



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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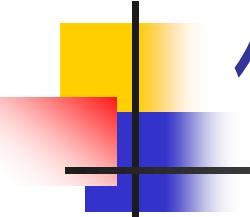
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Outline

- 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

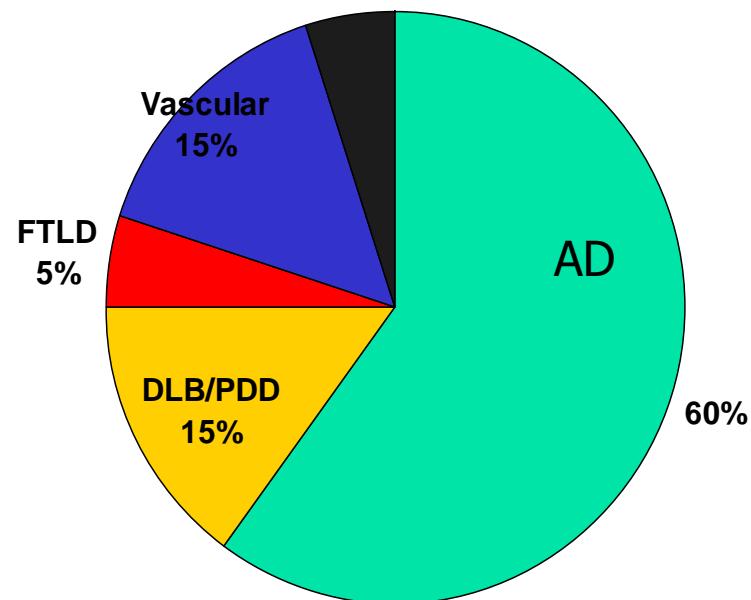


為什麼年老的搖滾明星最後退休了

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

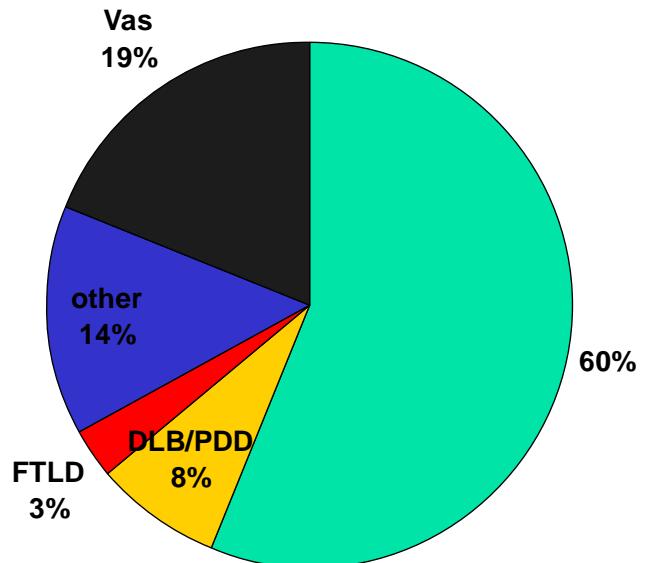
失智症

- 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)

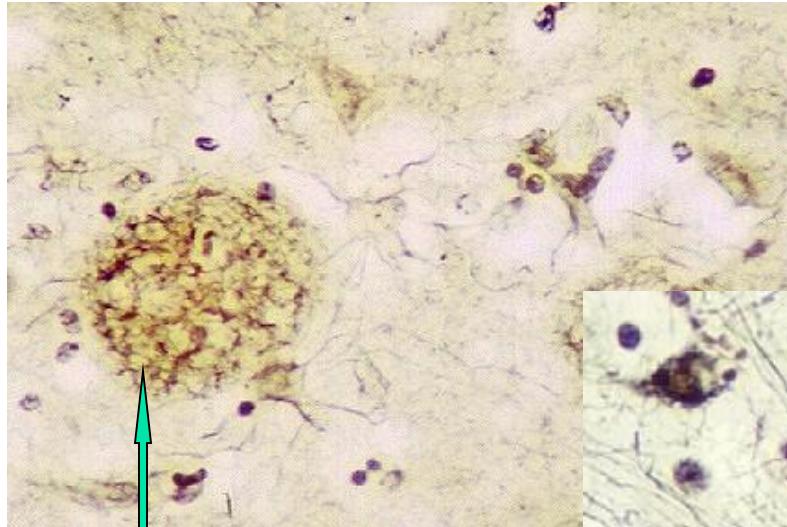


Chinese patients at San Francisco (UCSF-2010)

