

Early dementia indicators: 5 behavior changes to look for after age 50

Dementia is often thought of as a memory problem, like when an elderly person asks the same questions or misplaces things. In reality, individuals with dementia will not only experience issues in other areas of cognition like learning, thinking, comprehension and judgement, but they may also experience changes in behavior.

It's important to understand what dementia is and how it manifests. I didn't imagine my grandmother's strange behaviors were an early warning sign of a far more serious condition.

She would become easily agitated if she wasn't successful at completing tasks such as cooking or baking. She would claim to see a woman around the house even though no woman was there. She also became distrustful of others and hid things in odd places.

These behaviors persisted for some time before she eventually received a dementia diagnosis.

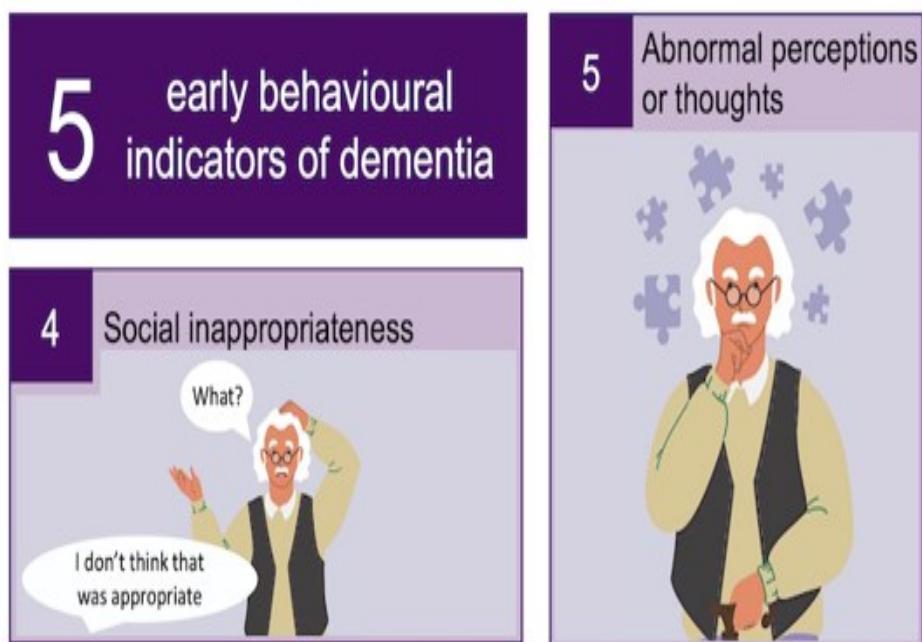
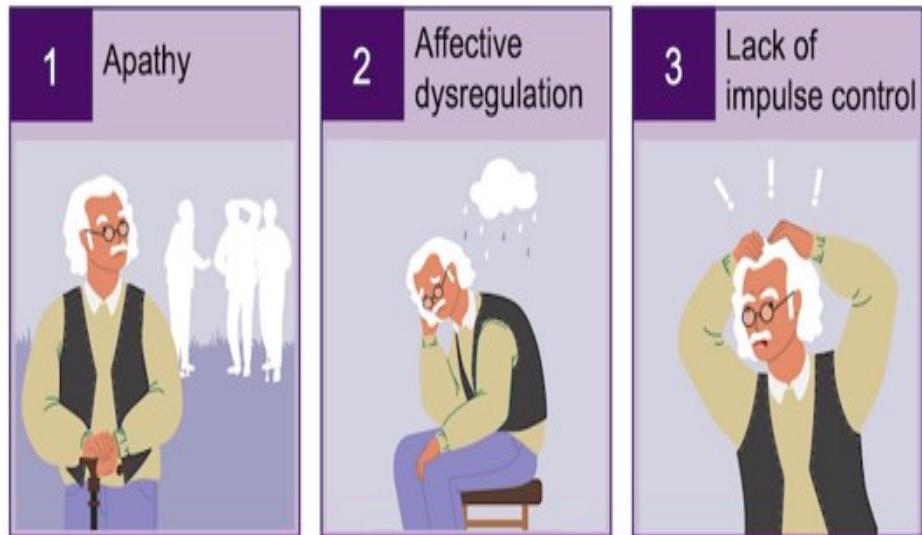
Cognitive and behavioral impairment

When cognitive and behavioral changes interfere with an individual's functional independence, that person is considered to have dementia. However, when cognitive and behavioral changes don't interfere with an individual's independence, yet still negatively affect relationships and workplace performance, they are referred to as mild cognitive impairment (MCI) and mild behavioral impairment (MBI), respectively.

