Hammond Care
An independent Christian charity
What is Dementia?  
The Experience of Dementia  

Monday 28th November, 1:30 – 3:00pm  
Angela Raguz – General Manager, Residential Care
HammondCare

- Independent, Christian Charity formed in 1932
- Today, specialising in community and residential services for people with dementia and palliative care, rehabilitation and older persons’ mental health
- Specialising in dementia care since the 1990s
- The Dementia Centre: independent, best practice advice and are part of aged-care experts HammondCare’s commitment to promoting excellence in dementia care and related areas.
- HammondCare cares for 2770 clients and residents and employs 2775 staff.
- Philosophy driven model of residential care
Presentation Overview

- What is dementia?
- Prevalence of Dementia; Australia and Singapore
- Myths about dementia
- Differentiating between dementia, depression and delirium
- The Experience of living with dementia
What is dementia?

• Dementia is a word that describes a collection of symptoms or signs (called a syndrome) of a large group of diseases that damage the brain and its function over time.

• The symptoms of dementia can be caused by one disease or a mixture of diseases.

• Most diseases that cause dementia can’t be cured.
Alzheimer’s vs Dementia

Dementia

- Alzheimer’s disease
- Lewy Body Disease
- Vascular dementia
- Fronto-temporal dementia

Memory loss, personality change, problems thinking, problems problem solving

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Dementia: Common changes

- memory
- attention
- language
- emotions
- planning & organising
- physical abilities
- insight & reality
- behaviour

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The brain of a person with Alzheimer’s type dementia suffers significant loss of brain cells.
Brain changes

healthy brain

advanced alzheimer's

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Can you see the difference?

A brain without the disease

A brain with advanced Alzheimer’s disease

How the two brains compare in size
Shrinking ventricles in Alzheimer’s disease

Normal brain section

Brain section damaged by Alzheimer’s disease

Slides courtesy of Duke University Medical Centre, Durham, North Carolina

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Impact of brain damage

Frontal Lobe
Planning, insight, learning, interpretation, behaviour

Parietal Lobe
Patterns e.g. language, arithmetic, everyday tasks

Temporal lobe
Memory

Limbic region
Sleep, appetite, emotions

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Progression of dementia

- The symptoms of dementia become worse over time
- How quickly it gets worse varies from person to person
- Abilities tend to fluctuate from day to day…like a faulty light switch
- Some parts of the brain might be unaffected for many years…what can the person still do and still enjoy?
- Older people with dementia commonly have multiple health problems
How is dementia diagnosed?

• A proper diagnosis is very important
• A screening process to rule out other causes:
  • Review of changes over time
  • Medical history
  • Physical check-up
  • Cognitive tests e.g. Mini mental exam
• Hard to pinpoint when it starts (gradual onset; denial)
Dementia Statistics

- Estimated 36 million people worldwide with dementia
- Two thirds in developing countries
- Increase to more than 115 million people by 2050
- Most of this increase will be in rapidly developing and populated regions e.g. China, India and Latin America.
- Dementia is not a natural part of ageing. After the age of 65, however, the likelihood of being diagnosed with dementia doubles every five years.
- People over the age of 85 years currently have a one in four chance of developing dementia.

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Dementia Prevalence in Australia

• An estimated 269,000 people in Australia have dementia. As Australia's population ages, more people will be affected by dementia.  

Alzheimer’s Australia 2011

• Projected that 981,000 people in Australia will have dementia by 2050 (2.8% of population)

• It is one of the fastest growing sources of major disease burden, and the third leading cause of death, after heart disease and stroke.
Projected Dementia Prevalence in Australia

Access Economics (2009)
© 2011 HammondCare
Living with Dementia in Australia

- The range and quality of care and support available to older people increasing
- Care needs of Australians are increasing
- Equity of access to services across the nation; Government and user contribution
- Increased levels of support are enabling people to stay in their homes longer, decreased demand for residential services
- Average age for older people entering residential care has risen with more complex health care needs
- Workforce shortages
- Complex, overlapping and costly regulations
Dementia Prevalence in Singapore

• 20,000 people in Singapore aged 60 and above are living with Dementia (approx 6% of population)

• Projected that 53,000 people in Singapore aged 60 and above living with Dementia by 2020

• “In 2000, Singapore became an aging society and, since last year, the speed of aging is projected to exceed countries like South Korea and the United Kingdom, which have seen a rapid advance in age. The World Health Organization defines an aged society as one where 14%, or more, of the population is aged 65 years and above. In less than five years, Singapore is forecast to become an aged society.”


