correct hour hand correct
SLUMS
• Orientation – day of week, month, state (3)
• Remember 5 items – ask later (5)
• $100 – buy apples $3 and Trice $20
  – What did you spend? What is left? (2)
• Animal fluency (0-3) (<5, 5-9, 10-14, >14)
• Clock drawing (4) – numbers in place, time right
• Number reversals (2) – 48 – say 84...
• Shapes (2) – ID correct, which is largest
• Story recall (8) – recall of info from a story – 4s

SLUMS - rating

<table>
<thead>
<tr>
<th>High School Education</th>
<th>Less than High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 27-30 – Normal</td>
<td>• 25-30 – Normal</td>
</tr>
<tr>
<td>• 21-26 – MNCD (MCI)</td>
<td>• 20-24 – MNCD (MCI)</td>
</tr>
<tr>
<td>• 1-20 - Dementia</td>
<td>• 1-19 - Dementia</td>
</tr>
</tbody>
</table>

Dementia – What Changes?
• Structural changes – permanent
  – Cells are shrinking and dying
• Chemical changes - variable
  – Cells are producing and sending less chemicals
  – Can ‘shine’ when least expected – chemical rush
Dementia does not equal Alzheimer's does not equal memory problems

Four Truths About Dementia

• At least 2 parts of the brain are dying
  – One related to memory & the one other
• It is chronic – can’t be fixed
• It is progressive – it gets worse
• It is terminal – it will kill, eventually
Alzheimer’s – Two Forms

Young/Early Onset
Late Life Onset

Normal Brain
Alzheimers Brain

Positron Emission Tomography (PET)
Alzheimer’s Disease Progression vs. Normal Brains
Young Onset

• Groups – genetic, Down, head injury, life style, +
• Young family – kids often involved
• Mis-diagnosis & non-diagnosis is common
• Work may be first place to notice
• Relationships are strained early - misunderstood
• Services are a problem – usually
• Finances are problematic
• Executive decision making & sequencing DOWN

Alzheimer’s

• New info lost
• Recent memory worse
• Problems finding words
• Mis-speaks
• More impulsive or indecisive
• Gets lost
• Notice changes over 6 m – 1 yr
• Lasts 8-12 years

Typical treatment for Alzheimers

• Start with ACheI as soon as diagnosis is made
• If side-effects are too much – try another one
• Stay on the ACheI until --- 2 groups of thought
  — Placement in a ‘facility’
  — Considering other med stops – near end
• Add Namenda – mid-stage disease
• Stay on Namenda – as above
Normal Brain Cells

Neurotransmitter (AChE) being sent – message being communicated to the next cell

Once the message is sent, enzymes lock onto the messenger chemicals and take them out of circulation so a new message can be sent.

Brain Cells with Alzheimer’s

Enzymes (AChE inhibitors) – stop them BEFORE they deliver their message.
Alzheimer’s drugs provide FAKE messenger chemicals that distract the enzymes. They attach to the FAKE AChE & the message can get thru.

**What do Alzheimer’s drugs DO?**

Aricet, Exelon, Reminyl (Razadyne)

**One Other Dementia Drug**

- Memantine - Namenda
  - from Europe - 10 years of research
  - came 4.5 years ago to the US
  - different effect
  - moderates glutamate absorption
  - Works best in combination with AChE inhibitors

Can use it with AChE inhibitors... two actions

**Vascular Dementias**

Secondary
Old term – MID
Many variations
CADASIL - genetic
Vascular Dementia

- Sudden changes – stepwise progression
- Other conditions: DB, HTN, heart disease
- So, damage is related to blood supply/not primary brain disease: treatment can plateau
- Picture varies by person (blood/swelling/recovery)
- Can have bounce back & bad days
- Judgment and behavior ‘not the same’
- Spotty loss (memory, mobility)
- Emotional & energy shifts

Vascular dementia

CT Scan
The white spots indicate dead cell areas - mini-strokes
Latest Thinking About Vascular Treatment?

