

Normal vs. Not Normal Aging: Understanding the Difference

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April 22, 2023



Sponsored by





These caregiver workshops are made possible by the Elderly Affairs Division of the City & County of Honolulu through Federal Older Americans Act funding.







The Positive Approach to Care encourages Care Partners to:

 Respond to a person's change in cognition and abilities in a way that is not hurtful or offensive.

 Understand that, with practice, common reactions to the person with dementia can become thoughtful responses that improve the quality of life for everyone involved.

 Recognize that the person with dementia is doing the best they can and that if something isn't working, it's the responsibility of the Care Partner to change their approach and behaviors toward the person with dementia.

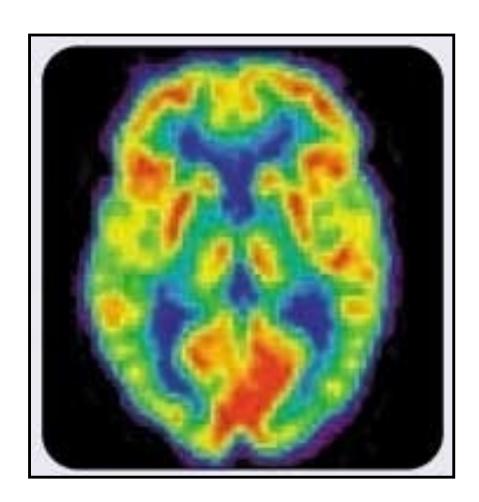
 Notice the environment surrounding the person with dementia and make changes as necessary.



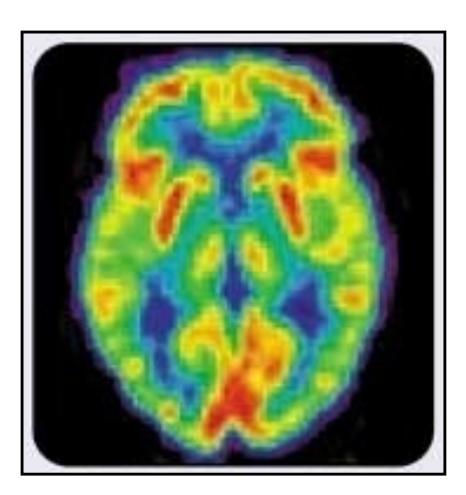
Today's Agenda

- What is normal aging?
- What is not normal aging?
- It's all about brain change
- Human sensory processing systems
- How dementia affects sensory awareness and processing
- Care partner tips
- Q&A

PET and Aging



PET Scan of 20-Year-Old Brain



PET Scan of 80-Year-Old Brain

What are Normal Aging Brain Changes?

- Slower to think
- Slower to do
- Hesitates more
- More likely to 'look before you leap'
- Know the person but not the name
- Pause to find words
- Reminded of the past
- HARDER



5 Senses- How Humans Take In Data

- 1. What you see
- 2. What you hear
- 3. What you feel/ touch
- 4. What you smell
- 5. What you taste



Visual Data

The most powerful sensory input.

People with dementia pay more attention to what they see than what they hear.



Auditory Data

What do we often do wrong?



Care partners like to talk.

The person with dementia is focused on how we look visually and they are not processing the content.

Make a Note

- No touching until you've done a visual/ verbal
- Don't do "to" someone...do "with" someone
- Dementia robs skill before robbing strength
- Use "hand under hand" to support



As we age, WE DO NOT lose function in our brains, UNLESS...

Something goes wrong with our brains

What is the Difference Between Forgetfulness & Memory Loss that Comes with Dementia?

Is there a CLEAR Difference?

YES!!!!



Normal vs. Not Normal Aging

NORMAL Aging

- Slower to think
- Slower to do
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NOT Normal Aging

- Can't think the same
- Can't do like before
- Can't get started
- Can't seem to move on
- Doesn't think it out at all
- Can't place the person
- Words won't come even later
- Confused about past versus now
- VERY DIFFERENT

What Could It Be?

- Another medical condition symptom
- Medication side-effect
- Hearing loss or vision loss
- Depression
- Acute illness delirium
- Pain or medication for pain
- Other things...

Mimics of Dementia Symptoms

Depression

- can't think
- can't remember
- not worth it
- loss of function
- mood swings
- personality change
- change in sleep

Delirium

- swift change
- hallucinations
- delusions
- on & off responses
- infection
- toxicity
- dangerous

If You Notice Changes...

- ✓ Get an assessment
- ✓ Go see the doctor

SO... What is Dementia?

