

# Advisory Council on Aging and Disability Services

*Creating choices for elders and adults with disabilities in Seattle-King County*

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www.adsadvisorycouncil.org

## MONTHLY MEETING

**SEPTEMBER 12, 2014**

### MEMBERS PRESENT

City of Seattle	King County	United Way
<input checked="" type="checkbox"/> Claire Brannan	<input checked="" type="checkbox"/> Dr. Natalie Ellington,	<input checked="" type="checkbox"/> Mary Anderson
<input checked="" type="checkbox"/> Molly Holmes	<input checked="" type="checkbox"/> Kris Fredrickson,	<input checked="" type="checkbox"/> Katty Chow
<input type="checkbox"/> Sally Clark, Sea City Council	<input checked="" type="checkbox"/> Ava Frisinger, Former Mayor, Issaquah	<input checked="" type="checkbox"/> George Dicks
<input checked="" type="checkbox"/> Tony Provine, Chair	<input checked="" type="checkbox"/> Dave Rogers, Senior Lobby Rep, SCOA	<input checked="" type="checkbox"/> Timmie Faghin, Past Chair
<input type="checkbox"/> Kathe Matrone	<input type="checkbox"/> Berta Seltzer,	<input type="checkbox"/> Tom Minty
<input checked="" type="checkbox"/> Mac McIntosh	<input checked="" type="checkbox"/> Suzanne Pak	<input type="checkbox"/> Dr. Elizabeth Phelan
<input checked="" type="checkbox"/> Sue Shaw	<input type="checkbox"/> Bev Heyden	<input checked="" type="checkbox"/> Lorna Stone
<input checked="" type="checkbox"/> Diane Snell, Past Chair	<input type="checkbox"/>	<input type="checkbox"/>

<b>Excused Absence</b>	Dr. Elizabeth Phelan, Kathe Matrone, Tom Minty, Berta Seltzer, Bev Heyden
<b>Guests:</b>	100 Vashon Community members
<b>Speakers</b>	George Dicks, Certified Geriatric Mental Health Specialist, Harborview Dr. Natalie Ellington, Facilitator
<b>Staff</b>	Gigi Meinig, Karen Winston, Andrea Yip, Mary Pat O'Leary
<b>United Way Staff</b>	Linda Woodall
<b>King County Staff</b>	Linda Wells
<b>City of Seattle</b>	

### Advisory Council Business Meeting

**Nominating Committee** – Dr. Natalie Ellington, Diane Snell, Timmie Faghin announced the slate of officers to be voted on at the November 14 Advisory Council meeting.

- Ava Frisinger, Chair
- Suzanne Pak, Vice Chair
- Sue Shaw, Secretary
- Tom Minty, At Large

**Minutes** - were approved as written

### **Advocacy Committee**

- Regionalism update
- Disability Commission update
- Topic ideas for 2015 planning
- Passed a motion to send a letter to the Joint Legislative Executive Committee on Aging and Disability.

### **Communication Committee**

The Communication Committee will lead the 2015 planning process at the November 14<sup>th</sup> Advisory Council meeting. In the meantime, committees are creating their list of interests to be presented in November.

### **P & A Committee**

No update

## **Program**

### ***The Forgetting: A Portrait of Alzheimer's disease***

Seattle-King County Advisory Council on Aging & Disability Services and the Vashon Social Service Network collaborated to bring a program to Vashon residents about Alzheimer's disease. The event was well attended with approximately 100 Vashon residents present.

George Dicks, a Certified Geriatric Mental Health Specialist and lead Mental Health Practitioner at Harborview Mental Health and Addiction Services, gave an overview of the types and causes of memory loss and dementia. His presentation was followed by the film *The Forgetting: Alzheimer's: Portrait of an Epidemic*, an Emmy award-winning PBS documentary about the growing epidemic of Alzheimer's disease <http://www.pbs.org/theforgetting/>. The documentary linked the history and biology of the disease, the real-world experiences of Alzheimer's patients and caregivers, and the race to find a cure. Afterward George facilitated a question and answer session about Alzheimer's disease and other dementias.

George defined dementia as a general term used to describe loss of memory and other mental abilities severe enough to interfere with daily life caused by physical changes in the brain. While there are many types of dementia, 60% of people with dementia have Alzheimer's disease. Vascular dementia (stroke) is the second most prevalent type of dementia with Lewy Body dementia coming in third.