- 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

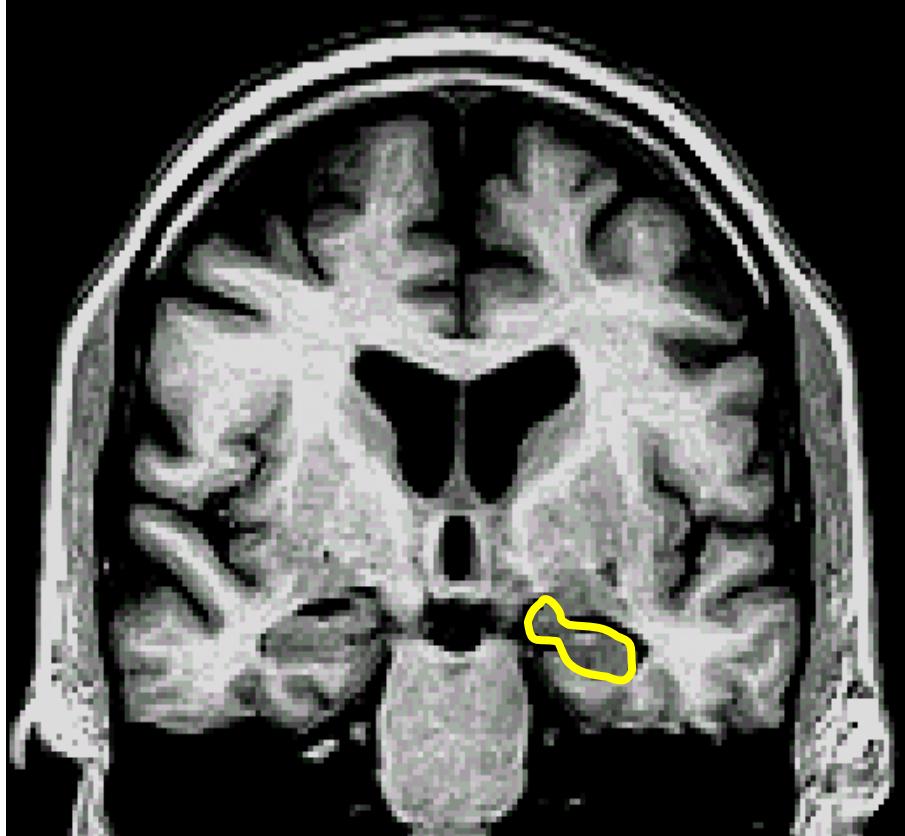
Clinical Diagnosis



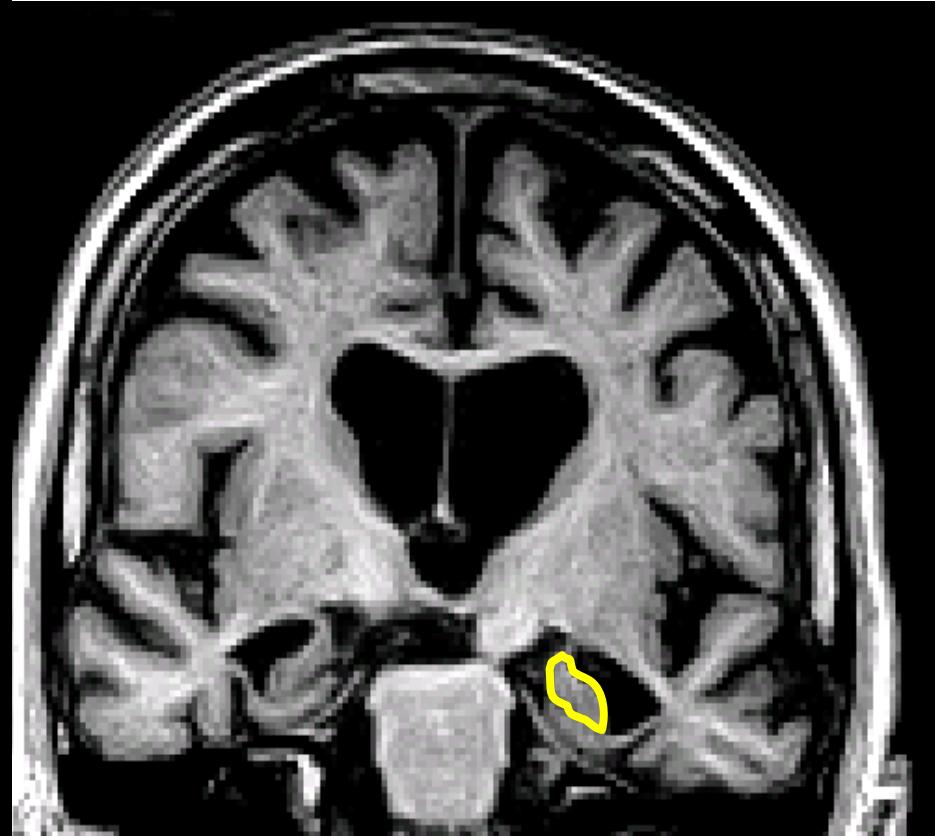
- **AD**是一個臨床診斷
 - 沒有一個實驗或者放射學的測試能夠提供一個肯定的診斷
- 最準確的**AD**診斷是要通過專業的醫生仔細的評估
 - 一個評估應該包括跟患者和一個合作人，例如親人，配偶和好朋友的面試
 - 神經科專科醫生提供的一個身體檢查
- 神經心理學測試提供認知功能的測試
- 大腦的電腦斷層掃描(**CT**)或者核磁共振成像 (**MRI**)

