

Alzheimer's Disease or Dementia

By: Marina Shafranski, M.S. Professional Counseling, JFS Family Care Case Manager/Counselor

As a JFS volunteer, you have the opportunity to work with a variety of our adult and elderly clients. Often there are many challenges that the elderly population faces. One of those challenges is dementia. I would like to give you a brief overview of what dementia is so that you can better understand this issue in the older population. It's very possible that you can help care managers identify problems that you might see first-hand.

Dementia is an organic brain syndrome which results in cognitive impairments. Dementia can occur as a result of a variety of neurological diseases. Some of the better known dementia diseases include Alzheimer's disease (AD), multi-infarct dementia (MID), and Huntington's disease.

Dementia is a long-term progressive disorder. The course of AD can range anywhere from 1.5 to 15 years. AD is usually divided into three stages: mild, moderate, and severe. The mild stage begins with impairment in some or all of these areas: memory, attention, speed dependent activities, abstract reasoning and language. In the moderate stage, language deficits such as the inability to use or understand spoken or written language (aphasia) and the inability to make purposeful movements (apraxia) become prominent. Repetitive breaks or pauses which interrupt the flow of talking (dysfluency), the inability to speak correctly (paraphasias) and bizarre word combinations are also common mid-stage speech defects. In the severe stage, the person is gradually reduced to a loss of cognitive function. Death usually results from a disease such as pneumonia which overwhelms the limited functions of the individual.

Age is the biggest risk factor for developing dementia. For those aged 65 and above, the prevalence of dementia is estimated at about 10%. In the very elderly, it can reach up to 40%.

Memory dysfunction is often considered to be the distinguishing clinical feature of AD. Therefore, it is unlikely that a diagnosis of AD will be assigned unless a memory deficit is present. Common examples of memory dysfunction in

mild dementia include misplacement of items, failure to recall details of recent conversations or events, and frequent repetition of questions.

During the early stages of the illness when the person is only mildly impaired, it is very common for individuals to avoid active participation in life. People tend to withdraw from social engagements, lack initiative, and overall behave in an indifferent and apathetic manner. A possible explanation for this behavior is that these people may be embarrassed by their cognitive deficits, and so they avoid interacting with others. As the illness progresses and the cognitive deficits increase, people may become more anxious and agitated.

There is no known cure for AD or other dementing diseases. Several medications are available, but their effectiveness is limited. This is why it is very important for this population to have a support system, and as a volunteer you can play a significant role. Working with older adults requires patience because this disease often causes them to feel fearful or panicked. Because these elderly clients are unsure of what is happening to them, they may also try to hide what they are experiencing. As the volunteer, it is important to notify the client's care manager or therapist if you notice something out of the ordinary, so that proper actions can be taken. Catching dementia in the early stages often helps reduce the progression of the disease and helps the client have a better quality of life.

I hope this has given you some insight into dementia and knowledge of Alzheimer's disease. Please feel free to call a JFS care manager or therapist if you have any concerns. Thank you for your continued care and service for our clients.