

GP Hot Topics (April 2017):

Dementia: *How to explain the diagnosis to patients and relatives*

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Terminology

- CONFUSION
- Bewilderment
- Disorientation
- Befuddlement
- Delirium
- **Dementia**
- **Bemusement**
- **Puzzlement**
- **Dumbfounding**
- Distraction
- **Senility**
- ...and many others



Terminology

- Are all these terms synonymous?
- Is **dementia** the underlying cause in all confused patients?

Definition of cognitive impairment



Definition of cognitive impairment

Does this mean you have dementia?



Objectives

- 1** Case Presentation
- 2** Understanding Cognition and Dementing Illnesses
- 3** Explore common subtypes and complications

Objective

1 Case Presentation

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- 84 year old lady
- Increased 'confusion', agitation and poor sleep overnight
- Recently diagnosed with Stroke and Vascular Dementia
- Awaiting transfer to EMI Nursing Home
- Referred to me for Anticipatory Care Plan

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... but she does not have dementia

Objective

2 Understanding Cognition and Dementing Illnesses

Definition of cognitive impairment

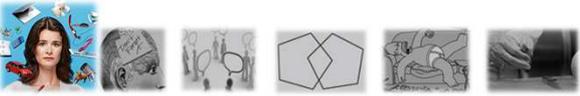
- Inclusive term to describe any characteristic that acts as a barrier to the cognition process

What is cognition?



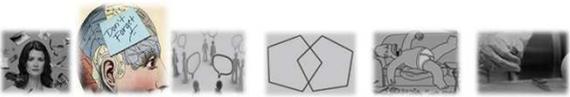
What is cognition?

1 Attention



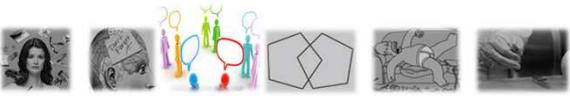
What is cognition?

2 Memory



What is cognition?

3 Language



What is cognition?

4 Visuospatial skills



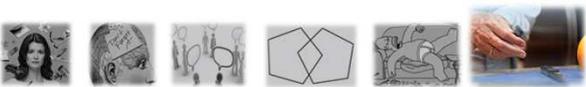
What is cognition?

5 Executive skills



What is cognition?

6 Apraxia



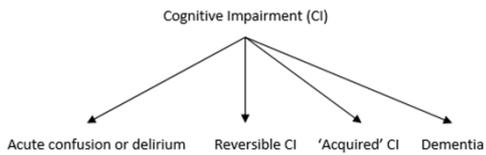
... back to defining cognitive impairment

- If a person is unable to complete one or more of the components of cognition, they will be considered to have a cognitive impairment.

... back to defining cognitive impairment

- If a person is unable to complete one or more of the components of cognition, they will be considered to have a cognitive impairment.
- But this does **not** mean that they all have dementia!

Classification



Dementia

Syndrome attributed to disease of the brain, usually chronic or progressive in nature, in which there is disturbance of multiple brain functions.

Cognitive impairment *versus* dementia



Objective

3 Explore common sub-types and complications

Subtypes of dementia

- Alzheimer's disease (31%)
- Mixed (25%)
- Vascular (22%)
- Lewy body (11%)
- Fronto-temporal (8%)
- Rarities

A 73 year old lady attends your clinic accompanied by her daughter. There has been a gradual decline in her memory over the last 12 months but things have gone worse now, to the extent that she is failing to pay her bills on time, occasionally forgets to switch off the water in the bathtub and has also once left the gas cooker on overnight. She becomes irritable and resists help offered by her family. Her house has become more cluttered and unkempt. She has an MMSE of 19/30.

Question

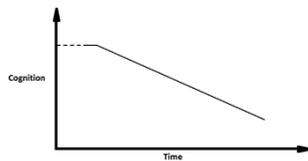
Based on this account, what reversible condition can be excluded from the outpatient clinic and how?

Alzheimer's dementia

- Most common type of dementia
- Hallmark symptoms:
 1. Memory loss
 2. Impairment of daily activities
 3. Neuro-behavioural abnormalities

Alzheimer's dementia - progression

- Rate of cognitive decline: around 3 points on MMSE per year (slow/ progressive)



A 64 year old gentleman presents with a 9-month history of reduced cognitive function, which has progressed in a stepwise manner. There has also been reports of nocturnal urinary incontinence. This started shortly after his left MCA/ACA infarct. More recently, he has been complaining of a fluttering sensation in his chest. You manage to retrieve his old CT images from the archive and organise a 12-lead ECG from clinic. These are shown below:



Vascular dementia

- Diagnostic criteria:
 1. Dementia
 2. Clinical and imaging evidence of cerebrovascular disease
 3. A temporal link between the above 2 components

Vascular dementia - progression

- Abrupt onset and tends to deteriorate in stepwise fashion

The graph shows 'Cognition' on the vertical axis and 'Time' on the horizontal axis. The line starts at a high level and then drops in a series of small, discrete steps, representing a stepwise decline in cognitive function over time.

Vascular Dementia

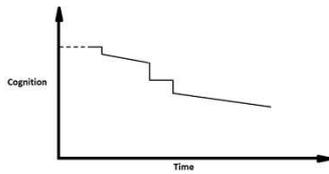


Cognitive impairment due to cerebrovascular disease



Mixed dementia

- Features of both AD and VaD



A 67 year old gentleman attends the falls clinic with increasing frequency of falls. His wife, who was accompanying him, also relates that his memory has been worsening in the last year. He has recently been reporting 'visions' of children playing in the house, although they are never there when others check. On examination, there is increased tone at both wrists but no tremor. His gait is shuffling with a hesitant turning.

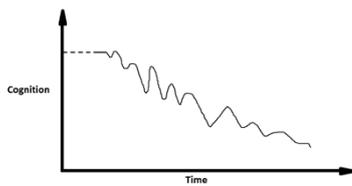
Dementia with Lewy Bodies

- 10-15% of all dementias
- Mean age of onset: 66 years
- Male: female = 2:1

Core clinical features

1. **Parkinsonism/ extrapyramidal signs**
2. **Fluctuating cognitive impairment**
3. **Visual hallucinations (usually animals and people)**
4. Early falls
5. Reduced consciousness
6. Neuroleptic sensitivity
7. REM sleep disorder

Dementia with Lewy bodies - progression



A 52 year old technician is referred to occupational health at work as his colleagues were concerned about his forgetfulness and poor work efficiency. He has also more recently developed word-finding difficulties. He has been describes as being disinhibited at times. On examination, he was pleasant with normal affect. He scored 28/30 on an MMSE.

Frontotemporal dementia

- Early features:
 1. Coarsening of personality
 2. Social behaviour – disregard for social conventions
 3. Self-regulation (of emotions, drives, and behaviour)
 4. Language – loss of fluency or comprehension
 5. Altered eating habits

Complications of dementing illnesses

- Behavioural and Psychological Symptoms related to Dementia
- Reduced oral intake

...to PEG or not to PEG!

- Insufficient evidence to support PEG feeding in dementia and other neurodegenerative diseases.
- Emotive and controversial issue.

Summary

- Differentiated dementing illnesses from cognitive impairment
- Explored the common sub-types of dementia
- Complications of dementia

Questions