



Department of Veterans  
Affairs  
Palo Alto Health Care System



# 失智症和 阿茲海默症病人的照護

Caregiving for patients with late-stage dementia or  
Alzheimer's disease

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# Outline

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- 什麼是老年失智症
  - Definition
  - Sub-types
    - AD, VasD, LBD
  - Treatments 治療
- Care for difference stages dementia 失智症照護



# 什麼是老年失智症？



以前又稱老年癡呆症。

1. 記憶力下降
2. 至少影響到一個其他的認知領域：  
語言，執行功能，運動功能，行為人格
3. 嚴重的足以干預日常功能和獨立性

## 老年失智不是正常老化

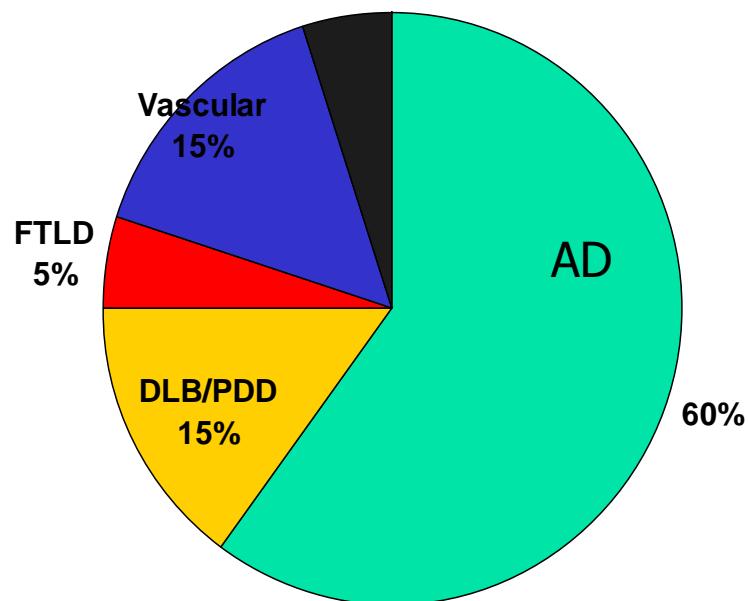


為什麼年老的搖滾明星最後退休了

- 不再記得歌詞了“啦 啦 啦.. 啦”
- 電力琴聲造成助聽器反饋
- 厭倦了非法藥物成癮,準備開始對處方藥成癮

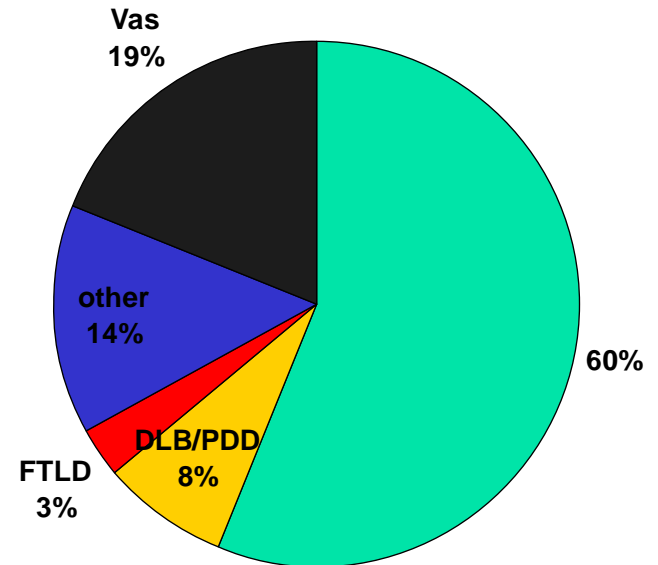
# 失智症

- 阿滋海默症(Alzheimer Dementia –AD)是老年人最普遍的致病因素
- 其他導致失智症的病症包括
  - 血管性失智症 (Vascular Dementia - VaD)
  - 路易氏體型失智症 (Dementia with Lewy Bodies - DLB)
  - 額顳葉型失智症 (Frontotemporal Dementia - FTD)

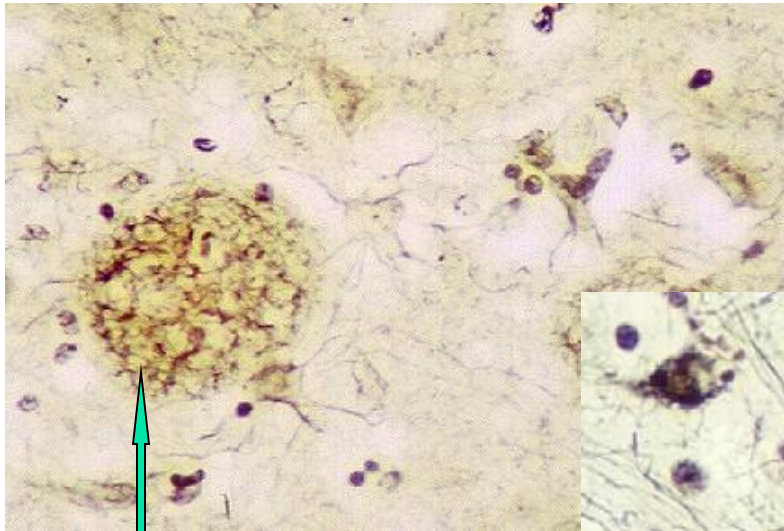


# Chinese patients at San Francisco (UCSF-2010)

- 阿滋海默症(Alzheimer Dementia) 57%
- 血管性失智症 (Vascular Dementia) 19%
- 路易氏體型失智症 (Dementia with Lewy Bodies) 8%
- 額顳葉型失智症(Frontotemporal Dementia) 3%
- 其他 (other) 14%

