

# Dementia

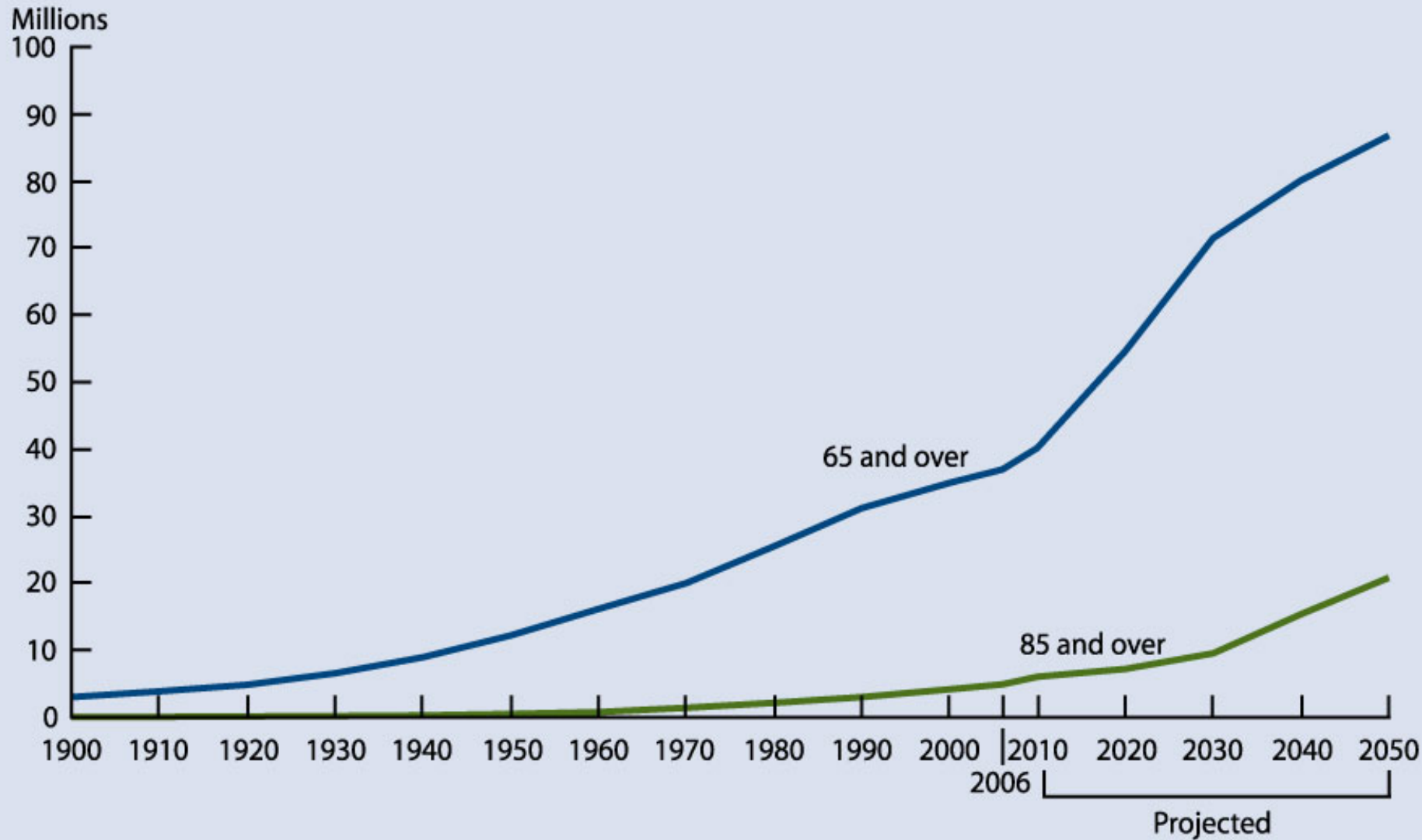
Legislative Health & Human Services Committee

09/22/15

Mohamad Khafaja, MD

UNM Dept of Psychiatry

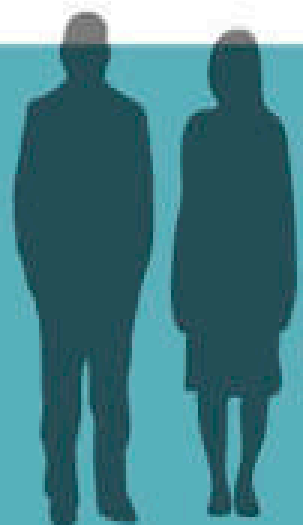
# Number of people age 65 and over, by age group, selected years 1900–2006 and projected 2010–2050



Note: Data for 2010–2050 are projections of the population.

