

# 5 QUESTIONS ABOUT DEMENTIA

PETER V. RABINS, MD, MPH

Erickson School of Aging Services, UMBC

1. What is dementia?
2. How does a doctor diagnose it?
3. How common is it?
4. What services will participants with dementia need?
5. How can early dementia be detected?

# **1. WHAT IS DEMENTIA?**

# Dementia Syndrome

- Onset in adulthood of
- Declines in 2 or more cognitive capacities
- That cause decline in daily function
- Normal level of consciousness and alertness

# COMMON CAUSES OF DEMENTIA

- Alzheimer disease 66%
- Vascular dementia 15-20%
- Dementia with Lewy bodies 8-15%
- Fronto-temporal dementia 5%

## **2. HOW DOES A DOCTOR DIAGNOSE DEMENTIA?**

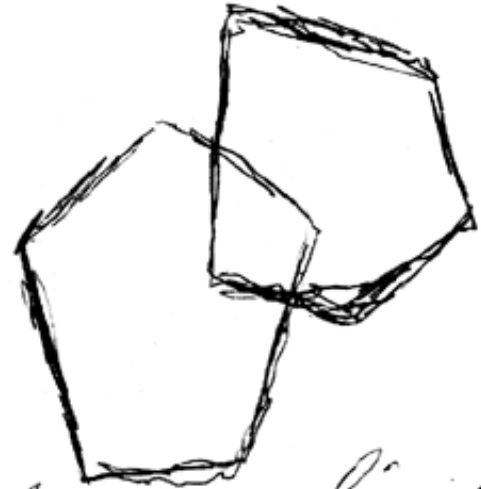
# Diagnostic Features of Alzheimer Disease

- Slowly progressive dementia
- No other etiology identified:  
non-contributory neurological examination,  
laboratory evaluation and brain imaging
- Decline in memory plus either:
  - aphasia (language)
  - apraxia (doing)
  - agnosia (perception and recognition)
  - dysexecutive function (conceptualizing,  
planning, starting, persisting, changing  
when appropriate, stopping, abstracting)

# 3 'Stages' of Alzheimer Disease

1. Decline in memory
  - personality change
  - executive function impairment
2. Cortical phase
  - aphasia
  - apraxia
  - agnosia
3. Physical Decline
  - incontinence
  - gait disorder
  - swallowing/feeding
  - muteness





