



The Caregiver Resource Center



Concierge Case Management & Advocacy

The Many Faces Of Dementia

Some loss of mental ability is normal with age; but dementia is not a normal part of aging.

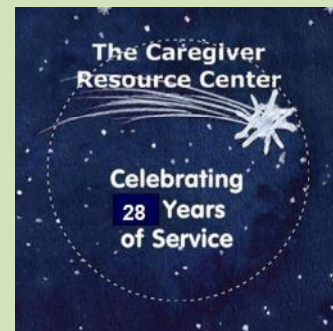
DEMENTIA

Dementia is a chronic or progressive syndrome that is marked by a collection of symptoms that include decreased intellectual functioning that interferes with normal life functions. The term dementia is usually used to describe people who have two or more major life functions impaired or lost such as:

- Memory
- Language
- Perception
- Judgment or reasoning
- Loss of emotional and behavioral control
- Personality changes
- Reduced or lost problem solving abilities

Some loss of mental ability is normal with age; but dementia is **not** a normal part of aging.

August 2019



Don't Become a Statistic

Are you one of the 78% of Americans who are unprepared should a medical emergency strike?

According to the File of Life.org

- 116 million Americans are involved in an accident each year
- 50% of people suffer with chronic illnesses such as high blood pressure, diabetes or asthma
- 58% of all 911 calls involve a senior

JUST THE FACTS

- 1 in 3 seniors die each year with Alzheimer's Disease or another form of dementia
- As of 2015, there were an estimated 46.8 million people with dementia worldwide. An increase of 2.4 million people within the past two years.
- A new case of dementia is diagnosed every 4 seconds.
- The number of people diagnosed with dementia is expected to double every 20 years, reaching 75.6 million in 2030, and 135.5 million by the year 2050.
- Early diagnosis improves the quality of life of people with dementia and their families

THE MANY TYPES OF DEMENTIA



Although Alzheimer's disease is the most common type of dementia, there are a number of other types of dementia.

Each type of dementia is known to have a different cause, while affecting people in different ways.

Alzheimer's disease is reported to be the most common dementia for people over age 65, and accounts for 60% - 80% of dementia cases.

An estimated 5.2 million Americans have Alzheimer's disease in 2014, including 200,000 people under age 65 who have younger-onset Alzheimer's

Vascular dementia is usually caused by brain damage from a cerebrovascular accident or cerebrovascular insult (stroke), and is the second most common dementia type.

The Caregiver Resource Center

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[Successful Aging Brochure](#)

Benefits of Our Services

- Well respected company serving the community since 1990
- All services are individually designed to meet your unique needs
- We are available 7 days a week by appointment and 24/7 for emergencies
- Professional support & guidance
- Our services are provided on-site in the home, ER, hospital, short term rehab, assisted living, and nursing home

Lewy body dementia is another common and progressive dementia where cells in the brain's cortex die and other areas contain abnormal structures called Lewy bodies. Symptoms may include hallucinations, shuffling gait, and flexed posture. These symptoms may vary daily.

Frontotemporal dementia is associated with the degeneration of nerve cells in the frontal and temporal brain lobes.

Parkinson's Disease related dementia is known to be associated with and may in fact lead to dementia.

Statistics show that as many as 65% of people diagnosed with Parkinson's Disease may go on to develop dementia symptoms. An example of this is the overlap of the symptoms of Parkinson's Disease and Lewy Body Dementia.

HIV-associated dementia is due to infection of the brain with HIV virus; presenting with symptoms such as impaired memory, apathy, social withdrawal, and concentration problems.

Huntington's disease is a heredity disorder caused by a faulty gene symptoms beginning in 30-40 year old people. This is marked by personality changes such as anxiety, depression and progress to show psychotic behavior, severe dementia and chorea (involuntary jerky, arrhythmic movements of the body).

Boxer's syndrome is the result of a traumatic injury (often repeatedly) to the brain. Symptoms commonly are dementia and parkinsonism (tremors, gait abnormalities) and other changes depending on where in the brain the injury took place.

