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- Eau Claire 715-835-7050
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- Green Bay 920-469-2110
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- La Crosse 608-784-5011
- Rhinelander 715-362-7779
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2 | South Central Wisconsin Chapter

517 N. Segoe Road, Suite 301
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- Columbia/Sauk 608-742-9055
- Grant/Richland 608-723-4288
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3 | Southeastern Wisconsin Chapter

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- Fond du Lac/Washington 920-533-1177
- Jefferson/Dodge 920-728-4088
- Kenosha/Racine 262-595-2387
- Sheboygan/Ozaukee 920-838-1311
- Walworth 262-210-5218
- Milwaukee 414-479-8800
- Waukesha 262-424-8819

Potential causes of dementia-like symptoms

Dementia is not normal in later life. Sometimes dementia is caused by diseases such as Alzheimer's disease, vascular dementia, or dementia with Lewy bodies. But dementia-like symptoms (memory loss, confusion, disorientation, or behavioral changes), especially if they come on suddenly, can be caused by other problems that are reversible or treatable, such as:

- **Medications** (both over-the-counter and prescription)
 - Side effects of medications, including drugs provided for anesthesia or pain control
 - Multiple drug interactions
 - Taking medications incorrectly
 - Drug toxicity
- **Depression**
- **Medical problems**
 - Endocrine disorders such as thyroid dysfunction
 - Metabolic disorders such as kidney failure
 - Dehydration
 - Uncontrolled diabetes
 - Hypoxia (lack of oxygen to the brain)
 - Heart and cardiovascular diseases
- **Hearing and vision problems**
- **Nutritional deficiencies**
 - Lack of Vitamin B-12
 - Lack of folic acid
 - Poor dietary habits
- **Brain injury** (from a tumor or an accident, such as a fall)
- **Infection or illness**
 - Pneumonia
 - Urinary tract infection
 - High fever
 - Syphilis
- **Alcoholism** (can cause temporary confusion and disorientation or permanent brain damage)

***Please contact your doctor for more information about any of the above conditions.



How to Recognize Dementia in the Field Assessing the Confused Older Adult

DEMENTIA

More gradual onset of cognitive changes

Observations of Person or Report by Caregiver

- | | |
|---|--|
| <input type="checkbox"/> Disorientation to time and place | <input type="checkbox"/> Poor hygiene/ADL's (e.g. not bathing, dressing) |
| <input type="checkbox"/> Very forgetful/Obvious memory impairment | <input type="checkbox"/> Difficulties with ADL's (e.g. shopping, paying bills) |
| <input type="checkbox"/> Problems with language | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Poor/decreased judgment | <input type="checkbox"/> Paranoid |
| <input type="checkbox"/> Difficulty with familiar tasks | <input type="checkbox"/> Loss of initiative |
| <input type="checkbox"/> Getting lost in familiar areas | <input type="checkbox"/> Change in personality |
| <input type="checkbox"/> Conversation content inappropriate | <input type="checkbox"/> Poor Reasoning abilities |
| <input type="checkbox"/> Trouble with finances | <input type="checkbox"/> Difficulty learning and retaining new information |
| <input type="checkbox"/> Reliance on others for information | |
| <input type="checkbox"/> Decreased attention span | |
| <input type="checkbox"/> Problems with abstract thinking | |
| <input type="checkbox"/> Repetitious | |

Observations of environment

- | | |
|---|--|
| <input type="checkbox"/> Unclean house/yard | <input type="checkbox"/> Spoiled food in the house |
| <input type="checkbox"/> Poor organization of medications | <input type="checkbox"/> Pets not fed/cared for |

In addition to the above signs, you may also observe the following signs which may indicate

Depression:

- | | |
|---|--|
| <input type="checkbox"/> Change in sleep and appetite | <input type="checkbox"/> Personality changes |
| <input type="checkbox"/> Fatigue/Apathy | <input type="checkbox"/> Poor hygiene |
| <input type="checkbox"/> Behavior slowing/Agitation | <input type="checkbox"/> Tearfulness |
| <input type="checkbox"/> Complaints of difficulty concentrating | |

NOTE: Many signs of dementia are similar to those of depression, it is important to encourage the person to obtain a medical evaluation in order to ensure proper diagnosis.

If the following signs are observed, please assist the client in seeking immediate medical attention as the client may be experiencing **Delirium:**

- | | |
|--|--|
| <input type="checkbox"/> Sudden onset of cognitive changes | <input type="checkbox"/> Hallucinations |
| <input type="checkbox"/> Psychomotor slowing/agitation | <input type="checkbox"/> Disturbances in attention |
| <input type="checkbox"/> Altered level of consciousness | |
| <input type="checkbox"/> Disorientation | |

PLEASE NOTE :THE ROLE OF THE A CARE MANAGER IS NOT TO DIAGNOSE, BUT TO RECOGNIZE THE SIGNS OF DEMENTIA, DEPRESSION, AND DELIRIUM IN ORDER TO COMMUNICATE EFFECTIVELY WITH THE CLIENT AND HIS/ HER PHYSICIAN

Developed by the Los Angeles chapter of the Alzheimer's Association

How Do You Approach Someone You Think Has Memory Problems?

