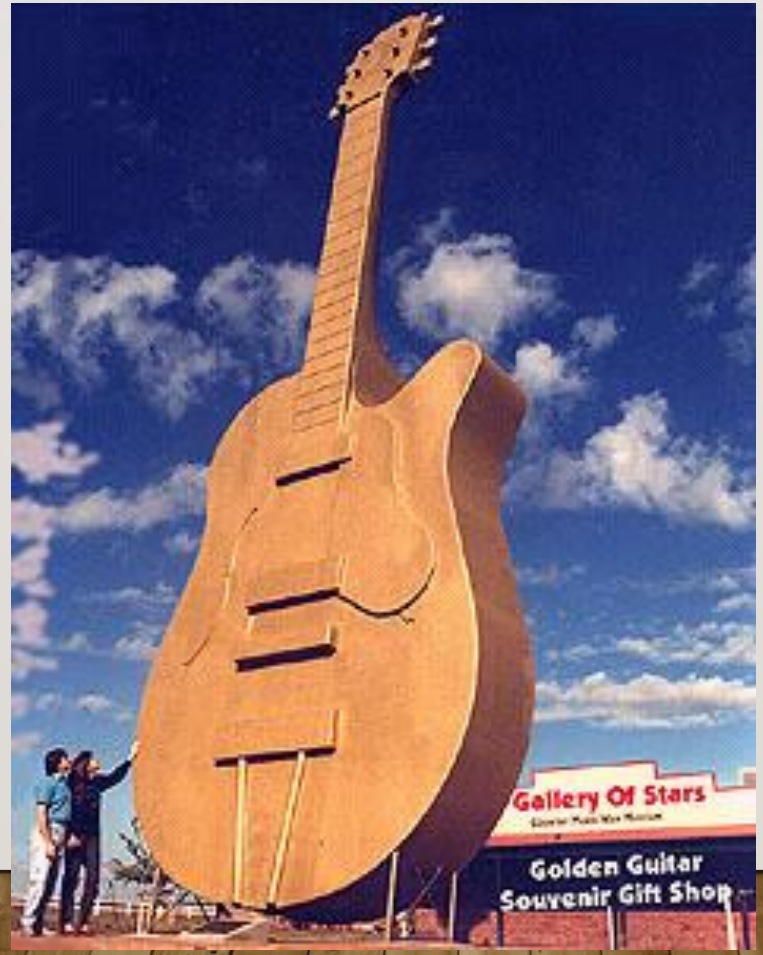
HELLO FROM TAMWORTH



DEMENTIA….

“IT’S NOT JUST THE MEMORY!”

DECLARATION

- I am not a neurologist or a psycho-geriatrician

OBJECTIVES

1. Dementia is more then just losing your memory.
2. Dementia is a life limiting diagnosis.
3. The different types of dementias have different life expectancies.
4. Discuss why the above is important.

RULES OF ENGAGEMENT

A (NON-NEUROLOGIST'S) GUIDE TO DIAGNOSING DEMENTIA

THE MOST COMMON FORMS OF DEMENTIA, MEMORY AND LANGUAGE DYSFUNCTION ARE GENERALLY PRESENT.

- Previous Diagnostic and Statistical Manual of Mental Disorders (DSM) definitions of dementia memory was an essential feature for the diagnosis.

- In the most recent version of the DSM memory has been de-emphasized and social cognition and complex attention have been added to make up **6 domains**, all with equal weight.

THE 6 DOMAINS.

1. Learning and memory - involves immediate, recent and long-term memory.
Warning signs - Patient repeats the same conversation. Can't keep track of short list of items when shopping or of plans for the day. Requires frequent reminders to orient task at hand, confusion about time and place, and repetitive behaviour.

2. Language - involves expressive language and receptive language
Warning signs - Use general terms such as 'that thing' and 'you know what I mean'. With severe impairment may not recall names of closer friends and family

3. Complex attention

Warning signs - Difficulty in environments with multiple stimuli (TV, radio, conversation). Difficulty holding new information in mind (recalling phone numbers or addresses just given or reporting what was just said)

4. Executive ability

Warning signs - Unable to perform both familiar and complex tasks and projects. Relies on others to plan instrumental activities of daily living or make decisions. Has problems with abstract thinking, displays loss of initiative as well as poor/decreased judgement

5. Perceptual - Motor - Visual perception, praxis

Warning signs - Difficulties with previously familiar activities (using fork and spoon, writing, using tools or, driving a motor vehicle) and navigating in familiar environments