It is NOT part of normal aging! It is a disease!

It is more than just forgetfulness - which is part of normal aging

It makes independent life impossible

Dementia: What Changes

- Structural changes –permanent
 - Cells are shrinking and dying
- Chemical changes variable
 - ✓ Cells are producing and sending less chemicals
 - ✓ Can 'shine' when least expected chemical rush



DEMENTIA
does not =
Alzheimer's
does not =
"Memory Problems"



Dementia Equals...



The person's brain is dying

Four Truths About Dementia

- 1. At least 2 parts of the brain are dying
- 2. It is chronic and can't be fixed
- 3. It is progressive and will get worse
- 4. It is terminal



Dementia

Fronto-Temporal Lobe Dementias

Alzheimers Disease:

- Young onset
- Late life onset

Lewy Body Disease:

- Parkinsons related
- Diffuse Lewy Body

Vascular Dementias:

- Multi-infarct
- Single-infarct
- Subcortical
- CADASIL

Other Dementias:

- Posterior Cortical Atrophy (PCA)
- Pick's disease (PiD)
- Normal pressure hydrocephalus (NPH)
- Chronic traumatic encephalopathy (CTE) – associated dementia
- Genetic syndromes
 - Huntington's Disease (HD)
 - Down Syndrome-associated dementia (HD)
- Infectious diseases (e.g., Creutzfeldt-Jakob disease; CJD)

- Metabolic diseases
 - Neuronal Ceroid Lipofuscinosis (NCL; Battens disease)
- Toxicity: induced by long-term exposure
 - Wernicke-Korsakoff Syndrome (WKS; Alcohol-induced dementia)
 - Methamphetamine induced

Dementia...

- It changes everything over time
- It is NOT something a person can control
- It is NOT the same for every person
- It is NOT a mental illness
- It is real
- It is very hard at times



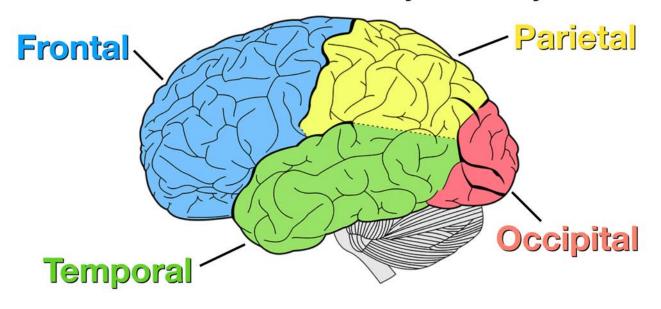
Challenges for People Living with Dementia and their Care Partners

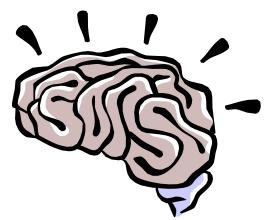
- Losing Important Things
- Getting Lost
- Unsafe task performance
- Repeated calls and contacts
- Refusing
- Bad mouthing you to others
- Making up stories
- Resisting/refusing care
- Swearing/cursing, sex talk, racial slurs, ugly words
- Making 911 calls
- Mixing day and night
- No solid sleep time or sleeping all of the time
- Not following care/Rx plans
- No initiation
- Perseveration

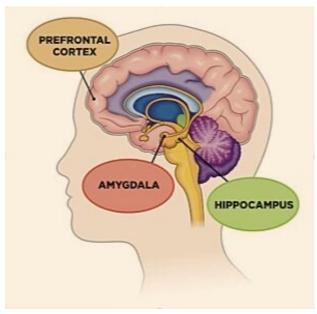
- Paranoid/delusional thinking
- Shadowing
- Eloping or Wandering
- Seeing things and people
- Getting into things
- Threatening caregivers
- Undressing in public
- Not changing clothes or bathing
- Problems w/intimacy & sexuality
- Being rude
- Feeling sick
- Use of drugs or alcohol to cope
- Striking out at others
- Falls and injuries
- Contractures and immobility
- Infections and pneumonias
- Problems eating or drinking