Reference population: These data refer to the resident population.

Source: U.S. Census Bureau, Decennial Census, Population Estimates and Projections.



Those  
**OVER 65**  
increased  
**12%**

from **2010 to 2013**,  
compared with a

**national  
increase of  
10%**

New Mexico's  
**POPULATION**

increased **1%**

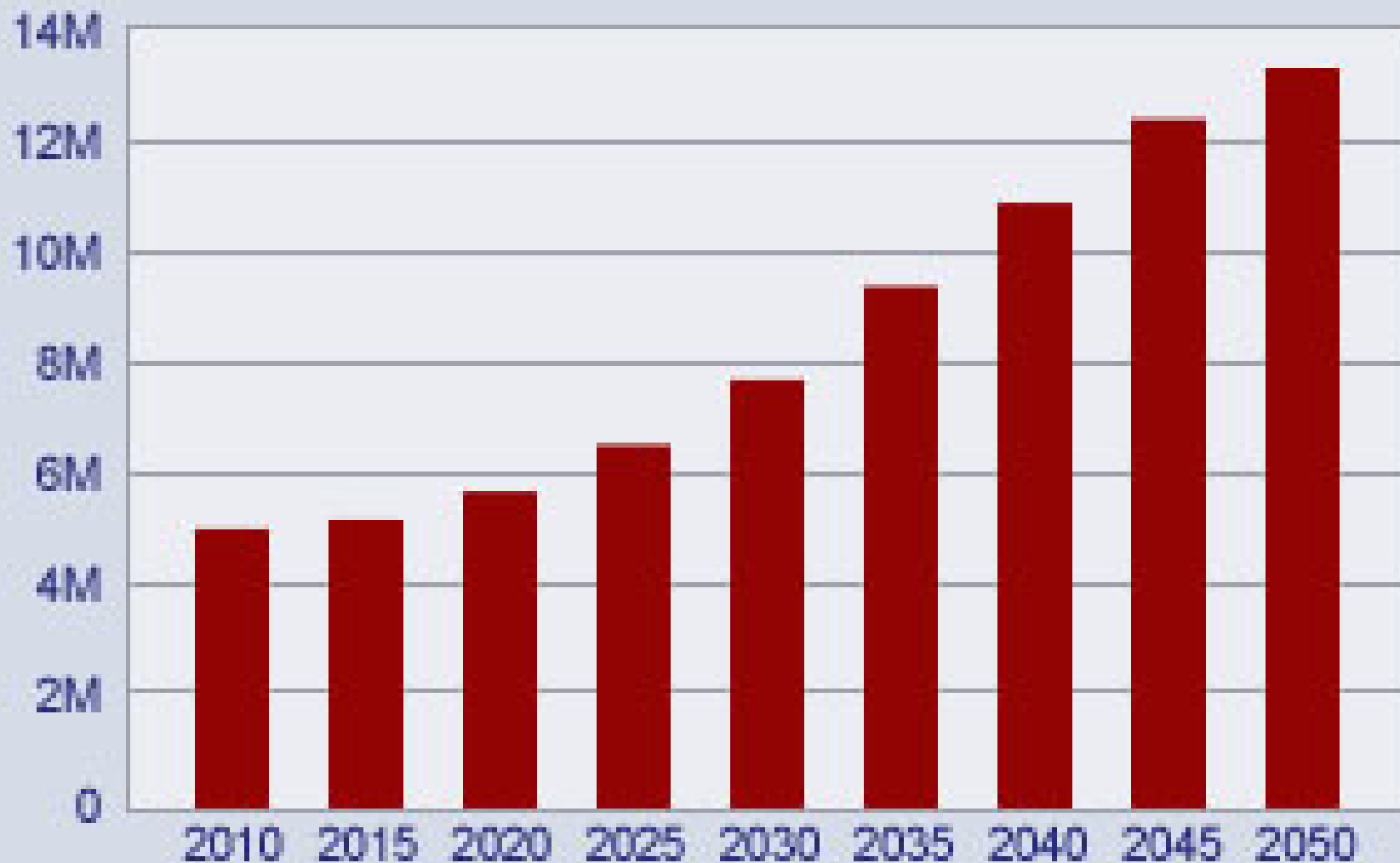
from **2010 to 2013**,  
when it reached  
almost **2.1 million**