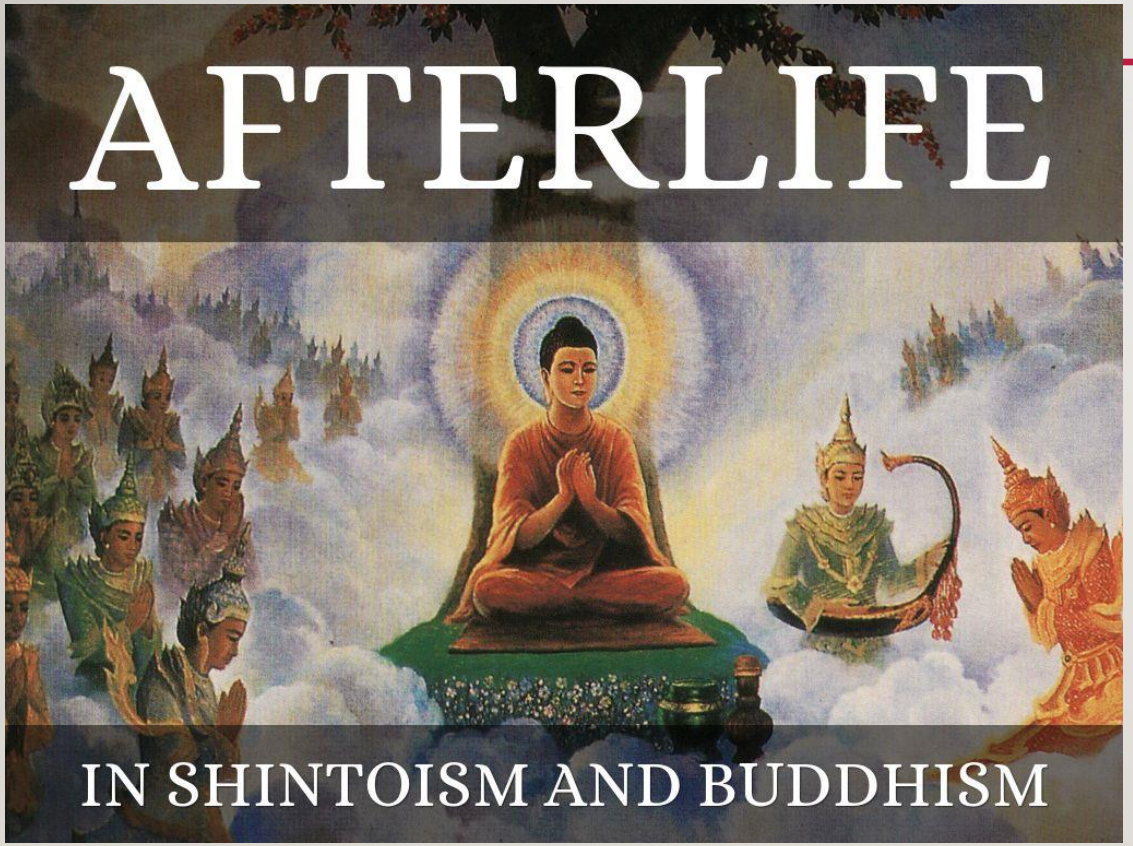
6. Social cognition -

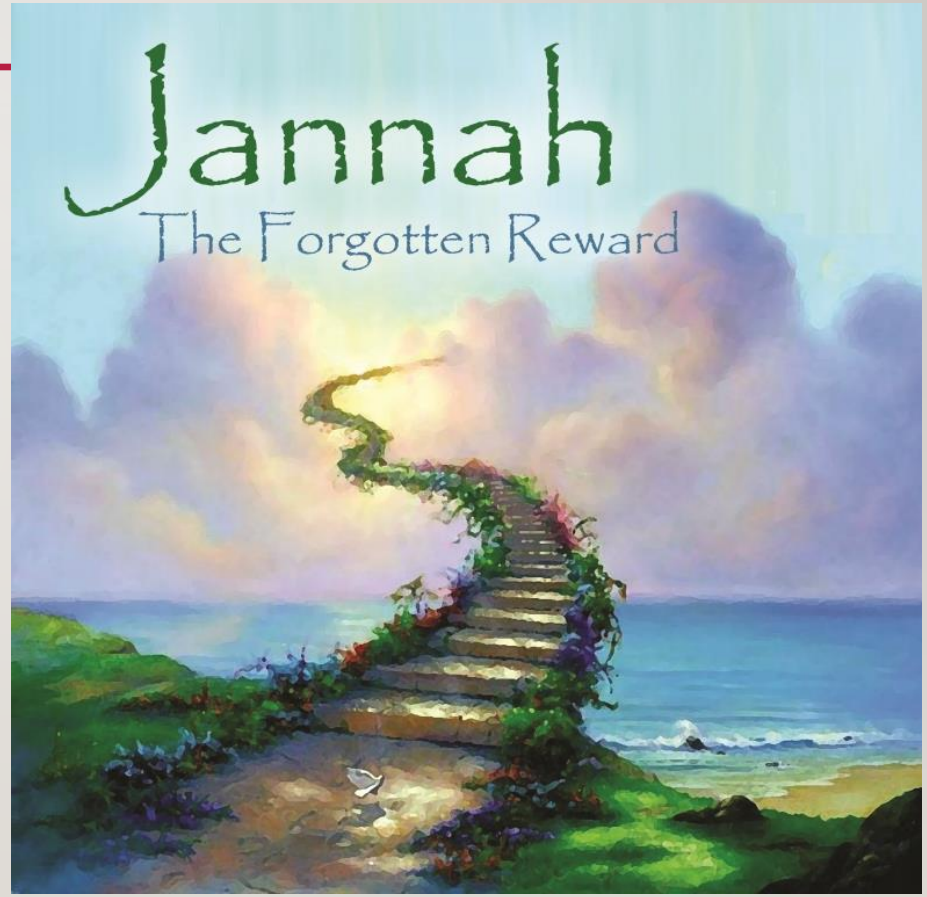
Warning signs - social inappropriateness in terms of dress, grooming and topics of conversation. May make decisions without regard to safety. Usually little insight into these changes. May become socially withdrawn or isolated.