It's All About Brain Change

Cerebral Cortex = Outer Grey Matter Layer







Positron Emission Tomography (PET) Dementia Progression vs. Normal Brains

Color code

Red =high activity Yellow = Mid

Blue = low

Purple = no activity

Early Healthy adult Changes

Prefrontal Cortex

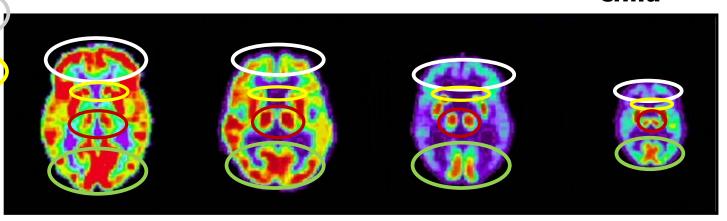
Hippocampus

Amygdalae

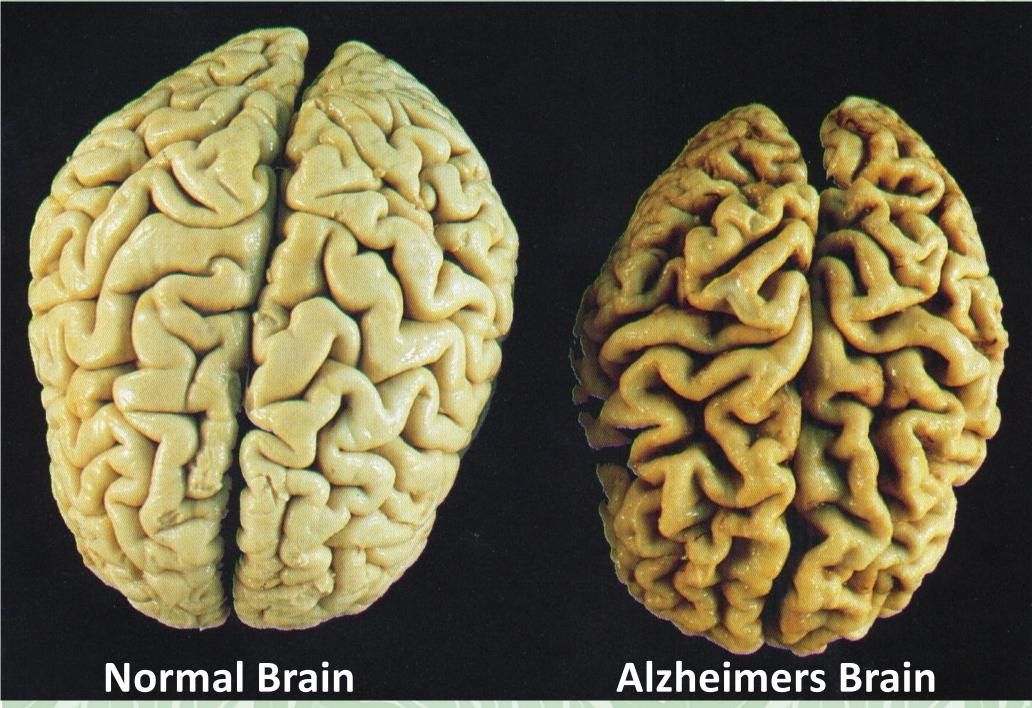
Occipital

Late Changes

Healthy 18month old child



G. Small, UCLA School of Medicine.



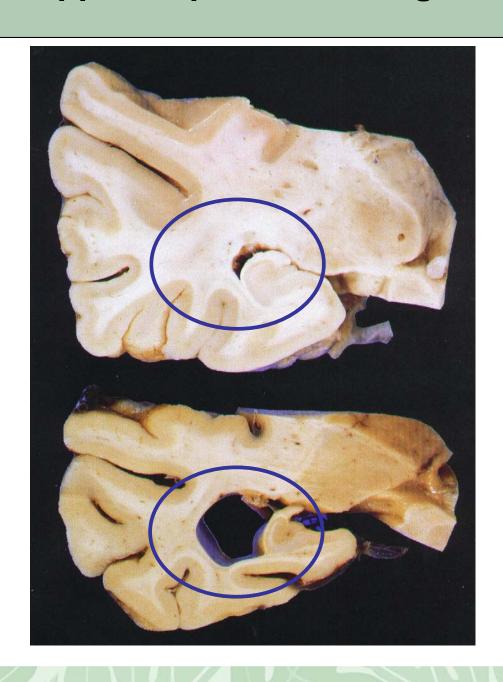
used with permission from Alzheimers: The Broken Brain, 1999 University of Alabama

Brain atrophy

- the brain actually shrinks
- cells wither then die
- abilities are lost
- with Alzheimer's area of loss are fairly predictable
- ... as is the progression
- BUT the experience is individual...