**The nation  
grew at twice  
that rate**

*June Census Bureau Report*

C. CUNNINGHAM/JOURNAL

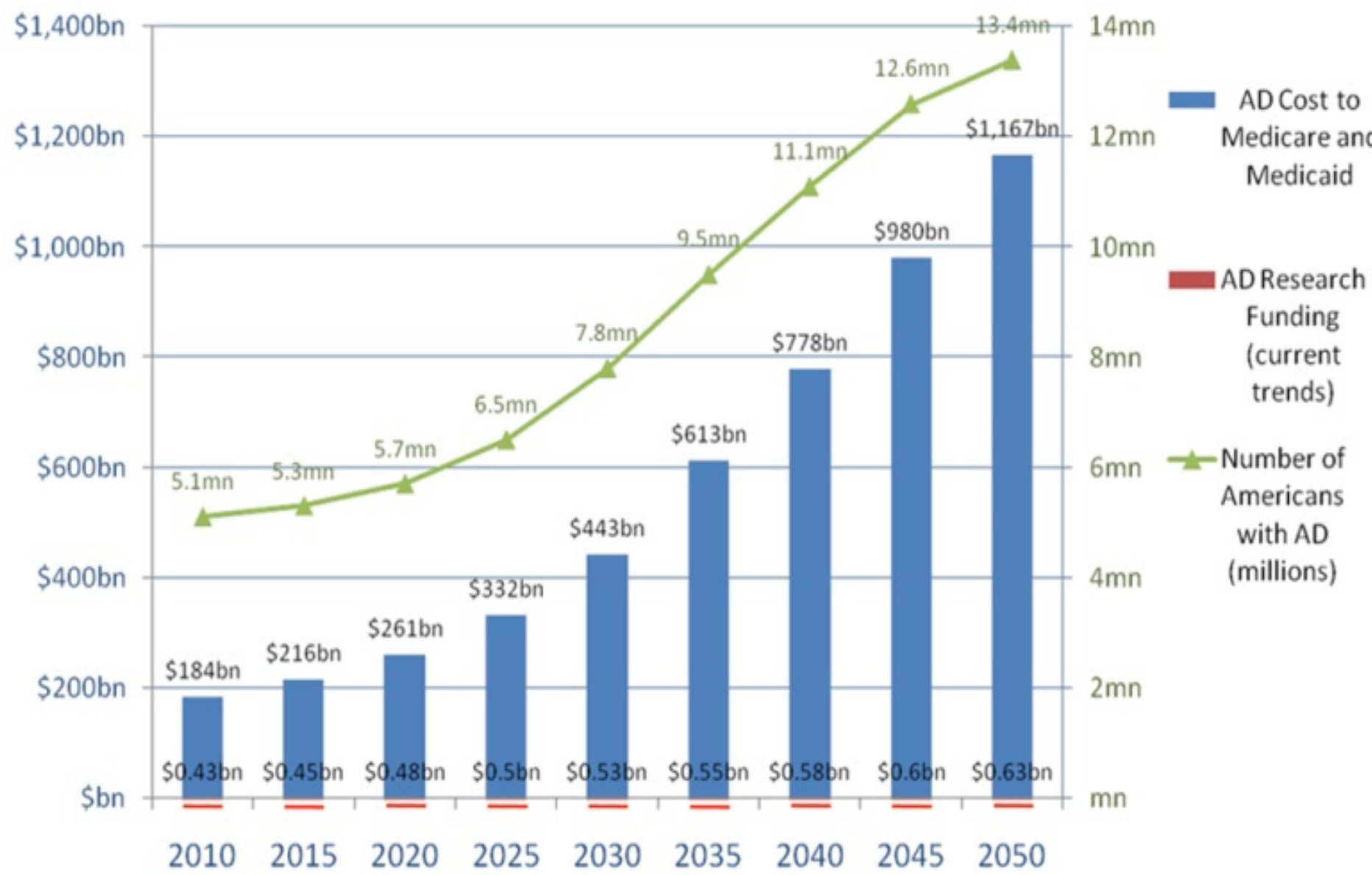
# Number of Americans with Alzheimer's



Source: Alzheimer's Study Group, *A National Alzheimer's Strategic Plan: The Report of the Alzheimer's Study Group* (March 2009); Alzheimer's Association, *Changing the Trajectory of Alzheimer's Disease: A National Imperative* (May 2010); National Institute of Health Office of the Budget website.