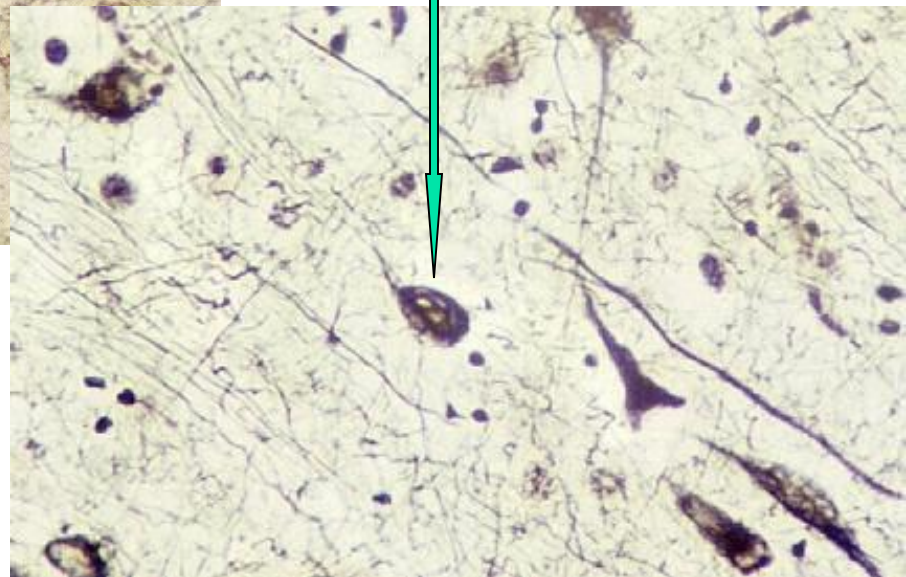


# 阿滋海默症



澱粉體斑塊  
Amyloid plaques

神經纖維纏結體  
Neurofibrillary tangles



# 阿滋海默症(AD)的臨床診斷

## Clinical Diagnosis

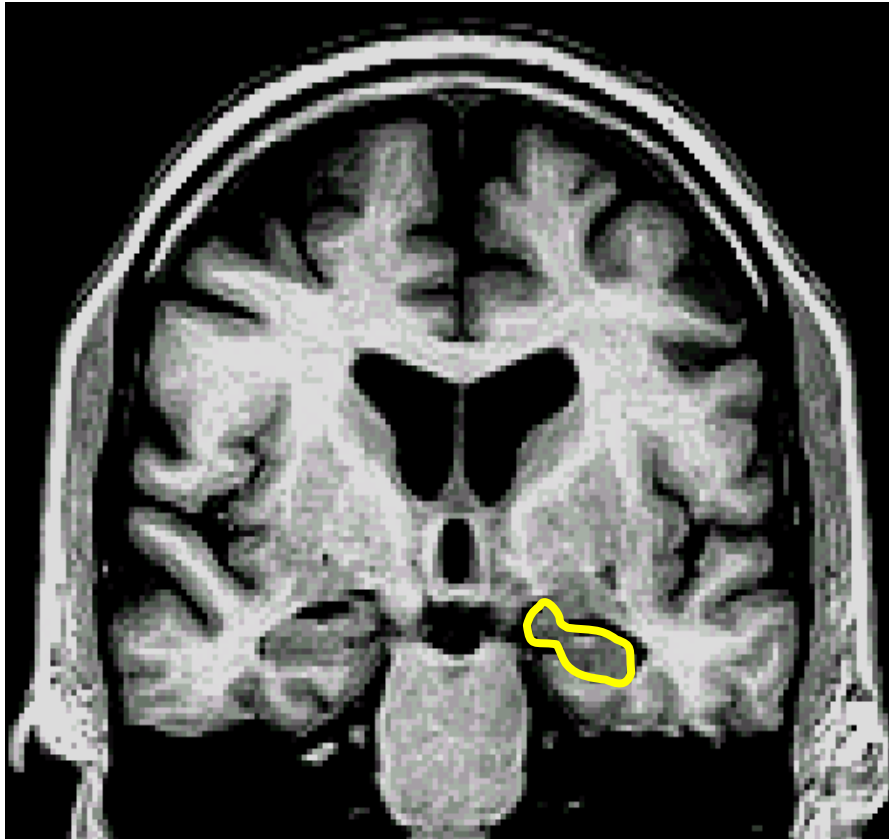


- **AD**是一個臨床診斷
  - 沒有一個實驗或者放射學的測試能夠提供一個肯定的診斷
- 最準確的**AD**診斷是要通過專業的醫生仔細的評估
  - 一個評估應該包括跟患者和一個合作人，例如親人，配偶和好朋友的面試
  - 神經科專科醫生提供的一個身體檢查
- 神經心理學測試提供認知功能的測試
- 大腦的電腦斷層掃描(**CT**)或者核磁共振成像 (**MRI**)