AND……

- The disturbances are not better accounted for by another mental disorder (eg, delirium, major depressive disorder, schizophrenia) or another medical condition.
- The impairment must represent a significant decline from a previous level of functioning
- The cognitive deficits must interfere with independence in everyday activities

LET'S TALK ABOUT THIS ASPECT OF A DEMENTIA DIAGNOSIS


AFTERLIFE
IN SHINTOISM AND BUDDHISM

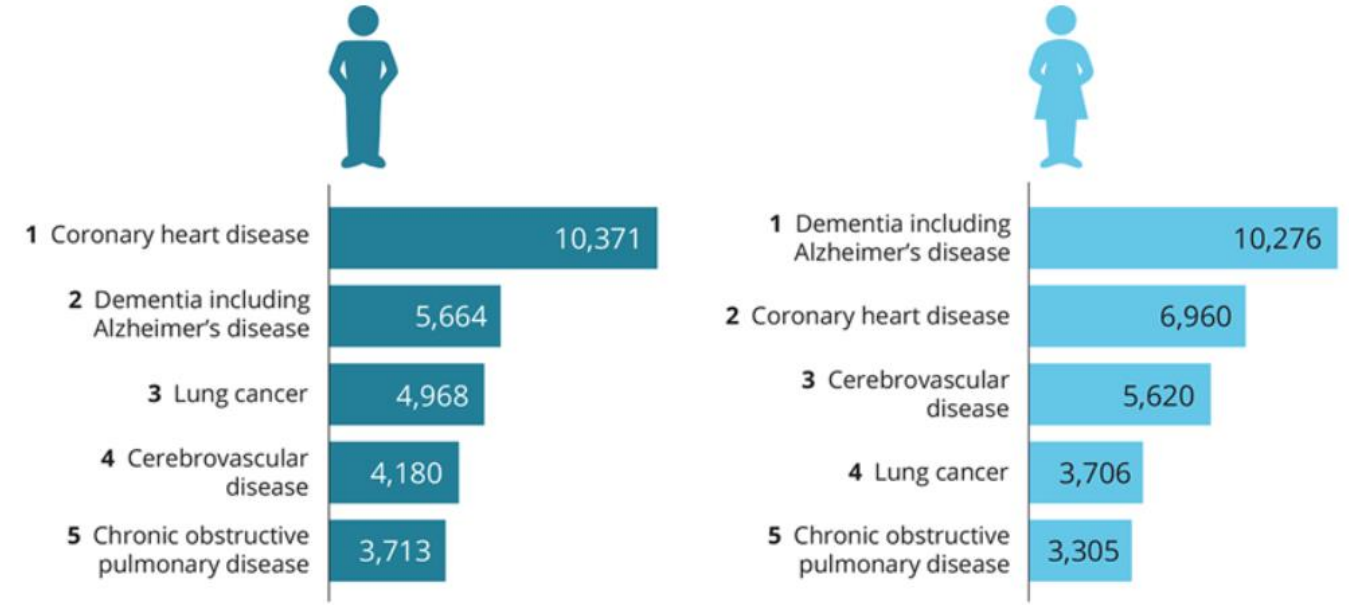

Jannah
The Forgotten Reward

WHAT DO PEOPLE DIE FROM IN AUSTRALIA?

THE TOP 5

FROM THE AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

Figure 3.1: Leading underlying causes of death in Australia, by sex, 2021



Source: AIHW National Mortality Database; Table S3.1.

