

Symptoms of Diseases that Cause Dementia and Finding Ways to Communicate With People Diagnosed With These Diseases.

This Article is about learning terms used to describe symptoms of diseases causing dementia, what is happening to people who experience these diseases, their symptoms and how we can interact with them in a supportive way. Symptoms and stages of diseases causing dementia begin, and progress differently for each person.

Forgetfulness, at first, sporadic and insignificant, then over time becomes more persistent. This pattern may remain stable for awhile for some people, for others progression moves ahead. It may take months or even years before family, friends, or co-workers begin to notice a pattern of forgetting. Gradual memory loss also includes other subtle changes such as difficulty speaking, finding the right words, problems with orientation – forgetting how to get to a familiar place or how to return home, distorted perception of reality, making unsound decisions but believing they are making good decisions. There are episodes of misplacing things, forgetting appointments, forgetting they had visit or phone call from family today.

Recent Memory refers to forgetting things that happened recently, in the past hour, day or week. Sometimes pieces or parts are remembered or the entire event may be forgotten.

Remote Memory refers to places, people, and events of the past, most often memories of childhood vividly remembered.

By the time this recognition is finally acknowledged - “something is wrong” “they are not like they used to be” - changes in the brain have been progressing for years. Some people recognize this in themselves and mention “I don’t seem to remember like I used to” “I used to be able to fix this, I can’t remember how anymore”. Other people do not verbalize recognition. Sometimes a crisis has to happen, a person gets lost while driving, forgets to pay the bills and power is shut off, a fire starts, the stove was not turned off. Family and friends often try to cover up for mistakes made. Usually daily routines do not reveal symptoms but stressful situations such as drastic change – a move, or death of a loved one, health problems, vacation trip to new places, new faces, new routines – bring on confusion, fears, irritability or withdrawing. Too much stimuli can contribute to a decreased ability to process or understand.

Other Changes are that people begin to lose the ability to learn new information, to store or recall information, to prioritize, to plan, to follow through with tasks. Some people realize something is happening and they are able to cover up for awhile. The disease continues to damage other parts of the brain which further compromise function.

During the progression of the disease the forgetting may be mild or erratic, forgetting parts of conversations or the entire conversation. Even when reminded, the thought is gone. They may make statements or ask questions over and over. They may write notes as reminders which can help. Some days or time of day they may seem, like

they used to be, other days forgetting is the rule of the day. Sometimes personality changes may occur from active to passive, easy going to irritable, outgoing to withdrawing.

Other very difficult impairments include loss of the ability to reason or think logically – to understand or problem solve. Tasks easily accomplished previously, now need to be broken down, one step at a time. (Too many steps, handling money – even if the person had done this well in the past, simple calculations – even if a math teacher previously, cooking a meal, driving a car, using household appliances, using tools – too many things – cannot understand – “I do not know what this is !”) This is so difficult for the person affected as well as for the loved ones to see this progression.

Disorientation is another symptom where there is confusion about time and space – getting lost – unable to tell the date or time of day.

Affected people have difficulty with finding the right word, remembering names, the ability to articulate thoughts or feelings and difficulty understanding the speech of others. Sometimes the sequence of words is mixed up – the sentence may not make sense to others, to the person it does.

The person may lose the ability to focus which may diminish their ability to read and comprehend – they eventually will stop reading. Spatial relations depend on the brain to organize and interpret what is seen. Judging distances, recognizing familiar people or objects may also be part of the loss. Agnosia is a condition where the brain distorts visual images such as depth perception. Difficulty determining space between stairs when walking, words on a page appear jumbled. A person with Agnosia can see objects and forms but is unable to recognize and interpret their meaning. Making sound decisions depends on memory, logic and reasoning – which when lost the person is unable to make decisions in their own best interest.

There may be changes in mood and behavior. Symptoms of depression may be present but the thought is that the loss of initiative may be more due to disease process rather than depression. The person will not be responsive to treatment with antidepressants if the cause is a disease process. A person may become self centered and unconcerned with feelings of others. Some people may have been easygoing but are now irritable, impulsive and sometimes aggressive.