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Projected Dementia Prevalence in Singapore

<table>
<thead>
<tr>
<th>Year</th>
<th>2005</th>
<th>2010</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
<th>2035</th>
<th>2040</th>
<th>2045</th>
<th>2050</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence (000s)</td>
<td>22</td>
<td>30</td>
<td>40</td>
<td>53</td>
<td>69</td>
<td>92</td>
<td>119</td>
<td>146</td>
<td>171</td>
<td>187</td>
</tr>
</tbody>
</table>
Observations of Living with Dementia in Singapore

- The vast majority of older people with dementia in Singapore are cared for at home
- Most carers are middle aged daughters or domestic maids

Education Needs:
- Identifying the symptoms of dementia
- Caring for the person with dementia
- Managing behaviors of concern at home
- End of life care for people with dementia at home

Services Needs:
- More community service models (respite and day services)
- Greater access to health professionals to discuss supporting the person with dementia

Barriers to Seeking Services for people with dementia:
- Availability of domestic support/maid at home
- Carers do not enquire for information regarding services
- Financial implications
What causes dementia?

- Alzheimer’s disease – approximately 70%
- Vascular dementia – approximately 20%
- Other diseases – approximately 10%

There are over 60 more other causes of dementia.

To date no medical cure or preventative for Alzheimer’s Disease.

- It is very common for the symptoms of dementia to be caused by mixtures of diseases that affect the brain.
Other diseases?

Other diseases – approximately 10%

1. Binswanger disease
2. Dementia with Lewy Bodies (DWLB)
3. Alcohol related dementia e.g. Korsakoff’s / Wenicke syndrome
4. Fronto Temporal Lobar degeneration e.g. FTD, Progressive non-fluent Aphasia (PA), Semantic Dementia (SD) Pick’s disease
5. AIDS related dementia
6. Down’s syndrome and Alzheimer’s
7. Parkinson’s disease
8. Huntington’s disease
9. Creutzfelt-Jacob disease
Dementia can also occur in younger people

‘Younger Onset Dementia’ (YOD) refers to people aged under 65 who are living with dementia

In Australia 15,000 people (estimated) projected to rise more than 19,000 by the year 2020.

(Access Economics 2009)

70% of younger people with dementia have diagnosis other than Alzheimer's (eg, fronto temporal, vascular, alcohol-related) as opposed to 30% of older people with dementia
Myths about dementia

“All people with dementia are the same and should be treated like children”

• People with dementia are **NOT** children!
• People with dementia have lived long and valued lives, full of rich experiences and achievements, learning and wisdom.

“People with dementia don’t know what they like or need”

• People with dementia **DO** know what they want and need!
• Believing this myth will cause you to take over from the person, removing their right to make choices for themselves.
Impact of myths about dementia

• There are many other myths about dementia. Don’t let your actions or attitude perpetuate these or create a new myth.

• The care we provide for each person should evolve from their needs, not from our preferred organisational routines.
Depression is intense or prolonged feelings of unhappiness.

Elderly people are particularly prone to depression because of a range of life events, including physical illness, isolation, chronic pain, bereavement and loss – such as a move from ‘home’ to residential aged care.
Some signs of depression may include:

- Feeling sad or unhappy
- Anxiety (or agitation)
- Loss of energy and enthusiasm
- Concentration difficulties
- Feeling worthless or hopeless
- Losing interest in activities or people
- Loss of appetite, weight loss
- Lapses in personal hygiene
- Suicidal thoughts.
Atypical depression in the elderly

- In the elderly depression may present differently:
- Hypochondria, pain syndromes, altered cognitive function, delusions, or even severe agitation may indicate the person is depressed
- Research has shown advanced age increases suicide risk, especially in males
Depression can be mistaken for physical illness

- A recent American study suggests that depression in the elderly may be overlooked because the physical symptoms are thought to be age-related.
- Sleep problems and reduced energy levels are a good indication of depression in the elderly.
- Use the Cornell Scale for depression in Dementia or other validated depression assessment tool to better identify and assess.
Delirium

- Is a ‘sudden’ state of severe confusion, often with hallucinations and physical agitation.
- It is frequently mistaken for dementia
- Delirium has a cause – and will not improve until the cause is treated.
- People with existing brain damage such as dementia are at increased risk of delirium
- Delirium is treatable
Delirium- symptoms include

- inability to concentrate
- disorganised thinking, evidenced by rambling, irrelevant, or incoherent speech.
- there may be a reduced level of consciousness
- sensory misperceptions and illusions
- disturbances of sleep, drowsiness
- disorientation to time, place, or person, and problems with memory.

