

Enhancing Dementia Care with Person-Centered Therapies



Session Notes

Introduction:

The average AD patient will live with the disease for seven to nine years, that's 10% of their life.

There are six elements to a well rounded care program:

- Medical Care
- Legal Care
- Financial Care
- Physical Care
- Mental and Emotional Care
- and, for some, Spiritual Care

Have we replaced safety for care in our planning?

The challenge is that there is not a "one size fits all" solution

A Mystery:

The symptoms of dementia present several mysteries

There is a disconnect between symptoms and pathology of Alzheimer' and other dementias

Cognitive Reserves (hypothesized by Dr. Yaakov Stern, Columbia University, NY)

- Why is it that some people with dementia decline more rapidly? Cognitive reserves
- Why is it that 20% of healthy appearing individuals show AD pathology?
- Dr. Stern postulates that you can reduce the appearance of symptoms of AD by 35% – 40% through cognitive stimulation and leading an active lifestyle

Isolation

- The psychological symptoms of prolonged solitary confinement and AD are similar:
 - Exacerbate pre-existing mental conditions
 - Increase depression
 - Perceptual distortions, Illusions & Hallucinations
 - Hyper-responsivity to external stimuli
 - Panic Attacks
 - Difficulties with thinking, concentration & memory
 - Intrusive obsessive thoughts
 - Overt paranoia
 - Problems with impulse control

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Depression instead of Dementia

- The symptoms of depression and mild AD are shared
 - Social withdrawal
 - Memory problems
 - Sleeping too much or too little
 - Impaired concentration
 - Loss of interest in once-enjoyable activities
- We may be missing a correct diagnosis

Depression with Dementia

- Occurs 40% of the time, if not more
- Depressive Signs are lessened, but the condition is still present
- AD progresses faster with depression present (symptoms and pathology more severe)
- UCLA study showed that for every 1 pt increase on depression score probability of developing AD increased 3%

A New Care Plan:

Dr. Dawn Brooker proposes a VIPS model

- **V**alue the person
- **I**ndividualize the treatment & interaction
- appreciate the **P**erspective of the person
- provide **S**ocial experiences that promote well-being

The Seattle Longitudinal Study has shown a lack of social interaction accounts for 40% of age related decline.

Anxiety Counseling -- Animal models show that increased anxiety increased neuronal mortality and decreased neurogenesis. The exact opposite of what we want in the face of dementia.

Research published in the December 2006 issue of Neurology showed that family caregiver counseling slows the need for placement in skilled facility by more than 18 months.

Cognitive Training

- Dr. Aimee Spector of University College London concluded that it was as good or better than drug interventions.
- Dr. Elkhonon Goldberg, of the New York University School of Medicine, states that "Rigorous and targeted cognitive training...can help improve memory, attention, confidence and competence, reasoning skills, and even...reduce anxiety."

Closing Thoughts:

Caring for Alzheimer's or other types of dementia requires a comprehensive, and well-rounded approach. Providing a single mode of care is like training for an Iron-Man competition by only doing push-ups.

We need to be resourceful in our care plan, or perhaps it's better to say, "we need to be resource full."