MCI and MBI can occur together, but in

one-third of people who develop Alzheimer's dementia, the behavioral symptoms come before cognitive decline.

Spotting these behavioral changes, which emerge in later life (ages 50 and over) and represent a persistent change from longstanding patterns, can be





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Mission

To provide a comprehensive and coordinated system of services designed to promote the independence and dignity of older persons and their families in Muskegon, Oceana, and Ottawa—a mission compelling us to target older persons in greatest need but to advocate for all.



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helpful for implementing preventive treatments before more severe symptoms arise. As a medical science PhD candidate, my research focuses on problem behaviors that arise later in life and indicate increased risk for dementia.

Five behavioral signs to look for

Spotting behavioral changes can be helpful for implementing preventive treatments before more severe symptoms arise. (Daniella Vellone)
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There are five primary behaviors we can look for in friends and family who are over the age of 50 that might warrant further attention.

1. Apathy

Apathy is a decline in interest, motivation and drive.

An apathetic person might lose interest in friends, family or activities. They may lack curiosity in topics that normally would have interested them, lose the motivation to act on their obligations or become less spontaneous and active. They may also appear to lack emotions compared to their usual selves and seem like they no longer care about anything.



2. Affective dysregulation

Affective dysregulation includes mood or anxiety symptoms. Someone who shows affective dysregulation may develop sadness or mood instability or become more anxious or worried about routine things such as events or visits.

3. Lack of impulse control

Impulse decontrol is the inability to delay gratification and control behavior or impulses.

Someone who has impulse decontrol may become agitated, aggressive, irritable, temperamental, argumentative or easily frustrated. They may become more stubborn or rigid such that they are unwilling to see other views and are insistent on having their way. Sometimes they may develop sexually disinhibited or intrusive behaviors, exhibit repetitive behaviors or compulsions, start gambling or shoplifting, or experience difficulties regulating their consumption of substances like tobacco or alcohol.

4. Social inappropriateness

Social inappropriateness includes difficulties adhering to societal norms

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in interactions with others.

Someone who is socially inappropriate may lose the social judgement they previously had about what to say or how to behave. They may become less concerned about how their words or actions affect others, discuss private matters openly, talk to strangers as if familiar, say rude things or lack empathy in interactions with others.

5. Abnormal perceptions or thoughts

Abnormal perception or thought content refers to strongly held beliefs and sensory experiences.

Someone with abnormal perceptions or thoughts may become suspicious of other people's intentions or think that others are planning to harm them or steal their belongings. They may also describe hearing voices or talking to imaginary people and/or act like they are seeing things that aren't there.

Before considering any of these behaviors as a sign of a more serious problem, it's important to rule out other potential causes of behavioral change such as drugs or medications, other medical conditions or infections, interpersonal conflict or stress, or a recurrence of psychiatric symptoms associated with a previous psychiatric diagnosis. If in doubt, it may be time for a doctor's visit.

The impact of dementia

Many of us know someone who has either experienced dementia or cared for someone with dementia.

While people between the ages of 20 and 40 may think that they have decades before dementia affects them, it's important to realize that dementia isn't an individual journey. In 2020, care partners — including family members, friends or neighbors — spent 26 hours per week assisting older Canadians living with dementia. This is equivalent to 235,000 full-time jobs or \$7.3 billion annually.

These numbers are expected to triple by 2050, so it's important to look for ways to offset these predicted trajectories by preventing or delaying the progression of dementia.

Identifying those at risk

While there is currently no cure for dementia, there has been progress towards developing effective treatments, which may work better earlier in the disease course.

