

Geriatric Mental Health Program

Are you concerned about your own, or a loved one's, mood, memory or behaviour?

A certain amount of forgetfulness is to be expected with aging. However, drastic changes in memory, mood or behaviour may be symptoms of an underlying condition.

Cognitive testing is an initial method of diagnosing potential conditions that may impair day-to-day functioning.

Who receives cognitive testing?

You can ask your doctor or nurse practitioner if you think you need to be tested or if you think your spouse or parent needs testing.

Your doctor or nurse practitioner may suggest arranging an appointment time to come in for testing.

You may be called by our nursing staff to attend a routine Cognitive Testing session, for all our patients over the age of 80.

What are you testing for?

Many things can affect memory and day-to-day cognitive functioning. Cognitive testing is looking for signs of the 3 D's:

1. **Dementia**
2. **Delirium**
3. **Depression**

1. Dementia ("deprived of mind") is a gradual decline of mental ability, focused around memory, that affects intellectual and social skills to the point where daily life becomes difficult. The most common forms of primary cause dementia are:

- a. *Alzheimer's Disease*
- b. *Vascular Dementia*
- c. Or a combination of both called *Mixed Dementia*.

Dementia can be secondary to or caused by another disorder. In some cases, it may be relieved by treating the primary condition.

a. *Alzheimer's Disease* is the leading cause of dementia.

On a very simplistic level, nerve cells are destroyed by a build-up of plaque or protein. Over time, the brain shrinks dramatically, affecting all its functions. Symptoms begin slowly and progress steadily.

Warning signs

1. Memory loss that affects day-to-day function
2. Difficulty performing familiar tasks – like preparing a meal
3. Language problems – forgetting simple words or substituting inappropriate words
4. Disorientation of time and place – getting lost in familiar places
5. Poor or decreased judgment – not dressing appropriately for the weather
6. Problems with abstract thinking – like adding up numbers or counting money
7. Misplacing things or putting them in inappropriate places: an iron in the freezer or a wristwatch in the sugar bowl
8. Changes in mood and behaviour – varied mood swings for no apparent reason
9. Changes in personality – acting out of character or confused or withdrawn
10. Loss of initiative – may become very passive, needing constant prompting

While there is not yet a cure for Alzheimer's Disease, there are treatment options. Medication may help with the symptoms. There are strategies and supports available to help you and your family cope now and in the future.

b. *Vascular Dementia* (VaD) is the second most common form of dementia.

The brain cell damage is caused by blockages in the blood supply carrying oxygen and nutrients. The deprived brain cells eventually die.

Blockages can be caused by:

- plaque buildup on the inside of the vascular system
- blood clots
- an aneurysm – a weak patch on an artery wall that balloons outward and then bursts.

The risk factors for VaD, therefore, are the same as for cardiovascular disease or stroke:

- high blood pressure
- diabetes
- high cholesterol
- a family history of heart problems
- disease in arteries elsewhere in the body
- heart rhythm abnormalities

As well as lifestyle factors can add to the risk, such as being overweight, smoking and drinking.

Unlike Alzheimer's, there *are* ways to prevent and reduce the severity of vascular dementia.

Onset can be sudden (as in a large stroke) or gradual. Warning signs can vary depending upon the cause and location of the blockage. Some are similar to Alzheimer's Disease:

- memory problems; forgetfulness
- lack of concentration
- language problems
- abnormal behavior
- laughing or crying inappropriately
- wandering or getting lost in familiar surroundings
- difficulty following instructions
- problems handling money

While others may be more specific to VaD:

- leg or arm weakness
- moving with rapid, shuffling steps
- loss of bladder or bowel control
- slurred speech

Brief episodes of numbness and temporary loss of vision, speech, or strength may indicate a mini-stroke (TIA), or be a warning sign of a stroke. If you ever experience these symptoms, seek medical help.

Unfortunately, there is no known way to restore the normal functioning of brain tissue that has been damaged by stroke or TIAs. However, with prompt intervention further damage can be prevented by:

- medications to improve blood circulation to the brain and reduce the probability of future strokes
- lifestyle changes
- physiotherapy, occupational therapy, and speech therapy to help stimulate normal movement and speech patterns

2. **Delirium** (“off the track”) or acute confusional state is not a disease in itself but an abnormal mental state. The main symptoms are decreased attention span and waxing and waning confusion.

The symptoms of delirium usually begin suddenly and may progress over days or hours. It can be a symptom of an underlying condition. Almost any medical illness, intoxication, or medication can cause delirium.

Delirium needs medical attention but it is usually reversible once the underlying cause has been dealt with.

3. **Clinical Depression** is much worse than simple unhappiness. It is a “mood disorder” which means you cannot independently change your mood or become less sad.

Especially in the elderly, the symptoms of depression can be confused with those of dementia and delirium and like the two other conditions it can greatly impair day-to-day functioning. Depression can be triggered by other illnesses, medications, chronic pain, the loss of a loved one, or increased isolation. It not only takes the pleasure out of life, it can take a heavy toll on overall health.

Signs and symptoms of depression:

- Sadness
- Fatigue
- Losing interest in hobbies or other pleasurable pastimes
- Social withdrawal and isolation
- Loss of appetite
- Sleep disturbances
- Loss of self-worth
- Increased use of alcohol or other drugs
- Fixation on death; suicidal thoughts or attempts

Some depressed elderly may deny feeling sad, other clues may be:

- Unexplained or aggravated aches and pains
- Hopelessness
- Helplessness
- Anxiety and worries
- Memory problems
- Loss of feeling of pleasure
- Slowed movement
- Irritability
- Self-neglect (skipping meals, forgetting medications, neglecting personal hygiene)

Most people with depression respond well to treatment, either

- by treating the depression directly
- or by treating an underlying illness that is causing the depression
- or by changing medications that may have side-effects of depression

Talk to your doctor or your nurse practitioner.

Need more information?

The Alzheimer Society of Canada - www.alzheimer.ca

Heart and Stroke Foundation - www.heartandstroke.on.ca

Information on Depression: www.healthyonario.com

Depression in Elderly, Mood Disorders Society of Canada www.mooddisorderscanada.ca