

Geriatrics 2018: Dementia: A new approach to a difficult condition- Purnima Sreenivasan Health Aim Inc- Purnima Sreenivasan, Health Aim Inc, USA

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Dementia is a leading topic not just for researchers but also for families and caregivers involved in the care of patients suffering from them. Dementia is not a sign or symptom of “Health Aging”! Dementia is loss of memory as a function of the brain. Dementia is not Alzheimer’s and vice versa. Despite the advances in dementia, the research and the medications available to slow the progress of dementia, the understanding goes far and beyond the common man. To some it is a dreadful thing to happen in later age and to some it is a burden for the rest of the patient’s life and to others it is sense of disconnection to the society or community and family. What have we learned about dementia? What have we unlearned about dementia? What have we not thought or even considered in dementia research? What have we missed in our focus on dementia? Pharmaceuticals, nutraceuticals, nutrition, physical activity, mental activity and more have been considered. We still cannot figure why some suffer from dementia and some do not. In my own career of more than 15 years caring for persons and their caregivers in the world of dementia, I have learned a few salient points. One size does not fit all and nor should it? Don’t you agree? If so, come join me in unmasking dementia as a Health care futurist, dementia and aging life care specialist/consultant and healthtechentrepreneur!

Most people with Alzheimer’s disease and other memory-affecting conditions also get aggressive, agitated, depressed, anxious, or delusional from time to time, says senior author Helen C. Kales, MD, head of the Program for Positive Aging and Geriatric Psychiatry at the University of Michigan Health System and investigator at the VA Center for Clinical Management Research. Or they might have delusions, hallucinations, or lose inhibitions.

“Often more than memory loss, behavioral symptoms of dementia are among the most difficult aspects of caring for people with dementia. These symptoms are experienced almost universally, across dementia stages and causes,” she says. “Sadly, these symptoms are often associated with poor outcomes including early nursing home placement, hospital stays, caregiver stress and depression, and reduced caregiver employment.”

Doctors often prescribe these patients medications that are often used in patients with mental health disorders, despite little hard evidence that they work well and despite the risks they can pose—including hastening death. Meanwhile, studies have shown promise from nonmedication approaches to changing dementia patients’ behavior and reducing triggers for behavioral issues in their environment and daily life. But too few health teams are trained in their use.

When dealing with difficult behaviors from someone with dementia, it’s important to remember that they are not deliberately being difficult.

Our loved one’s sense of reality may now be different from ours, but it is still very real to him or her. As caregivers, we can’t change the person with dementia, but we can employ strategies to better accommodate any problem behaviors. Both the environment you create at home and the way you communicate with your loved one can make a significant difference.

These tips may help get you through some difficult moments using the “What, When, Where, Why, How” technique shared in: “When Caring Takes Courage: A Compassionate and Interactive Guide for Alzheimer’s and Dementia Caregivers.”

A new approach to handling agitation, aggression, and other unwanted behaviors by people with dementia may help reduce the use of antipsychotics and other psychiatric drugs in this population, and make life easier for them and their caregivers, a team of experts says.

Publishing their recommendations under the easy-to-remember acronym of “DICE,” the panel of specialists in senior mental health hopes to spark better teamwork among those who care for dementia patients at home, in residential facilities, and in hospitals and clinics.

In fact, the federal agency that runs Medicare and funds much dementia-related care has made the DICE approach an official part of its tool kit for reducing the use of antipsychotic drugs and other mental health medications in people with dementia.

Though these drugs may still help some patients, the new paper in the Journal of the American Geriatrics Society says, many nonmedication approaches could also help reduced unwanted behaviors, also known as neuropsychiatric symptoms of dementia. But it will take teamwork and communication to do it.