

**MCI Education &
Support Groups**

For families affected by
Mild Cognitive Impairment

SARASOTA

Next Meeting: **JAN.21st**

Time: **9:30am**

Speaker: Andrew Boyer, Esq
Boyer & Jackson Elder Law

Topic: Elder Law Issues

Location: Senior Friendship
Center- 1900 Brother
Geenen Way, Sarasota

VENICE

**Don't forget the January
Meeting: Jan 5th 9:30am**

Feb. Meeting: FEB. 2nd

Time: **9:30am**

Speaker: Lori Wilder
Program Manager, Lifeline
Topic: Lifeline Services

Location: AS OF FEB.

**NEW LOCATION!
THE WINDSOR OF
VENICE**

1600 CENTER RD

PHONE: 941-408-2600

**SMH MEMORY
DISORDER CLINIC
941/917-7197**

Medical Director

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Program Manager

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Vascular Dementia

Vascular disease is the second most common cause of dementia. Vascular dementia is a term for dementia associated with problems in the circulation of the blood to the brain. Unlike Alzheimer's disease, the cause of vascular dementia is known, and unlike Alzheimer's disease, the progression of vascular disease is uncertain.

Vascular dementia can be caused in several different ways. Most commonly, blockage of small blood vessels occurs deep within the brain. The most common type of vascular dementia is multi-infarct dementia, which is caused by a number of small strokes called mini-strokes. Multi-infarct dementia can affect several functions, such as memory, coordination or speech. The symptoms differ somewhat depending on which areas of the brain have been damaged.

Transient ischemic attacks (TIA's) may be the precursors of vascular dementia. Symptoms of a TIA may include temporary mild weakness in the arm or leg, slurred speech and dizziness and generally can last anywhere from a few minutes to a few days. A stroke occurs when the blood vessels bringing oxygen and nutrients to the brain become clogged or bursts causing brain cells in the immediate area to stop working properly.

The risks of vascular dementia are the same as those associated with stroke; high blood pressure, diabetes, high cholesterol, heart disease and smoking. Early detection and effective control of stroke risk factors can greatly reduce the chance of having a stroke.

Alzheimer's disease and vascular dementia sometimes occur together. People who show signs of dementia or have history of strokes should have a complete exam. Sometimes the symptoms of vascular dementia are difficult to distinguish from Alzheimer's disease. People with vascular dementia should be encouraged to keep up their daily routines, regular social and physical activities, choose a healthy lifestyle and do everything they can to reduce the risk factors discussed above.

Make the Transition from Driver to Passenger

Driving is a complex challenge to mental process and judgment. Dementia raises the risk of accidents as much as five-fold. Families often have difficulty determining when their loved one with dementia should stop driving. However, it is important to consider safety first.

For persons with early stages of dementia, driving is best reduced over time rather than all at once. Family caregivers can help a person with dementia reduce and stop driving over time by gradually assuming more driving responsibilities.

In many cases, people with dementia begin limiting where and when they drive just as many older people without dementia do. In an attempt to keep a person with dementia driving longer, a caregiver sometimes tries to act as a “co-pilot” by giving directions and instructions on how to drive. This practice could prove dangerous in a hazardous situation. Allowing the caregiver to drive and the person with dementia to co-pilot is a safer strategy.

Reducing the need to drive requires making sure that there are safe and convenient alternatives. Families will still need to get groceries, medications and make trips to the barber/salon, church etc. Think ahead. Friends and family can offer to drive the person with dementia to appointments to help reduce the need for driving. Arrangements can be made for home deliveries of groceries and prescriptions etc.

Take advantage of the early stages of dementia to discuss plans for when driving must be limited and eventually stop. Individuals will be better able to understand the safety issues relating to driving in the early stages of cognitive change. Make a plan and stick to it.