# Federal Gov't Expenditures

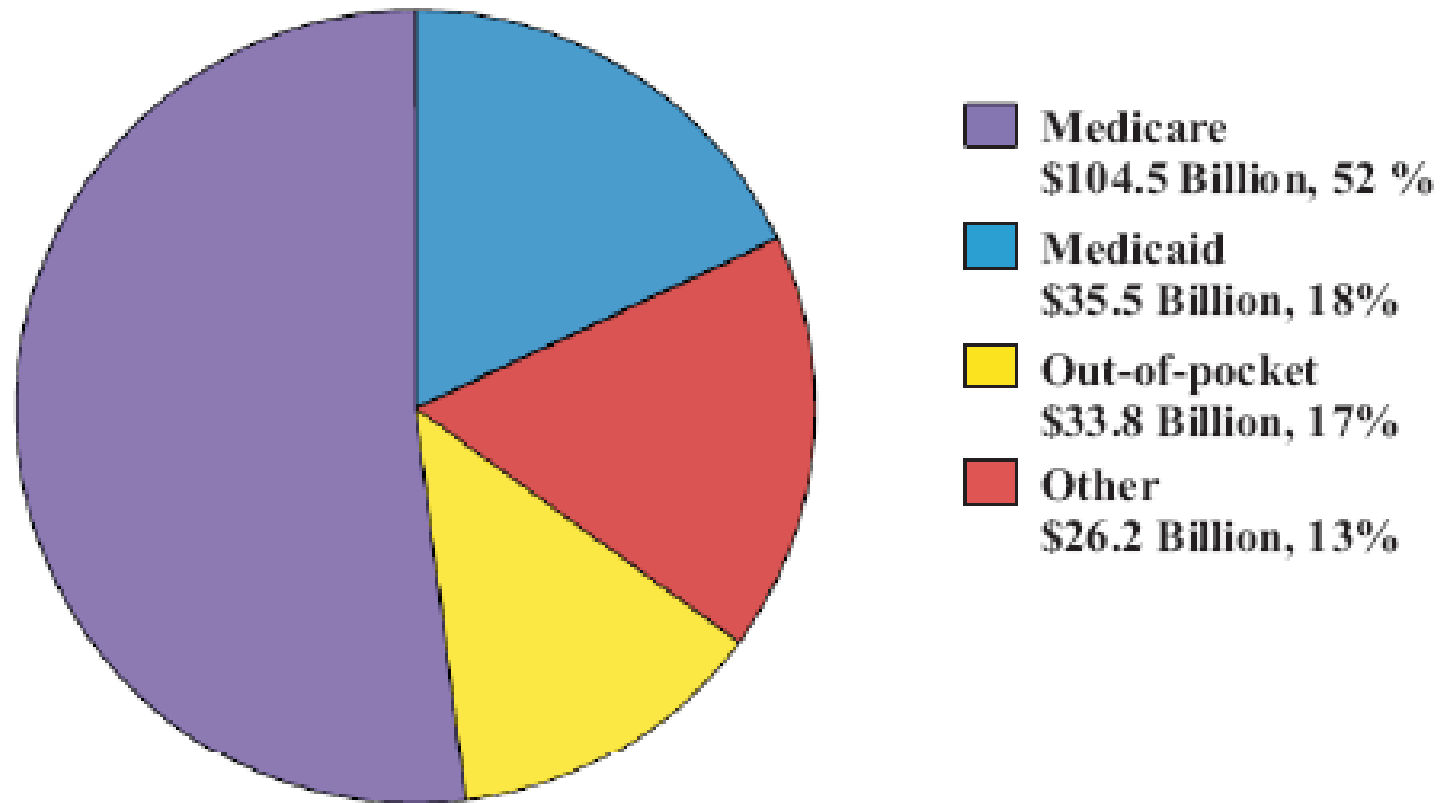
# People in US with Alzheimer's



Sources: Alzheimer's Study Group, *A National Alzheimer's Strategic Plan: The Report of the Alzheimer's Study Group* (March 2009); Alzheimer's Association, *2009 Alzheimer's Disease Facts and Figures* (March 2009); National Institutes of Health Office of the Budget

# Aggregate Costs of Care by Payer for Americans Age 65 and Older with Alzheimer's Disease and Other Dementias, 2012\*

Total Cost: \$200 Billion



\* Data are in 2012 dollars.

Created from data from the application of The Lewin Model to data from Medicare Current Beneficiary Survey for 2008. "Other" payment sources include private insurance, health maintenance organizations, other managed care organizations and uncompensated care.

