



Phases of Alzheimer's Disease: Letting Go of What Was

TRAINING CORNER ... Phyllis Hanvey

The rate of progressive global deterioration varies in Alzheimer's patients. Many illnesses follow stages of development and recovery. With Alzheimer's, however, there is no recovery -- yet. Some Alzheimer's victims, usually those under 60, move through the stages rapidly and the illness results in death within 3 to 5 years. When the onset begins at a later age, the disease usually progresses slowly for 10 years or more.

Understanding the stages helps both families and those working with dementia patients to accurately assess and diagnose the condition, identify symptoms, determine the rate at which the illness is developing, develop and accept realistic expectations of the patient's capabilities, evaluate how the family and patient are adjusting, and assist the family with utilization of appropriate resources.

Following is the Global Deterioration Scale for assessing cognitive decline of degenerative dementia, taken from "The Ribbon Newsletter" As we have discussed in our core training sessions, not all Alzheimer's patients will exactly follow the gradual breakdown indicated in these stages. Individual variations can be attributed to many factors, some being the person's intelligence and abilities and interests before the illness, his personality and basic coping skills and problem-solving techniques, other health problems, marital relationship and degree of environmental support.

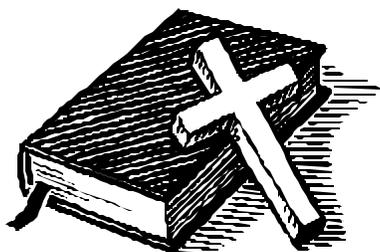
The more we can all learn the better equipped we will be to serve our participants. Because we can't "fix" them, but just love them, because we are not to deny "reality", but to accept it, because there is no cure for Alzheimer's -- yet --

Phyllis Hanvey, R.N., HOF Training Director

GLOBAL DETERIORATION SCALE FOR ASSESSMENT OF PRIMARY DEGENERATIVE DEMENTIA

1) NO COGNITIVE DECLINE	No subjective complaints of memory loss. No memory deficit evident on clinical interview.
2) VERY MILD COGNITIVE DECLINE (Forgetfulness)	Subjective complaints of memory deficit, most frequently in the following areas: forgetting where one has placed familiar objects. forgetting names one formerly knew well. No objective evidence of memory deficit on clinical interview. No objective deficits in employment of social situations. Appropriate concern with respect to symptomatology.
3) MILD COGNITIVE DECLINE (Early Confusional)	Earliest clear-cut deficits. Manifestations in more than one area: patient may have gotten lost when traveling to an unfamiliar location. co-workers become aware of patient's relatively poor performance. word and name finding deficit becomes evident to intimates. patient may read a passage or book and retain relatively little material. patient may demonstrate decreased facility in remembering names upon introduction to new people. patient may have lost or misplaced an object of value. concentration deficit may be evident on clinical testing. Objective evidence of memory deficit obtained only with an intensive interview. Decreased performance in demanding employment and social settings. Denial begins to become manifest in patient. Mild to moderate anxiety accompanies symptoms.

<p>4) MODERATE COGNITIVE DECLINE (Late Confusional)</p>	<p>Clear-cut deficit on careful clinical interview. Deficit manifested in the following areas: decreased knowledge of current and recent events. may exhibit some deficit in memory of one's personal history. concentration deficit elicited on serial subtractions. decreased ability to travel, handle finances, etc. Frequently no deficit in following areas: orientation to time and person. recognition of familiar persons and faces. ability to travel to familiar locations Inability to perform complex tasks. Denial is dominant defense mechanism. Flattening of affect (facial expressions) and withdrawal from challenging situations occur.</p>
<p>5) MODERATELY SEVERE COGNITIVE DECLINE (Early Dementia)</p>	<p>Patient can no longer survive without some assistance. Patient is unsure during interview to recall a major relevant of their current lives, e.g., an address or telephone number of many years, the names of close family members such as grandchildren, the names of the high school or college from which they graduated. Frequently some disorientation to time (day of the week, season, etc.) or place. An educated person may have difficulty counting back from 40 by 4's or from 20 by 2's. Persons at this stage retain knowledge of many facts regarding themselves and others. They invariably know their own names and generally know their spouse's and children's names. They require no assistance with toileting and eating, but may have some difficulty choosing the proper clothing to wear.</p>
<p>6) SEVERE COGNITIVE DECLINE (Middle Dementia)</p>	<p>May occasionally forget the name of the spouse upon whom they are entirely dependent for survival. Will be largely unaware of all recent events and experiences in their lives. Retain some knowledge of their past lives but this is sketchy. Generally unaware of their surroundings, the year, the season, etc. May have difficulty counting from 10 both backwards and, sometimes forward. Will require some assistance with activities of daily living, e.g., may become incontinent, will require travel assistance but occasionally will display ability to familiar locations. Diurnal rhythm frequently disturbed. Almost always recall their own name. Frequently continue to be able to distinguish familiar from unfamiliar persons in their environment. Personality and emotional changes occur. These are widely variable and include: figures in the environment, or talk to their own reflection in the mirror. obsessive symptoms, e.g., person may continually repeat simple cleaning activities. anxiety symptoms, agitation, and even previously nonexistent violent behavior. cognitive abulla i.e., loss of will power because an individual cannot carry through long enough to determine a purposeful course of activity.</p>
<p>7) VERY SEVERE COGNITIVE DECLINE (Late Dementia)</p>	<p>All verbal abilities are lost. Frequently there is no speech at all - only grunting. Incontinent of urine, requires assistance toileting and feeding. Lose basic psychomotor skills, e.g. ability to walk. The brain appears to be no longer able to tell the body what to do. Generalized and cortical neurological signs and symptoms are frequently present.</p>



Isaiah 42:13
*For I, the Lord your God,
hold your right hand;
It is I who say to you,
“Fear not, I will help you”.*

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