• Lots of similarity with Alzheimer’s
• Manage blood flow issues CAREFULLY!
• Watch for and manage depression

Lewy Body Dementia

• Movement problems - Falls
• Visual Hallucinations – animals, children, people
• Fine motor problems – hands & swallowing
• Episodes of rigidity & syncopy
• Nightmares or Insomnia
• Delusional thinking
• Fluctuations in abilities
• Drug responses can be extreme & strange
  — Can become toxic, can die, can become unable to move
  — Can have an OPPOSITE reactions

Latest Thinking about Lewy Body Treatment

• Try AChls – Start Low & Go Slow
• Then Try Namenda early – Start Low & Go Slow
• BE VERY careful about anti-psychotic meds – (not Haldol)
  — Balancing movement losses & aid to function – not working?
• Parkinson’s meds – may/may not help movement BUT
  may make hallucinations and delusions worse
• Anti-depressants – may be used to help anxiety, sleep, &
  depression – can increase confusion, movement &
  drowsing
• Sleep aids or Anti-anxiety meds – can cause paradoxical
  rxs
Fronto-Temporal Dementias

• Many types – Typically Younger Onset
• Frontal – impulse and behavior control loss (not memory issues)
  – Says unexpected, rude, mean, odd things to others
  – Dis-inhibited – food, drink, sex, emotions, actions
  – OCD type behaviors
  – Hyperorality
• Temporal – language loss
  – Can’t speak or get words out
  – Can’t understand what is said, sound fluent – nonsense words

FTDs

• FvFTD – frontal variant of FTD
• FTD – frontal-temporal lobe dementia
• TLD – non-fluent aphasia
• TLD – fluent aphasia
• CTE – chronic traumatic encephalopathy
<table>
<thead>
<tr>
<th>FvFTD</th>
<th>FTD (Pick’s Disease)</th>
</tr>
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<tbody>
<tr>
<td>• Mis-behavior</td>
<td><strong>Frontal Issues</strong></td>
</tr>
<tr>
<td>• Impulsivity</td>
<td>• Poor decision making</td>
</tr>
<tr>
<td>• Dis-inhibition</td>
<td>• Problems sequencing</td>
</tr>
<tr>
<td>• Inertia</td>
<td>• Reduced social skills</td>
</tr>
<tr>
<td>• Obsessive compulsive behaviors</td>
<td>• Lack of self-awareness</td>
</tr>
<tr>
<td>• Inattention</td>
<td>• Hyper-orality</td>
</tr>
<tr>
<td>• Lack of social awareness</td>
<td>• Ego-centric</td>
</tr>
<tr>
<td>• Lack of social sensitivity</td>
<td>• Dis-inhibited – food, drink, words, actions</td>
</tr>
<tr>
<td>• Lack of personal hygiene</td>
<td></td>
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<td></td>
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<tr>
<td>• Becomes sexually over-active or aggressive</td>
<td><strong>Temporal Issues</strong></td>
</tr>
<tr>
<td>• Becomes rigid in thinking</td>
<td>• Reduced attempts to talk</td>
</tr>
<tr>
<td>• Stereotypical behaviors</td>
<td>• Reduced content in speech</td>
</tr>
<tr>
<td>• Manipulative</td>
<td>• Poor volume control</td>
</tr>
<tr>
<td>• Hyper-orality</td>
<td>• Public use of ‘forbidden words’</td>
</tr>
<tr>
<td>• Language may be impulsive but unaffected OR may be reduced or repetitive</td>
<td>• Sing-song speech</td>
</tr>
<tr>
<td></td>
<td>• Can’t understand others’ words</td>
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</table>

| Temporal Lobe | |
| Non-Fluent Aphasia | **Temporal Issues** |
| | • Can’t NAME items |
| | • Hesitant speech |
| | • Not speaking |
| | • Worsening of speech production over time |
| | • Echolalia |
| | • Mis-speaking |
| | • Word salad |
| | • Receptive inability |
| | • Other skills intact – early |
| | • 25% never develop global dementia |
Temporal Lobe Fluent Aphasia

- Has smooth delivery
- More nonsense words
- Word salad
- May think they make sense
- Expect rhythm back
- Fixates on a few phrases
- Chit-chats if enjoying company

- Volume control varies – limited awareness of others’ needs
- There are frequently 1-2 ‘value words’ mixed in to speech
- Picks up on ‘value words’ they hear – they then connect & want to talk more

Chronic Traumatic Encephalopathy

- Caused by repeated head injuries or concussions – doesn’t happen to all
- Symptoms
  - Frontal lobe issues
  - Temporal lobe issues
  - Sometimes rapid progression into ‘Alzheimer’ patterns
  - Sometimes rapid progression into FTD patterns

Pick’s Disease

PET Scan
Latest Thinking About FTD Treatments

• Consider Namenda earlier
• Look at SSRI medications
• May use medications used to treat OCD
• May NOT use AChl Medications

What if it doesn’t seem to be one of these?