#### 4. DIAGNOSIS

*you are required to place a big time  
your writing*

8.10.82

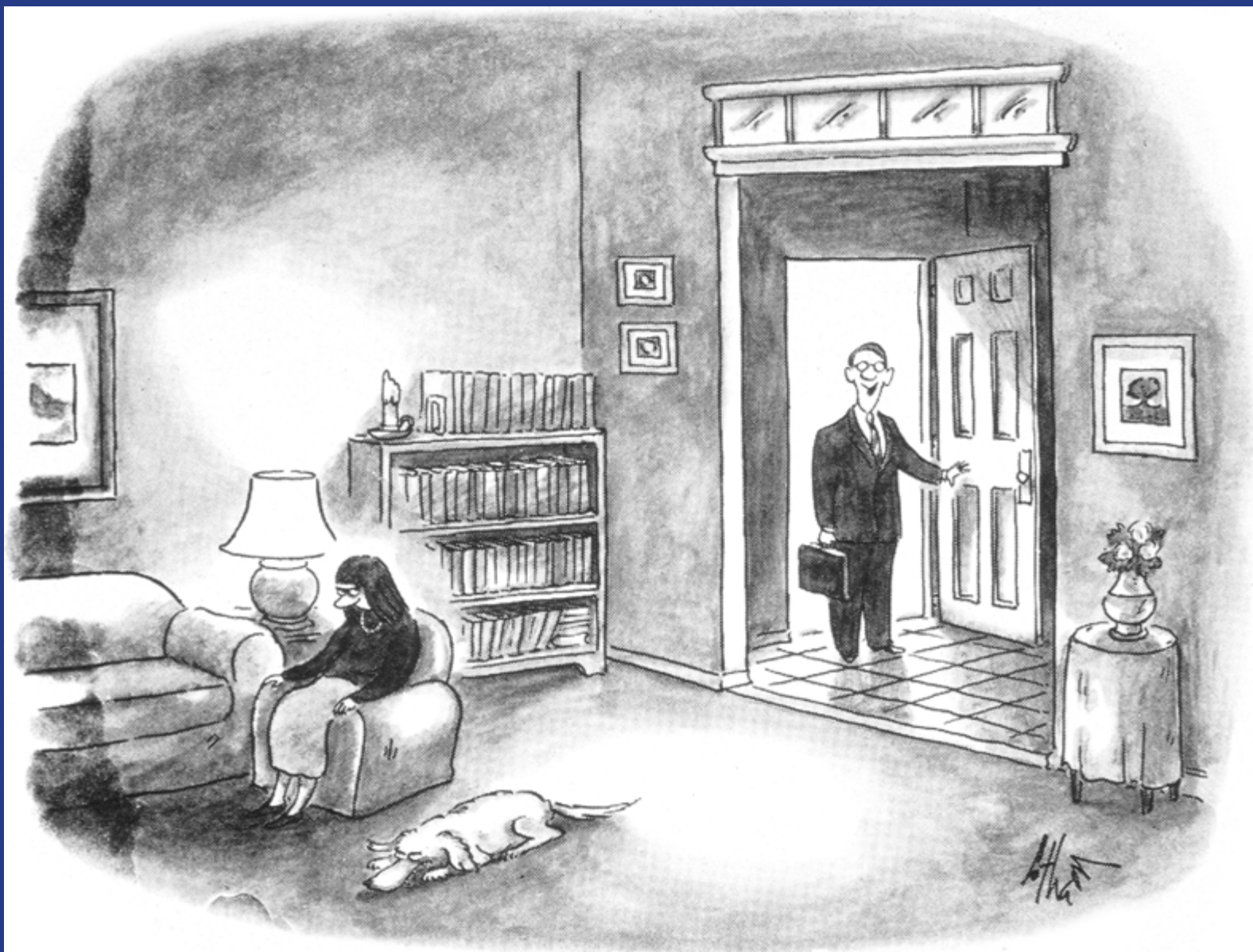
## THE 4 A's OF ALZHEIMER DISEASE

AMNESIA  
APHASIA  
APRAXIA  
AGNOSIA

### IMPAIRMENT IN

memory  
language  
doing  
recognition/perception

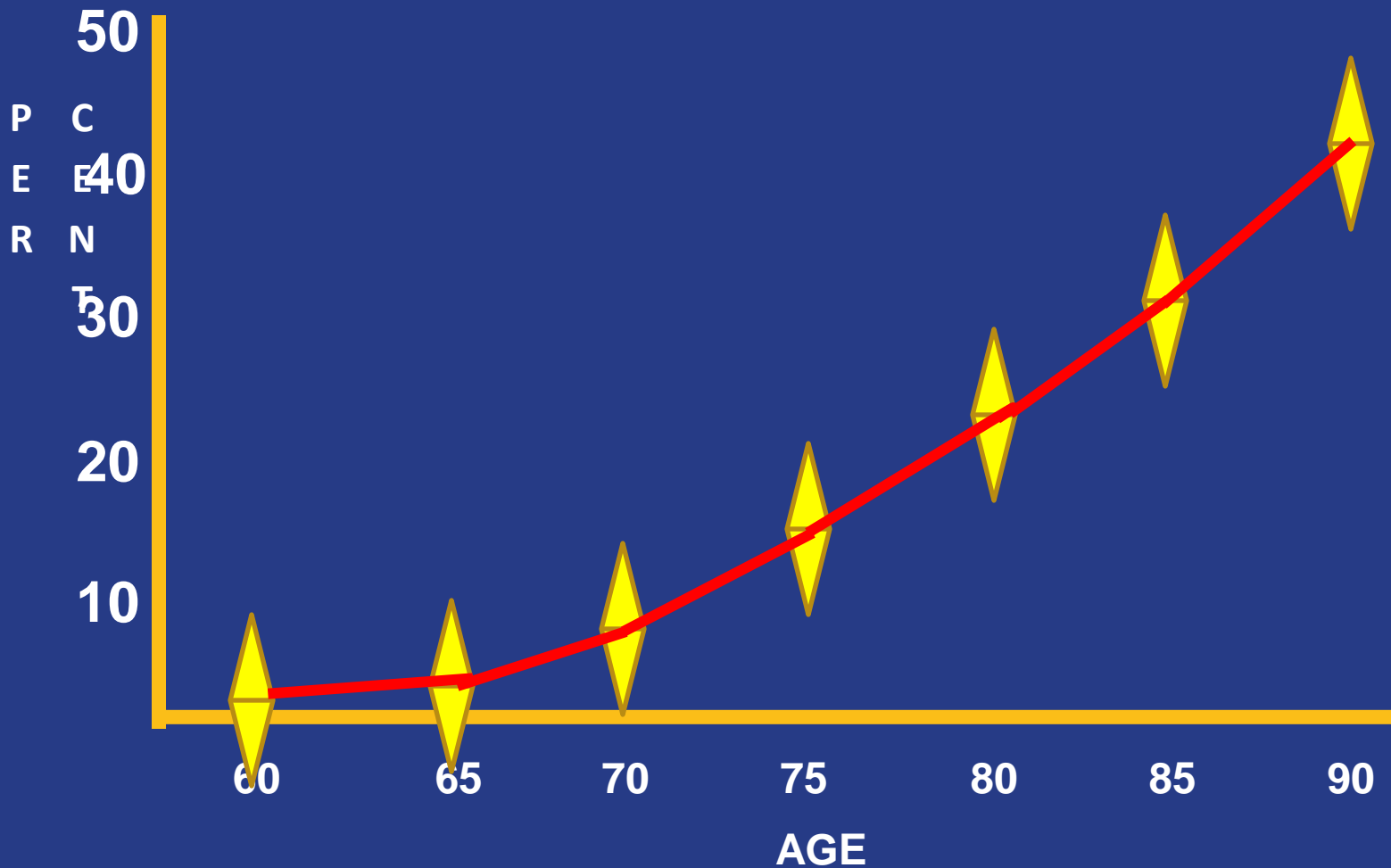
After McHugh and Folstein



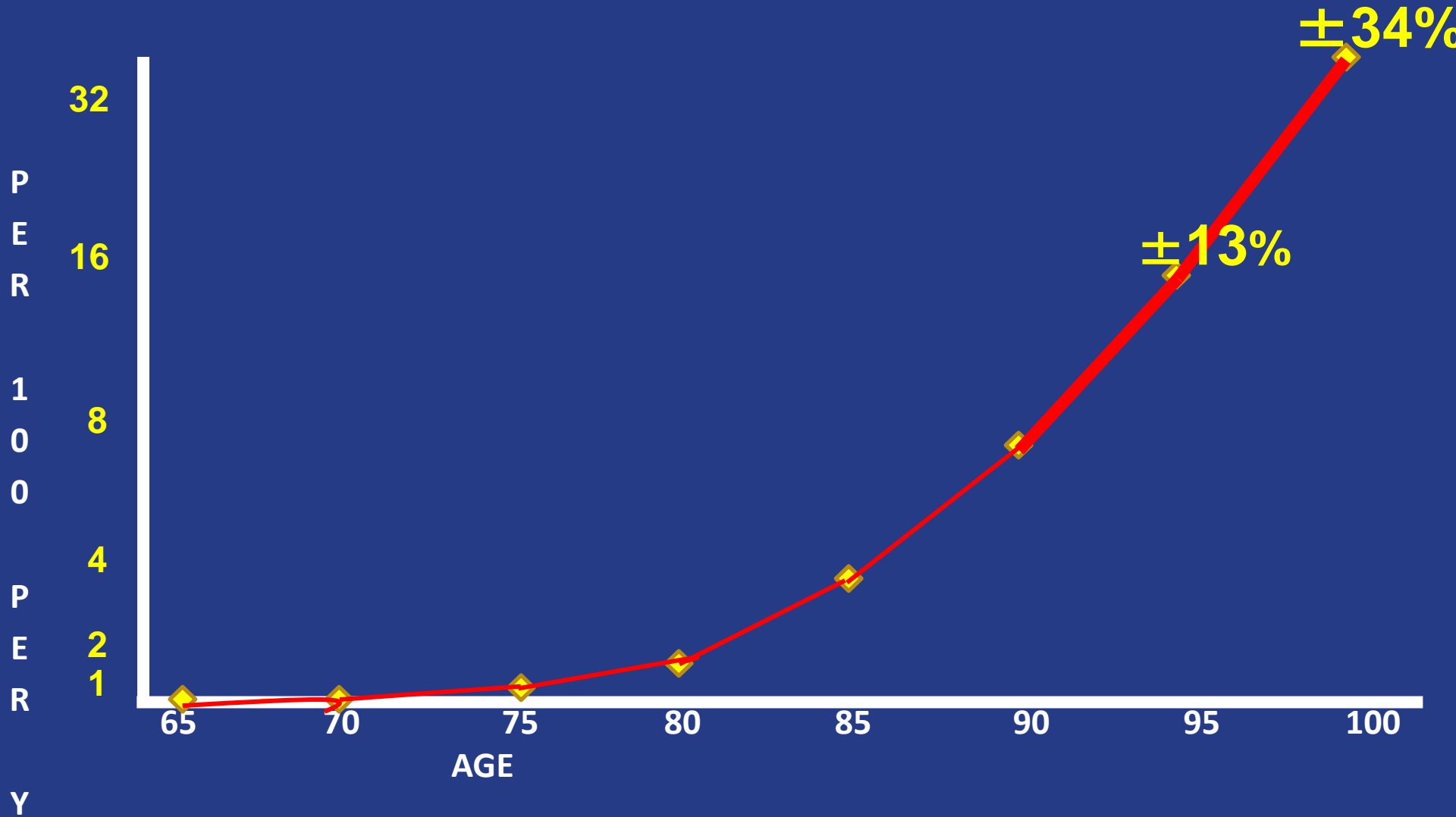
*"Honey, am I home?"*