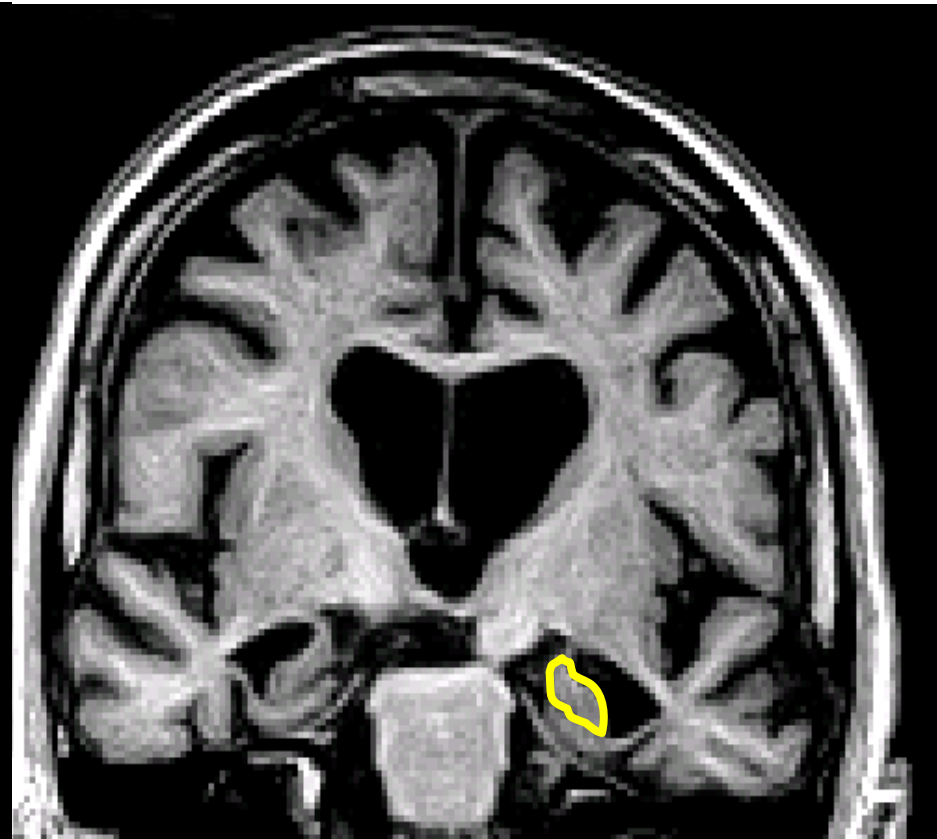


# 核磁共振成像 (MRI)

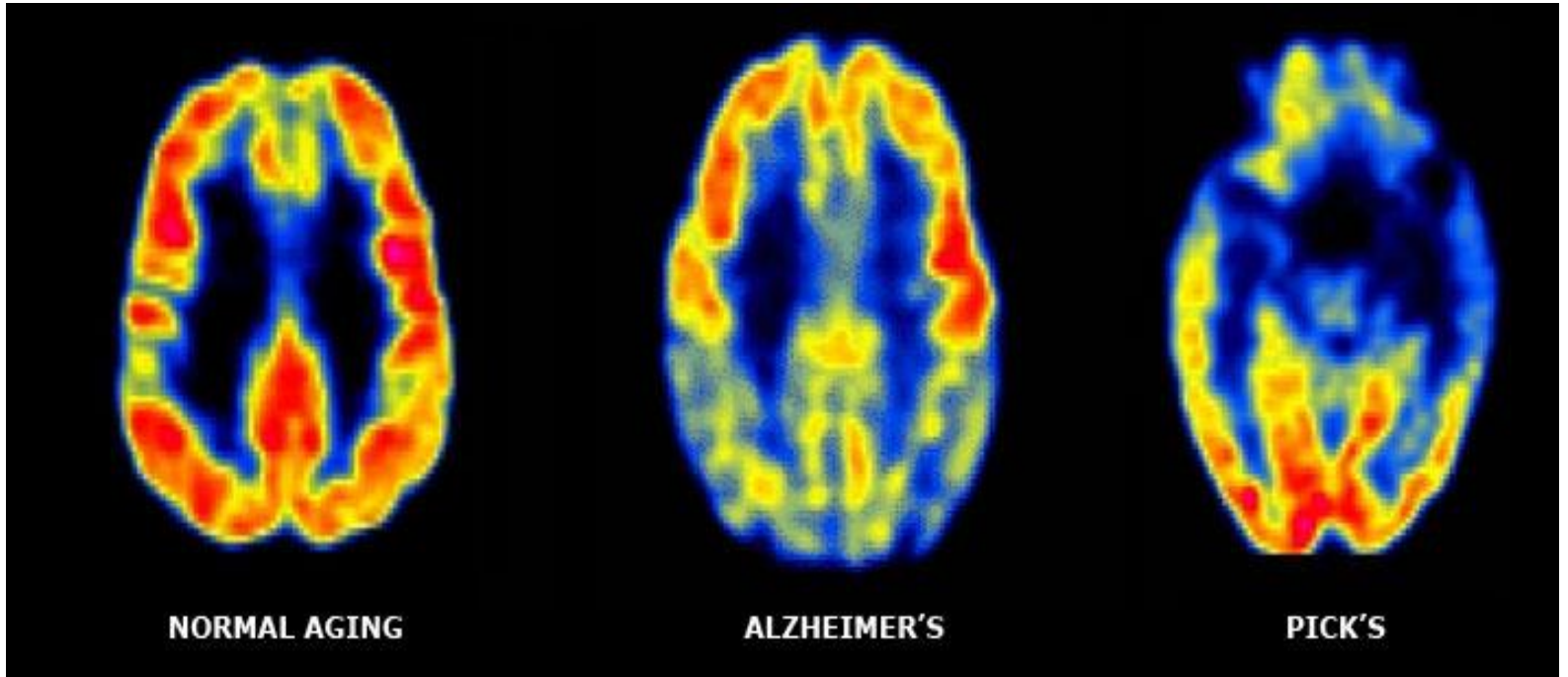
Normal



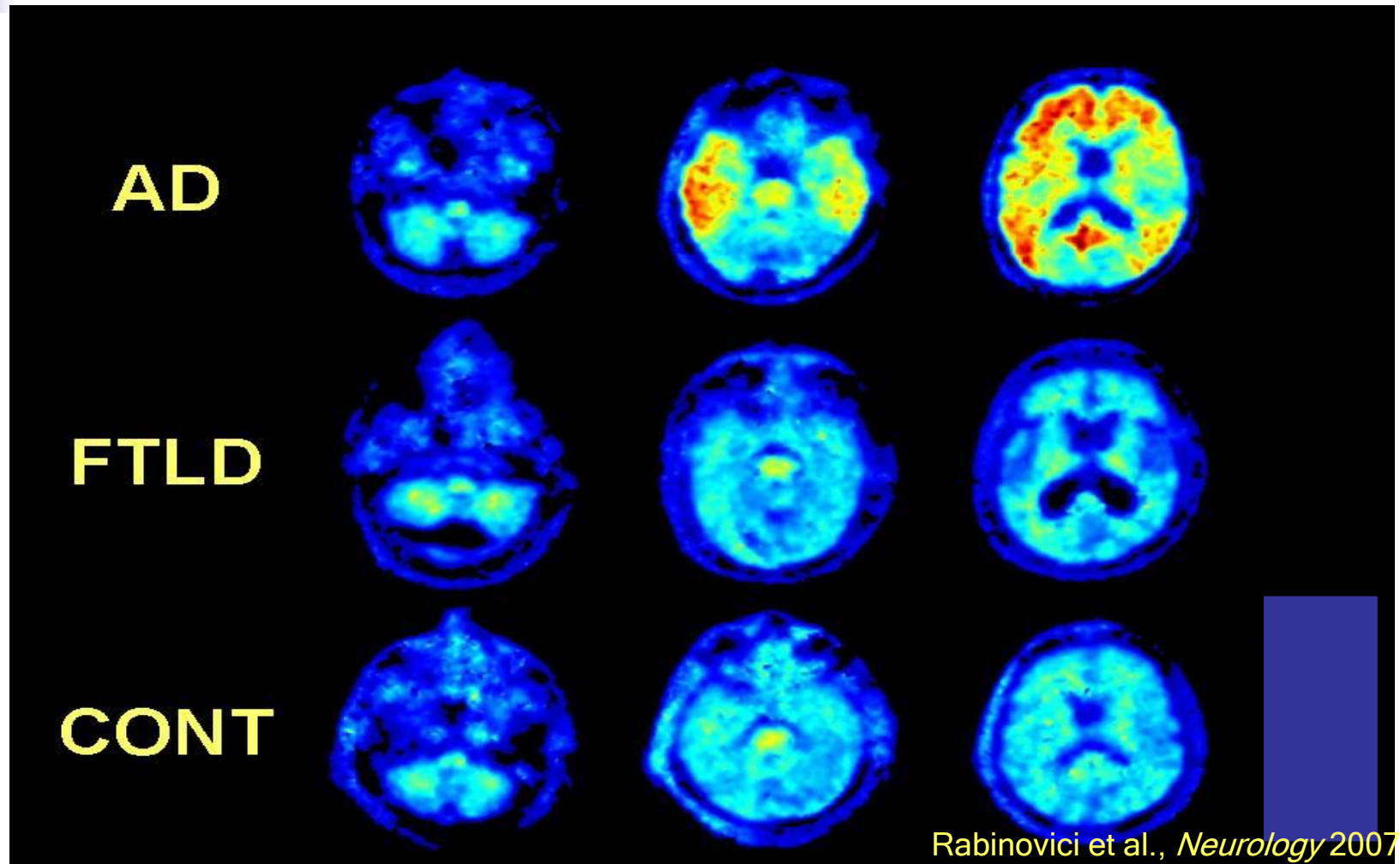
AD



# 功能性核醫學(FDG-PET)



## AD Biomarker - Amyloid- PET





# 治療 I

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- 有氧和負重的運動可以減緩腦萎縮和改善健康
- 因為**AD**患者通常會沒有積極性，個人教練會幫助患者更有效的做運動
- 治療精神症狀
  - 煩躁, 憂鬱症
- 降低心血管危險因素
  - 高血壓, 糖尿病, 高血脂
- 盡量減少其他影響中樞神經系統的藥物
  - 酒精，睡眠藥物，止痛藥





## 治療 II



- 現有幾種FDA批准的藥物用來治療AD
  - 這些藥物抑制乙醯膽素的分解來減慢記憶力下降的速度 Acetylcholinesterase inhibitor (Aricept®, Exelon® or Razadyne®)
  - Memantine (Namenda®)
  - 一些患者在開始藥物之後不久就可能會感到暫時輕微的認知改進
- 其他的藥物正在研究發展中





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# 失智症 progression

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- Mild
- Moderated
- Severe
- Medical complication



# iADL



- Financial decision
  - Investment, Banking, Shopping
- Medical decision
  - Treatment choices, level of care, goal of treatment.
- Family/social
  - Cleaning, cooking, laundry shopping, travel.



# bADL

- Feeding
- Cleaning
- Dressing
- Toileting
- Sleeping
- Transportation

Washing



Dressing



Feeding



Mobility



Transferring



Toileting

# 失智症 progression

- Mild
  - Limited iADL, Most bADL
- Moderated
  - No iADL, some bADL
- Severe
  - No iADL, limited/No bADL





# 失智症 Mild

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- Mild
  - Most bADL, limited iADL
- Maintain bADLs
- Help with iADLs
- Build structured life
- Plan for the future