核磁共振成像 (MRI)

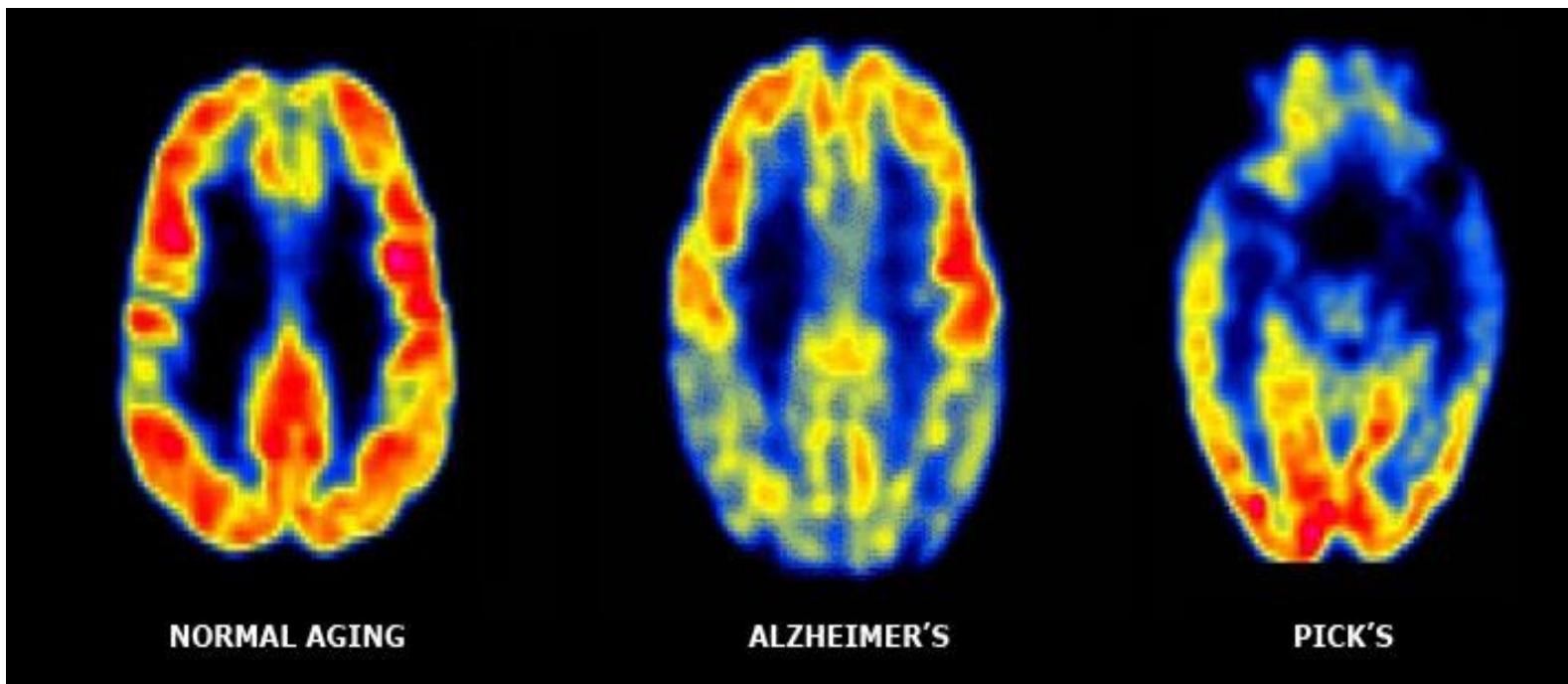
Normal

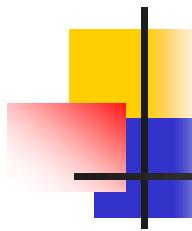


AD

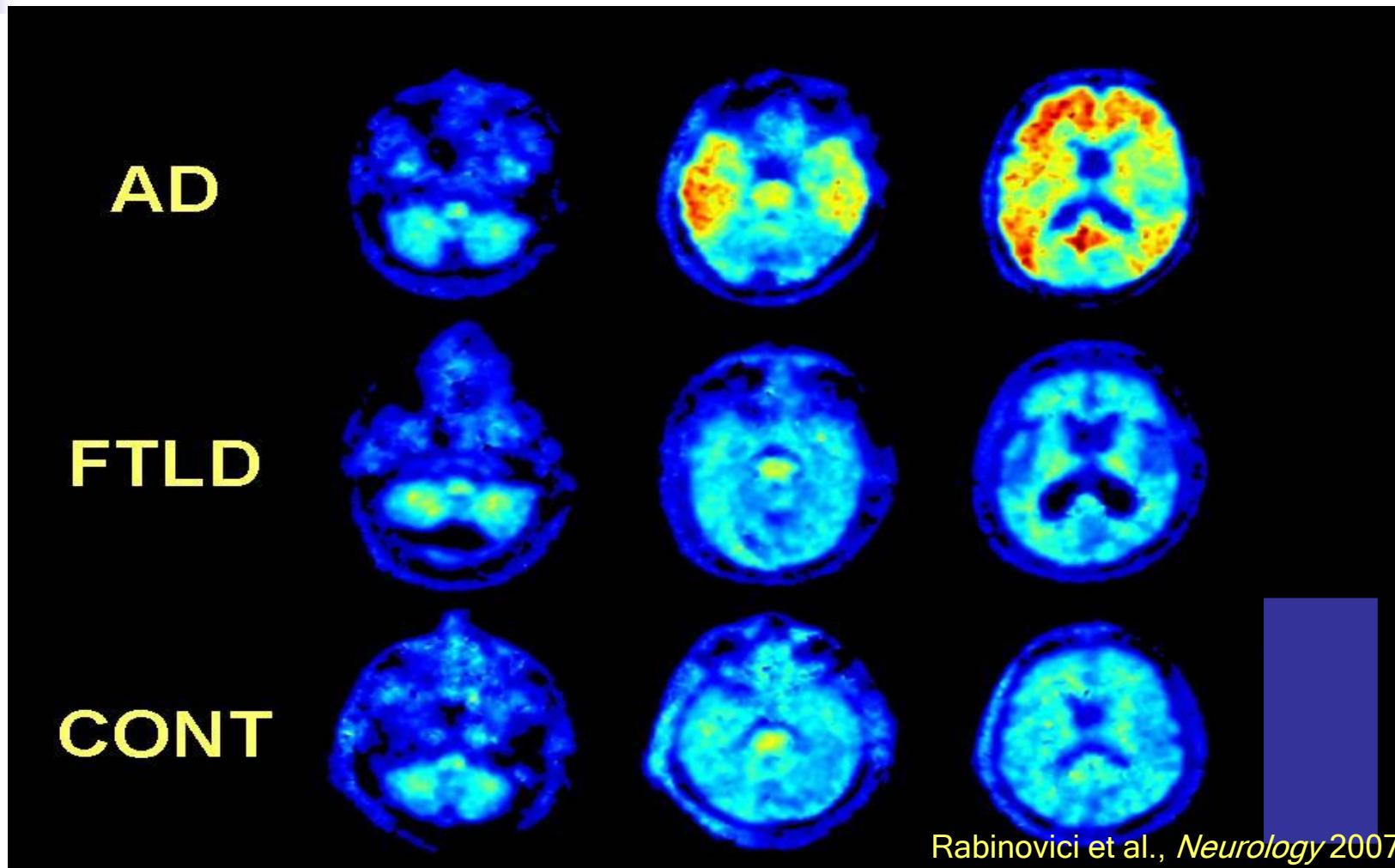


功能性核醫學(FDG-PET)





AD Biomarker - Amyloid- PET



治療 I

- 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



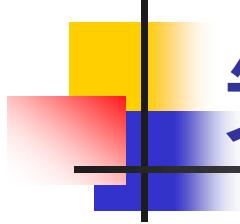
- 現有幾種FDA批准的藥物用來治療AD