### **3. HOW COMMON IS DEMENTIA?**

# PREVALENCE OF DEMENTIA BY AGE



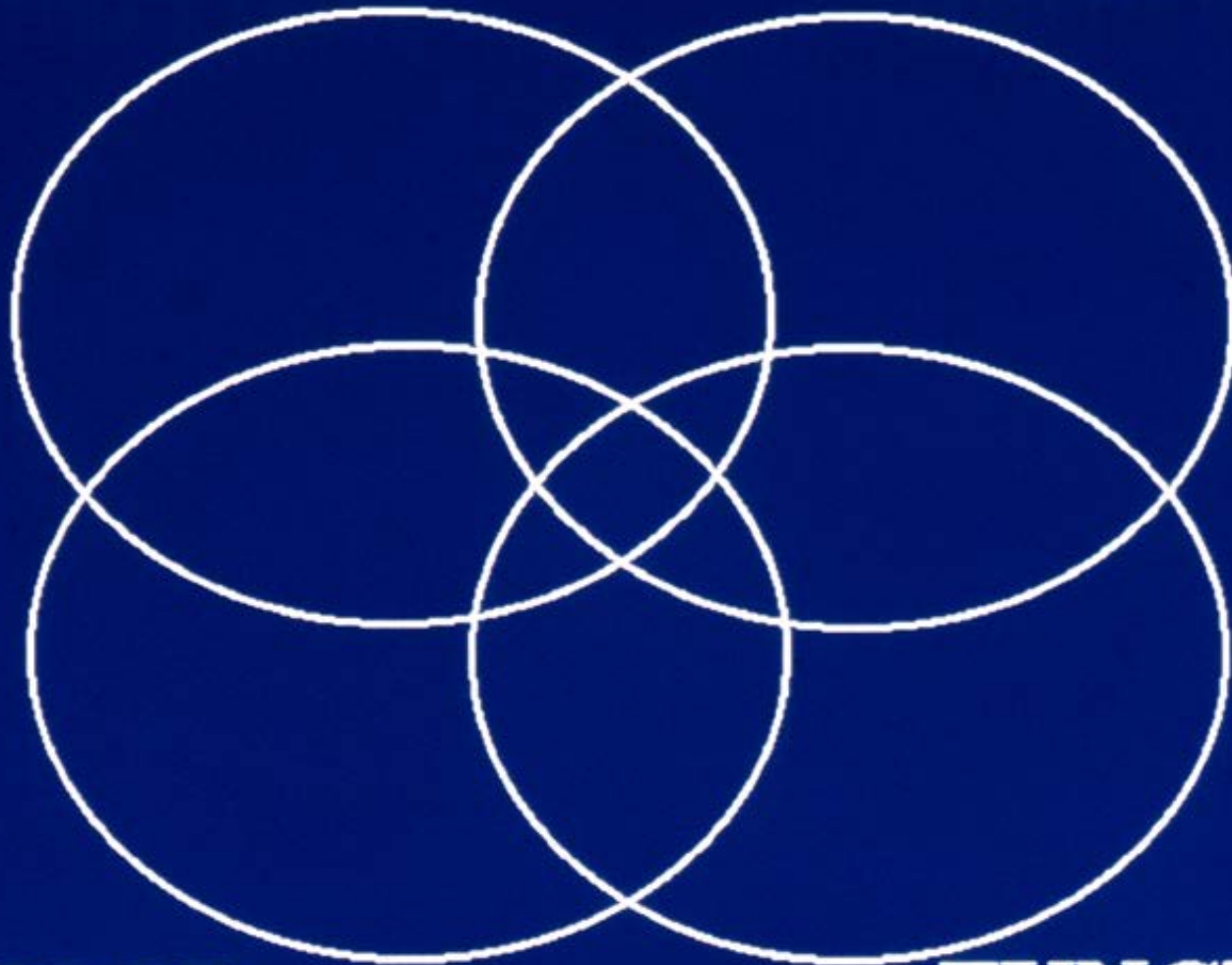
# INCIDENCE OF DEMENTIA



# **4. WHAT SERVICES WILL PARTICIPANTS WITH DEMENTIA NEED?**

**COGNITION**

**BEHAVIOR**



**MOOD**

**FUNCTION**



**TABLE 1.—BEHAVIOR PROBLEMS OF PATIENTS CITED BY FAMILIES**

<b>Behavior</b>	<b>No. of Families Responding*</b>	<b>Families Reporting Occurrence, No. (%)</b>	<b>Families Reporting Behavior to Be a Problem, No. (%)</b>
Memory disturbance	55	55(100)	51(93)
Catastrophic reactions	52	45(87)	40(89)
Demanding/critical behavior	52	37(71)	27(73)
Night waking	54	37(69)	22(59)
Hiding things	51	35(69)	25(71)
Communication difficulties	50	34(68)	25(74)
Suspiciousness	52	33(63)	26(79)
Making accusations	53	32(60)	26(82)
Meals	55	33(60)	18(55)
Daytime wandering	51	30(59)	21(70)