AVERAGE LIFE EXPECTANCY OF THE TOP 5

Disease	Life expectancy	Comments
1. Coronary artery disease	At age 50: Women 8 years. Men 7 years.	Depends on how severe it is, patient's age and sex, what area of the heart is affected and how it's treated.
2. Dementia	5 -10yrs	Depends on age, the type of dementia (see next slide), and co-morbidities
3. CVA	1/8 die in the first 30days ¼ die within a year 40% within 3 years	Depends on the type of stroke, patient's age and sex, how it's treated, co-morbidities etc
4. Lung Cancer	1/2 - 2 yrs	Depends on type, stage, co-morbidities, M or F
5. Chronic lower respiratory disease	1/5 die within 2 yrs. 2/5 die within 3 yrs	Depends on age, when it's diagnosed, how it's treated, etc etc

THE DIFFERENT TYPES OF DEMENTIA

- Different patterns of cognitive impairment +/- other neurologic manifestations.

- Not always easy to distinguish between them, particularly in the very early stages and the very late stages of the diseases

ALZHEIMER'S DISEASE

- Memory impairment as the most common initial symptom.

FRONTOTEMPORAL DEMENTIA (“PICKS DISEASE”)

- Early changes in personality and behaviour
- Disinhibition or socially inappropriate behaviour include touching or kissing strangers, public urination, and flatulence without concern.
- Empathy loss with no insight
- Hyperorality & and dietary changes - altered food preferences, such as cravings for sweet foods, binge eating, increased consumption of alcohol or tobacco.

- REM sleep behaviour disorder - complex movements or behaviours during REM sleep .The movements often correspond to a dream in which the individual is being attacked or needs to defend him/herself. Can be brief limb or chin movements to more complex, violent movements such as punching, leaping out of bed, or yelling. Associated vocalization is common often with lots of swearing.

DEMENTIA WITH LEWY BODIES

- Sleep behavior disorder, visual hallucinations, fluctuations in level of alertness, and prominent visuospatial dysfunction

VASCULAR DEMENTIA

- Prominent impairments in executive function - can't plan activities of daily living or make decisions. Can't abstract think or use initiative and judgement is poor.

- Sometimes, a step-wise progression in association with recognized or unrecognized strokes.

WHY DOES IT MATTER WHAT TYPE OF DEMENTIA YOU HAVE?

Different types of care will be needed as things progress

and……

Different dementias have different prognoses

LIFE EXPECTANCY WITH DIFFERENT TYPES OF DEMENTIA

Type of dementia	Life expectancy (approx.)	Comments
Alzheimer's disease (>80% of dementia patients)	8 - 10 years. (less if patient is diagnosed in their 80s or 90s)	A few people with Alzheimer's live for longer, sometimes for 15 or even 20 years.
Frontotemporal dementia	6 - 8 years. (2 – 3yrs if part of MND)	
Dementia with Lewy bodies	6 years.	The physical symptoms of DLB increase a person's risk of falls.
Vascular dementia	5 years.	More likely to die from a stroke or heart attack than from the dementia itself.
Young onset dementia (30-50yrs)	Progresses quickly	

DISCUSSIONS ABOUT PROGNOSIS

- Shouldn't just be about life expectancy
- More importantly…..here's what you can expect as things progress….

SO…..

- If Alzheimer's disease makes up 80% of cases and memory loss is often a prominent feature of Alzheimer's……why does a bad memory lead to a premature death???