 - 這些藥物抑制乙醯膽素的分解來減慢記憶力下降的速度 **Acetylcholinesterase inhibitor (Aricept®, Exelon®, or Razadyne®)**
 - **Memantine (Namenda®)**
 - 一些患者在開始藥物之後不久就可能會感到暫時輕微的認知改進
- 其他的藥物正在研究發展中



Outline

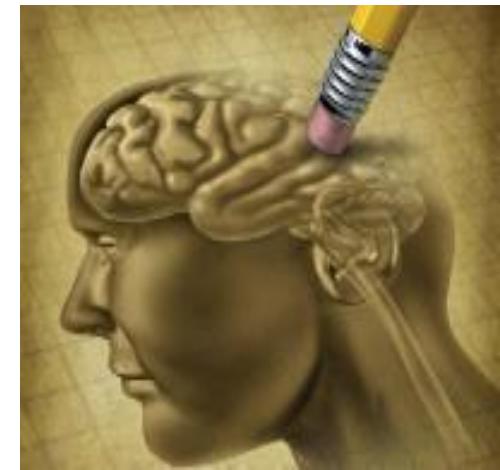
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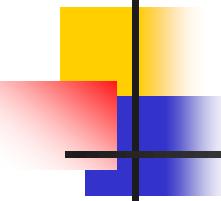