Source: 2012 Alzheimer's Disease Facts and Figures.

# Normal Aging

- Subjective memory complaints
- Annoying but not disabling problems
- Frequent problems with name retrieval
- Minor difficulties in recalling detailed events

Clinical cognitive syndromes and associated neuropsychological profiles ,  
Text boodk of geriatric psychiatry , 2009

# Dementia Diagnosis

One or more acquired significant impairments (independence lost) in cognitive domains such as:

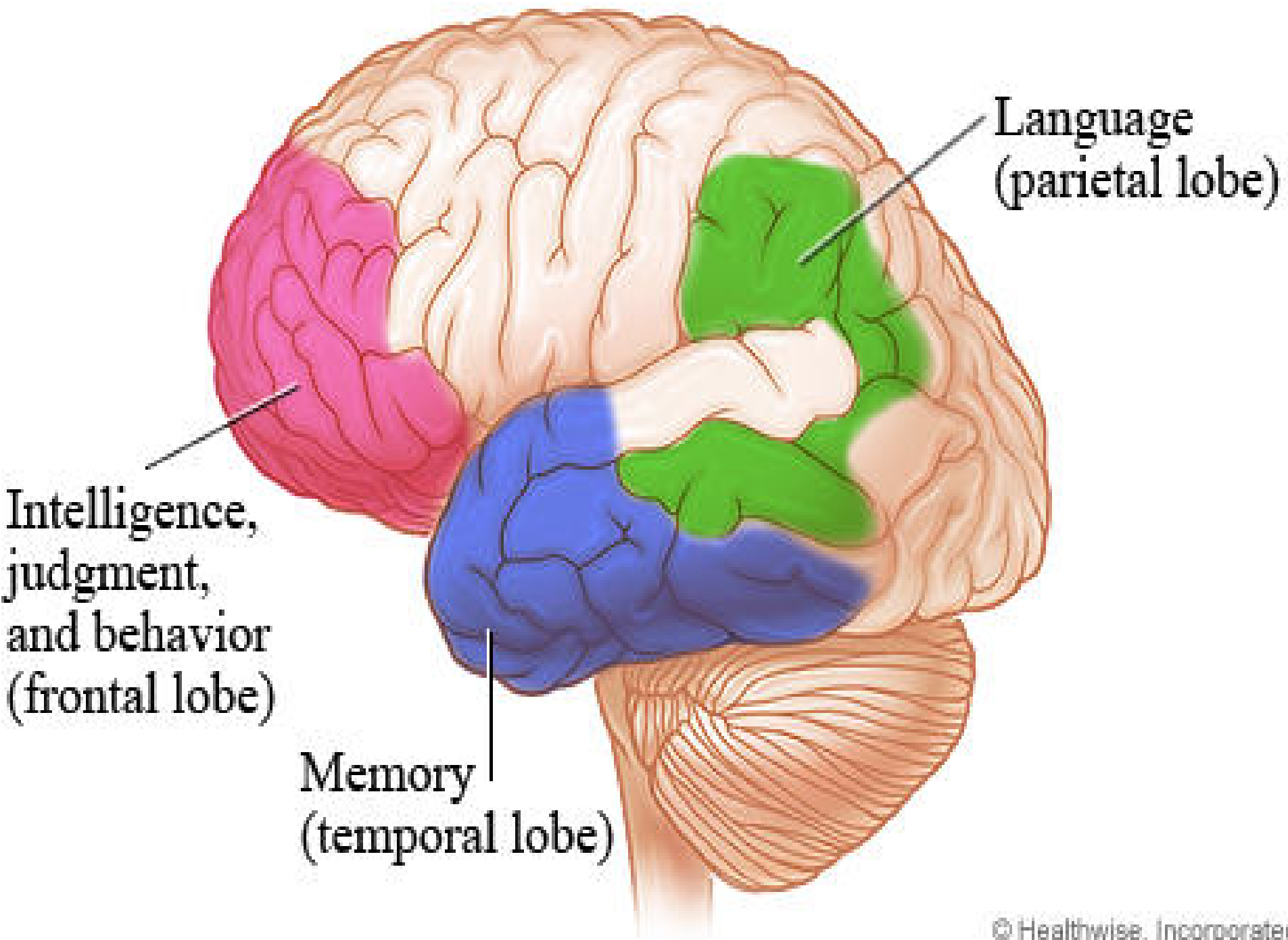
- Memory
- Language
- Execution of purposeful movement
- Recognition/familiarity
- Visuospatial function
- Self control/management