When we see an escalation of behaviors there is usually an underlying reason. It is up to us to find the reason. Verbal and physical outbursts are symptoms of the disease not personal attacks. The person may be feeling very tired, feeling overwhelmed, frustrated, too much stimuli – noise, movement, color, things moving too fast. They may perceive a remark or an action as frightening, or hostile, for which they must protect themselves.

Some people experience delusional thinking – a fixed belief that is false. The person may accuse the spouse of infidelity, of being exploited financially, or that someone is taking their possessions.

Changes in sexuality may occur. Healthy sexuality depends on a variety of complex physical and psychological factors related to brain function. Changes may result from changes in the brain due to the disease process.

Problems with physical function such as walking, moving about, motor skills, eye hand coordination may be affected. With all the changes in the brain certain nerve and muscles may be damaged affecting some physical abilities, while other physical abilities may remain intact.

The above symptoms vary from person to person and movement from one phase to another also varies. As the person is experiencing all these changes due to damaged brain cells – can you imagine how difficult it is for caregivers and family to try to communicate with their loved ones? Can you imagine what kind of world the affected person lives in – trying to figure out their world, day after day!

What does it take to communicate with someone – First a thought or idea must come to mind. Then it needs to be expressed, verbally or non-verbally. Finally the idea must be received and understood. These steps require memory, language, perception, judgment and the ability to process the information – Often bits and pieces or all these steps are lost to diseases that cause dementia.

What is most important for us to remember is that our loved ones – family or friends do need our visits, our support, our touch, our caring to help them on their way.

We need to remember when we visit to find a quiet place where a person can hear and work to understand what we are saying. Find peaceful surroundings, a place they enjoy a place they feel safe in. The person will do best when they are rested, calm, adaptable and have a positive attitude. The person needs to have basic needs such as hunger, thirst, exercise, or toileting, met before trying to engage in conversation.

When talking speaks simply – use their name to get their attention. Try a gentle touch on the arm or shoulder to get their attention, wait until they look at you then continue your conversation. Keep eye contact when talking, talk slowly, and wait until you see they understand, talk about one thing at a time.

Use simple, everyday words in short sentences – “Your flowers are pretty” “You look nice today”. Concrete words are words that can be taken in by our senses – seen, felt, heard, tasted, and smelled. “Let’s walk to the store”. Being direct is helpful. Use a subject, verb and object. Say one thing at a time. Be patient – allow the person the time to process and respond. The “15 second rule” says count silently and slowly to 15 to give enough time for the person to respond. Speak slowly and clearly, repeat sentences, word for word a second or third time, to allow time for the person to understand. Usually, if

given more time the person can usually understand. Sometimes using hand signals or movements, pointing to the object, drawing or showing pictures helps... Writing the words sometimes helps. Checking for understanding as sometimes a person will answer “yes” or “no” to most questions, not understanding what they are being asked.

Other communication tips include, pointing to a person or object, using a different tone of voice to show different meanings. Use facial expressions to show emotion, write or draw, use index cards with common words, phrases or pictures that you or they can point to. If you ask a question about what the person wants to eat it will be too confusing but if you ask, “Would you like to eat meat today”, then you can ask if they want a specific meat, then ask or show a picture of specific parts of the chicken and ask, “Do you want this leg of chicken?” Ask questions such as, “How was lunch today?”. “How was your day?” “Let me show you”. Do you want to go listen to some music?” Questions should be specific not inquiring – such as, “what time is it?” “What day is it”? It is better to say, “Today is Monday” “It is 3:30 pm in the afternoon”. “It is time for our walk”. Accept what the person tells you – don’t argue, it will only cause distress on both parts.

Treat these individuals with dignity, help these special people feel they have enriched your day, your life, don’t assume anything, be creative, if one thing does not work, find something else. Some games may not work while others may, some activities may not work, find some that do! Be Respectful, Reassure Often, love, Touch often – a touch on the arm or a hug, holding their hand in yours. Be gentle. Remember these special days can become a very rewarding part of your life. You may find that they have given you more than you have done for them!

Resources: The Alzheimer’s Association, www.alz.org
Don’t forget local Libraries and Book stores

Lynda Moss Perrin, LMSW, ACSW
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