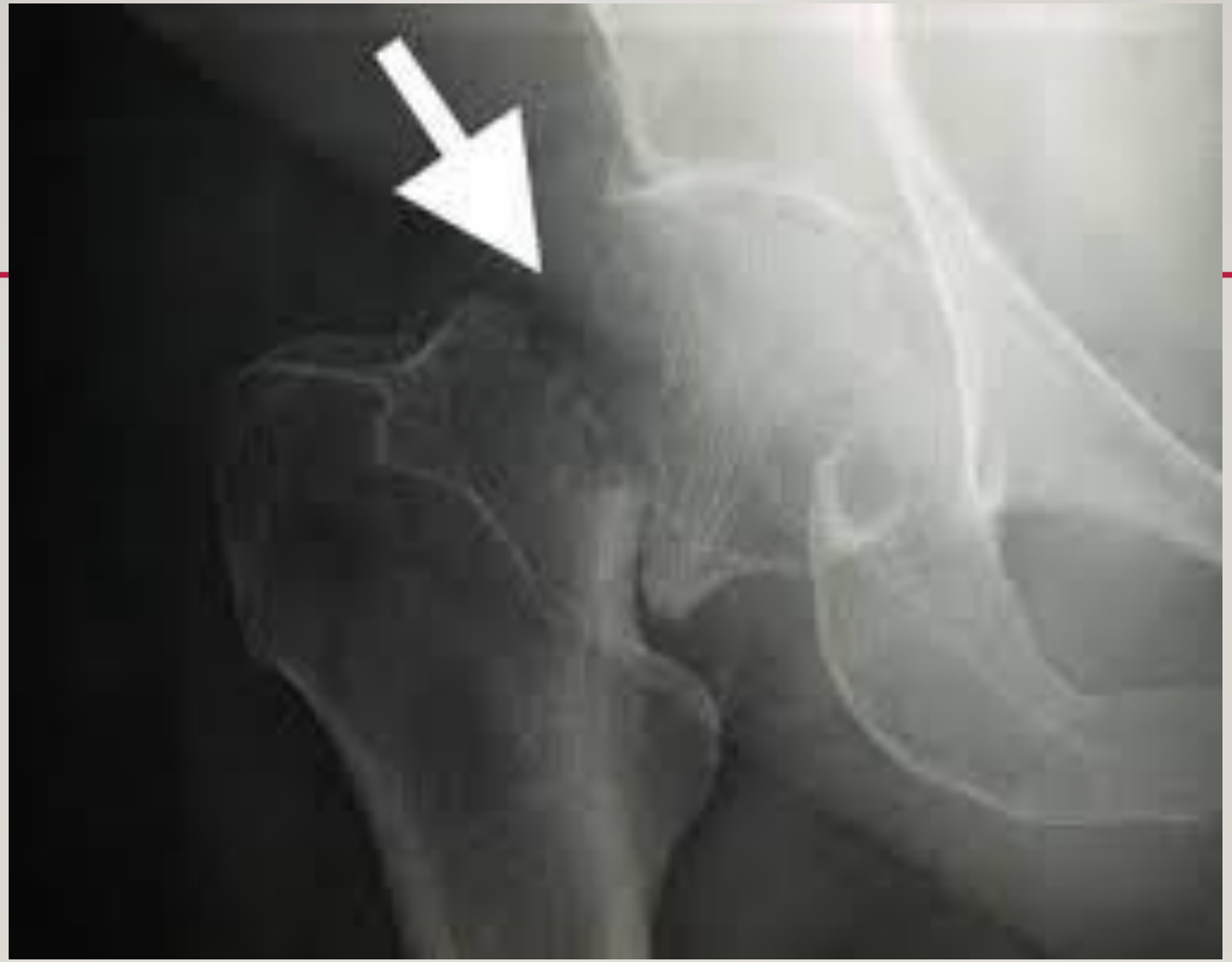
IT'S NOT JUST THE MEMORY!!!

Some features of disease
Immobility Poor balance, Muscle loss, Deconditioning, Unmotivated, Poor judgement, Visuospatial dysfunction
Incontinence
Poor nutrition
Poor immunity