失智症 progression

- Mild
- Moderated
- Severe
- Medical complication





iADL

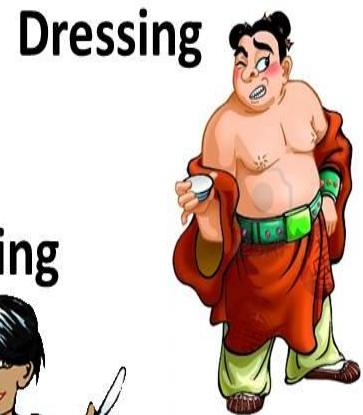


電話をかける／買い物に行く／金銭の管理
食事の支度／掃除／洗濯／薬の管理／乗物の利用

- 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



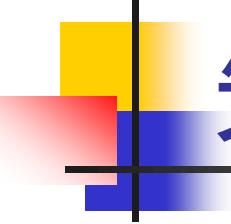
Mobility



Transferring



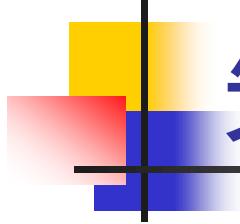
Toileting



失智症 progression

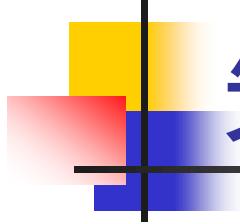
- Mild
 - Limited iADL, Most bADL
- Moderate
 - No iADL, some bADL
- Severe
 - No iADL, limited/No bADL





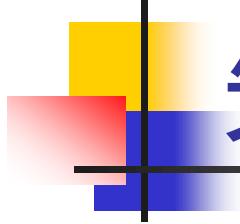
失智症 Mild

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



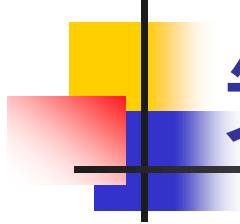
失智症 Mild

- 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



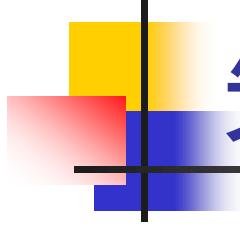
失智症 Mild

- 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

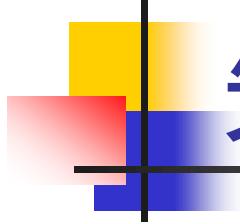
- Mild
 - Most bADL, limited iADL
- Mood – high risk for depression
 - Regular exercise
 - Limited confrontation
 - It is Ok to help with questions during social settings
 - No need to correct all memory mistakes
 - Seek professional help early



失智症 Moderated

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

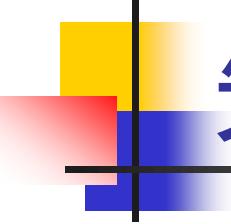




失智症 Moderated

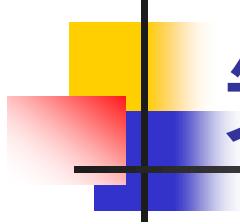
- Moderated
 - No iADL, some bADL
- Arrange iADLs
- Encourage bADLs
- Care taker health and mood





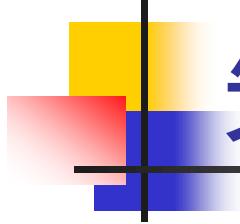
失智症 Moderated

- 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



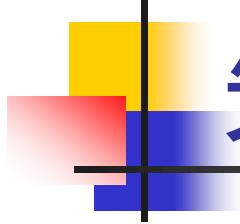
失智症 Moderated

- 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

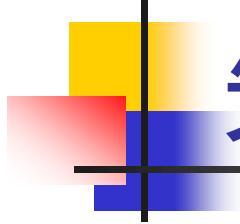
- Care taker health and mood
 - High risk for depression for care taker
 - More medical problem for care taker
 - Need to take break
 - Daily free hours, “weekend”, annual “vacations”
 - Physical exercise
 - Seek professional help early



失智症 Severe

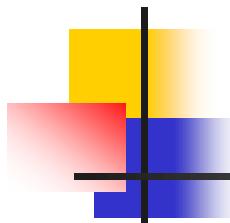
- Severe
 - No iADL, limited/No bADL
- Physical health
 - Weight
 - Hygiene/infection
 - mobility
- Medical complication