- Limited confrontation – mood



# 失智症 Mild

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- Mild
  - Most bADL, limited iADL
- Help with iADLs
  - Arrange financial issues, i.e. auto-bill pays, review bank accounts, credits cars....
  - Build structured life
    - i.e. daily routing for exercise, arrange help with shopping, cooking, cleaning



# 失智症 Mild

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- Mild
  - Most bADL, limited iADL
- Plan for the future (while they are still able to think and make decision for themselves)
  - What is their wishes
    - Financial decision
    - Medical decision
    - Living arrangement
  - Legal documentation



# 失智症 Mild

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- Mild
  - Most bADL, limited iADL
- Mood – high risk for depression
  - Regular exercise
  - Limited confrontation
    - It is Ok to help with questions during social settings
    - No need to correct all memory mistakes
  - Seek professional help early

# 失智症 Moderated

- Moderated
  - No iADL, some bADL
- Severe
  - No iADL, limited/No bADL



# 失智症 Moderated

- Moderated
  - No iADL, some bADL
- Arrange iADLs
- Encourage bADLs
- Care taker health and mood







# 失智症 Moderated

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- Arrange iADLs
  - Taking over all financial issues
  - Team work on medical decisions
    - Family, health care provider, care taker and friends
  - Team work on daily chores
    - Assign duty for Care taker, family member to address problems
    - i.e shower with designated person at set time help with a routine. Cooking, cleaning, medications.
  - Encourage participation
    - Shopping trip together with list



# 失智症 Moderated

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- Encourage and help with bADLs
  - Prepare food but encourage Self feeding
  - Prepare cloth but encourage self dressing
  - Home safety evaluation to prevent fall
  - Identify obstacle for self care (toileting, shower)
    - i.e. non-slippery floor, warm water/air



# 失智症 Moderated

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- Care taker health and mood
  - High risk for depression for care taker
  - More medical problem for care taker
  - Need to take break
    - Daily free hours, “weekend”, annual “vacations”
  - Physical exercise
  - Seek professional help early

# 失智症 Severe

- Severe
  - No iADL, limited/No bADL
- Physical health
  - Weight
  - Hygiene/infection
  - mobility
- Medical complication





# 失智症 Severe

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- Physical health
  - Maintain Weight with high caloric food.
  - Hygiene/infection
    - Freq turning, routine cleaning.
  - Mobility
    - Daily stretches in all joints, ambulation.



# Medical complication

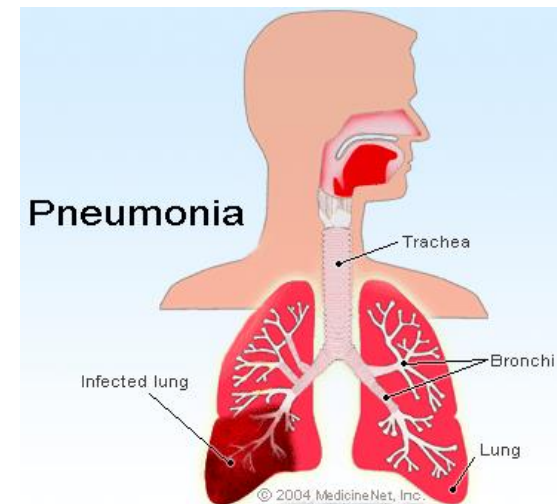
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- Pneumonia
- UTI
- Bed sore
- Fall
- Others
  - Seizure, DM, CAD, Resp, Renal failure.