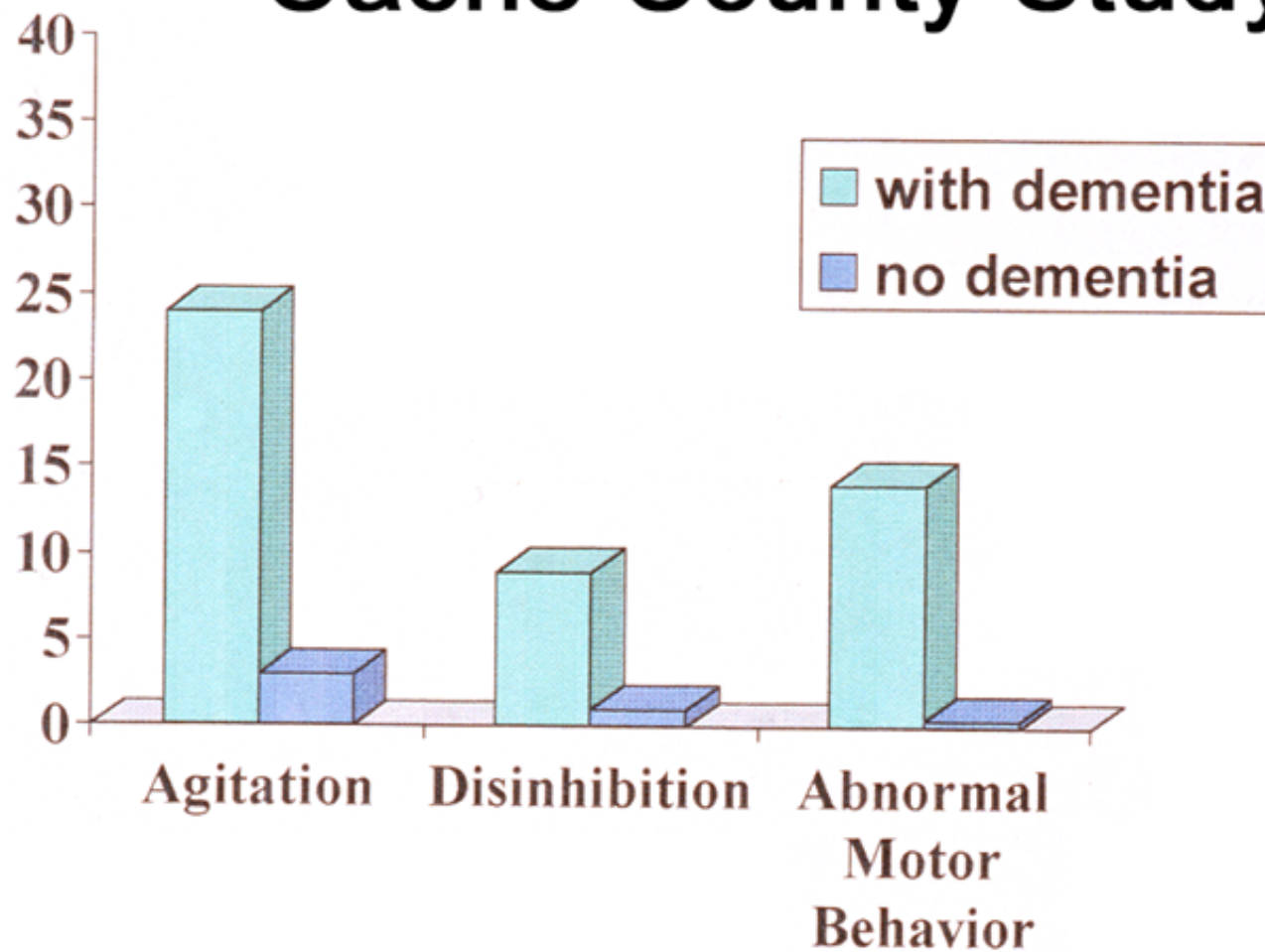
\*"Don't know" answers excluded.

**TABLE 1.—BEHAVIOR PROBLEMS OF PATIENTS CITED BY FAMILIES**

<b>Behavior</b>	<b>No. of Families Responding *</b>	<b>Families Reporting Occurrence, No. (%)</b>	<b>Families Reporting Behavior to Be a Problem, No. (%)</b>
Bathing	51	27(53)	20(74)
Hallucinations	49	24(49)	16(42)
Delusions	49	23(47)	19(83)
Physical violence	51	24(47)	22(94)
Incontinence	53	21(40)	18(86)
Cooking	54	18(33)	8(44)
Hitting	50	16(32)	13(81)
Driving	55	11(20)	8(73)
Smoking	53	6(11)	4(67)
Inappropriate sexual behavior	51	1(2)	0(0)

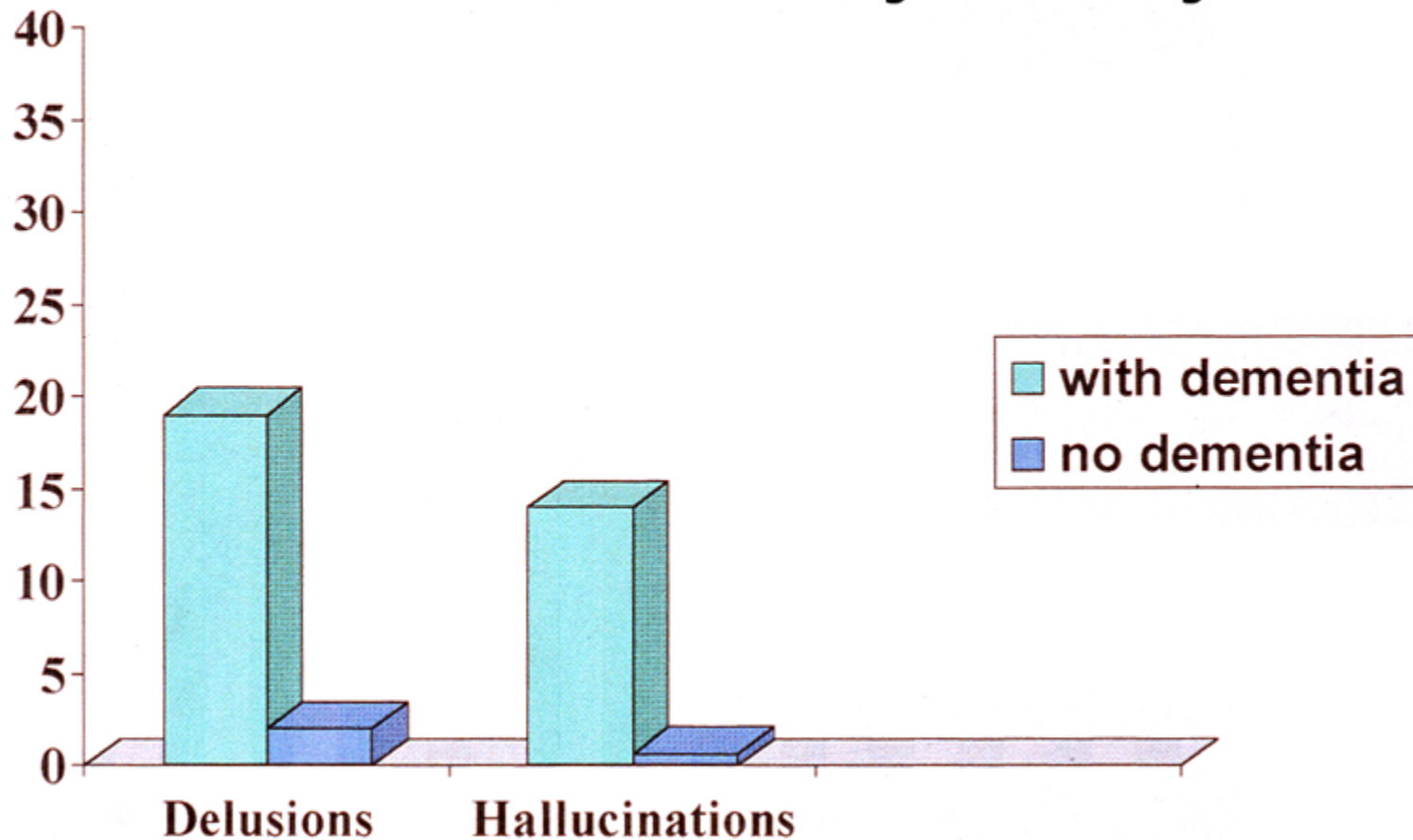
\*“Don't know” answers excluded.

