What is the difference between Alzheimer’s and dementia?

Dementia is not a specific disease. It is a broad term that describes a wide range of symptoms, including memory loss or thinking problems severe enough to interfere with daily life. Dementia can be caused by many things including thyroid problems and vitamin deficiencies. Some conditions that cause Dementia may be reversible.

Alzheimer’s disease is the most common form of dementia, accounting for 60-80% of dementia cases. Alzheimer’s is progressive. Alzheimer’s will worsen over time. As of today, Alzheimer’s has no cure.

“dementia” refers to loss of brain functions

A. Dementia refers to loss of one’s ADL (activities of daily living) skills such as personal grooming, bathing, toileting, and eating.

B. It also refers to loss of one’s Behavioral skills such as personal etiquette or manners. Loss of control over emotions and inhibitions (irritability, agitation, impulsive and resistant to care).

C. It also refers to a loss of one’s Cognitive skills such as memory loss, problem solving, thinking, language and orientation to time and place.

Alzheimer’s changes the whole brain

brain changes

More brain changes
**communication**

A process by which information is exchanged between individuals

Determines how we relate to our world and others around us

Although a person's communication ability may decline; feelings and emotions do not

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**communication**

We must pay attention to how we communicate with our:
- Body language
- Gestures
- Tone of voice
- Facial expressions

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**5 Tips to Talking to Someone with Alzheimer's**

1. Diminish distractions; Set the stage.
2. Converse one-on-one; Eye contact/level. Calm, gentle, slow speaking. More people equals more confusion.
3. Keep things simple; Stick to short, specific statements
4. Avoid arguments; no one will win
5. Just keep talking; even if they can no long respond

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**behaviors**

Don't take it personally

Actions meant to communicate distress.

Responses to an unmet need – e.g., personal safety

There is meaning behind behaviors; it's up to us to figure out the root cause or causes.

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**behaviors**

Physical causes

- Changes in communication abilities
- Chronic medical conditions
- Acute medical conditions
- Pain
- Hunger
- Need to toilet
- Sensory losses
Dementia 101

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Behaviors

Social and Emotional Causes
- Loneliness
- Boredom
- Depression
- Loss of control
- Loss of independence
- Changes in ability to communicate

Environmental Causes
- Too stimulating
- Not stimulating enough
- Tasks too complicated or unfamiliar
- Unfamiliar
- Misleading cues

Other Causes
- Life story
- Approaches used by care partners
- Reactions to other persons (visitors, helpers)

Behaviors Tips
- Remain flexible, patient and calm
- Respond to the emotion, not the behavior
- Don’t argue or try to convince
- Use memory aids

Challenges - Potential Triggers

Understanding
- That basic human rights do not go away when a person develops dementia
- The need to be treated with respect and dignity is maintained
- Feelings of belonging, comfort, identity and purpose are important to everyone
understanding

They may forget what you said, but they will never forget how you made them feel.

- Carl W. Buechner

10 Principles of Adult Protective Services

- FREEDOM OVER SAFETY: The client has a right to choose to live at risk of harm, providing s/he is capable of making that choice, harms no one and commits no crime.
- SELF DETERMINATION: The client has a right to personal choices and decisions until such time as s/he delegates or the court grants the responsibility to someone else.
- PARTICIPATE IN DECISION-MAKING: The client has a right to receive information to make informed decisions and to participate in all decision-making affecting his/her circumstances to the extent that s/he is able.
- LEAST RESTRICTIVE ALTERNATIVE: The client has a right to service alternatives that maximize choice and minimize lifestyle disruption.
- PRIMACY OF THE ADULT: The worker has a responsibility to serve the client—not the community concerned about safety, or the landlord concerned about crime or the family concerned about finances.

Chapter 55 vs. Chapter 51

Protective Placement

- When referring to the elderly, this is used primarily to obtain a placement when there is no POA-HC in place, or when the ward object(s)
- Must be used for facilities with more than 16 beds
- Must be combined with a guardianship of the ward
- Court process required
- In an emergency, can be accomplished quickly
- Resource: gwaar.org/wc-guardianship-support-center

Mental Health

- The individual must have a mental health diagnosis
- Degenerative Brain Disorder alone is excluded
- Must show capacity for rehabilitation through treatment
- Court hearing held within 72 hours
- Doctor must testify about medical issues: mental illness/disability and treatment
- Conversion to a Chapter 55 is possible if there is documentation that the individual has had a mental illness.

Interventions

- Home visit to assess living condition, ability to care for self, cognition, etc.
- Collateral contact with ADRC, CCCW, doctor, family/neighbors, law enforcement and financial institutions to ensure services have been, or will be, offered in the least restrictive setting
- Activation of the Power of Attorney-Health Care and Finances
- Temporary/Permanent Guardianship of Person/Estate
- Emergency Protective Placement
What Have You Done To Help Avoid Contact With Adult Protective Services?

- Health Care Power of Attorney
- Financial Power of Attorney
- Living Will
- Will or Trust
- Long Term Care Insurance
- Short/Long Term Disability Insurance
- Agents listed on existing accounts

more information?

- Alzheimer's Association-Greater Wisconsin Chapter
  - Wausau Outreach Office- 715-845-7000
  - 24/7 helpline: 1-800-272-3900
- Aging & Disability Resource Center
  - Portage County- 715-346-1401
  - Central Wisconsin:
    - Marshfield – 715-384-8479
    - Wisconsin Rapids- 715-421-0014
- Adult Protective Services
  - Portage County- 715-345-5350
  - Wood County- 715-421-4244