Identifying those at risk for dementia by recognizing later-life changes in cognition, function as well as behavior is a step towards not only preventing the consequences of those changes but also potentially preventing the disease or its progression.

Daniella Vellone, Medical Science and Imaging PhD Candidate, University of Calgary



Quotes

- ♦ "The best luck of all is the luck you make for yourself."
- ♦ "When it comes to luck, you make your own."
- ♦ "We are all a great deal luckier than we realize."

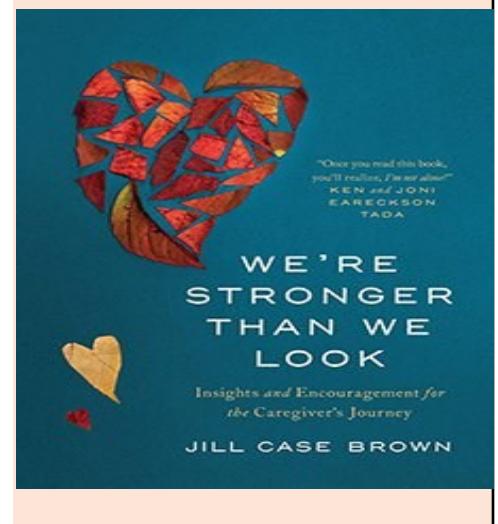
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This Month's Book

Caregiver, are you overwhelmed? Do you secretly (or not so secretly) have bouts of despair, bitterness, and even hopelessness?

We're Stronger Than We Look
Insights and Encouragement for the Caregiver's Journey by Jill Case Brown



Devices Can Help Prevent Falls

Appropriate use of assistive devices can prevent harmful falls. These devices may include canes, walkers, and reachers. A physical or occupational therapist can help you decide which devices might be helpful and teach you how to use them safely.

Canes

A cane or walker may help you feel more stable when you walk. Different types of canes are available. Some have grips made of foam or that fit the shape of your hand. Many canes can be adjusted, but some cannot.

A physical therapist can advise you about which cane to choose. Be sure the length fits you well. Your elbow should be slightly bent. A cane that's too short may make you unsteady. A cane that's too long harder to use. If you use a cane, be sure to learn how to walk with it the right way. A physical therapist can help.



Walkers

If you're at risk of falling, your physical therapist might suggest using a walker. A walker will help you stay balanced by giving you a wide base of support. Be sure to choose a walker that fits you and gives a level of stability that is best for you.

Different types of walkers are available. Some walkers have two wheels so the walker shouldn't roll away from you. These walkers work well if you need to put weight on the walker when you move. Other walkers have four wheels and brakes for going down inclines.

You can add a basket, tray, or pouch to some walkers to carry items. These accessories will make it more convenient to use the walker.

If you use a walker, be sure it's the right type for you. Also, learn to use it properly. A physical therapist can help you select the right walker and show you how to use it. Four-wheeled walkers can be used if you don't need to put your weight on the walker for balance. Those with two tips and two wheels can roll, depending on where you place your weight. Walkers with tips only are quite common and will not roll.

Reachers

A reacher, or grabber, can also help prevent falls. This simple tool lets you take lightweight items from high shelves and other places and pick up objects from the floor so you do not have to bend over. Use a reacher rather than standing on a stool to get something from above or bending down to pick up something from the floor.



Portable Phones

Another helpful device is a portable telephone. Carry the phone with you from room to room. When it rings, you won't have to rush to answer it. Not rushing could avert a harmful fall.

Source: National Institute of Health

Physical Exercise: Good Medicine for the Brain

by Leilani Doty, PhD

Regular physical exercise is important for brain health. Being active is important whether a person has normal memory and thinking abilities or has a memory disorder such as a Mild Cognitive Impairment, early/moderate Alzheimer's disease or related progressive memory disorders.

Improvements have been measured in older men and women with normal memory who live independently in the community and are physically active, even if they start becoming active later in life. Research using the Folstein Mini-Mental Status Exam, a simple test of memory and thinking functions, on people with early-stage Alzheimer's disease has shown that sedentary (inactive) people have a significant decrease in their scores when their scores are compared to those of more active people. A careful review of 10 research studies found evidence that exercise improves walking and slows the decline in ADLs (personal care activities of daily living such as eating, bathing, dressing, etc.) of people who have Alzheimer's disease and live in residential care facilities.