# Frequency of NPI Disturbance by Cache County Study



Lyketsos (2000)

# Frequency of NPI Disturbance by Cache County Study

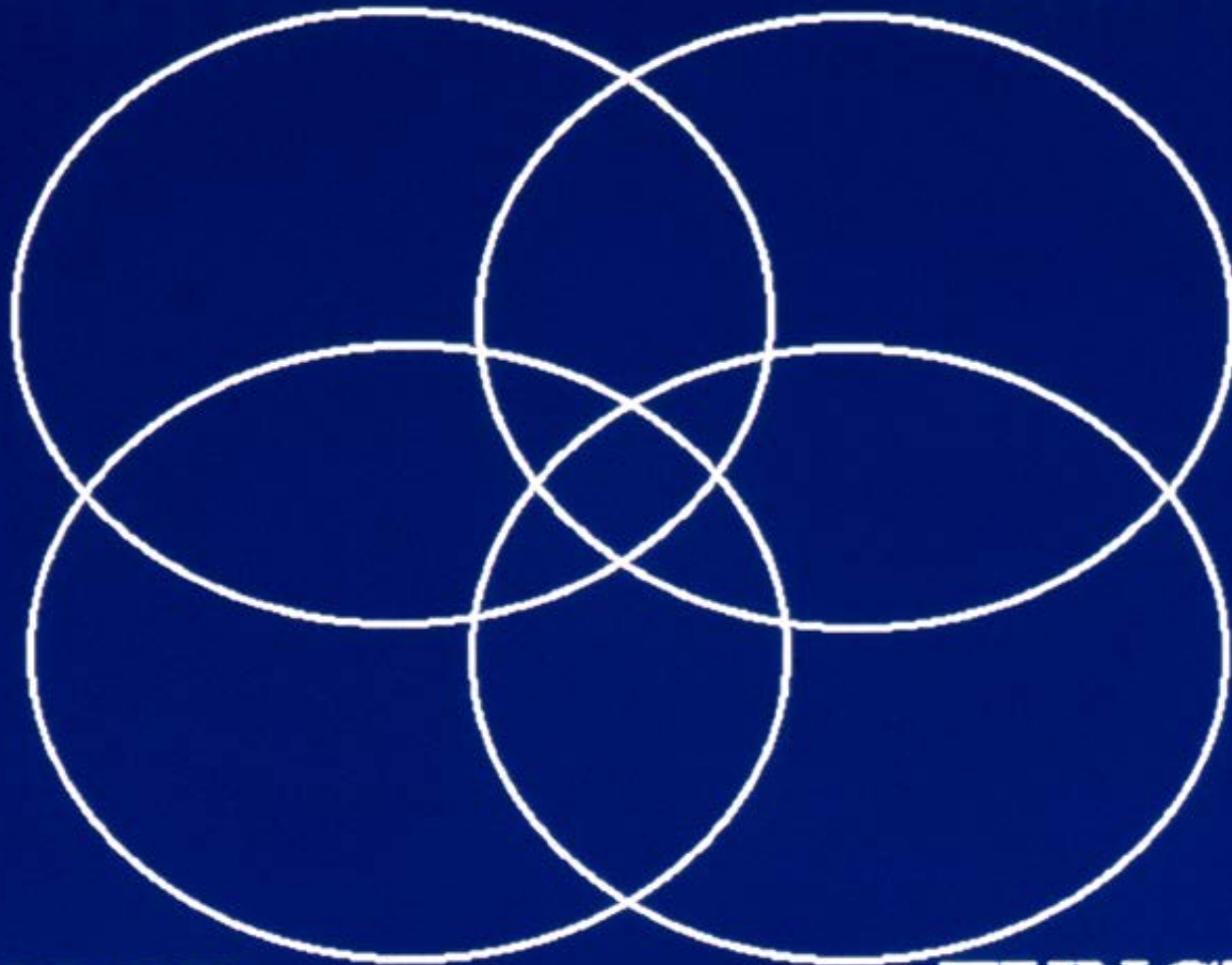


Lyketsos (2000)