The Four A's of Alheimers

Amnesia is defined as loss of memory, or the inability to remember facts or events. We have two types of memories: the short-term (recent, new) and long-term (remote, old) memories. Short-term memory is programmed in a part of the brain called the temporal lobe, while long-term memory is stored throughout extensive nerve cell networks in the temporal and parietal lobes. In Alzheimer's disease, short-term memory storage is damaged first.

Aphasia is the inability to communicate effectively. The loss of ability to speak and write is called expressive aphasia. An individual may forget words and will have increasing difficulty with communication. With receptive aphasia, an individual may be unable to understand spoken or written words or may read and not understand a word of what is read. An individual may pretend to understand to cover-up aphasia. Although individuals may not understand words and grammar, they may still understand non-verbal behavior, i.e., smiling.

Apraxia is the inability to do pre-programmed motor tasks, or to perform activities such as brushing teeth and dressing. An individual may forget all motor skills learned during development. Sophisticated motor skills that require extensive learning are often the first functions that become impaired. More instinctive functions like chewing, swallowing and walking are lost only in the very late stages of the disease.

Agnosia is an individual's inability to correctly interpret signals from their five senses. Individuals may not recognize familiar people and objects. A common yet often unrecognized agnosia is the inability to appropriately perceive internal, information such as a full bladder or chest pain. This symptom often makes the patient unaware of their own symptoms.

Fearless Caregiver Family Checklist

The most loving gift a person can give to ones family is to put your affairs in order before a disaster or medical emergency. To assist in providing that gift, we have compiled a list of information and documents you should have prepared:

- All bank accounts, account numbers and types of accounts, and the location of banks.
- Insurance companies, policy numbers, beneficiary as stated on the policies and type of insurance (health, life, long-term care, automobile, etc).
- Deed and titles to ALL property.
- Loan/lien information, who holds them and if there are any death provisions.
- Social Security and Medicare numbers.
- Military history, affiliations and papers (including discharge papers).
- Up-to-date Will in a safe place (inform family where the Will is located).
- Living Will or other Advanced Directives appropriate to your state of residence.
- Durable Power of Attorney.
- Instructions for funeral services and burial (if arrangements have been secured, name and location of funeral home).

Q & A

Q: How do you redirect a person with memory loss if they are fixated on one thing? Example: My husband only wants to eat out. He refuses to eat at home.

A: It is important to realize that every behavior has a cause. Look for clues as to why it might be easier to eat out. When at home, do you eat at the table, with the silverware in the same spot each time? Is the food served or do you each get a plate from the kitchen? Do you eat in front of the TV at home? Sometimes small things, like limiting distractions or changing the routine can make a task easier in some way.

Distractions are often the best technique when someone becomes fixated on a behavior or idea. You might say that "we are eating out later and this is a snack to hold us over until we leave." If you actually do eat out a lot - you may want to change your routine so that you only eat out certain meals (only breakfast or lunch, etc.) that way the routine will be recognized after a while and there will be something consistent to look forward to.

Have snacks available - and as long as the individual is not loosing weight or having a specific medical condition - if he refuses to eat at one mealtime, it should not be a problem - and he will be hungrier for the next meal. (Note - if you allow someone to snack all day - it will be more difficult to get them to sit down for a meal)

Weekly Evening Support Group
Tuesdays, 6-7pm at Sarasota Senior
Friendship Center -Caregiver Resource
Center Facilitated by Paula Falk, Director of Senior Friendship Center and Jane Johnson, MSW. **Call 556-3268 for further information.**

FREE Memory Screenings
1st Wednesday of the month, 1-3 pm Senior Friendship Center, 2350 Scenic Drive, **Venice**
2nd Monday of the month, 2-4 pm Senior Friendship Center, Caregiver Resource Center 1820 Brother Geenen Way, **Sarasota**
For appointments call 941/917-7197

Sarasota Memorial Hospital
Memory Disorder Clinic
Institute for Advanced Medicine
5880 Rand Blvd., # 211
Sarasota, FL 34238
(941) 917-7197
Located just 1/2 mile from I-75 on the south side of Clark Road.
www.sarasotageriatrics.com