



Understanding Different Dementias

Debbie Reinberg
Kelli Squire
ELDEResources LLC
Denver, Colorado

Many healthcare providers equate Dementia with Alzheimer's disease

- Alzheimer's disease is the most common dementia and accounts for about 60%-80% of people with dementia
- Few are aware or/understand the vast number of dementias or take the time to try to differentiate
- Many physicians are not familiar with different diagnoses or may not anticipate a dementia in a young person

Many practitioners suggest that differentiation is not important for healthcare decisions.

Physicians can almost always determine that someone has dementia but many do not bother to go further with testing

A specific diagnosis can:

- Lead to improved care and future care and safety planning
- Better overall quality of life
- More time to prepare for financial and legal considerations
- Focus attention on potential comorbidities

Dementia is a general term for the loss of memory and other cognitive abilities serious enough to interfere with daily life.

The earliest signs are usually:

- Memory problems that interfere with daily life
- Issues with planning or problem solving
- Problems with completing tasks
- Confusion with time and places
- Visual or spatial difficulties
- Changes in speaking, forgetting words, making up words and writing difficulties
- Misplacing items, can't retrace steps
- Issues with judgement and reasoning
- Withdrawal from social situations, work
- Changes in personality, mood and behavior

Other causes of dementia should be ruled out first, before presuming a degenerative form of dementia.

- Depression
- Alcohol/drug abuse
- Medication side effects, drug interactions, drug overdose
- Dietary, vitamin and mineral deficiencies (A, C, B-12 and folate)
- Hormonal dysfunction (thyroid problems)
- Traumas (due to falls, concussions or contusions to the head)
- Metabolic disorders (dehydration, kidney failure, COPD)
- Infections
- Heart disease
- Brain disease (tumor)
- Environmental toxins

DEMENTIA



Alzheimer's Disease

- Early - Young Onset
- Normal Onset

Vascular Dementias (Multi-infarct)

Lewy Body Dementia

Fronto-Temporal Lobe Dementias

Other Dementias

- Genetic syndromes
- Metabolic pxs
- ETOH related
- Drugs/toxin exposure
- White matter diseases
- Mass effects
- Depression(?) or Other Mental conditions
- Infections – BBB cross
- Parkinson's

Degenerative Dementias

One can have multiple dementias at the same time.

Symptoms vary from person to person.

Different dementia diagnoses manifest differently over time, with respect to:

- Cognition
- Language
- Behavior
- Psychiatric
- Motor

Common Symptoms of Alzheimer's Disease

- Memory changes
- Changes in executive functioning
- Concentration changes
- Difficulty with reasoning and impaired judgement
- Difficulty with language and ability to communicate
- Confusion on time and place
- Withdrawal from work and social activities
- Personality changes

Common Symptoms of Vascular Dementia

- Caused by a series of strokes that deprive the brain of vital oxygen
- A decline in thinking skills
- Disorientation in familiar locations
- Walking with rapid, shuffling steps
- Incontinence
- Laughing or crying inappropriately
- Difficulty following instructions; problems handling money
- High blood pressure and high cholesterol

Common Symptoms of Lewy Body Dementia

- Impaired thinking, such as loss of executive function (planning, processing information), memory, or the ability to understand visual information.
- Fluctuations in cognition, attention or alertness
- Problems with movement including tremors, stiffness, slowness and difficulty walking
- Visual hallucinations (seeing things that are not present)
- Sleep disorders, such as acting out one's dreams while asleep
- Behavioral and mood symptoms, including depression, apathy, anxiety, agitation, delusions or paranoia
- Changes in autonomic body functions, such as blood pressure control, temperature regulation, and bladder and bowel function.

Common Symptoms of FTD

Behavior/Personality

- Poor decision making
- Problems sequencing
- Reduced social skills, socially inappropriate
- Lack of self awareness
- Hyper oral
- Egocentric
- Dis-inhibited
- OCD behaviors
- Excessive emotions, emotionally indifferent

Language Dysfunction

- Reduced attempts to talk, reduced content in speech
- Using and understanding written and spoken language
- Public use of forbidden words
- Difficulty naming objects