**COGNITION**

**BEHAVIOR**



**MOOD**

**FUNCTION**

**AFTER THE SUMMIT**

An Exclusive Interview With Bush

# Newsweek

December 18, 1989 : \$2.00

## All About Alzheimer's

What Doctors Know ■ How Families Cope



# **4. WHAT SERVICES WILL PARTICIPANTS WITH DEMENTIA AND THEIR CAREGIVERS NEED?**

## Problems Caregivers Cite for Themselves (n=55)

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	No.	%
Chronic fatigue, anger depression	48	87
Family conflict	31	58
Loss of friends and hobbies, no time for self	30	56
Worry that caregiver will become ill	17	31
Difficulties assuming new roles responsibilities	6	29
Guilt	14	25
None	4	7



- Rates of emotional distress and demoralization among caregivers are 2-3 times higher than similar non-caregivers
- Nonetheless, the majority of caregivers report they are relatively well emotionally
- More than 50 studies demonstrate the benefits of caregiver interventions

# WHAT WORKS?

- Education
  - about the disease
  - about symptom management
  - about their own needs
- Emotional support
  - talking helps
  - support groups help some
  - respite
  - self management: mindfulness, yoga, exercise, socialization

## **Ideal System: A Continuum**



# WHAT ARE THE GOALS OF DEMENTIA CARE?

1. Maximizing the quality of life of the person with dementia
  - Maximizing their function
  - Adapting environment to their needs
  - Providing stimulation/activities appropriate to their ability and desire
  - Maximizing their dignity
2. Maximizing the quality of life of the caregiver(s)
  - Recognize their commitment
  - Recognize the challenges of caregiving
  - Recognize that expert input can solve or improve many of the challenges

# YOU PROVIDE THE LEADERSHIP TO:

1. Maximizing the quality of life of the person with dementia
  - Maximizing their function
  - Adapting environment to their needs
  - Providing stimulation/activities appropriate to their ability and desire
  - Maximizing their dignity
2. Maximizing the quality of life of the caregiver(s)
  - Recognize their commitment
  - Recognize the challenges of caregiving
  - Recognize that expert input can solve or improve many of the challenges

# **5. HOW CAN EARLY DEMENTIA BE IDENTIFIED?**

# A GOOD TEST . . . . .

1. Accurately identifies who *has* a disease and who *doesn't*
2. Answers 2 questions:
  - (a) Of everyone who has the disease, how accurate is the test in detecting them (and conversely detecting those who do not) ["sensitivity and specificity"]
  - (b) When the test is positive or negative, how accurate is that? ["predictive value"]
3. **BUT, 'B' depends on the prevalence (frequency) of the disease and ('A') doesn't!!**

# MINI-COG

## Step 1: Three Word Registration

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Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.<sup>1-3</sup> For repeated administrations, use of an alternative word list is recommended.

**Version 1**

Banana  
Sunrise  
Chair

**Version 2**

Leader  
Season  
Table

**Version 3**

Village  
Kitchen  
Baby

**Version 4**

River  
Nation  
Finger

**Version 5**

Captain  
Garden  
Picture

**Version 6**

Daughter  
Heaven  
Mountain

## Step 2: Clock Drawing

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Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

## Step 3: Three Word Recall

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Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version: \_\_\_\_\_ Person's Answers: \_\_\_\_\_



## Scoring

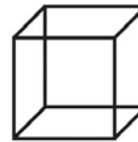
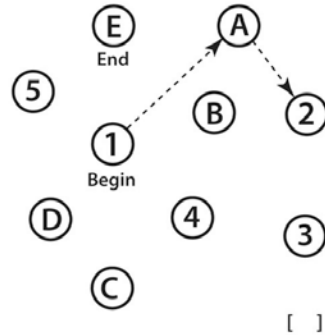
Word Recall: _____ (0-3 points)	1 point for each word spontaneously recalled without cueing.
Clock Draw: _____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score: _____ (0-5 points)	Total score = Word Recall score + Clock Draw score.  A cut point of <3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.