Hippocampus – Learning & Memory Center

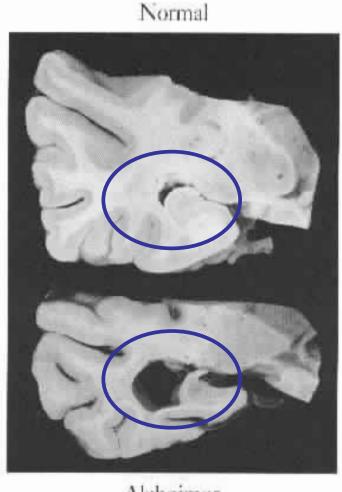


Hippocampus BIG CHANGES

Learning & Memory Center

- Way finding
- Learning & Memory
- Time Awareness

Memory Changes



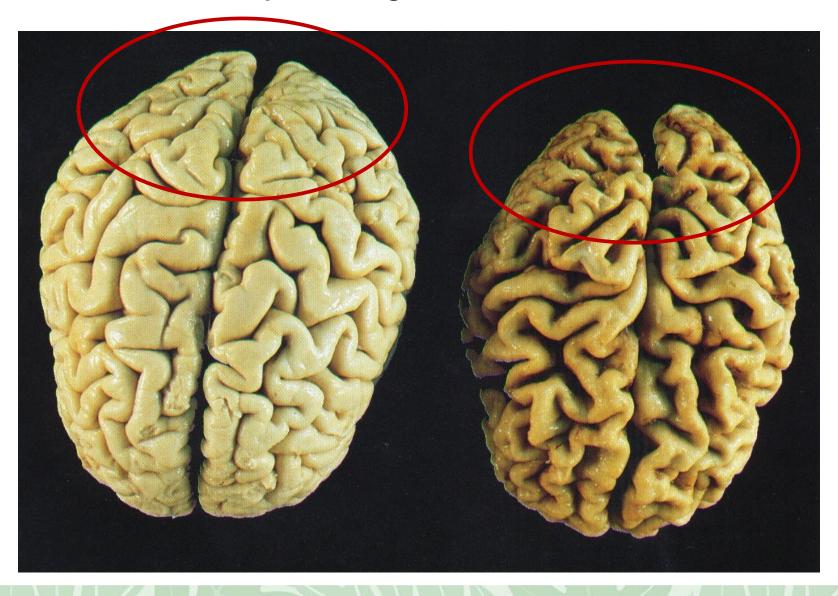
Alzheimer

Losses

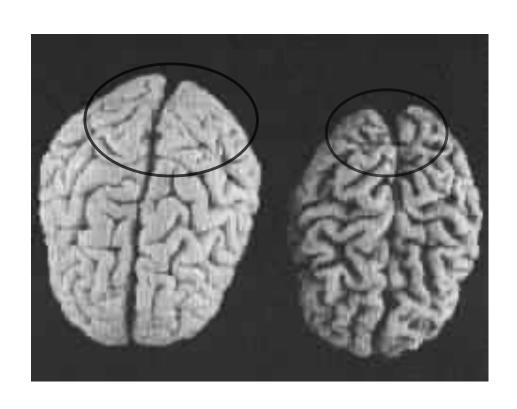
- Immediate recall
- Attention to selected info
- Recent events
- Relationships
- Preserved abilities
 - Long ago memories
 - Confabulation!
 - Emotional memories
 - Motor memories

Occipital Lobe - Vision Processing Center

BIG CHANGES in visual processing abilities



Visual Processing Changes



Losses

- Edges of vision peripheral field
- Depth perception
- Object recognition linked to purpose
- SLOWER to process – scanning & shifting focus

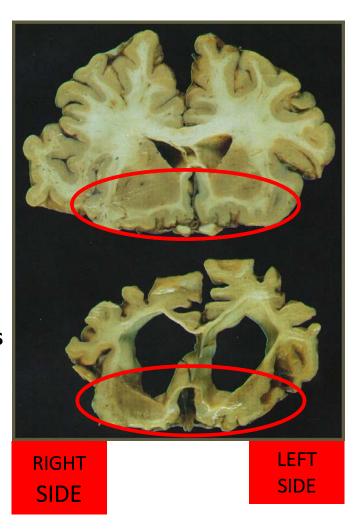
Preserved

- 'See' things in middle field
- Looking at... curious

Right & Left Temporal Lobes: Language Processing Changes

Normal

Alzheimer's



Language on the LEFT – LOST

- Vocabulary
- Comprehension
- Speech production

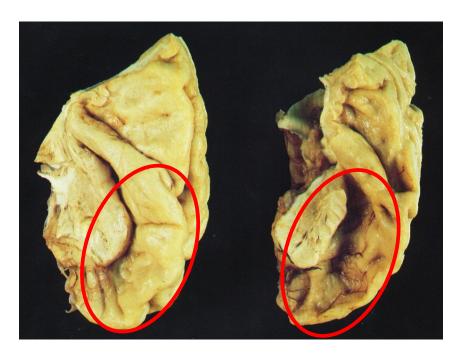
Rhythm on the RIGHT - REMAINS

- Social Chit-Chat
- Music, Poetry & Prayer
- Rhythmic Movement
- Forbidden words

Language or Hearing Change?

