



**Health**

Hunter New England  
Local Health District

# Dementia: The Geriatric Medicine Perspective:

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# What is Dementia?

- ❖ A Syndrome that includes an acquired global impairment of memory and other cognitive functions in the absence of clouding of consciousness

Definitions usually include:

evidence of ***gradual*** progression

presence of functional limitation

exclusion of other psychiatric diagnoses

# Causes of Dementia

- Alzheimer's Disease
- Vascular Dementia
- Lewy Body Dementia
- Frontotemporal Dementia
- Other Degenerative Conditions
- CJD etc

# Alternative Diagnoses

- Delirium
  - Infections
  - Metabolic Problems
  - Medications
  - Stroke
  - Myocardial Infarct
  - Others
- Depression
- Hormone Deficiencies
- Vitamin Deficiencies
- Brain Injury / Tumour
- “Mild Cognitive Impairment” or “MCI”



# Criteria for MCI

- Subjective memory complaint
- Preserved general intellectual function
- Impaired memory relative to age and education
- No impairment in ADLs
- The absence of dementia !!



# Assm<sup>t</sup> of Individuals with Cog Imp

- Accurate History (Patient and Carer)
- Medication Review
- Full Examination
  - Cognitive Assessment Tools
  - Geriatric Depression Scale,
  - Carer Strain Index.
- Blood Tests
- Other Investigations



# Common Presentations

- Early Features
  - Forgetting conversations
  - Repetitive questions  
(Likely MCI)
- Early warning signs
  - Missing appointments
  - Getting lost
  - Not able to find car
- Worrying signs
  - Difficulty with meal prep and self care
  - Difficulty with shopping
  - Difficulty with bill paying
  - Wandering
  - Day / Night disorientation
  - Hallucinations
  - Delusional thoughts



# Cognitive Assessment Tools

- MMSE: Mini Mental State Examination
- MOCA: MOntréal Cognitive Assessment
- IQCODE: Informant Questionnaire on COgnitive Decline in the Elderly
- RUDAS: Rowland Universal Dementia Assessment Scale
- ACE-III: Addenbrookes Cognitive Examination
- ADAScog: Alz Disease Association Score
- “*Scane’s Test*”: Banknotes and coins
- Clock Drawing
- Ancillary Tests: eg Trails Test, OT Drive Home Maze Test, etc



# Services available

- Geriatricians
- Community Dementia Nurses
- Dementia Australia education programmes
- Dementia Support Australia (DSA)
  - Dementia Behaviour Management Advisory Service (DBMAS)
  - Severe Behaviour Response Teams (SBRT)
- Palliative Care



# Prognosis in Dementia

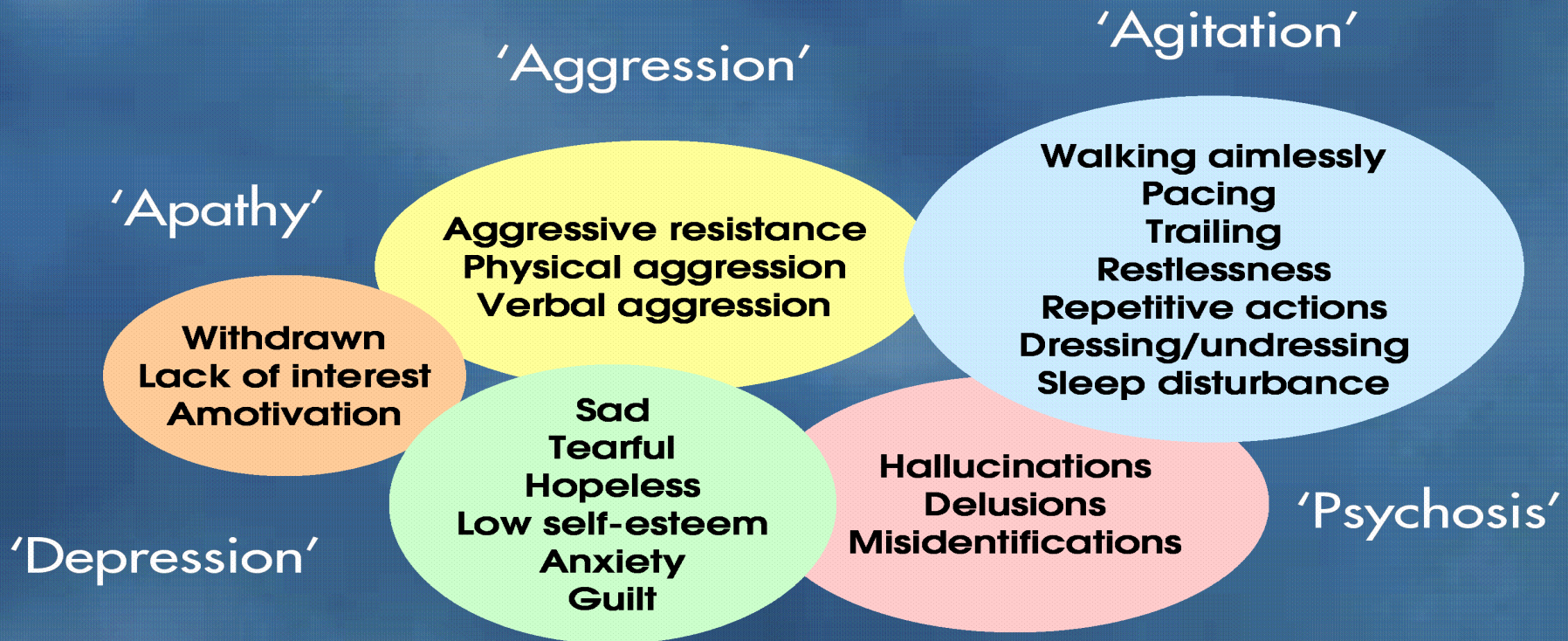
- Diagnosis may be difficult in early phases
- Non-linear rate of decline
- 50% of subjects with “mild” AD did not progress to “mod or severe” over 2 years
- 42% showed no objective decline over 3 yrs
- 5% no longer rated as demented



# Time spent providing care

- **Care giving: a huge contribution**
- Over 2.2 million Australians are carers
- People with dementia cared for at home for 3.7 years
  - Elderly, normal cognition: 4.6 hrs/wk
  - Mild dementia 13.1 hrs/wk
  - Moderate dementia 22 hrs/wk
  - Severe dementia 46.1 hrs/wk
  - Following placement in ACF: 9 hrs/wk

## Behavioural and psychological symptoms of dementia: clusters





- Non-pharmacological approaches
- Most responsive to treatment
  - Physical aggression & violent behaviours
  - Hallucinations and delusions
  - Hostility
- Less responsive
  - Shouting, wandering, misidentification

# Potential harms of antipsychotics

- Cerebrovascular risk: OR 3.2 (CI 1.43-7.7)
- Death: OR 1.54 (CI 1.06-2.23)
- Sedation/falls risk: 2.84 (CI 2.25-3.58)
- Postural hypotension: 8% of pts
- Worsening of cognitive impairment
- Extrapyrarnidal side effects: OR 1.5 (CI 1.2-1.91)
- Others