Exercise That Helps the Brain

A routine that involves 30 to 40 minutes at a time of physical exercise for 5 days a week improves memory, attention, language skills, and other thinking functions. However, some research found improvements in older people who exercised as little as 2 or 3 times a week.



Any one or a mix of the following four types of exercise seem to be the most helpful:

Walking - such as moderate walking that works up a light sweat

Bicycling – 2- or 3-wheel bicycle or on a stationary or exercise bike

Jogging

Resistance training to improve muscle strength - using push-pull

exercise machines in a gym; wide rubber stretch-bands (Sometimes called resistance bands, they range from easy-highly stretchable to a firm-heavy-duty stretchable.); or lifting small free weights

Healthy Changes in the Brain

As a bonus, regular exercise promotes the release of BDNF (brain-derived neurotrophic factor) in the brain. BDNF nurtures the brain cells. You could say that BDNF fertilizes the brain cells.

Researchers have concluded that routine physical exercise make a significant difference in brain health, brain function, as well as general health such as improving muscle and bone strength, reducing (high) blood pressure, strengthening the heart, increasing the effectiveness of insulin, helping the GI tract, and especially reducing caregiver stress. And it is never too late to start being active and gaining benefit from physical exercise! A healthier caregiver can manage much better the ongoing challenges of decline in a loved one who has progressive dementia.

Preventing Falls — and Fear

by Sharon Roth Maguire, MS, APRN-BC, GNP, APNP

Most caregivers are aware of the importance of preventing falls. When a fall occurs, the results can be life changing. While we all realize the significance of a broken bone that may result from a fall, what we sometimes fail to acknowledge is the broken spirit that may occur. Many elders who fall never fully regain the confidence in their ability to navigate around their home or near steps. They may experience a fear of falling again that may cause them to limit their activity. They may have a permanent disability—not only from the physical consequences of the fall, but from the emotional consequences as well.

What then can be done to reduce the likelihood of falling? There are four major risk areas to target when you think of fall reduction: Environmental Risk, Age-Related Risk, Health- Related Risk, Medication Risk.

Minimizing environmental risk would include things like providing for handrails near the toilet and tub to make it easier for the individual to get up or get balanced; using non-skid throw rugs, or better yet, no throw rugs at all; keeping pathways to and from the bathroom, bedroom, and kitchen free of clutter.

Reducing age-related risk - things like accommodating for vision and hearing changes that make it more difficult for the older adult to interpret their environment and to see or hear clearly. Eyeglasses should be of the correct strength, in good repair, and clean. Lighting needs to be increased, but not to the extent that it produces glare. A nightlight will help reduce the dramatic and often blinding changes in light when going from a darkened bedroom to a brightly lit bathroom. Hearing aids should be cleaned regularly as wax may accumulate and prevent them from working properly. Hearing aid batteries should be replaced regularly to ensure good function.

Reducing health-related risk requires a good healthcare partner and a motivated patient. Osteoporosis is primarily a disease that affects older women and those who have taken medications known as

long-term steroids (often used for the treatment of severe arthritis and asthma). These medications cause bones to become increasingly fragile and break even without trauma.

Older adult women should be screened for osteoporosis to determine the density of their bones and if medication management is required. All older adults should get regular weight bearing exercise and eat a well-balanced diet to maintain their bone health. Older adults need as much calcium as pregnant women (1200 mg/day) Vitamin D requirements also increase with age (400-600 IU/day) and are essential for healthy bones as well.

The last category for risk reduction is medication awareness. As we age, we are at risk of taking many medications for many ailments prescribed by many providers; a situation known as polypharmacy. There is much research and increasing awareness of the potentially hazardous effects of polypharmacy. It is well documented that the more medications an individual takes, the greater their risk of side-effects, drug interactions, and falls.

Certain medications are particularly dangerous. Anti-anxiety medications like Valium, Xanax and Ativan; sleeping pills like Ambien, Restoril, and even Tylenol PM have been implicated in increasing fall risk. Discuss your loved one's medication regimen with the prescriber and focus on reducing or eliminating those drugs that increase the risk of falling. Should your loved one require extended care somewhere other than home, be sure to ask what their fall reduction program has to offer.

