

Dementia Diagnosis

- As we navigate through the history, investigations, diagnosis and treatment of a patient with memory disturbances, we would find that a crucial point in this journey is communicating the message to the patient/caregiver, and initiating a care plan with them.

Who is a Dementia Caregiver

- A person who takes of responsibility for the person with dementia or take decisions
 - Some degree of share in task
 - Providing or managing dementia care
 - Actions affect the Quality of Life of the person with dementia
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- Partner / spouse/ Adult child/ Parent/ Other relative (e.g. sibling)/ Friend
 - Anyone who provides care or support
(e.g. shopping, personal care, medical management, etc.)

Dementia management requires:

- Basic information on dementia and what it means to an individual patient
- Skill training: to maintain independence in early stages, to manage difficult behaviours, to provide advanced care as illness progresses.
- Recognition of, and support to mitigate the caregiver distress
- Referrals to accessible and affordable resources for enhancing care.

Dementia Management: alerts

- Dementia care could lead to periodic crisis, that requires ongoing support and intervention
- Being alert to the caregiver involvement/ distress throughout, being sensitive to signs of depression, anxiety and burden, early screening for distress in carers

Scenario 1

- Mrs U is 56 years old housewife from rural background. She has always been known for her excellent cooking skills and ability to manage household, no matter what. Of late, family members have noted that she takes a lot of time in making tea, she is not able to complete the cooking, she had also left the stove burning a few times, along with general confusion and slowness. You evaluate and diagnose cognitive impairment. What will be your advice:
 - Ensure that the patient does not enter the kitchen
 - Keep the patient in a different room, send her meals to her room
 - Family members to keep telling the patient to continue trying
 - Engage the patient in cooking with supervision, graded assistance for cooking

Dementia Management: Cognitive Stimulation Therapy

- An evidence based and cost-effective intervention for people with mild to moderate dementia
 - Offers a range of enjoyable activities providing general stimulation for thinking, concentration and memory usually in a social setting
 - Culture and environment specific
1. Physical games
 2. Sound
 3. Childhood
 4. Food
 5. Current affairs
 6. Faces / scenes
 7. Word association
 8. Being creative
 9. Categorising objects
 10. Orientation
 11. Using money
 12. Number games
 13. Word games
 14. Team quiz

In practice,

- Materials such as old movies, or TV programmes, family albums and household items to stimulate memories, and to enable people to share and value their experiences.
- Use hobbies, social engagement, music, games to stimulate the brain

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 - Engage the patient in cooking with supervision, graded assistance for cooking on a daily basis, depending on her specific deficits, to suggest tasks for her to do (eg: Sorting vegetables)

Scenario 2

- Mr S is 54 years from rural background, has his own shop in the village, where he does good business. Of late, his wife noticed that he has difficulty in giving change and filling orders. He continues to work and manage the shop, but the family has been receiving complaints from the customers. You evaluate him and confirm early stage of dementia. What will be your advice regarding the job:
 - Handover/sell the shop
 - Family manages the shop, keep Mr S at home, and not allow him to conduct any business
 - Mr S continues to manage the shop with adequate supervision and support from a trusted assistant
 - Send Mr S to relative's house for a change of scene

Management: Functional Rehabilitation

Aim: Maintain Independence in daily chores/roles to the extent possible.

Graded activities: Divide an activity to small and simple steps which can be easily done

- Environmental Modifications: Make modifications to reduce excess disabilities and maximize independence of the person with dementia
- Assistive devices: Use of devices which will make it easier for the person to perform his daily activities
- Cueing: Providing orientation clues

Functional Interventions

The principles :

- Ability focused
- Within meaningful context
- Gradability of activities
- Long term vs. short term benefits
- Ability to carry over the gains by the lay person

The areas :

- Instrumental Activities of daily living
- Basic Activities of Daily Livings
- Mobility
- Communication
- Cognition

Scenario 3

- Mr Y is 62 year old farmer from rural background, who stays with his wife, son and daughter in law. He presents with forgetfulness, increased confusion, not being able to recognise known people and Behaviour problems in the form of increased anger outbursts and restlessness. Family complaints that he is aggressive, especially when meeting people, and irritable. What will be your advise regarding the management:
 - Avoid social situations and meeting people
 - Ask the patient to keep trying to remember the names of people he meets
 - Try to tell him/ reason with him when he is irritable
 - Look for what triggers anger: encourage people to calmly introduce themselves by name each time they meet him

Managing difficult behaviors

- Look for specific health issues such as pain, infection etc and treat/ refer to specialist
- Look for specific triggers for behavioural problems e.g.; shopping, strange place that precede or trigger. Modify them as much as possible
- Consider environmental adaptations such as safe seating, fall management, signs.
- Not to argue or to reason with difficult behaviour, rather encourage soothing, calming, distractive strategies when person is agitated

Scenario 4

- Mr F is 68 years old and retired 8 years ago from his job as a postman. The couple live by themselves. Mr F's wife looks after him, as he is unable to remember basic things such as whether he has had his meals or taken a bath since last five years, and has been diagnosed with dementia. Mrs F, 63 years of age, has asthma attacks or which she frequently visits the PHC. Of late she reports frequent headaches, lack of sleep and appetite and more frequent attacks of Asthma. What will be your approach in this situation:
 - Every time Mrs F comes in for consultation, treat and send
 - Ask Mrs F to bring her husband to meet you
 - Explore the caregiver stress and support adequately
 - Tell her it is to be expected and she has to manage

Dementia Management: Caregiver Stress

- Caregiver-focused health care – to be sensitive to a carer's psychological and practical needs in care giving
- Assistance with problem solving, ABCs in behavior management

Scenario 5

- Mr B is a 75 years old retired village school teacher who lives in their ancestral home with his 70 year old wife. The couple stays alone, and have been managing their health issues reasonably well on their own. For the last years, Mr B has progressive forgetfulness, and decreased ability to do his daily activities. Mrs B has been managing the daily chores. After an episode being 'lost', they come to you with the above complaints. You find that there are significant inability to carry out daily activities and he needs help. What will be your advice:
 - Ensure that the patient is kept in his room and not allowed to go out.
 - Explore the support available for the wife to care for the patient, make changes at home
 - Suggest a nursing home placement

Advanced care in dementia

- When the disease progresses, the patients require advanced care.
- Very often, care for a patient with advanced dementia will involve palliation and advice with regard to prevention of bedsores, swallowing difficulties, pain management, advice for incontinence in advanced stages and so on as needed.

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 - Explore the support available for the wife to care for the patient, make changes at homeNecessary environmental – physical and interpersonal – adaptations and care as the disease advances

Conclusion

- Family needs support in ensuring care for the patient with Dementia, often involves a team
- Identification of resources available and appropriate referral is essential
- Compassionate communication is the bottom-line throughout the physician-family interaction.