The different diseases that cause dementia are a result of brain cell damage in specific regions of the brain. For example, Alzheimer's disease is associated with high levels of certain proteins inside and outside brain cells making it hard for them to communicate, while strokes are a result of microscopic bleeding and blood vessel blockage. Symptoms of dementia vary greatly, yet at least two of the following core mental functions must be significantly impaired to be considered dementia:

- Memory
- Communication and language
- Ability to focus and pay attention
- Reasoning and judgment
- Visual perception

For most dementia patients, changes in the brain are permanent and worsen over time although, in certain conditions (below), thinking and memory problems may improve when treated:

- Depression
- Medication side effects
- Excessive use of alcohol
- Thyroid problems
- Vitamin deficiencies
- Hydrocephalus

There is no *one* test to determine if someone has dementia. Doctors diagnose Alzheimer's and other types of dementia based on a careful review of the patient's medical history; a physical examination; laboratory tests; changes in thinking; day-to-day functioning and behaviors associated with diseases resulting in dementia. Most of the time, the particular dementia is diagnosed with a high level of certainty, although brain changes can overlap making it harder to diagnose. It may be necessary to see a specialist such as a neurologist or geriatric-psychologist. George gave a number of suggestions to caregivers including:

1. Arrange for a neurologist to evaluate the patient.
2. Arrange for an in-home evaluation by geriatric mental health professional.
3. Request a walking and swallowing evaluation.
4. Determine if the onset was quick or gradual to determine if the dementia is a result of a recent medical condition.
5. Arrange for a medical professional or pharmacist to review medications to reduce side-effects that may cause confusion.

Many dementias have no known cure. However, if caregivers change the environment and use techniques to modify behaviors the quality of life for the patient and caregiver increases. Below are helpful approaches:

1. Use a gentle care approach.
2. Reduce the stimulus in the environment by creating calm, organized, and safe surroundings.
3. Use food positively.
4. Be aware of blood sugar levels, and nutritional deficits.
5. Build on the patient's strengths.
6. Think outside of the box for solutions.
7. Use nonverbal cultural cues – such as holding out a hand as in a handshake.
8. Encourage the patient to do as much for themselves as possible, otherwise premature disability may result.
9. Reduce stress.
10. Use music familiar to the patient.
11. Be aware of body language and facial expressions. Especially those patients who might react to negatively.
12. Don't judge or hold onto expectations.
13. Modify language for example Don't ask questions such as
  - "What do you want for dinner?" Instead plant thoughts "Dinner is ready."
  - "Your mother is dead". Instead engage in a conversation about her/his mother.
  - "Don't you remember?" is not helpful

Alzheimer's Disease is a progressive, slow moving, disease. Alzheimer's is not a normal part of aging and symptoms gradually worsen over time. Yet, the greatest known risk factor is increasing age. The majority of people with Alzheimer's are 65 and older, although, 5% of people are

diagnosed with early onset Alzheimer's (which may appear as early as age 40). People tend to live an average of 8 years once symptoms develop. They progress through 3 stages: mild (memory impairment), middle, and late stage. The brain region called the hippocampus, the center of learning and memory, is often the first to be damaged. That's why memory loss is often one of the earliest symptoms of Alzheimer's.

*Symptoms:* Difficulty remembering recent conversations, names or events is often an early symptom; so is apathy and depression. Later symptoms include impaired communication, poor judgment, disorientation, confusion, difficulty speaking, swallowing and walking.

*Brain changes:* Abnormal deposits of the protein fragment beta-amyloid (plaques) and twisted strands of the protein tau (tangles) as well as evidence of nerve cell damage and death in the brain. Learn more about [Alzheimer's disease](#).

Vascular Dementia generally occurs after a stroke.

*Symptoms:* Quick onset, impaired judgment, ability to make decisions, plan or organize are likely to be the initial symptoms, as opposed to the memory loss often associated with the initial symptoms of Alzheimer's.

*Brain changes:* Brain injuries such as microscopic bleeding and blood vessel blockage. The location, number and size of the brain injury determines how the individual's thinking and physical functioning are affected. Learn more about [vascular dementia](#)

Lewy Body Dementia is a type of progressive dementia resulting in a decline in thinking, reasoning and independent functioning.

*Symptoms* People with Lewy body deposits have memory loss and thinking problems similar to Alzheimer's, but are more likely to have initial symptoms such as sleep disturbances, visual hallucinations, and muscle rigidity similar to Parkinson's.

*Brain changes:* Lewy bodies are abnormal aggregations (or clumps) of the protein alpha-synuclein. When they develop in a part of the brain called the cortex, dementia can result. The protein also can be found in the brains of people with Parkinson's disease, but the pattern is different from Alzheimer's.

Many other conditions cause symptoms of dementia. For more information on other types of dementia check here <http://www.alz.org/dementia/types-of-dementia.asp>

The disease can be harder on the family than the patient. Research continues to search for a cause and a cure to Alzheimer's disease. If the onset of Alzheimer's can be delayed 5 years the incidence in the population would be reduced 50% and if the disease can be delayed 10 years the disease would virtually disappear because people would die before they are diagnosed.

**NEXT REGULAR MEETING:**  
**2015 Planning Meeting**  
**November 14, 2014, Noon**  
**Seattle Municipal Tower**  
**700 5<sup>th</sup> Ave, Suite 4060**  
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