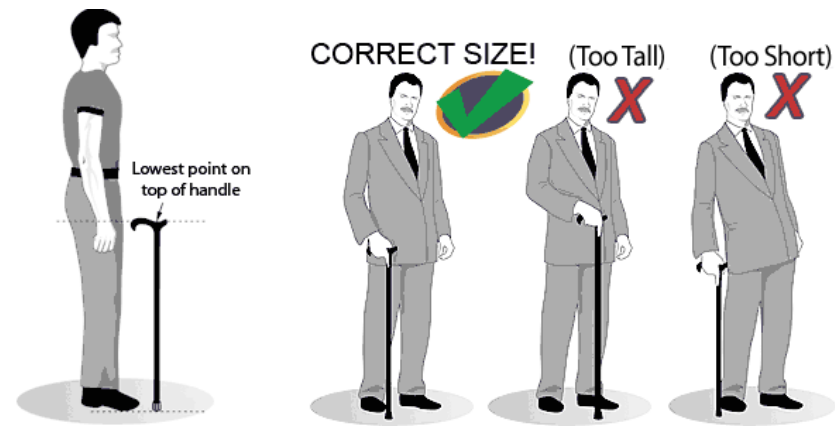
# Medical complication

- Pneumonia
  - Aspiration precaution
  - Swallow evaluation
  - Primary care evaluation/followup
- UTI
  - Regular cleaning
  - Incontinent care



# Medical complication

- Bed sore
  - Freq turning in bed
  - Cushion for wheelchair/Chair
  - Regular Skin care
- Fall
  - Home safety eval
  - Assisted ambulation
  - 24 hr supervision
- Blood clot
- Others
  - DM, CAD, Resp, Renal fail





# Medical complication

- Pneumonia
- UTI
- Bed sore
- Fall
- Others
  - Seizure, DM, CAD, Resp, Renal failure.



# Medical/Psych complication II

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- Mood
  - Depression, anxiety, irritability
- Sleep
  - Reverse cycle, insomnia, day time sleepiness/Sundowning
- Behavior issues
  - Impulsiveness, stubbornness, paranoia



# Medical/Psych complication II

- Mood-Depression, anxiety, irritability
  - Social activities
  - Physical activities
  - Behavior therapy
  - Structured routine
  - Case depend investigation
  - Medication

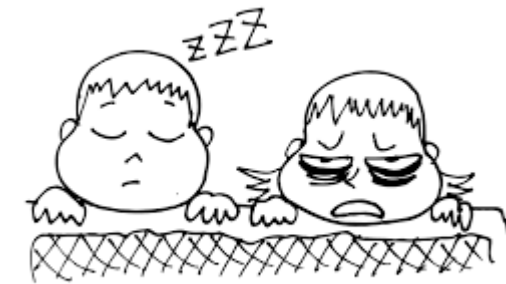
Depression  
Moodjuice Self-help Guide



Learn more about depression  
and skills to cope with it.

# Medical/Psych complication II

- Mood
- Sleep- Reverse cycle, insomnia, day time sleepiness/Sun downing
  - Social activities
  - Physical activities
  - Light management
  - Day time scheduled nap
  - Evaluation for medication/side effect
  - Medication/supplement





# Medical/Psych complication II

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- Mood
- Sleep
- Behavior issues- Impulsiveness, stubbornness, paranoia
  - Avoid stressful satiation/triggers
  - Gentle/calm redirection/distraction
  - Relative Autonomy with safety in mind





