Could It Be Dementia?
A Caregiver’s Guide to Initial Evaluation
Dementia is a syndrome, a collection of symptoms that indicates a general decline in the thought processes of someone who was previously alert and focused. Memory loss, confusion and personality changes are common symptoms of dementia. Those who have dementia become impaired in their ability to perform daily activities, such as preparing a balanced meal, taking medications correctly, or balancing a checkbook. Dementia affects cognition, which refers to processes like remembering, thinking, learning, judging, perceiving, recognizing and reasoning.

There are many different causes of dementia. Identifying the cause is important in determining treatment options and prognosis. Most types of dementia will progressively worsen over time, although it is hard to predict how quickly this will happen. Early detection of dementia ensures that patients and their caregivers have access to services that will delay decline, prevent health crises and support families.

**Evaluation Processes**

Anyone experiencing cognitive changes can benefit from a full evaluation, to identify specific problems. This evaluation is best provided by doctors specializing in memory care, such as neurologists and neuropsychologists. Piedmont Healthcare has specialists who can diagnose and treat cognitive problems. The evaluation will usually include:

- Focused history of the characteristics of the problem: when it started, if it has worsened, and the duration of the symptoms. This information should be provided separately by the patient and a family member or close acquaintance.

- A physical exam to rule out underlying diseases that might affect cognitive function. Usually this is provided by the patient’s primary care physician, who will share the results with the neurologist and neuropsychologist.

- Neuropsychological tests of mental functions such as attention, language, perception, memory and psychological status.

- Neurological exam, which can include:
  - MRI or CT scan to rule out a brain tumor, hydrocephalus or stroke
  - Vitamin B12 testing to rule out deficiency
  - Blood count to investigate anemia or infection
  - Serum electrolytes to investigate metabolic diseases
  - Other tests as indicated by the patient’s history

In addition, a home visit by a clinical social worker is advised, to assess the patient’s ability to perform daily activities, make suggestions for home safety and address issues of caregiver stress.

**Causes Of Dementia**

Some of the of the most common types of dementia are Alzheimer’s disease, Vascular dementia, Lewy Body dementia, and Frontotemporal dementia.
Some patients will develop dementia due to a long history of substance abuse. Others may have multiple causes of dementia, occurring simultaneously. Although these conditions differ in some respects, their overall course and presentation of symptoms are similar.

- **Alzheimer’s Disease**: This is the most common cause of dementia. The typical course is a progressive decline in the patient's memory and organizational skills. Generally, patients lack insight into their loss of abilities. Many people with Alzheimer’s disease experience delusions, which are fixed false thoughts and beliefs. Some people will also have hallucinations.

- **Vascular Dementia**: A frequent cause of dementia which is often associated with strokes. Vascular dementia frequently has an abrupt onset of symptoms, with a step-wise decline.

- **Lewy Body Dementia**: Characterized by both cognitive decline and motor impairments which resemble those present in Parkinson’s disease. Hallucinations, delusions and paranoia are common symptoms.

- **Frontotemporal Dementia**: This diagnosis refers to a group of diseases that affect the frontal and temporal lobes of the brain, including Pick’s disease, Primary Progressive Aphasia and Semantic Dementia, among others. Onset is often under the age of 65. Early symptoms include marked changes in personality and behavior, rather than memory loss.

- **Alcohol Related Dementia**: Results from long-term excessive use of alcohol, which affects the brain as a neurotoxin. Mental confusion and memory loss are most pronounced symptoms.

- **Normal Pressure Hydrocephalus**: This is a type of “fluid on the brain” which can result in abnormal gait, incontinence and memory loss. If there is early diagnosis and treatment, these symptoms can be reversed.

- **Chronic Traumatic Encephalopathy (CTE)**: Associated with repeated head trauma, often due to athletic injuries. Symptoms can include depression, memory loss, and aggression.

- **Mild Cognitive Impairment**: This is a condition in which mild memory deficits are consistently present. However, patients with MCI are not impaired enough to receive a diagnosis of dementia. Although memory is affected, other aspects of daily living are not. Some patients with this condition will eventually develop dementia.

**Treatment**

Family members and friends of dementia patients play a huge role in treating this condition. A loving, safe and reassuring environment provided by caregivers who understand what patients are experiencing will give them the best chance to lead a good quality of life. Whether it is the family home, a daytime respite program, or a long term care facility, dementia patients need to be surrounded by others who are kind, patient and supportive.
While medications cannot stop or reverse the progression of dementia, they may slow or lessen symptoms. Common medications prescribed for dementia focus on memory, challenging behaviors and mood.

**Memory Enhancer Medications**
- Cholinesterase inhibitors like Aricept (donepezil), Reminyl (galantamine) and Exelon (rivastigmine – comes in pill or patch) are often prescribed to help patients hold on to their current level of cognitive function. They are best when started early in the disease process.

  - Namenda (memantine) is in a class called NMDA receptor antagonists. It works well for patients in the moderate to severe stages of dementia, and is often prescribed along with one of the cholinesterase inhibitors.

**Medications For Challenging Behaviors**
Extreme agitation, paranoia, delusions, aggression and hallucinations can negatively impact the quality of life for patients and caregivers, so medical intervention may be warranted. Using antipsychotic medications for patients with dementia is considered an “off-label” use, so they must be monitored carefully for potentially harmful side effects.

**Medications For Mood**
Dementia patients are at risk for clinical depression. In the early stages, they may realize that something is wrong. The fear can become so intense that they become clinically depressed, with symptoms such as social withdrawal, loss of interest in life and frequent crying spells. Clinical depression often leads to a loss of concentration and focus, which can make memory loss even worse. Treatment with antidepressant medication will often lift spirits and increase focus.

**Support and Resources**
When an evaluation results in a diagnosis of dementia, patients and family caregivers can rest assured that there are many community resources available. Support groups, workshops and one-on-one case counseling is available to families through Sixty Plus Services.

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**Piedmont Healthcare**

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