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Treatment of Dementia

When you hear the phrase, "Treatment of Dementia," you probably think of medication. We live in a world of medical miracles. In just the last 25 years, truly miraculous treatments have been developed for almost all of the common diseases that affect us: heart disease, kidney disease, bone disease, many types of cancer, diabetes, stroke, and others. In many cases, these miraculous treatments center on a drug or a combination of drugs that can reduce symptoms, limit damage, or slow disease progression. In some cases, these medications can produce a true and lasting cure.

Unfortunately, when the disease process in question is dementia in seniors, modern medicine has not yet worked its miracle. Regular readers of this column know that "dementia" does not define a specific disease. It's much like, "cancer;" There are different types of dementia and many different types of cancer.

The cognitive deficits associated with vascular dementia and alcoholic dementia can often be stabilized and in some cases, improved. Sometimes, improvement can return the person to a normal or near-normal state. On the other hand, the cognitive deficits associated with Alzheimer's disease will, by definition, become progressively worse over time.

Several drugs are now widely used for patients with Alzheimer's disease. You will recognize these drugs by their trade names: Aricept, Exelon, Razadyne, and Namenda. These drugs were designed to improve the patient's cognitive performance or to slow the progression of cognitive decline. Although actually approved only for Alzheimer's disease, many physicians use these drugs for all types of dementia, usually in combination. For some patients with dementia, using one or more of these drugs actually does produce cognitive and functional improvement. But this improvement occurs in only a small fraction of patients. Most patients do not experience any benefit or do not tolerate the drugs because of side effects. Since there is no way to predict who will benefit and who will not, it is reasonable to initiate a trial period of these drugs but it is essential for the patient or their caregiver to keep a diary of the patient's behavior and response. If after a period of several months no clear benefit is evident or cognitive function or behavior have deteriorated, good medical practice demands that the drug or drugs be withdrawn.

However, despite the lack of a reliable drug treatment for dementia, numerous research studies have demonstrated the benefit of a variety of non-drug treatment strategies. These treatment strategies are unique in the world of adult medicine because they address both the patient and the caregiver. For the patient, these strategies focus on maintaining general health, optimizing cognitive and functional performance, and delaying the time when nursing home placement will be necessary. For the caregiver, these treatment strategies also focus on maintaining general health. But they add the focus of providing education to the caregiver to learn how to manage their loved one with dementia on a day-to-day basis and how to deal with urgent and emergent situations. Taken together, these strategies provide a framework of

highly effective treatments for persons with dementia that actually accomplish the goals that the “dementia drugs” try, but in many cases fail, to do.

The basis of these strategies is good nutrition, adequate rest, regular exercise, and exposure to reasonable amounts of sunlight. Good nutrition is centered on a balance of good quality proteins, fats, and carbohydrates in the diet, and a generous intake of fresh fruits and vegetables on a regular daily basis. It is important to include assorted nuts and seeds and wild caught fish in the diet. Emerging evidence supports the use of organic foods which are raised and produced without chemical additives. In addition to these dietary changes, many physicians recommend nutritional supplements to assure an adequate intake of Vitamin D, calcium, folic acid, B-6, B-12, and other vitamins; and fish oil capsules to assure an adequate intake of Omega-3 fatty acids. It is always helpful to learn which foods tend to be calming to the loved one with dementia and which foods tend to produce belly aches, constipation, diarrhea, or agitation.

Assuring adequate rest and instituting a program of regular exercise for both the patient and the caregiver are critical factors. Most of us lose our patience and become irritable when we are not rested or when we have not had enough physical activity. For patients with dementia, these issues become greatly exaggerated making everyone’s life more difficult. Going outdoors on pleasant days is the optimal way to get the exercise, fresh air, and sunlight exposure that we all need—both patient and caregiver. A good education program for caregivers will include teaching how medications can have subtle but functionally significant unwelcome effects on persons with dementia. Events such as appetite change, behavioral change, sleep disturbances, change in bowel habits, or urinary incontinence are often attributable to a drug side effect. The wise caregiver will question the addition of any new medication and will look critically at the drug list whenever their loved one with dementia has a change in function.

Performing a home safety check, either alone or with the assistance of a nurse or physical therapist, and removing potential hazards goes a long way to preventing falls and injury that commonly occur in the home.

Preparing for urgent or emergent situations can prevent calls to the physician or trips to the emergency room in the middle of the night. The most useful skill to learn is how to effectively manage behavioral issues without using drugs. Proven techniques include exercise and diversion; pets; familiar music; photos, videos, and movies; and again, foods that calm or are known to be enjoyable to the loved one with dementia. Caregivers need to learn to recognize that outbursts of verbal abuse, anger, or aggression from the patient are not personal attacks on the caregiver. Counseling or therapy can be very helpful and participation in support groups with other caregivers provides a source of practical knowledge and much needed sympathy. Regular or periodic home health services such as companions, aids, or CNA’s can make a huge difference. Adult day care programs are a way for the loved one with dementia to stay in a safe environment and allow the caregiver much needed time off. Finally, the benefit of music for most patients and the guidance of a professional music therapist in selected cases cannot be overstated.

So, are there effective treatments for dementia in seniors? For some patients, medications really do help, but this is unfortunately not the case for most. But for all seniors with dementia and for their caregivers, effective treatment strategies are widely available that accomplish the goals of optimizing cognitive and functional performance and delaying the need for institutionalization. They should be taught and applied in every case.