# Conclusion

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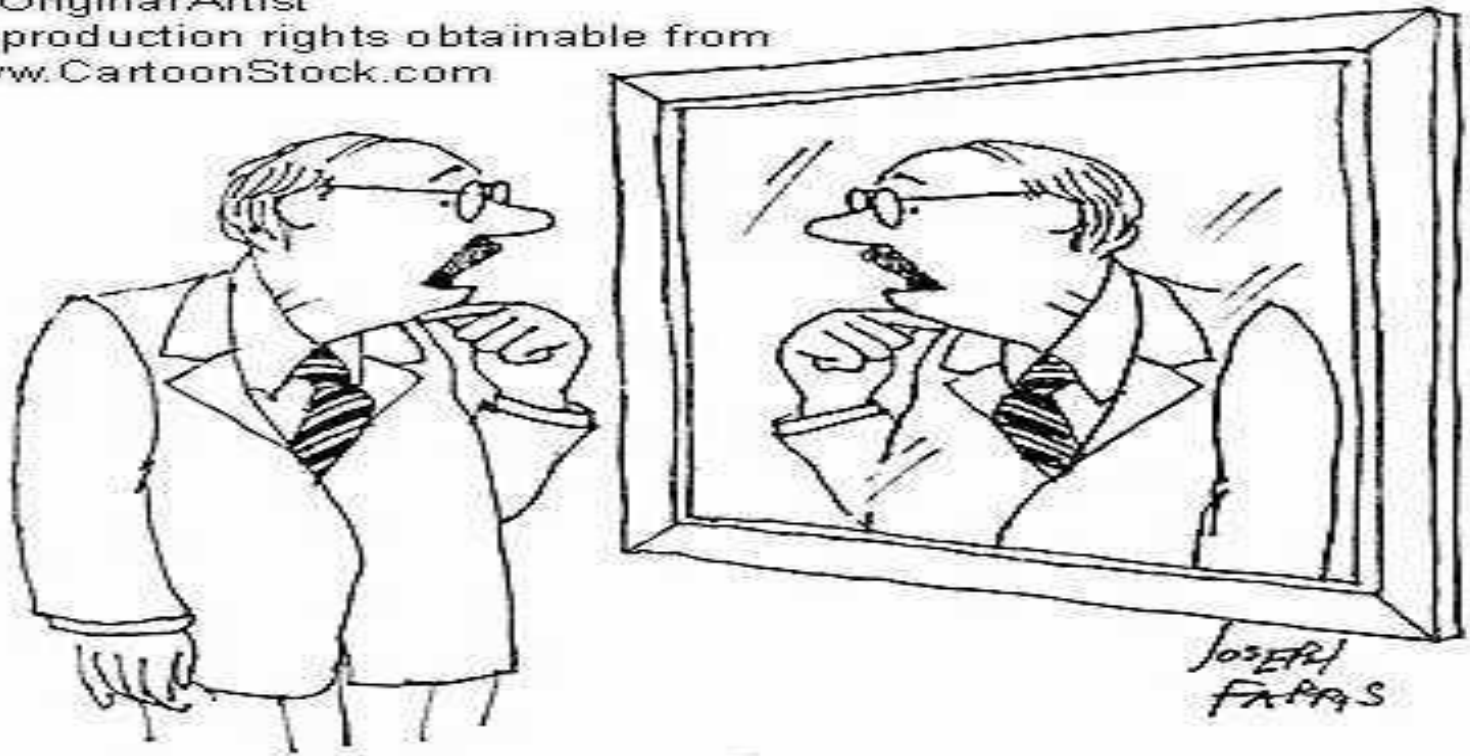


- Dementia is complicated
  - Physical, mental, psychical, financial stress
  - Initial diagnosis
  - Medical management
  - High demand for care taker
  - Psychical-social complication



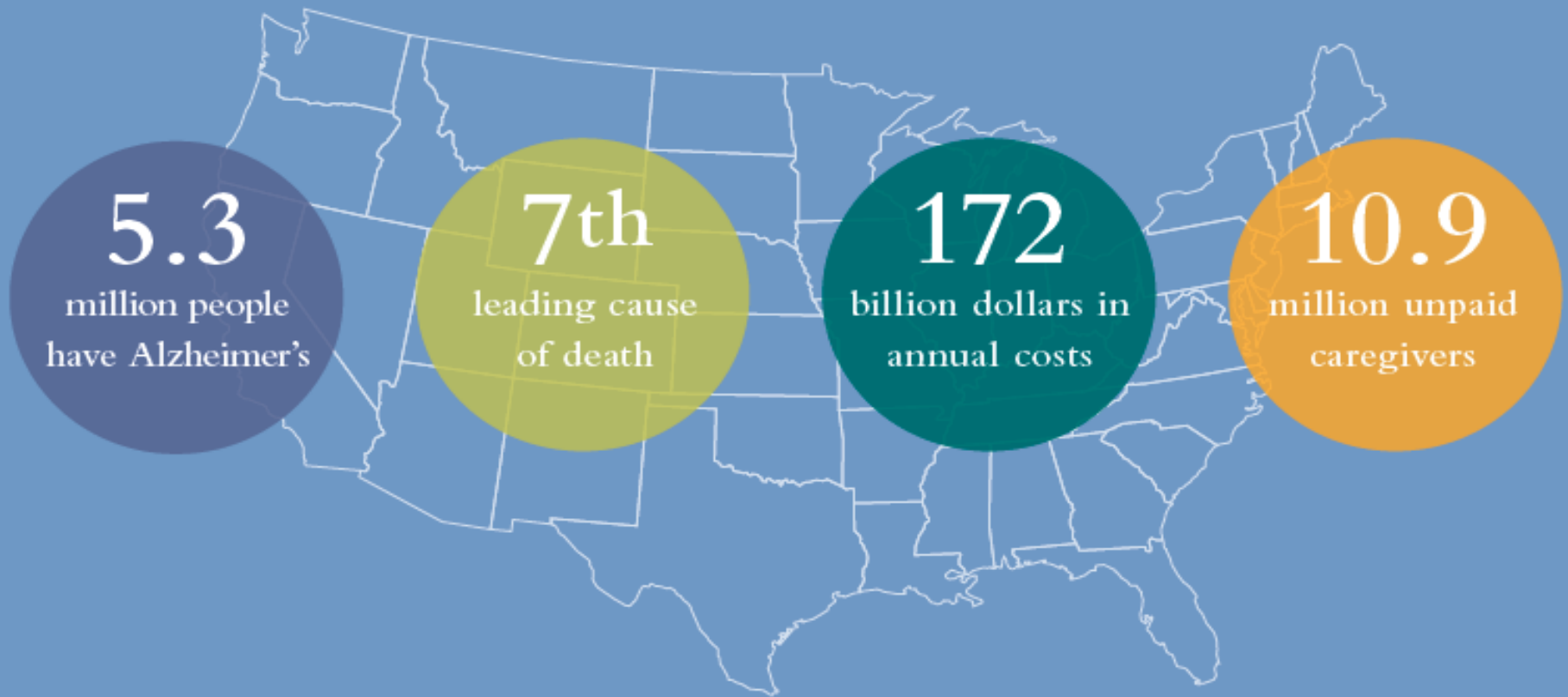
# Thank You!!