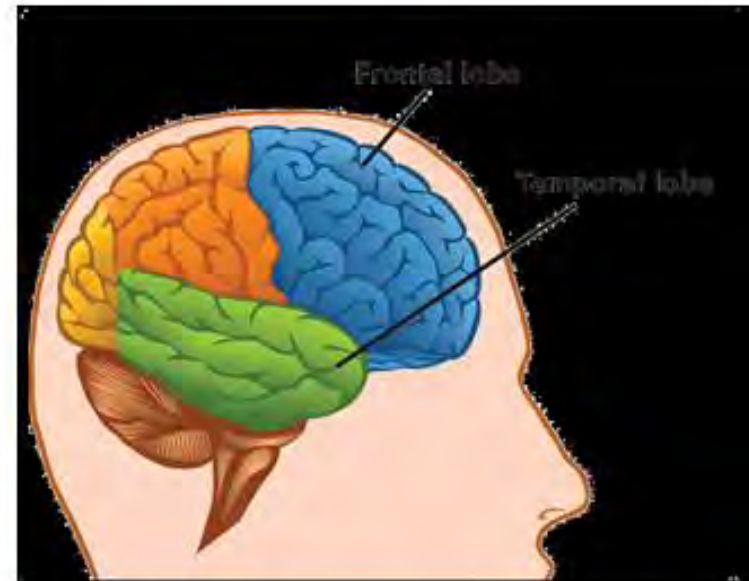
Weakness/Slowing of Movements

- Tremors, rigidity, muscle spasms, poor coordination, swallowing and muscle weakness

FTD - Fronto-temporal Dementia

Our highly developed frontal and temporal lobes distinguish us from other mammals and provide the capacity to:

- learn
- analyze information
- communicate
- empathize with others



Frontal Lobes are responsible for “Executive Function”:

- **Planning, Organizing and Prioritizing**
- **Sequencing our actions**
- **Self Awareness-Critical for monitoring our behavior**

Temporal Lobes are involved in:

- **Language and communication**
- **To speak and understand words**
- **Regulate our emotions by connecting them to objects and events**
- **Ability to recognize faces**

Challenging to Diagnose

- Often misdiagnosed as a psychiatric problem or another kind of dementia
- Usually occurs at a younger age
- There are no clearly defined stages of FTD, since the disease can vary significantly from person to person
- The life expectancy of someone diagnosed with FTD is 7–13 years on average, but can range from 2–20 years

Younger Onset FTD

- **Genetic or head injury**
- **Many still have young families**
- **Often misdiagnosed or non diagnosed**
- **Work may be the first place to notice**
- **Relationships are strained early**
- **Finances become a problem**

Behavioral Variant (bvFTD) (also known as Pick's Disease)

- Increasingly inappropriate actions
- Loss of empathy and other interpersonal skills
- Lack of judgement and inhibition
- Apathy
- Repetitive compulsive behavior
- A decline in personal hygiene
- Changes in eating habits, over eating
- Oral exploration and consumption of inedible objects
- Lack of awareness of thinking or behavior changes

Temporal Lobe Non Fluent Aphasia (PPA)

- **Can't name items**
- **Hesitant speech**
- **Not speaking**
- **Worsening of speech over time**
- **Mis-speaking**
- **Word salad**

Temporal Lobe Fluent Aphasia (PPA)

- **Has smooth delivery**
- **More nonsense words**
- **Word salad**
- **May think they make sense**
- **Fixates on a few phrases**
- **Volume control varies**

Relationship Considerations

- People with an FTD diagnosis often feel scared and isolated
- They need ways to contribute to family and their community
- Start with support groups and get supportive people involved early on
- Families, friends, and significant others will face many challenges as the person you know and love changes
- Family relationships, loss of work, declining health, financial decisions, and long-term care are only some of the issues to be dealt with
- With behavior changes, family members will need to deal with embarrassing and often alienating moments with friends and within the community

Relationship Considerations

- **Basic work skills (employment or at home) such as organizing, planning, and following directions will become almost impossible for the person with FTD. Such tasks will need to be added to the tasks of the caregiver.**
- **Durable power of attorney for health care, finances, and legal matters needs to be addressed as soon as diagnosis is confirmed.**
- **Personal lifestyle changes will be ongoing. The stress of providing care for someone with FTD can be incredibly difficult both physically and emotionally.**

FTD Treatment Options

- Consider starting Namenda earlier**
- Look at SSRI medications**
- Look at medications to treat OCD**
- Physical and Occupational Therapy**
- Medical equipment that can prolong independence**

Lewy Body Dementia – how it affects the brain

- Cerebral cortex – information processing, perception, thought and language
- Limbic cortex – emotions and behavior
- Hippocampus – forming new memories
- Midbrain and basal ganglia – movement
- Brain stem – sleep and maintaining alertness
- Brain areas important in olfactory senses

Common Symptoms of Lewy Body Dementia

- Impaired thinking, such as loss of executive function (planning, processing information), memory, or the ability to understand visual information.
- Fluctuations in cognition, attention or alertness
- Problems with movement including tremors, stiffness, slowness and difficulty walking
- Visual hallucinations (seeing things that are not present)
- Sleep disorders, such as acting out one's dreams while asleep
- Behavioral and mood symptoms, including depression, apathy, anxiety, agitation, delusions or paranoia
- Changes in autonomic body functions, such as blood pressure control, temperature regulation, and bladder and bowel function.