Creutzfeldt-Jakob disease is a rare disease for people over 60 years of age, which seems related to a gene mutation that causes a rapid degenerative and fatal brain disease. This is marked by personality changes and reduced coordination, rapidly followed by impaired judgment and vision.

Menu of Our Services *

- Advocacy
- Home Safety Audit
- Emergency Medical Advocacy while in the ER and hospital
- Screening, arranging for and monitoring Care Services
- Crisis Management
- Family Support & Counseling
- Insurance Claims Research & Assistance
- Research of Community Resources
- Referrals to Specialists (e.g. medical, legal, or financial professionals)
- Family Discussions and Issue Mediation
- Transitioning to an alternative living option (e.g. home to assisted living)

* Fee for service

Connect With Us



Read Our
BLOG

Secondary dementias occur in patients with movement disorders such as Parkinson's Disease or Multiple Sclerosis.

Other Conditions that May Cause Dementia include reactions to medications, endocrine and metabolic problems (e.g. Thyroid, Diabetes), nutritional deficiencies (e.g. Vitamin B1), infections (e.g. Urinary Tract Infection), subdural hematomas, poisoning, brain tumors, anoxia (lack of oxygen), as well as heart and lung problems which restrict oxygen to the brain.

Mild Cognitive Impairment is a new term that is used to describe people who have some problems with their memory, but do not currently meet the criteria to be diagnosed with dementia.

Pseudodementia is a syndrome seen in older people where a person who is suffering with depression can also experience cognitive impairment that looks like dementia. It is important to keep in mind that alcohol and other substance abuse or dependence may co-exist with depression.

SYMPTOMS OF DEMENTIA

Early symptoms of dementia may include:

- Difficulty performing tasks that once came easily (e.g. balancing a checkbook, playing games, learning new information)
- Getting lost in familiar places
- Language problems (e.g. difficulty with word finding such as naming a familiar object)
- Losing interest in previously enjoyed activities
- Misplacing items
- Personality changes
- Changes in a person's level of social functioning

As the dementia worsens, symptoms will become more obvious and will begin to interfere with daily living, such as:

- Changes in sleep patterns (e.g. waking during the night)
- Forgetting details about current events, or forgetting events in one's own life history
- Having difficulty with basic tasks (e.g. selecting appropriate attire, driving)
- Experiencing hallucinations, increased arguments, or being more aggressive
- Having more difficulty reading or writing
- Using poor judgment or losing the ability to recognize danger
- Using the wrong word, not pronouncing words correctly, or speaking in confusing sentences
- Withdrawing from friends and social contacts

THE 7 STAGES OF DEMENTIA

Dr. Barry Reisberg developed "The Global Deterioration Scale for Assessment of Primary Degenerative Dementia". This scale is composed of seven unique dementia stages.

STAGES 1 – 3 CLASSIFIED AS THE PRE-DEMENTIA STAGES

STAGE 1 - No Cognitive Decline

In this stage, the person functions normally, has no memory loss, and is mentally healthy. People with NO dementia would be considered to be in Stage 1.

STAGE 2 – Very Mild Cognitive Decline

This stage is used to describe normal forgetfulness associated with aging; for example, forgetfulness of names and where familiar objects were left. Symptoms are not evident to loved ones or the physician.

STAGE 3 - Mild Cognitive Decline

This stage includes increased forgetfulness, slight difficulty concentrating, decreased work performance. People may get lost more often or have difficulty finding the right words. At this stage, a person's loved ones will begin to notice a cognitive decline. Average duration: 7 years before onset of dementia

STAGE 4 - Moderate Cognitive Decline

This stage includes difficulty concentrating, decreased memory of recent events, and difficulties managing finances or traveling alone to new locations. People have trouble completing complex tasks efficiently or accurately and may be in denial about their symptoms. They may also start withdrawing from family or friends, because socialization becomes difficult. At this stage, a physician can detect clear cognitive problems during a patient interview and exam. Average duration: 2 years

STAGE 5 - Moderately Severe Cognitive Decline

People in this stage have major memory deficiencies and need some assistance to complete their daily activities (dressing, bathing, preparing meals). Memory loss is more prominent and may include major relevant aspects of current lives; for example, people may not remember their address or phone number and may not know the time or day or where they are. Average duration: 1.5 years

Please note: Beginning in stage 5, an individual can no longer function without assistance.