# MONTREAL COGNITIVE ASSESSEMENT

## MoCA

MONTREAL COGNITIVE ASSESSMENT (MOCA) Version 7.1 Original Version		NAME: Education: Sex:	Date of birth: DATE:				
<b>VISUOSPATIAL / EXECUTIVE</b>							
		Draw CLOCK (Ten past eleven) (3 points)		POINTS			
[ ]	[ ]	[ ]	[ ]	[ ]			
<b>NAMING</b>							
[ ]	[ ]	[ ]	___/3				
<b>MEMORY</b>							
Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.		FACE	VELVET	CHURCH	DAISY	RED	No points
1st trial							
2nd trial							
<b>ATTENTION</b>							
Read list of digits (1 digit/sec). Subject has to repeat them in the forward order		[ ] 2 1 8 5 4					
Subject has to repeat them in the backward order		[ ] 7 4 2				___/2	
Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors		[ ] FBACMNAAJKLBFAKDEAAA JAMOF AAB				___/1	
Serial 7 subtraction starting at 100		[ ] 93	[ ] 86	[ ] 79	[ ] 72	[ ] 65	___/3
4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt							
<b>LANGUAGE</b>							
Repeat: I only know that John is the one to help today. [ ]						___/2	
The cat always hid under the couch when dogs were in the room. [ ]							
Fluency / Name maximum number of words in one minute that begin with the letter F		[ ] _____ (N ≥ 11 words)				___/1	
<b>ABSTRACTION</b>							
Similarity between e.g. banana - orange = fruit		[ ] train - bicycle			[ ] watch - ruler	___/2	
<b>DELAYED RECALL</b>							
Has to recall words WITH NO CUE		FACE	VELVET	CHURCH	DAISY	RED	Points for UNCUE recall only
Category cue		[ ]	[ ]	[ ]	[ ]	[ ]	
Multiple choice cue							
<b>Optional</b>							
<b>ORIENTATION</b>							
[ ] Date		[ ] Month	[ ] Year	[ ] Day	[ ] Place	[ ] City	___/6
© Z.Nasreddine MD		www.mocatest.org			Normal ≥ 26 / 30		
Administered by: _____		TOTAL			___/30		
		Add 1 point if ≤ 12 yr edu					

**VISUOSPATIAL / EXECUTIVE**



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cube

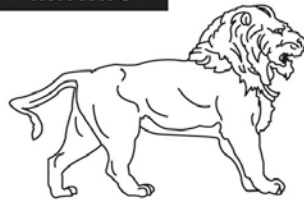
Draw CLOCK (Ten past eleven)  
(3 points)

POINTS

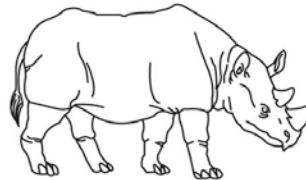
[ ] [ ] [ ]  
Contour Numbers Hands

\_\_\_/5

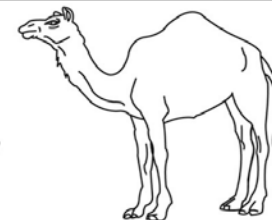
**NAMING**



[ ]



[ ]



[ ]

\_\_\_/3

**MEMORY**

Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED
1st trial					
2nd trial					

No  
points

**ATTENTION**

Read list of digits (1 digit/ sec.).

Subject has to repeat them in the forward order [ ] 2 1 8 5 4  
Subject has to repeat them in the backward order [ ] 7 4 2

\_\_\_/2

Read list of letters. The subject must tap with his hand at each letter A. No points if  $\geq 2$  errors

[ ] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B

\_\_\_/1

Serial 7 subtraction starting at 100

[ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65  
4 or 5 correct subtractions: **3 pts**, 2 or 3 correct: **2 pts**, 1 correct: **1 pt**, 0 correct: **0 pt**

\_\_\_/3

**LANGUAGE**

Repeat : I only know that John is the one to help today. [ ]  
The cat always hid under the couch when dogs were in the room. [ ]

\_\_\_/2

Fluency / Name maximum number of words in one minute that begin with the letter F [ ] \_\_\_\_ (N  $\geq 11$  words)

\_\_\_/1

**ABSTRACTION**

Similarity between e.g. banana - orange = fruit [ ] train - bicycle [ ] watch - ruler

\_\_\_/2

**DELAYED RECALL**

Has to recall words

WITH NO CUE

FACE	VELVET	CHURCH	DAISY	RED
[ ]	[ ]	[ ]	[ ]	[ ]

Points for  
UNCUED  
recall only

\_\_\_/5

**Optional**

Category cue

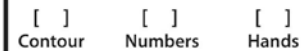
Multiple choice cue


**ORIENTATION**

[ ] Date [ ] Month [ ] Year [ ] Day [ ] Place [ ] City

\_\_\_/6

## POINTS



1/5

## [ ]

[

[

1/3

No points

1/2

1

$\frac{1}{3}$

1/2

1/1

1/2

## /5

## 1

## /6

TOTAL	/30
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Add 1 point if  $\leq 12$  yr edu

Administered by: \_\_\_\_\_

# A GOOD TEST . . . . .

1. Accurately identifies who *has* a disease and who *doesn't*
2. Answers 2 questions:
  - (a) Of everyone who has the disease, how accurate is the test in detecting them (and conversely detecting those who do not) [MOCA BETTER (more “sensitive”)]
  - (b) When the test is positive or negative, how accurate is that? [MOCA OVER IDENTIFIES, MINI-COG UNDERIDENTIFIES (“MoCA has worse positive predictive value while Mini-Cog has worse negative predictive value”)]
3. Ease of administration
  - MINI-COG MUCH SHORTER TIME AND EASIER TO

# I RECOMMEND

- MoCA before admission and yearly after 80