Sources: medicine.net.com
Caregiving Strategies for Older Adults with Delirium, Dementia and Depression
Registered Nurses Association of Ontario 2004
Possible Causes of Delirium

- Infection or pain (underlying medical condition)
- Hip fracture/other fractures/surgery
- Sensory deprivation
- Sleep deprivation
- Drug side effects or interactions
- Bowel and bladder problems
- New illness or changes in a chronic illness, including depression
- Electrolyte imbalance or hypoxia
- Changes in the environment – including moving from home to a residential aged care facility.
Delirium

- People with existing brain damage (such as Dementia), the very young and the very old, are most likely to experience delirium.
- Delirium is usually treatable and needs prompt medical attention.
# Comparison of Dementia, Delirium & Depression

<table>
<thead>
<tr>
<th>FEATURE</th>
<th>DELIRIUM</th>
<th>DEMENTIA</th>
<th>DEPRESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONSET</td>
<td>Sudden over days or weeks</td>
<td>Usually gradual</td>
<td>Often abrupt, coinciding with life changes</td>
</tr>
<tr>
<td>COURSE</td>
<td>Fluctuates, worse at night, duration = hours to a month once cause is resolved</td>
<td>Stable or progressive over months or years</td>
<td>Worse in the morning, fluctuates, but less than delirium. Can last at least several weeks to years</td>
</tr>
<tr>
<td>AWARENESS</td>
<td>Reduced</td>
<td>Usually normal</td>
<td>Usually normal</td>
</tr>
<tr>
<td>ALERTNESS</td>
<td>Fluctuates; lethargic or hyper vigilant</td>
<td>Usually normal</td>
<td>Normal</td>
</tr>
</tbody>
</table>
# The Experience of Dementia

## Abilities and deficits

<table>
<thead>
<tr>
<th>Brain Function</th>
<th>Alzheimer’s disease</th>
<th>Frontal lobe dementia</th>
<th>Vascular dementia</th>
<th>Dementia with Lewy bodies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Word Understanding</td>
<td>Mild- mod</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Memory</td>
<td>Severe</td>
<td>Variable</td>
<td>Variable</td>
<td>Variable</td>
</tr>
<tr>
<td>Spatial relations</td>
<td>Moderate</td>
<td>n/a</td>
<td>n/a</td>
<td>Mild – mod</td>
</tr>
<tr>
<td>Numbers</td>
<td>Variable</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Vision</td>
<td>Variable</td>
<td>n/a</td>
<td>n/a</td>
<td>Mild – severe</td>
</tr>
<tr>
<td>Problem solving</td>
<td>Mild – mod</td>
<td>Mod- severe</td>
<td>Mild – severe</td>
<td>Mild – severe</td>
</tr>
<tr>
<td>Behaviour control</td>
<td>Variable</td>
<td>Mild – severe</td>
<td>Variable</td>
<td>Variable</td>
</tr>
<tr>
<td>Movement &amp; coordination</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>Mod – severe</td>
</tr>
</tbody>
</table>

Reference: Frontier, Cognitive disorders Clinic Prince of Wales Hospital

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The Experience of Dementia

Progression of dementia

• The symptoms of dementia become worse over time
• How quickly it gets worse varies
• Abilities tend to fluctuate from day to day
• **Some parts of the brain might be unaffected** for many years
• Older people with dementia commonly have multiple health problems
The Experience of Dementia

What is the experience for the person with dementia, and their carer?

“The Long Goodbye”
The Experience of Dementia: Younger People with Dementia

What makes this group different?

- Stigma and Awareness
- Diagnosis more difficult
- Genetic factors – Familial AD
- Faster decline
- Higher care partner stress
- Isolation among care partners
- Life stage issues
  - Employment, financial, legal, physical health, genetics, children, care partners support, older parents
- Don’t fit ‘aged care service’ model for respite and residential care
The Experience of Dementia: Younger People with Dementia

Who is affected?

1. Impact on the carer
2. Impact on children
3. Impact on parent of the person with dementia
4. Impact on staff
Summary

- Dementia is a word that describes a collection of symptoms or signs (called a syndrome) of a large group of diseases that damage the brain and its function over time.
- The prevalence is projected to grow over time and therefore need to be prepared to respond accordingly.
- There needs to be a clear differentiation between the diagnosis of Dementia; Depression and Delirium.
- The Experience of Dementia; it is a difficult journey for the person living with dementia, family and carers.

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Questions?
References

- From *Profiling The Dementia Family Carer In Singapore*: Alzheimer’s Disease Association of Singapore (Latest reference 2009)
- *Caring for Older Australians* Productivity Commission Report
Our mission
Our passion is improving quality of life for people in need.