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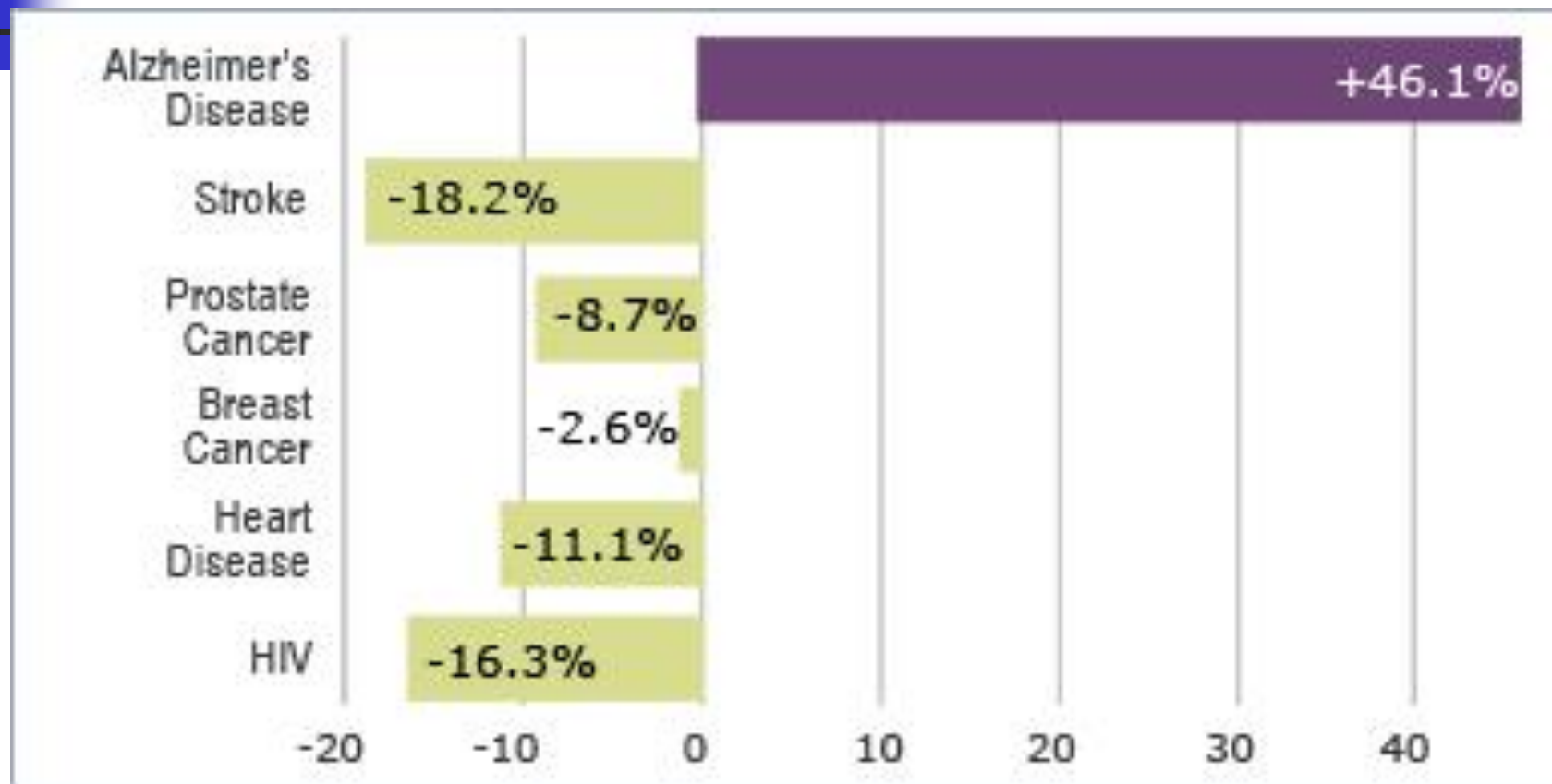
"I remember the face but I've forgotten your name."

# Alzheimer Dementia in the U.S.





# Leading Cause of Death in the U.S.



# Life expectancy of Chinese