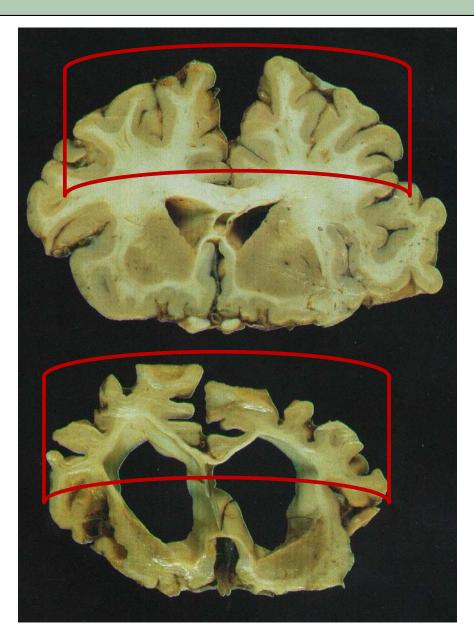


Hearing Sound – Not Changed



Understanding Language – BIG CHANGE

Parietal Lobe – Sensory and Motor Changes



Sensory Strip + Motor Strip White Matter Connections

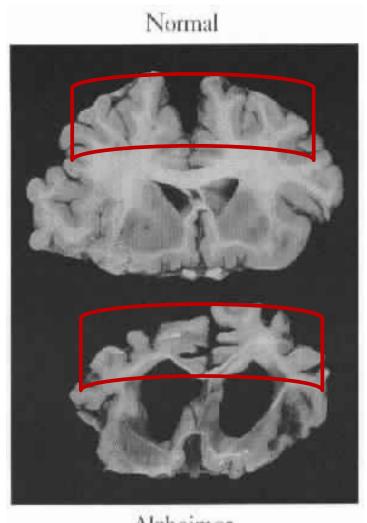
Brain connected to body:

- Sensation in
- Movement Out
- Wired across the middle
- Strength and Skill

Sensory and Motor Changes

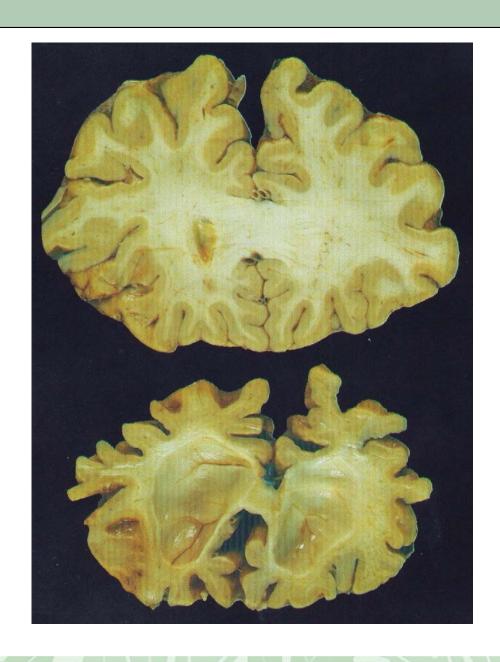
Losses

- Awareness of body and position
- Ability to locate and express pain
- Awareness of feeling in most of body
- Preserved Abilities
 - 4 areas can be sensitive
 - Any of these areas can be hypersensitive
 - Need for sensation can become extreme



Alzheimer

Frontal Lobe: Executive Control Center



Executive Control Changes

- Emotions
- Behavior
- Judgment
- Reasoning

Challenges

- Impulse Control
- Be Logical
- Make Choices
- Start-Sequence-Complete-Move On
- Self Awareness
- See Others' Point of View