失智症 Severe

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



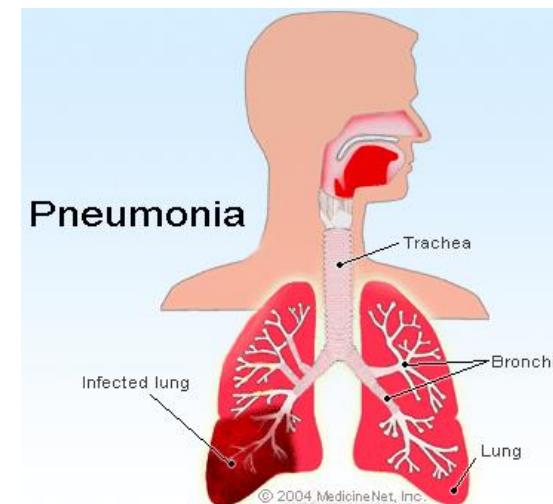
Medical complication



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

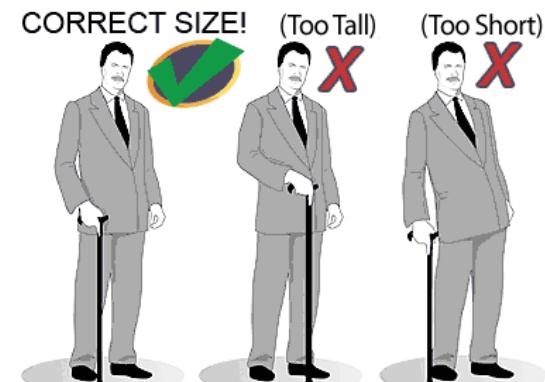
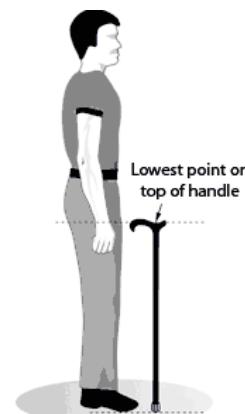
Medical complication

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



Medical complication

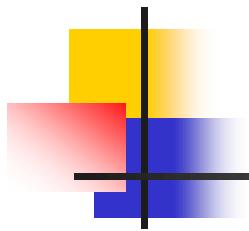
- Bed sore
 - Freq turning in bed
 - Cushion for wheelchair/Chair
 - Regular Skin care
- Fall
 - Home safety eval
 - Assisted ambulation
 - 24 hr supervision
- Blood clot
- Others
 - DM, CAD, Resp, Renal fail



Medical complication

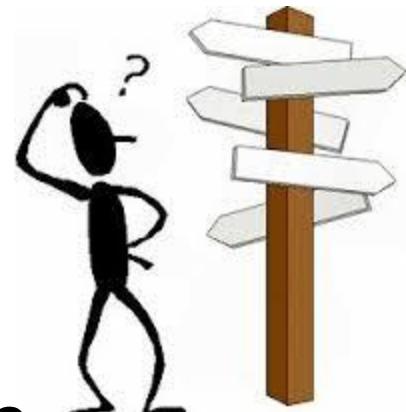
- Pneumonia
- UTI
- Bed sore
- Fall
- Others
 - Seizure, DM, CAD, Resp, Renal failure.

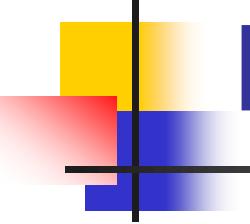




Medical/Psych complication II

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





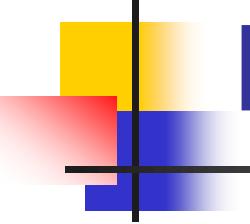
Medical/Psych complication II

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

Depression
Moodjuice Self-help Guide

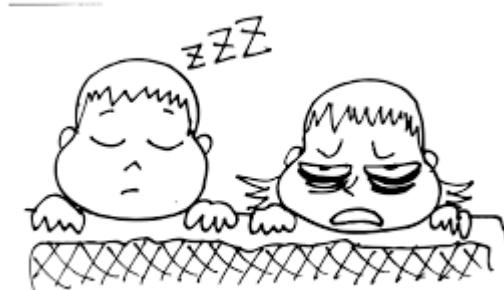


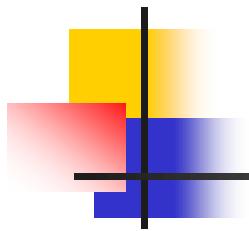
Learn more about depression
and skills to cope with it.