Lewy Body Dementia

- Estimated to be 4-16% of all dementias, though...
it is the most misdiagnosed dementia

There is no specific test to diagnose Lewy Body

... and it is only confirmed with an autopsy

Two types of Lewy Body Dementia

- *Dementia with Lewy Bodies (DLB)*
- *Parkinson's disease dementia (PDD)*

DLB (Dementia with Lewy Bodies)

- Some individuals will start out with a *memory or cognitive disorder* that may look like Alzheimer's disease
 - over time they develop movement or other distinctive DLB symptom, leading to the diagnosis of 'dementia with Lewy bodies' (DLB).
- A small group will first present with **neuropsychiatric symptoms, which can include hallucinations, behavioral problems, and difficulty with complex mental activities**, also leading to an initial diagnosis of DLB

PDD - Parkinson's Disease Dementia

- *Some individuals will start out with a **movement disorder** leading to the diagnosis of Parkinson's disease and later develop dementia. This is diagnosed as **Parkinson's disease dementia (PDD)***

People whose dementia occurs before or within 1 year of Parkinson's symptoms are diagnosed with DLB.

People who have an existing diagnosis of Parkinson's for more than a year and later develop dementia are diagnosed with PDD.

Symptoms that differentiate Lewy Body from Alzheimer's

- unpredictable levels of cognitive ability, attention or alertness
- changes in walking or movement
- visual hallucinations
- a sleep disorder called REM sleep behavior disorder, in which people physically act out their dreams, and
- severe sensitivity to medications for hallucinations.

In some cases, the sleep disorder can precede the dementia and other symptoms of LBD by decades.

Other LBD symptoms

- Changes in body temperature
- Blood pressure problems
- Dizziness
- Fainting
- Frequent falls
- Sensitivity to heat and cold
- Sexual dysfunction
- Urinary incontinence
- Constipation
- Poor sense of smell

Medications to treat LBD

- The same cholinesterase inhibitors used to treat Alzheimer's disease
 - These may improve hallucinations, apathy and delusions, though may cause nausea
 - Exelon has been approved to treat cognitive symptoms in PDD
- Movement symptoms may be treated with medications used for Parkinson's patients (carbidopa-levodopa)
 - These drugs will not stop or reverse progression of the disease
 - And, side effects can include hallucinations and other behavioral concerns
- Low dosages of Klonopin can help with sleep behavior disorders
 - Side effects of dizziness, unsteadiness and problems with thinking
- Melatonin can also help – alone or with Klonopin
- Anti-depressants can be helpful

Medications to be concerned about

- Anticholinergics/antihistamines may cause behavioral problems. Some medications for sleep or pain or bladder control can cause confusion, agitation, hallucinations and delusions
- Anti-anxiety medications can increase anxiety in people with LBD
- Medications for incontinence may worsen cognition

Medications to avoid or use with extreme caution

- Typical antipsychotics should always be avoided.
- Atypical antipsychotics may result in side effects such as increased confusion, worsened parkinsonism, extreme sleepiness and low blood pressure – symptoms typically associated WITH LBD
 - Zyprexa and Risperdal are more likely to cause serious side effects
 - Rarely – neuroleptic malignant syndrome can occur (high fever, muscle rigidity, muscle tissue breakdown leading to kidney failure.
 - Seroquel may be OK
- Benzodiazepines and similar risk sedation
- Opiates or tramadol

Other concerns

- Caregiver burden may be worse than with Alzheimer's, due to
 - Behavioral problems
 - Reduced ability to perform ADL's (cognitive AND Parkinson's symptoms)
- Challenges with diagnostic and treatment options
- Need to educate professionals and care teams regarding different treatment options for those with LBD

Lewy Body Dementia Progression

Regardless of the initial symptom, over time all three presentations of LBD will develop very similar cognitive, physical, sleep and behavioral features.

THANK YOU!

**Presented by:
Debbie Reinberg
Kelli Squire**

**ELDERresources LLC
Denver, Colorado
info@elderresources.com
303/717-9577**