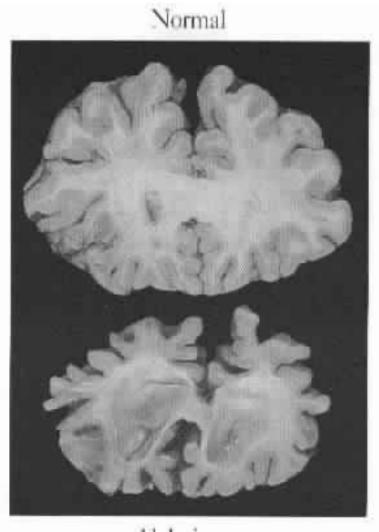
Impulse & Emotional Control

Losses

- becomes labile & extreme
- think it say it
- want it do it
- see it use it

Preserved

- desire to be respected
- desire to be in control
- regret after action



Alzheimer

Believe -

People with dementia

Are doing the BEST they can!

What can you do? Remember who has the healthy brain!



The Basics for Success

- Be a Detective NOT a Judge
- Look, Listen, Offer, Think...
- Use Your Approach as a Screening Tool
- Always use this sequence for CUES
 - ✓ Visual Show
 - ✓ Verbal Tell
 - ✓ Physical Touch
- Match your help to remaining abilities



Build Skill

- Positive Physical Approach™
- Supportive Communication
- Consistent & Skill Sensitive Cues
 - ✓ Visual, verbal, physical
- Hand Under Hand™
 - √ for connection
 - √ for assistance





Keep it SIMPLE

- USE VISUAL combined VERBAL (gesture/point)
 - ✓"It's about time for..."
 - ✓"Let's go this way..."
 - ✓ "Here are your socks..."
- DON'T ask questions you DON'T want to hear the answer to...
- Acknowledge the response/reaction to your information...
- LIMIT your words SIMPLE is better always
- Wait, Pause, Slow Down



When Words Don't Work Well

Hand-under-Hand™



- Uses established nerve pathways
- Allows the person to feel in control
- Connects you to the person
- Allows you to DO with not to
- Gives you advance notice of 'possible problems'
- Connects eye-hand skills
- Use the dominant side of the person

Use Hand-Under-Hand™

- Connecting comforting and directing gaze
- Guiding and helping with movement
- Getting eye contact and attention
- Providing help with fine motor
- Offering a sense of control, even when you are doing almost everything



For ALL Communication

If what you are trying is NOT working...

- STOP
- Back off
- THINK IT THROUGH...
- Then, re-approach
- And try something slightly different



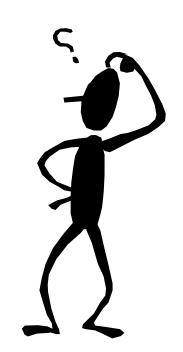
Care Partners Need To...

- Take care of yourself
- Understand the symptoms and progression
- Build skill in support and caregiving
- Build skill in communication and interactions
- Understand 'the condition' of brain change
- Identify and utilize local resources
- Set limits for yourself



So... What Should You Do?

- Plan for the probabilities
- Create environments that reduce risk
- Get skilled or find someone who is
- Get others on board
- Keep track of 'what is'
- Watch for signs of changes
- Get help early call or contact
- Be flexible



Next Workshop

Session 2 – Saturday, May 6th, 10am – noon

GEMS, More Than Just Loss – Dementia Progression Patterns



- Learn about GEMS™, a system developed by Teepa Snow, that will provide
 essential information on how to classify and define the changes in a person due
 to the effects of dementia.
- The GEM™ characteristics focus on ability instead of loss and are a valuable tool to assist with changing abilities that impact relationships and expectations.
- Learn about what it means to be living in a world with Sapphire, Diamond,
 Emerald, Amber, Ruby or Pearl cognitive and physical abilities.
- All individuals, whatever their state of being, in the right setting and with the right care, can shine!

Thank you!

Thank you so much for your desire to learn and your commitment to making a positive difference!

To learn more about the Hawaii Circle of Care for Dementia visit, https://www.catholiccharitieshawaii.org/hawaii-circle-of-care-for-dementia/

To learn more about the Teepa Snow and the Positive Approach to Care visit www.teepasnow.com

Hale Ku'ike is committed to dementia education for staff, and for the wider Hawaii community. Starting in 2020 Hale Ku'ike co-sponsored dementia education webinars with Catholic Charities and the recordings are available on-line at https://www.catholiccharitieshawaii.org/caring-for-persons-living-with-dementia-webinars-and-presentations/. Additional 2021 dementia workshop series recordings are available on our website at https://www.halekuike.com/videos/#webinar.

QUESTIONS ??©