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/supplyment

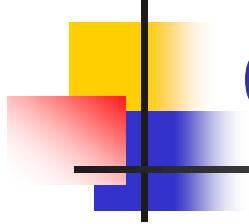




Medical/Psych complication II

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





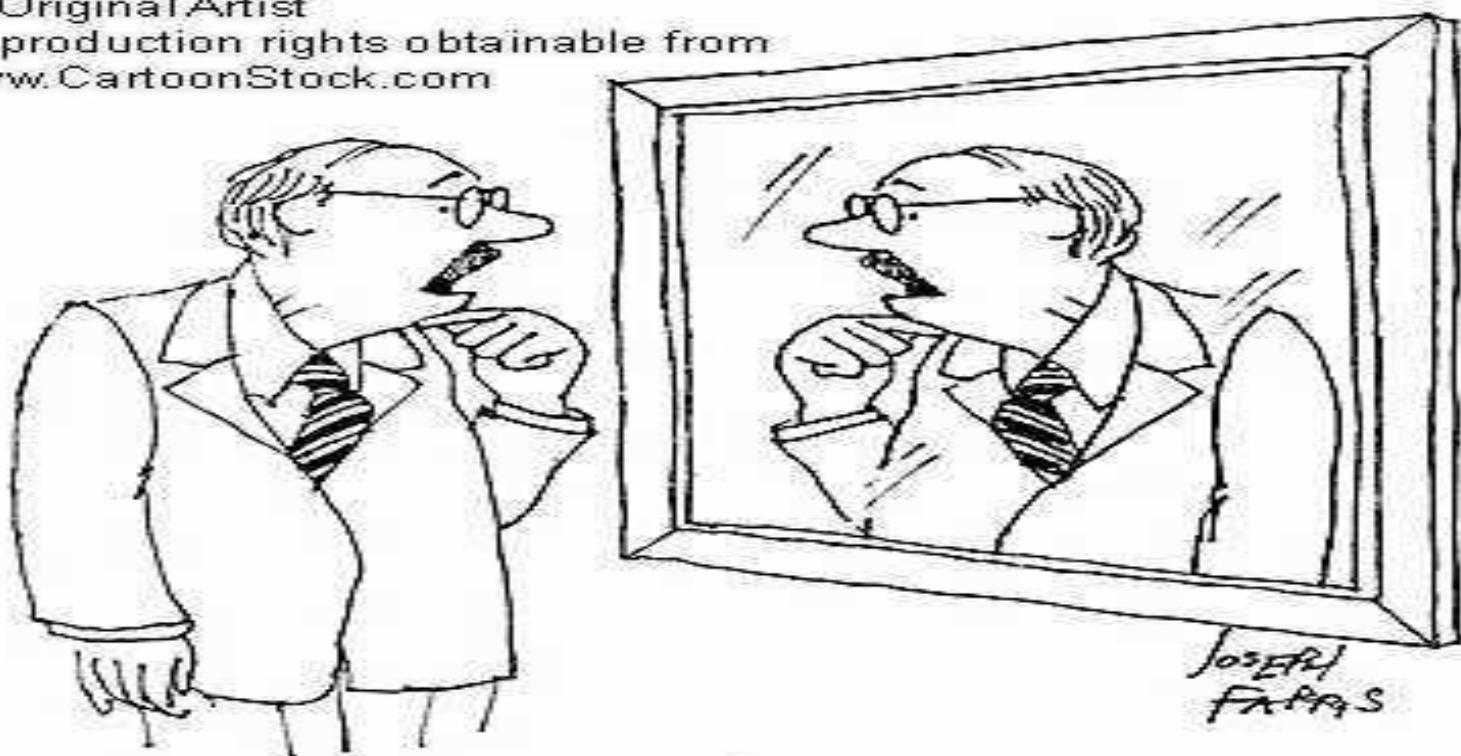
Conclusion



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

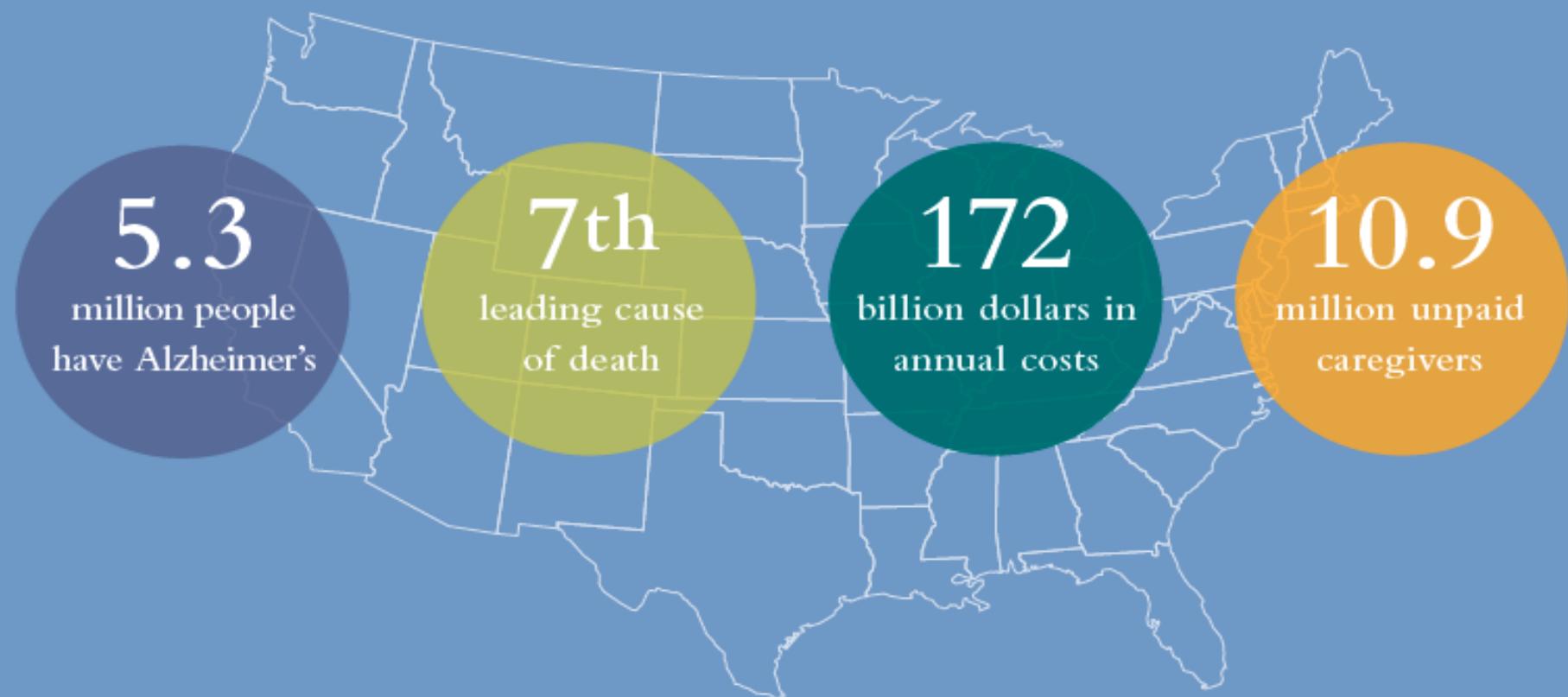
Thank You!!