MEMORY LOSS CAN BE DANGEROUS SOMETIMES

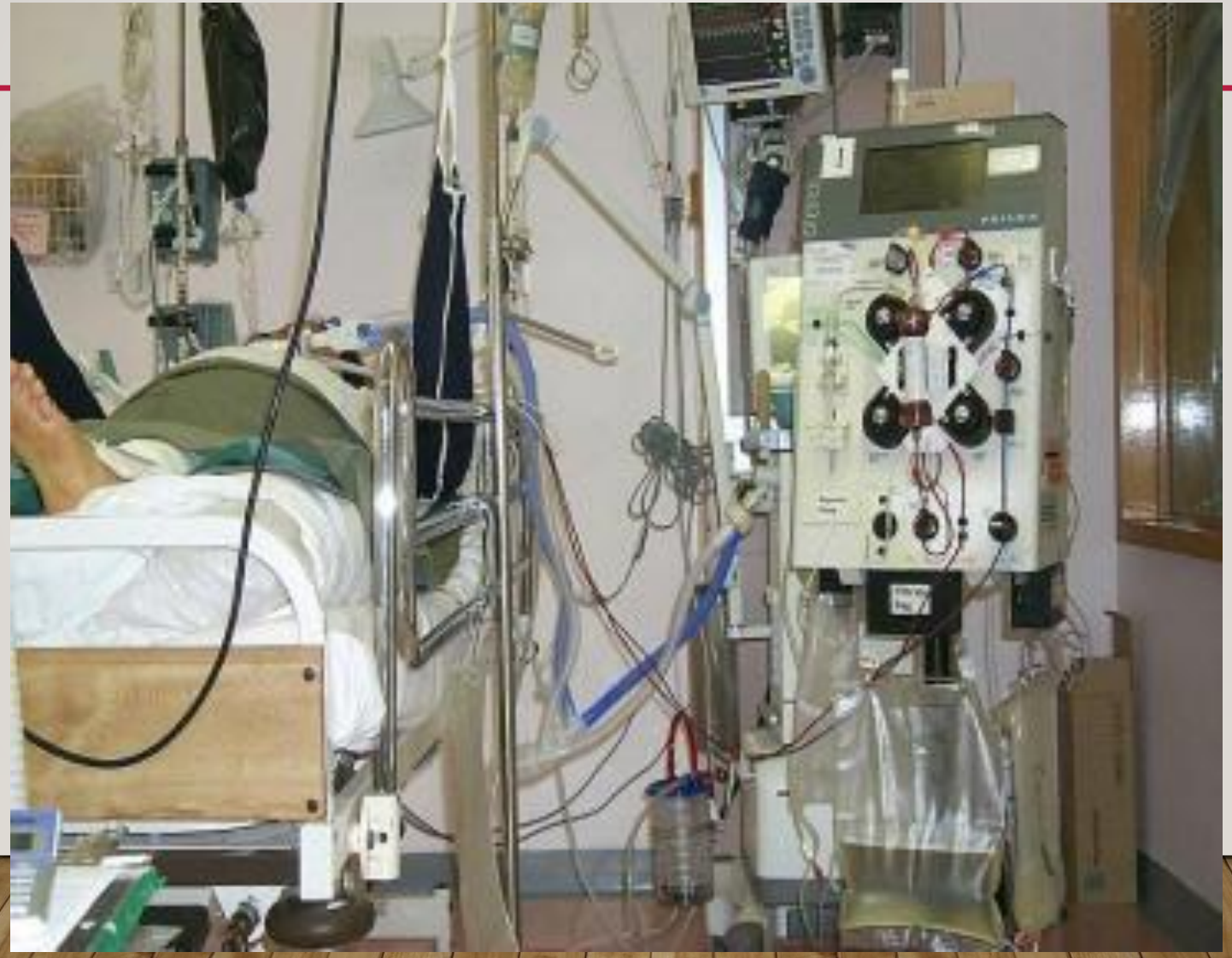
POOR SOCIAL COGNITION AND JUDGMENT CAN HAVE CONSEQUENCES

- x2 – x3 times increase in risk of falls if you have dementia



THEN THIS HAPPENS

AND SOMETIMES THIS LEADS TO THIS…..

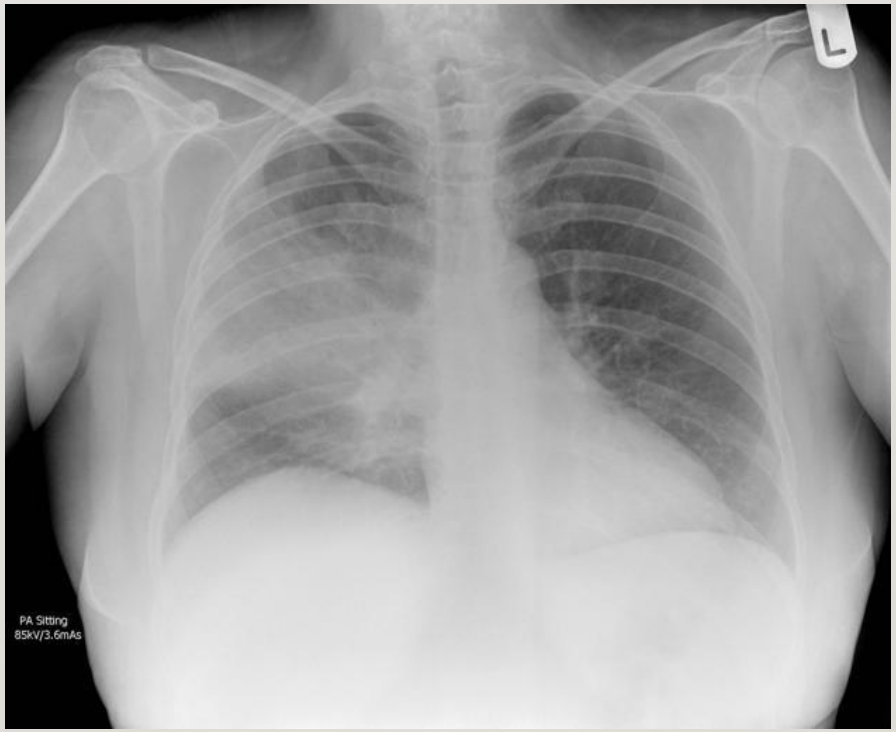


AND THEN THIS …….

