

A Communique by the Toronto Partnership on Aging and Developmental Disabilities for Care Providers of Aging Adults with Developmental Disabilities

Knowledge Bites: Dementia

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Dementia is a slowly progressing decline in memory and other thinking skills, severe enough to reduce a person's ability to perform everyday activities.

Compared to adults of the same age and sex, adults with developmental disabilities are at 4-5 times increased risk of developing dementia (Shooshtari et al., 2011).

Persons with developmental disabilities may exhibit symptoms of dementia in the same way and at the same age as the general population. However individuals with Down Syndrome are more likely to have Alzheimer's disease than the general population and the symptoms are more likely to have an earlier onset.

Since many individuals with developmental disabilities may already present with some of the deficits related to dementia, it can be difficult for caregivers to identify the onset of dementia.

The following are a few examples of changes in behaviour or ability that caregivers may see:

- Difficulty learning NEW tasks
- Loss of well learned skills, such as crafts, day program routines
- Increased reliance on prompts and assistance in carrying out tasks
- Skipping steps or stalling routine hygiene tasks, such as dressing, bathing, getting clothes in the right order
- Failure to keep simple instructions briefly in mind, especially when the task involves going into another room to carry it out
- Deterioration in language skills such as understanding verbal instructions as well as verbally expressing themselves
- Shorter sentences and reliance on *formulaic phrases* such as 'I don't know'
- Turning to caregiver to respond for him/her when asked a question
- Increased signs of perseveration such as doing things over and over or repeating the same phrase
- Incontinence with decreasing awareness of accidents
- Night wakefulness, Day/Night confusion
- Misplacement of valued items with no recall of their whereabouts
- Emotional outbursts for little reason, e.g. bursting into tears or getting angry about very small things that would not have upset them as much prior

(Seyfort, 2011)

If you have any suggestions for upcoming Knowledge Bites topics or feedback on this month's issue, contact us at: mslobodkin@reena.org

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What to do?

- To establish a dementia diagnosis clinicians rely largely on caregiver observation and reported changes in functioning
- For staff in daily contact with clients, assessing subtle changes in thinking and functioning may be more challenging than for those individuals who see the client on a weekly or monthly basis
- Use of formal screening tools and periodic reviews of the client's status can be helpful in identifying gradual changes

Things To Consider:

- If dementia is suspected, a medical examination should be completed to rule out any treatable causes such as delirium, vision or hearing changes, thyroid function
- Establish your client's *Personal Ability Baseline* by documenting the most complex task the person is able to engage in and collect information on your client's living arrangement, community involvement, volunteer and vocational participation, and social relationships.
- Use standardized assessment tools to track changes, such as the NTG-Early Detection Screen for Dementia. Accessible online at: <http://aadmd.org/sites/default/files/NTG-EDSD-Final.pdf>