# Dementia Diagnosis

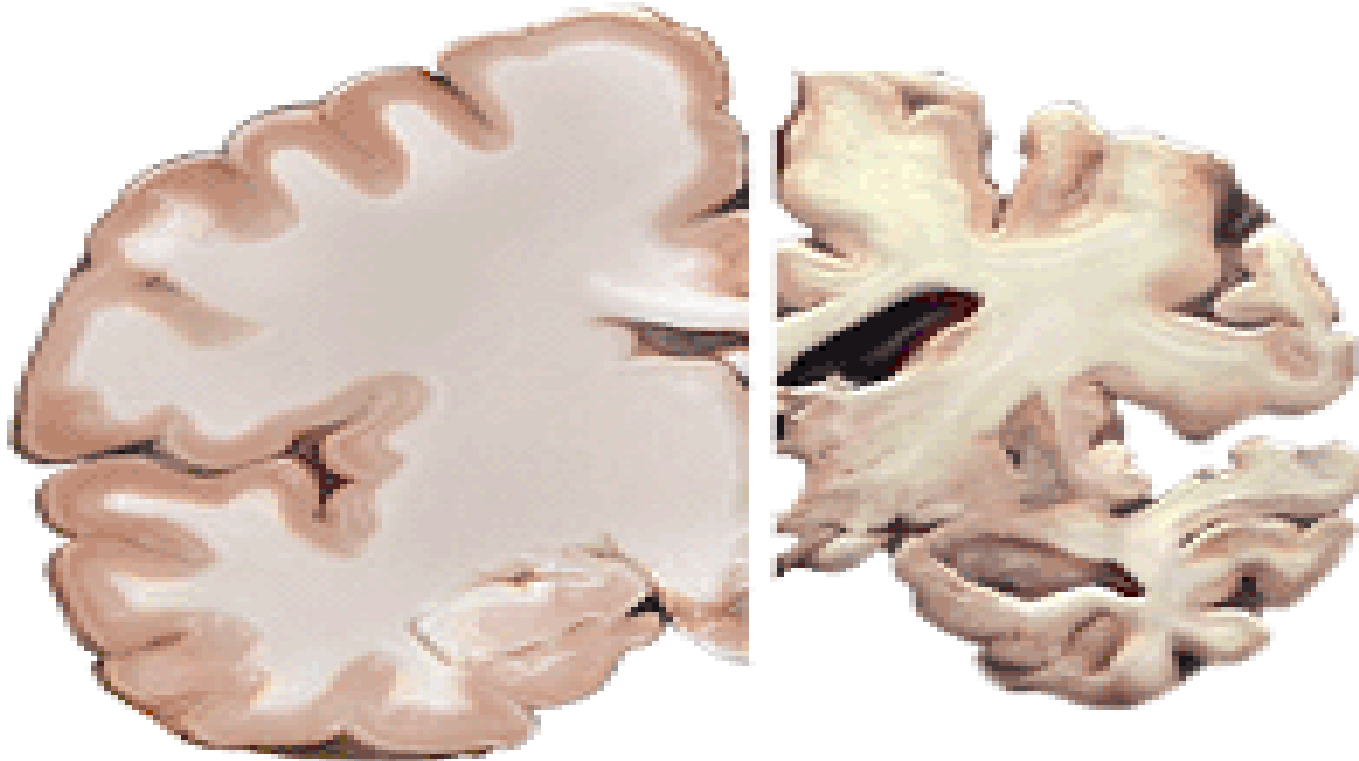
- Interview
- Cognitive Testing
- Physical Examination
- Brain Imaging
- Laboratory Testing