There are different things you can try.

Sometimes the person may mention a memory concern.

For example he or she may say “my memory isn’t what it used to be”.

You could respond: “There are many things that can cause memory changes- stress, worry, even vitamin deficiencies. Maybe you could find out what is going on by going to your doctor to get it checked out”.

If the person doesn't mention any concerns about memory, there are still ways for you to bring up the subject.

1. Give a specific example of what you've noticed. For example, “I've noticed that keeping track of appointments has seemed more difficult lately”. Then offer some help including the importance of seeing a doctor. For example, “How about I help? We can come up with a calendar/reminder system, and talk with your doctor about it”.
2. Talk about your own concern about yourself in order to help the person know that he/she is not alone. For example, “I have been feeling more like my memory isn't as sharp as it used to be, so think I will ask my doctor about it the next time I go. Do you ever feel like your memory is changing?”.
3. Talk about the importance of prevention and what can be done to lessen memory changes. For example, “I read an article in the Goldencare Newsletter about memory changes and what can be done about them now and so think I'll call my doctor. Let's call and set up an appointment with your doctor too”.

If the person seems to be denying his/her memory problems, and your observations seem to indicate memory difficulties that are worse than the person is expressing, you might try these ideas:

1. Support the person's perception while still encouraging he/she to obtain an evaluation. For example, “You are probably right and it may be no worse than anyone else's, but it would make me feel better if we went and had it checked out. “
2. As a last resort, if trying to discuss with the person doesn't seem to work, you may need to set up the appointment yourself and inform the person that the appointment is set. Or see if the physician's nurse would call the person and tell him/her it's time for his/her “regular appointment.

**Alzheimer's, Early
Detection and
the 10 Warning Signs**

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KNOW the
10 SIGNS

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Myth vs. Reality

- > **MYTH** – Having a “little touch of dementia” is a typical part of aging.
- > **REALITY** – As we age, many of our physical capabilities including memory diminish. But having a harder time remembering some things is very different from the disease of dementia, which includes Alzheimer’s disease.

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What is Alzheimer's disease?

- ▶ A disease of the brain that destroys brain cells, causing problems with memory, thinking and behavior
- ▶ Dementia is a general term used to describe a decline in cognitive functioning
- ▶ Most common cause of dementia
- ▶ It is progressive with symptoms increasingly affecting daily life and is eventually fatal
- ▶ One in eight people over the age of 65 have Alzheimer's disease
- ▶ Nearly half of people over age 85 have Alzheimer's disease

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More than just memory loss

- > Inability to generate coherent speech or understand spoken or written language
- > Difficulty recognizing or identify familiar objects
- > Significant problems with physical movement like walking or balance
- > Inability to think abstractly, make sound judgments, or plan and carry out complex tasks.

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Other forms of dementia

- > Vascular dementia
- > Frontotemporal dementia (FTD)
- > Mixed dementia
- > Lewy Body dementia

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Myth vs. Reality

- > MYTH – If I have memory loss that means I have Alzheimer's disease or dementia
- > REALITY – Many people have trouble with memory loss, but it does not mean they have Alzheimer's disease. Most do not. It is best to visit a doctor to determine the cause of the memory loss symptoms

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It might not be Alzheimer's or dementia at all

- > Some detected problems can be treated or reversed
- > Some can be life-threatening if not detected or treated promptly
- > It's important not to ignore changes or assume it is Alzheimer's

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Is it typical aging or could it be Alzheimer's

- > Someone with typical age-related changes
- > Someone with Alzheimer's Disease

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KNOW the 10 SIGNS

The 10 Warning Signs

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10 Warning Signs



1. Memory changes that disrupt daily life
2. Challenges in planning or solving problems
3. Difficulty completing familiar tasks at home, at work or at leisure
4. Confusion with time or place
5. Trouble understanding visual images and spatial relationships

10 Warning Signs



6. New problems with words in speaking or writing
7. Misplacing things and losing the ability to retrace steps
8. Decreased or poor judgment
9. Withdrawal from work or social activities
10. Changes in mood and personality

Physicians' tests can...

- > Identify disorders that may cause memory loss, confused thinking, trouble focusing attention, or other symptoms similar to dementia
- > Possible disorders include:
 - Anemia or certain vitamin deficiencies
 - Excessive use of alcohol
 - Medication side effects
 - Certain infections

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Observations in the field

- > What are you seeing?
- > What are the issues?

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What should I do if I see some of the signs

- > Getting a diagnosis
- > Support Circle
 - Family
 - Friends
 - Neighbors
 - You
 - Alzheimer's Association

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Communication

- > Reduce barriers; family?
- > Approach from the front, identify self
- > Slow, one statement at a time. Wait for response
- > Positive body language
- > Do not argue, confront or correct
- > Rephrase if necessary
- > Remember you may be heard, but not understood
- > Don't over explain

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Your Chapter's Services



advancing research, enhancing support

- ▶ Care Consultation
- ▶ Information and Referral
- ▶ Support Groups
- ▶ Education
- ▶ Medic Alert Plus Safe Return

800-272-3900

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