

My name is Dr. John Allahham. I am the psychiatrist, the medical director of the geriatric psychiatry unit. I've been at Ephraim McDowell for eight years now. But I've been in Danville for 21-years.

Dementia is the big syndrome where patients develop a gradual, progressive, cognitive, and functional decline with memory problems. And it has many types. The most common type of dementia is the Alzheimer's type dementia.

The earliest signs are memory impairment, especially for recent memory. For example, the patient starts forgetting what happened earlier that day or forgetting conversations that just took place earlier. But they have a preserved remote memory, so they can remember events that happened years ago. These are the earliest signs. Other signs include change in behavior, depression, apathy, being grumpy or moody.

Alzheimer's disease starts with memory impairment without functional impairment. And we call that minimal cognitive impairment. Then it progresses to Alzheimer's stage one, which is a mild disease. Then you have stage two, the moderate disease, and stage three, which is the severe or profound disease.

Dementia has many causes, but for the Alzheimer's disease, it's mostly genetic.

There's no specific cure at this time, but we can manage and slow the disease down by medication. And we can manage the behavioral disturbances and abnormal behaviors that can be associated with the Alzheimer's dementia.

People try to eat a healthy diet, exercise, read, socialize, and not isolate themselves. And also, there are ways of training people on how to stay oriented to time and place and their surroundings by keeping up with the news and doing brain exercises like puzzles and things like that. But there are no preventative medications.

Usually, patients go through the phases of the disease, for the average individual, it takes about seven years, but it depends on the time of onset of the disease or the age of onset. For example, an individual who develops Alzheimer's disease at the age 65 is expected to go through the stages and pass in about eight or nine years. But for somebody who develops Alzheimer's at age 90, it is expected for that individual to survive about two, maybe three years maximum.

The treatments we have for the Alzheimer's disease are twofold. First, medications that slow the disease down and slowly impairment in memory. And these consist of medications like Aricept and Namenda, Exelon, that are now commonly used for Alzheimer's. Those medications have modest benefit. The other fold off treatment includes managing behaviors, managing depression, apathy, delusions, hallucinations if they become problematic.

Most of the time, Alzheimer's patients develop risks that are associated with the dementia itself. For example, falls risk. So you have to be careful about the home environment regarding decreasing the risk for falls. Also, depression and apathy can lead to suicidal thoughts, but they are not common, especially late in the disease we don't see it much. They are more common early on in the disease. And the other risks include the memory impairment. For example, they might put something on the stove burning, and they leave it and forget about it. So these are the accidental risks, but not intentional risks to the individual.

The best place is at home, but a lot of families cannot be available to supervise the patient with Alzheimer's all the time if that is required at that stage of disease. And then, there are multiple facilities available to take care of those individuals, including nursing homes, family care homes, and sometimes partial programs like adult daycare.

We talked about decreasing the risk of falls by moving obstacles in the hallways and area rugs and things like that, which patients might trip on. The second would be childproofing kitchens and stoves and removing candles, for example. The third would be decreasing the risk of elopement because,

sometimes, patients with Alzheimer's might leave the house unsupervised. So, things like putting chimes or bells on the doors and windows, or locks that the individual with the disease cannot open easily.

Ephraim McDowell has an inpatient geriatric psychiatry unit, where we can hospitalize patients for short periods of time to manage behaviors and improve their functional capacity. Those services include psychiatric management, nursing care, nutrition assessment, physical therapy, and occupational therapy, and education. The psychiatric care it also includes medication management. Other services include social services, where we can refer patients to appropriate disposition when they are discharged, whether they can be helped with a stay in the nursing home facility or a swing bed, which is a transitional care type facility, or providing outpatient follow-up for such individuals.