[Dementia diagnosis and assessment"](#) (PDF). *pathways.nice.org.uk*. Retrieved 30 November 2014.



Healthy  
Brain

Severe  
AD



**Neuronal cell loss leading to extensive shrinkage in an Alzheimer's brain (right), as compared to a nondemented, healthy human brain (left).**

**Courtesy NIA.**

[NIH Fact Sheets - Alzheimer's Disease](#)

# Cognitive Screening

## Mini-Cog is a five point cognitive screen

- 3 word verbal recall
- Clock draw
- Takes 2-3 min to administer

## Montreal Cognitive Assessment (MoCA)

- Takes 12-15 minutes to administer
- Tests executive function in addition to language,
- visuospatial function and memory

# What Conditions Are Not Dementia

- **Age-related cognitive decline:** slower information processing and mild memory impairment.
- **Mild cognitive impairment:** Cognitive and memory problems that are not severe enough to be diagnosed dementia.
- **Depression:** short term memory loss
- **Delirium :** confusion and rapidly altering mental states.

Gleason OC (2003). "[Delirium](#)". *American Family Physician* **67** (5): 1027–34. [PMID 12643363](#).  
Solomon, Andrew E. Budson, Paul R. (2011). *Memory loss : a practical guide for clinicians*.  
[Edinburgh?]: Elsevier Saunders. [ISBN 9781416035978](#)

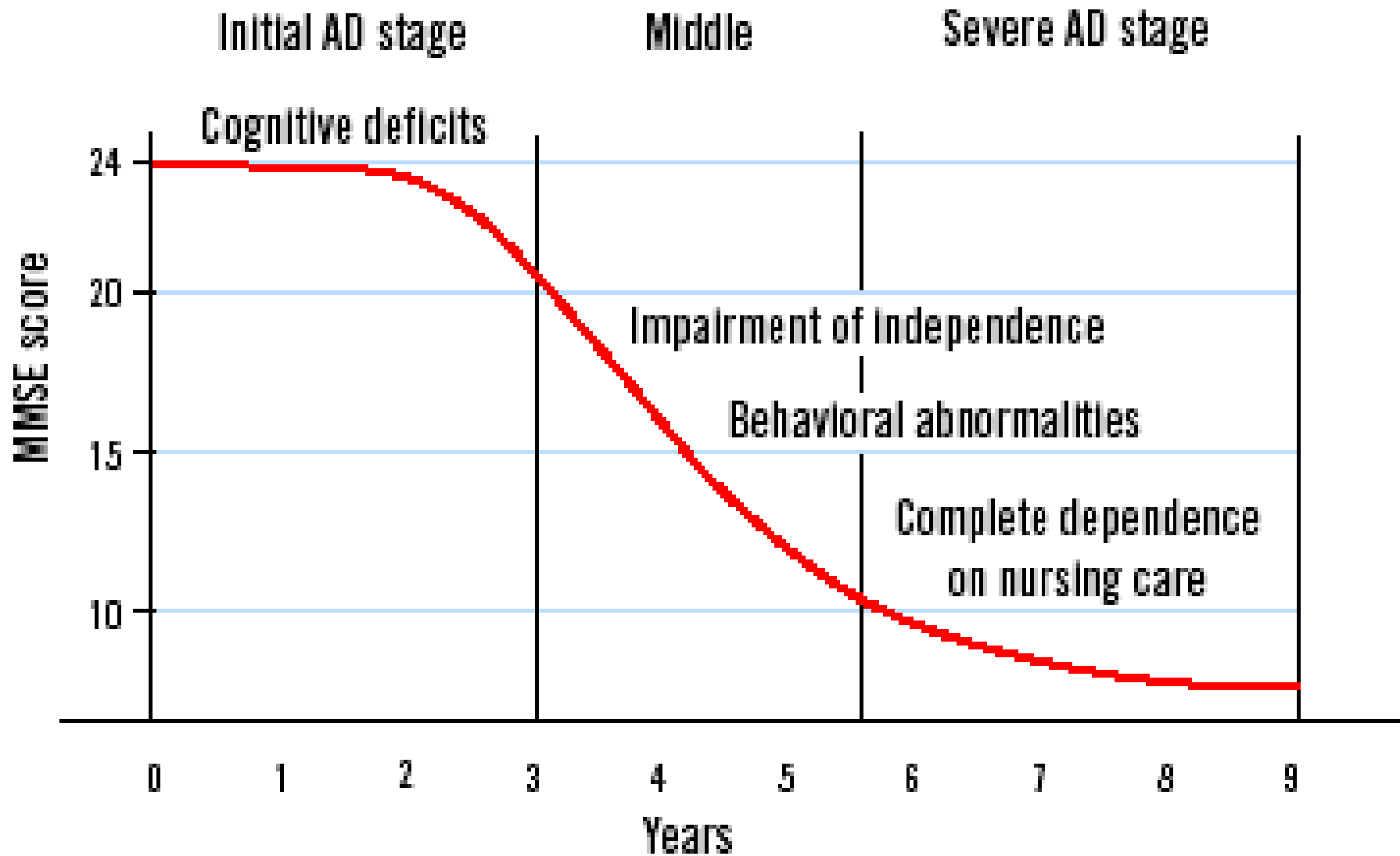
# Behavioral and psychological symptoms of dementia