• Atypical or other dementias
• Mixed picture
**Other Dementias**

- Genetic syndromes – Huntington’s Chorea
- ETOH related – Wernickes or Korsakoffs
- Drugs/toxin exposure – heavy metals, pesticides
- White matter diseases - MS
- Mass effects – tumors & NPH
- Depression and Other Mental Conditions
- Infections – BBB cross – C-J, HIV/AIDS, Lyme
- Parkinson’s – 40% about 5-8 yrs in
- Progressive Supranuclear Palsy

**Alcohol-Drug Related Dementia**

*May be called - Wernicke’s & Korsakoffs syndrome*

- Possibly caused by neurotoxicity &/or Vitamin B1 & thiamine deficiency
- Common Symptoms
  - Decreased ability to learn ‘new’
  - Decreased interest in valued activities, people, life
  - Impaired judgment and decision making
  - Emotional lability or apathy
  - Problems with balance and coordination
  - Problems with social control and behaviors
  - Problems with initiation & termination

**Dual Diagnosis – Young Dementia**

- Underlying psychiatric illness
  - Diagnosed and treated
  - Undiagnosed but suspected
  - Undiagnosed and unrecognized
- Newer onset of symptoms of dementia
  - Diagnosed and treated
  - Undiagnosed but suspected
  - Undiagnosed and unrecognized
Mixed picture

• Can have multiples
• Can start with one and add another
• Can have some symptoms – not all
• Also can have other life-long issues and then develop dementia (Down’s, Mental illness, personality disturbances, substance abuse)

Latest Thinking About FTD Treatments

• Consider Namenda earlier
• Look at SSRI medications
• May use medications used to treat OCD
• May NOT use AChI Medications

So, You are NOTICING CHANGES...

What Should You DO?
Get it assessed –
Go see the doctor!
Why Bother Getting a Good/Complete Diagnosis

- Future plans
  - Progression & prognosis
  - Finances
  - Health
- Being in control
- Medications can make a difference in quality of life

So, You are NOTICING CHANGES...

What Should You DO?
- Get it assessed –
- Go see the doctor!

Building Caregiver Skills & Knowledge

- Understand dementia & its progression
- Know how symptoms affect behavior
- Describe needs connected to behavior
- Optimize interaction skills
Brain atrophy

- the brain actually shrinks
- cells wither then die
- abilities are lost
- with Alzheimer’s area of loss are fairly predictable
- … as is the progression
- BUT the experience is individual…

Learning & Memory Center
Hippocampus
BIG CHANGE
Memory Loss

Normal

- Losses
  - Immediate recall
  - Attention to selected info
  - Recent events
  - Relationships

- Preserved abilities
  - Long ago memories
  - Confabulation!
  - Emotional memories
  - Motor memories
Understanding

- Losses
  - Can’t interpret words
  - Misses some words
  - Gets off target
- Preserved abilities
  - Can get facial expression
  - Hears tone of voice
  - Can get some non-verbals
  - Learns how to cover

Sensory Changes

- Losses
  - Awareness of body and position
  - Ability to locate and express pain
  - Awareness of feeling in most of body
- Preserved Abilities
  - 4 areas can be sensitive
  - Any of these areas can be hypersensitive
  - Need for sensation can become extreme

Sensory Strip
Motor Strip
White Matter
Connections
BIG CHANGES

Automatic Speech
Rhythm – Music
Expletives
PRESERVED

Formal Speech &
Language Center
HUGE CHANGES
Self-Care Changes

- Losses
  - initiation & termination
  - tool manipulation
  - sequencing

- Preserved Abilities
  - motions and actions
  - the doing part
  - cued activity

Language

- Losses
  - Can’t find the right words
  - Word Salad
  - Vague language
  - Single phrases
  - Sounds & vocalizing
  - Can’t make needs known