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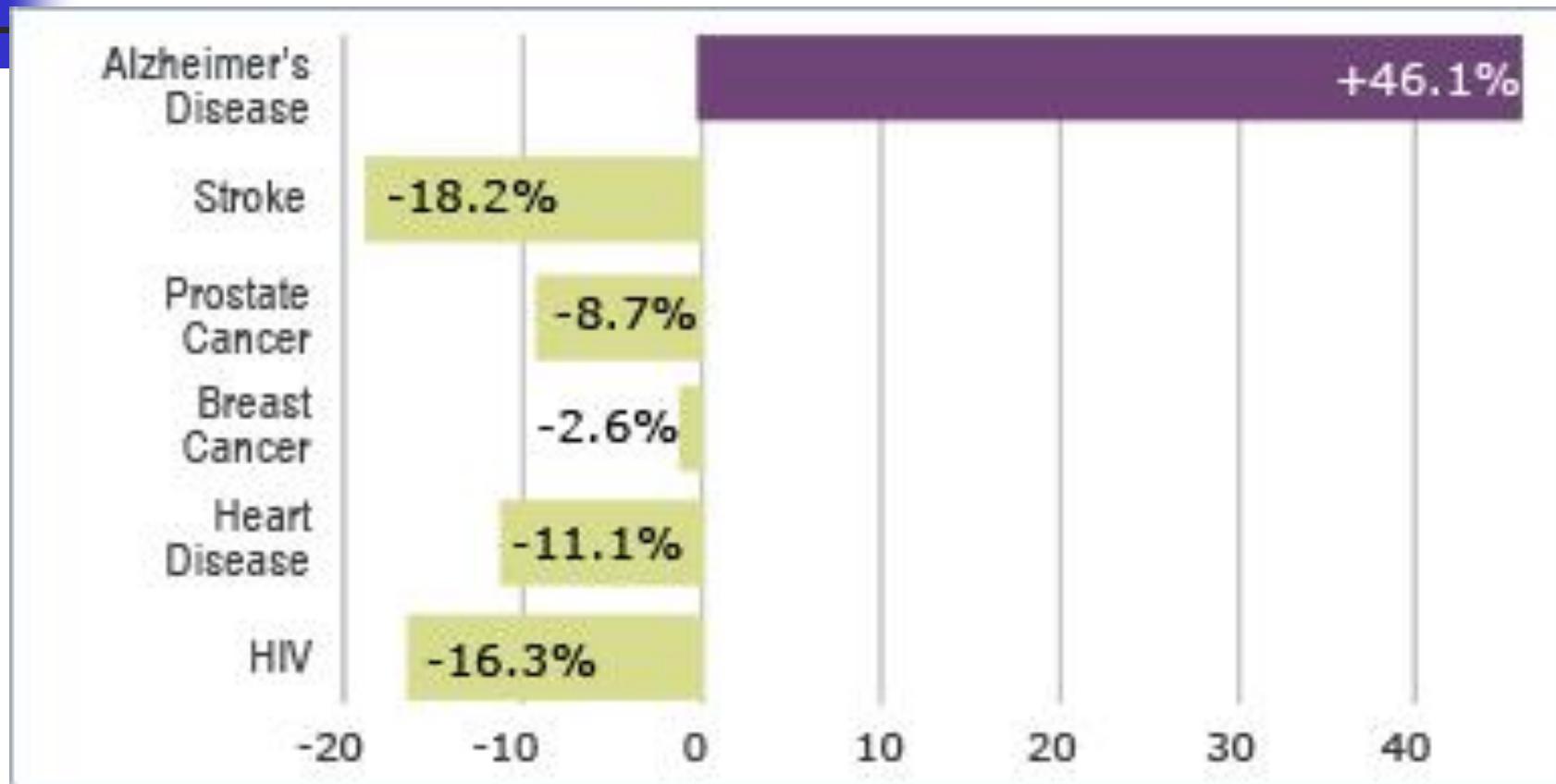


"I remember the face but I've forgotten your name."

Alzheimer Dementia in the U.S.



Leading Cause of Death in the U.S.



Life expectancy of Chinese