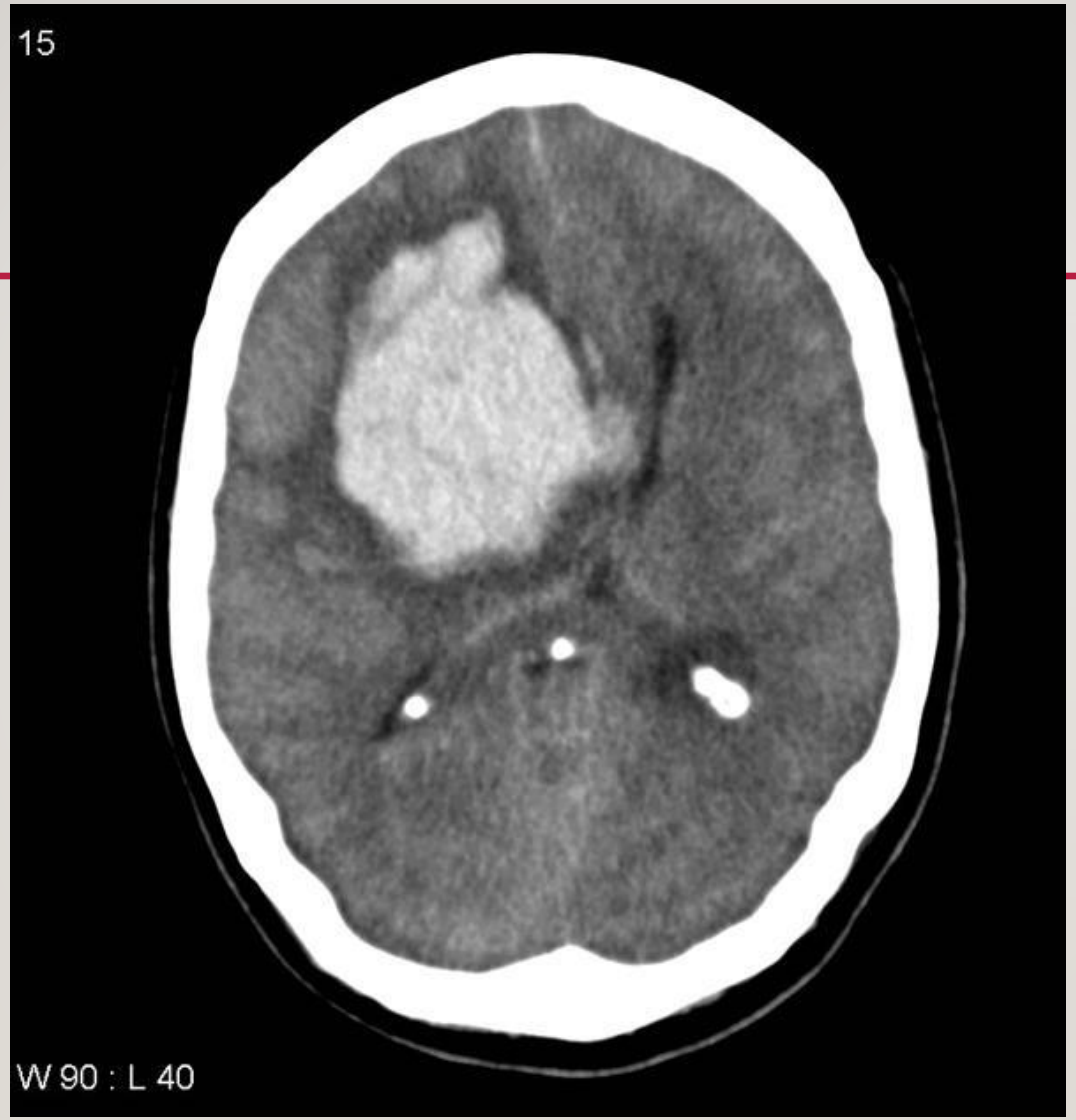
POOR MOTOR AND VISUAL PERCEPTION CAN HAVE CONSEQUENCES

HYPERORALITY, INACTIVITY, DECONDITIONING, LOSS OF MOBILITY , LOSS OF MOTIVATION….ALL HAVE POTENTIAL CONSEQUENCES

POOR NUTRITION, POOR IMMUNITY, POOR SWALLOWING, WEAK COUGH CAN HAVE CONSEQUENCES



CO – MORBIDITIES HAVE CONSEQUENCES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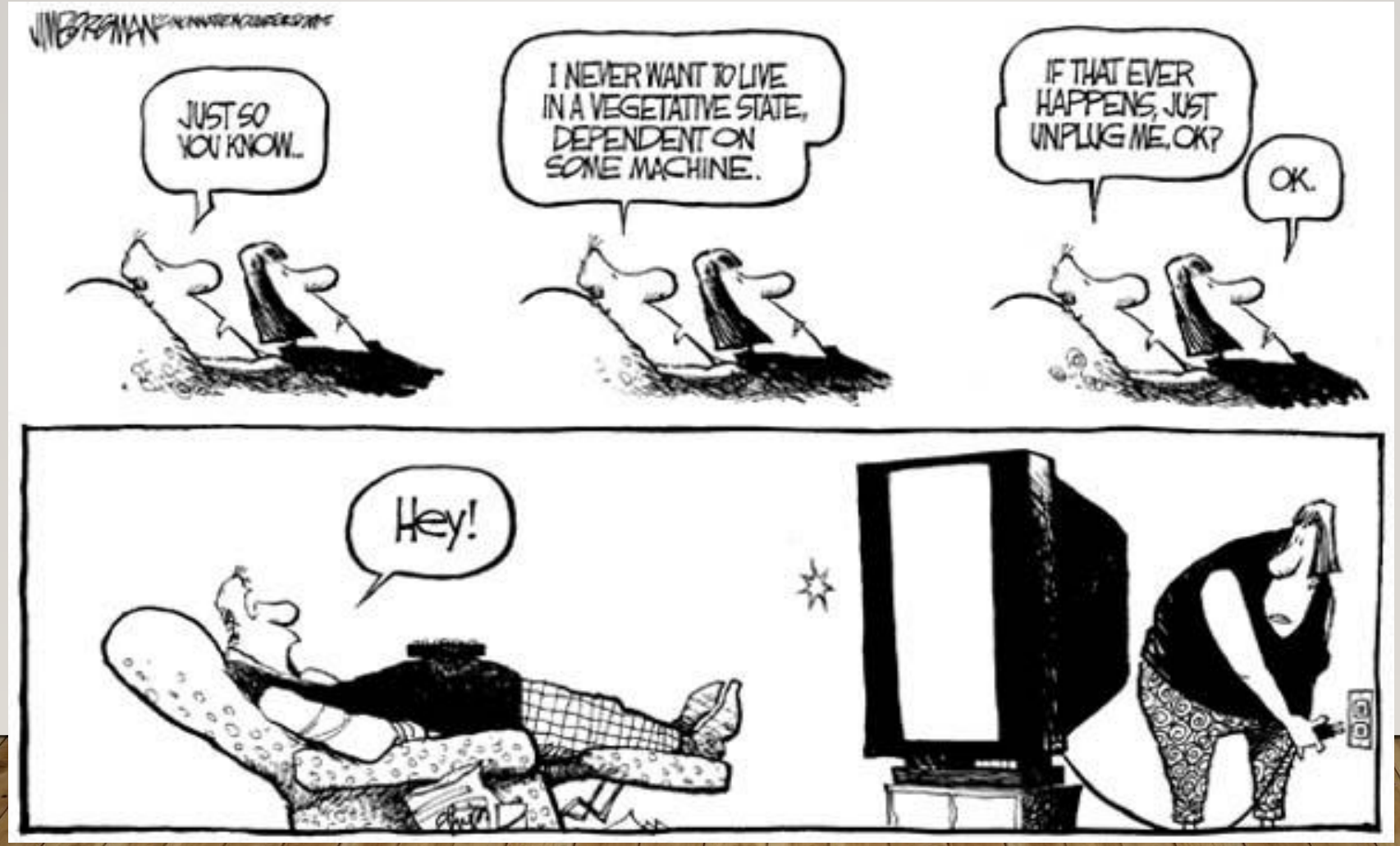
WHERE IS THIS LEADING?

- Most patients who find out they have lung cancer will pretty soon get around to the question of "how long have I got to live??" Even if they don't they will still usually be cognitively intact when they are getting near the end of their lives and can ask it then.
- Most patients who are given a dementia diagnosis wouldn't think to ask this. (some of their doctors wouldn't either!!!!)
- Most patients don't realise that there are different kinds of dementia with different life expectancies
- It's particularly important to ask these questions when the dementia diagnosis is given while there is (hopefully) still some cognitive function present so that the patient can participate in the conversations that need to be had and plans that need to be made.

CONVERSATIONS AND PLANS SUCH AS:

- ACP / Goals of life and treatment / Ceilings of care
- Deprescribing
- De-testing/operating etc etc
- Preferred place of being cared for
- Preferred people to do the caring
- Preferred place of dying

THERE ARE MANY DIFFERENT ASPECTS TO ADVANCE CARE PLANNING



QUESTIONS/COMMENTS??

SUMMARY / BLUF / IAN / THM / LTL / KP

1. Dementia is a life limiting diagnosis.

2. The diagnosis of dementia should be followed by the diagnosis of what sort of dementia it is because different dementias have different life expectancies and might require different types of care as things progress through the disease.

3. Advance Care and End of Life planning discussions should begin with the patient as soon as possible after the diagnosis is made while the patient (hopefully) still has some cognitive function. This is especially the case with some of the less common types of dementia.

LIFE IS PLEASANT, DEATH IS INEVITABLE FOR ALL OF US….

…..it is the transition in between that can be troublesome

THANK YOU