Fear of falling is a very real phenomenon that is as important to reduce as the physical consequences of a fall. Both can be life changing and demand our attention to reduce the likelihood of a fall occurring.



What Are Hallucinations?

When a person is hallucinating, they may see, hear, smell, taste, or feel something that is not there. The most common hallucinations are visual. This could mean your loved one sees bright flashes of light or faces in everyday items. They may see small animals or objects that are not there. Other types of hallucinations include hearing voices or feeling something touching the skin.

What Causes Hallucinations?

There are different causes of hallucinations. Some causes are related to changes in thinking and memory. Hallucinations are more common in early stages of Lewy body dementia, and late stages of Parkinson's disease and Alzheimer's disease.

If your loved one has changes in their thinking and memory, hallucinations may be caused by:

- ◆ Too much stimulation in the environment—noises, people, or other distractions.
- ◆ Unfamiliar places or people, or a change in routine.
- ◆ Increased difficulty with thinking and memory toward the late afternoon and evening. This is sometimes called sundowning.

Other Causes to Consider:

- ◆ Eyesight or hearing problems. For example, poor lighting and bad eyesight can cause someone to see something that isn't there.

- ◆ Physical problems related to urinary infections, dehydration, and intense pain.
- ◆ Interactions between medications.



What Should You Do If a Loved One Hallucinates?

Assess the situation. Talk to your loved one's healthcare provider to determine the cause of the hallucinations. It may be related to brain changes, or it could be related to poor eyesight or hearing.

Decide whether you need to act. Some hallucinations are not harmful. For example, if your loved one hallucinates and sees a small animal, they may not be too bothered by it. In this situation, your loved one needs your understanding and acceptance that this is a symptom of their condition.

When to Act

Ask yourself the following questions:

- ◆ Is the hallucination upsetting to your loved one?
- ◆ Is it making a loved one do anything dangerous?
- ◆ Is your loved one afraid?

If you answer yes to any of these, respond calmly and quickly. Here are a few specific strategies you can use to manage unwanted hallucinations in your loved one:

Strategies to Respond to Hallucinations

1. Reassure your loved one

Respond in a calm and gentle manner. Comfort your loved one by saying, "Don't worry, I will protect you," or "I will stay here with you."

Acknowledge their feelings. You might say, "I know this is scary for you", or "I know you are worried."

2. Make changes to the environment

Check for lighting, objects or furniture that can be misinterpreted. For example, a coat hanger with a hat on top could be seen as a person. Turning the lights on can also help reduce fears.

Check for sounds that may be unsettling. This could be the air conditioner, television, or radio. Hearing these may cause your loved one to think that there are people in the room who are not actually there.

3. Redirect attention

Gently pat your loved one to turn their attention toward you.

Turn their attention to something they enjoy, such as music, a photo album, or conversation.

If they are seeing something, sit facing them and maintain eye contact to weaken the hallucination.

If they are hearing noises, try chatting with them.

4. Respond honestly

Be honest with them while respecting their experiences. For example, you may say "I do not hear anything outside the windows, but I know you do". "I didn't see anyone, but I know you did".

5. Seek help

If you find it difficult to manage hallucinations, or if they are too distressing, consult your loved one's healthcare team. Sometimes medication can be helpful for these situations.

What to Avoid

Don't try to argue or reason, as this will not be helpful. In fact, they may become more agitated if they think that you do not believe them.

Don't diminish their experience or dismiss them as being silly. This can be hurtful because what they see or hear is real for them.

Experiencing hallucinations can be frightening or unsettling for your loved one. Acknowledge their experience, offer reassurance to show them that you care.



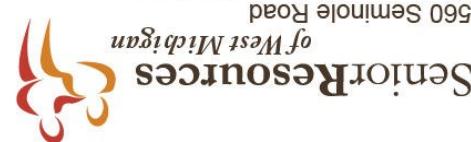
Happiness?
The color of it must be
spring green.

—Frances Mayes

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