STAGE 6 – Severe Cognitive Decline (Middle Dementia)

People in Stage 6 require extensive assistance to carry out daily activities. They start to forget names of close family members and have little memory of recent events. Many people can remember only some details of earlier life. They also have difficulty counting down from 10 and finishing tasks. Incontinence (loss of bladder or bowel control) is a problem in this stage. Ability to speak declines. Personality changes, such as delusions (believing something to be true that is not), compulsions (repeating a simple behavior, such as cleaning), or anxiety and agitation may occur. Average duration: 2.5 years

STAGE 7 - Very Severe Cognitive Decline (Late Dementia)

People in this stage have essentially no ability to speak or communicate. They require assistance with most activities (e.g., using the toilet, eating). They often lose psychomotor skills, for example, the ability to walk.
Average duration: 2.5 years

Source: Reisberg, B., Ferris, S.H., de Leon, M.J., and Crook, T. The global deterioration scale for assessment of primary degenerative dementia. American Journal of Psychiatry, 1982, 139: 1136-1139.

RESOURCES

Remember that help is just a phone call away!

Alzheimer's Association – 24 hour helpline
800-272-3900

Area Agency on Aging (Southwestern CT)
203-333-9288

Assisted Living Deration of America
703-894-1805

CDC – Centers for Disease Control
800-232-4636

CT Department of Social Services
800-842-2159

Elder Abuse Reporting (CT)
888-385-4225

Elder Abuse Reporting (NY)
800-342-3009

Eldercare Locator (National)
800-677-1116

Federal Information Center

800-FED-INFO

National Adult Day Care Association

877-745-1440

National Association of Homecare & Hospice

202-547-7424

The Caregiver Resource Center

203-861-9833

Veterans Affairs Customer Service

800-827-1000

Photo from Microsoft



THE CAREGIVER RESOURCE CENTER

We are specialists who assist seniors, people with special needs and their families in implementing ways to allow for the greatest degree of health, safety, independence, and quality of life.

The Caregiver Resource Center is unique in that we are available for our clients whenever and wherever they need us.

Some Benefits of Our Services

- Well respected company serving the community since 1990

- Assistance for seniors, people with special needs, and families; who are dealing with health and mental health challenges
- All services are individually designed to meet the unique needs of the client & their family
- We are available 7 days a week by appointment, and 24/7 for client emergencies
- Our services are provided onsite across the continuum of care whether in the home, doctor's office, ER, hospital, assisted living facility, or nursing home
- Professional Support & Guidance
- Family Discussions & Mediation

For more information contact

Linda Ziac at 203-861-9822

The information in this article is provided as an information resource only, and is not to be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education, does not create any patient provider relationship, and should not be used as a substitute for professional diagnosis and treatment.

Please consult your health care provider for an appointment, before making any healthcare decisions or for guidance about a specific medical condition.

Linda Ziac is the owner and founder of The Caregiver Resource Center. The Caregiver Resource Center is a division of Employee Assistance Professionals, Inc. which Linda founded in October 1990. The Caregiver Resource Center provides a spectrum of concierge case management and advocacy services for seniors, people with special needs and families.

Linda's professional career spans more than 40 years in the health and mental health field as a CT Licensed Professional Counselor, CT Licensed Alcohol and Drug Counselor, Board Certified Employee Assistance Professional, Board Certified Case Manager, and Board

Certified Dementia Practitioner. In addition, Ms. Ziac has 15 years of experience coordinating care for her own parents.

Linda assists seniors, people with special needs and their families; in planning for and implementing ways to allow for the greatest degree of health, safety, independence, and quality of life. Linda meets with individuals and family members to assess their needs, and develop a Care Team, while working with members of the Team to formulate a comprehensive Care Plan (a road map).

Once a plan is in place, Linda is available to serve as the point person to monitor and coordinate services, and revise the plan as needed. This role is similar to the conductor of an orchestra; ensuring that there is good communication, teamwork, and that everyone remains focused on the desired goal.

The Caregiver Resource Center • Greenwich, CT

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