- Preserved abilities
  - singing
  - automatic speech
  - Swearing/sex words/ forbidden words

Executive Control Center
Emotions
Behavior
Judgment
Reasoning
**Impulse & Emotional Control**

**Losses**
- becomes labile & extreme
- think it - say it
- want it - do it
- see it - use it

**Preserved**
- desire to be respected
- desire to be in control
- regret after action

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**Vision Center – BIG CHANGES**

**Vision**

- Losses
  - Edges of vision – peripheral field
  - Depth perception
  - Object recognition linked to purpose
  - SLOWER to process – scanning & shifting focus
- Preserved
  - “see” things in middle field
  - Looking at... curious
What Should Happen When Going to See the Doctor?

If you are concerned but <65
- Screening of your thinking
- Simple ones
  - Animal fluency
  - Orientation & 3 item recall
  - Clock drawing
- Short but helpful
  - MMSE
  - SLUMS
- Open discussion about who, what when, where, why?

If you are >65
- Screening of your thinking
- Simple ones
  - Animal fluency
  - Orientation & 3 item recall
  - Clock drawing
- Short but helpful
  - MMSE
  - SLUMS
- Open discussion about who, what when, where, why?

If the Screen Indicates Concerns…
- R/O other 2 D’s, Look at Meds
- Complete work-up & follow up
  OR
- Send for a full Neuro-psychological eval
  THEN follow up with you
  OR
- Refer to a specialist

Try to get a Work-Up – A Diagnosis
- Two possible situations…
  - Aware and cooperative
  - Not aware and NOT interested or willing
Getting a Diagnosis

What Should Happen?
What Should NOT?

What Should be DONE…

- A complete physical, medical, & psychological history
- A good history from the person and the family of the ‘problem’
- A thorough PE neurological & cardiac exams with blood work
- A complete medication review
- Imaging study (CT, MRI, PET)
- Neuropsychological testing – what works and what doesn’t
- FOLLOW-UP and counseling or at least a referral

What Should We Do If We Suspect Something Might Be Happening?

- Be supportive
- Be an ADVOCATE
- Work Out Health Care Support – HC-PoA
- Check with Your Doctor – Raise Your Concern
- Consider a Neuropsychological Assessment
- Consider Seeing a Specialist – geriatrician, neurologist, gero-psychiatrist
When Should You Consider getting a Second Opinion?

- When what we talked about didn’t happen
- When you feel un-listened to about concerns
- When you are not offered options that seem reasonable
- When you think or feel that the MD is not skilled enough to do a good job of managing this
- When it is an atypical dementia

Intervention & Programming to:

- physical activity
- mental activity
- social activity
- spiritual involvement
- well-being and self-worth
- minimize ‘risky’, challenging, or ‘dangerous behaviors
- reduce anxiety or distress

Latest Thinking About Risk Reduction...

Help...

- Mental activity
- Aerobic activity
- Enough vitamins E & C
- Heart Smart Diet
- Omega 3 fatty acids
- Lower weight
- Not smoking
- Avoiding head injuries
- Getting enough sleep
- De-stressing

Help...

- Statins (if needed)
- NSAIDS (if needed)
- Keeping iron in limits
- Keeping homocysteine ‘right’ – Vitamin B’s
- Staying socially active
- Getting depression treated
- Control diabetes better
- Control hypertension better
Family and Caregivers...
- Take care of yourself
- Understand the symptoms & progression
- Skills in support & caregiving
- Skills in communication & interactions
- Understand the condition
- Identify & use resources
- Set limits for yourself

Support Groups for -
- people with various types of dementia
- caregivers – by dementia type
- family members – by dementia type
- those recovering from the loss of the person they have cared for

Community Resource Development
- Programs
- Volunteers
- Funding
- Options
So... What is Dementia?

- It changes everything over time
- It is NOT something the person can control
- It is NOT always the same for every person
- It is NOT a mental illness
- It is real
- It is hard at times

Dementia can be treated

- With knowledge
- With skill building
- With commitment
- With flexibility
- With practice
- With support
- With compassion

How to Get Started...

- Be Honest ...
- What is Going on NOW?
- Get someone to help you look at it
- Talk about ‘what is’ ...
  - The GOOD
  - The BAD
  - The UGLY!
Different Dementias

Does It Matter?
What Do You Think?