- Depression
- Anxiety
- Abnormal motor behavior
- Irritability
- Apathy
- Agitation
- Disinhibition and impulsivity
- Delusions or hallucinations
- Changes in sleep or appetite.

# Dementia Causes

- Alzheimer's dementia 50-70%
- Vascular Dementia 25%
- Lewi Body Dementia 15 %
- Frontotemporal Dementia 3-5 %

[Dementia Fact sheet N°362"](#). *who.int*. April 2012. Retrieved 28 November 2014





# Protective Factors For Dementia

- Physical activity
- Ongoing intellectual stimulation
- Omega-3 fatty acids
- Leisure/social activities
- Higher education
- Cholesterol lowering drugs (statins)
- Anti-hypertensives
- Moderate alcohol intake

# Dementia Management

- FDA approved medications for use in the United States.
- Improve or stabilize memory and thinking skills in some patients
- Cholinesterase inhibitors: Donepezil (Aricept), rivastigmine (Exelon), galantamine and memantine

Raina P; Santaguida P; Ismaila A et al. (2008).  
"Annals of Internal Medicine **148** (5): 379–97

# Caring for People with Dementia

- 24-hour care and supervision.
- Assistance with daily activities such as eating, bathing, and dressing.
- Meeting these needs takes patience and understanding.
- Sharp knives, dangerous chemicals and tools should be removed.
- Bed and bathroom safety rails
- removing locks from bedroom and bathroom doors.
- lowering the hot water temperature to 120° F or less to reduce the risk of accidental burning.

# Dementia Matters

- Advance Directives
- Home Health care
- Assisted living
- Nursing Home
- Palliative Care
- Hospice Care

# Caregiving

- 1 in 3 will develop symptoms of depression.
- 60% will develop stress.
- Signs: Irritability, anger, mood swings, fatigue and poor sleep.
- Prevent Burnout:
  - Make time for yourself
  - Educate yourself
  - Know your limited
  - Support groups

# Creating Healthy Communities for an Aging population

- Improve transportation options
- Support the use of technology for the elderly
- Support infrastructures that provide education and tools for health promotion

# Creating Healthy Communities for an Aging population ( Cont'd)

- Broaden retirement planning and education to encourage people to take responsibility
- Develop elder friendly and caregiver education regarding available resources
- Enhance and promote a community culture that support people as they age