

Alzheimer's Deterioration Scale

Stage	Characteristics
1.	Normal
2.	Subjective forgetfulness, but examination is normal
3.	Subtle memory deficit detected; difficulty at work, speech, travel detected by family
4.	More difficulty in travel, counting, recall of current events
5.	Requiring assistance in choosing clothes, disorientated in time or place; difficulty in recall of names
6.	Requiring supervision for eating, toileting; may be incontinent
7.	Severe speech loss; incontinence; motor stiffness

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Diagnostic criteria for Alzheimer's disease

Inclusion Factors:

- Gradual onset of poor memory
- Worsening of memory problem
- Failure of function
- Cortical dysfunction:
 - dysphasia
 - agnosia
 - dyspraxia

Exclusion Factors:

- Delirium
- Other organic causes
- Psychiatric illness

Diagnostic criteria for Vascular dementia

Inclusion Factors:

- Gradual onset of poor memory
 - Worsening of memory problem
 - Failure of function
 - Cortical dysfunction:
 - dysphasia
 - agnosia
 - dyspraxia
- and the presence of a neurological sign**

Exclusion Factors:

- Delirium
- Other organic causes
- Psychiatric illness

Frontotemporal dementia

- *Aka* Pick's disease, frontal dementia, primary progressive aphasia
- *Relative memory sparing*
- Early *behavioural or personality or language* changes
- Insidious onset & slow progression
- **Family history in about 45%**
- Frequently *affective symptoms*: anxiety, depressions, delusions
- Core features: *disinhibition*, loss of personal hygiene, loss of social awareness, impulsivity
- Stereotyped, perseverative behaviour is common
- **Most patients also fulfill the criteria for AD**

Dementia with Lewy Bodies (DLB)

- Clinically:
- * *dementia*
 - * gait & balance disorder
 - * prominent *hallucinations*
 - * sensitivity to traditional antipsychotics
 - * *fluctuations* in alertness

Consensus criteria for dementia with Lewy bodies

- 1 Progressive cognitive decline
- 2 For a probable diagnosis, two of,
or a possible diagnosis, one of:
 - a fluctuations in attention & alertness
 - b visual hallucinations
 - c spontaneous motor features of parkinsonism

Consensus criteria for dementia with Lewy bodies

- 3 Supportive of a diagnosis:
 - a falls
 - b syncope
 - c transient LOC
 - d neuroleptic sensitivity
 - e systematised delusions
 - f hallucinations in other modalities
- 4 Opposing a diagnosis:
 - a cerebrovascular disease
 - b another physical cause for the illness

Dementia Prevention

- If the onset of dementia could be delayed by 5 years, the prevalence would be cut by 50%
- For VD, this is possible with
 - Antihypertensives
 - Lipid lowering agents
 - Anticoagulants for AF
 - Smoking cessation
- In one RCT, treatment of systolic HT reduced dementia (**VD & AD**) by 50% (Forette, Lancet, 1998)
- There is *no* good evidence of a role for HRT, NSAIDs, antioxidants
- Head injury predisposes
- Keeping mentally active may help to retard the onset

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The Clinical Course of Advanced Dementia

Susan L. Mitchell, M.D., M.P.H., Joan M. Teno, M.D., Dan K. Kiely, M.P.H., Michele L. Shaffer, Ph.D., Richard N. Jones, Sc.D., Holly G. Prigerson, Ph.D., Ladislav Volicer, M.D., Ph.D., Jane L. Givens, M.D., M.S.C.E., and Mary Beth Hamel, M.D., M.P.H.

ABSTRACT

BACKGROUND

Dementia is a leading cause of death in the United States but is underrecognized as a terminal illness. The clinical course of nursing home residents with advanced dementia has not been well described.

METHODS

We followed 323 nursing home residents with advanced dementia and their health care proxies for 18 months in 22 nursing homes. Data were collected to characterize the residents' survival, clinical complications, symptoms, and treatments and to determine the proxies' understanding of the residents' prognosis and the clinical complications expected in patients with advanced dementia.

RESULTS

Over a period of 18 months, 54.8% of the residents died. The probability of pneumonia was 41.1%; a febrile episode, 52.6%; and an eating problem, 85.8%. After adjustment for age, sex, and disease duration, the 6-month mortality rate for residents who had pneumonia was 46.7%; a febrile episode, 44.5%; and an eating problem, 38.6%. Distressing symptoms, including dyspnea (46.0%) and pain (39.1%), were common. In the last 3 months of life, 40.7% of residents underwent at least one burdensome intervention (hospitalization, emergency room visit, parenteral therapy, or tube feeding). Residents whose proxies had an understanding of the poor prognosis and clinical complications expected in advanced dementia were much less likely to have burdensome interventions in the last 3 months of life than were residents whose proxies did not have this understanding (adjusted odds ratio, 0.12; 95% confidence interval, 0.04 to 0.37).

CONCLUSIONS

Pneumonia, febrile episodes, and eating problems are frequent complications in patients with advanced dementia, and these complications are associated with high 6-month mortality rates. Distressing symptoms and burdensome interventions are also common among such patients. Patients with health care proxies who have an understanding of the prognosis and clinical course are likely to receive less aggressive care near the end of life.

From the Hebrew SeniorLife Institute for Aging Research (S.L.M., D.K.K., R.N.J., J.L.G.); the Department of Medicine, Beth Israel Deaconess Medical Center (S.L.M., R.N.J., J.L.G., M.B.H.); and the Center for Psychosocial Oncology and Palliative Care Research, Dana-Farber Cancer Institute (H.G.P.) — all in Boston; the Center for Gerontology and Health Care Research, Department of Community Health, Alpert Medical School, Brown University, Providence, RI (J.M.T.); Penn State College of Medicine, Hershey, PA (M.L.S.); and the School of Aging Studies, University of Southern Florida, Tampa (L.V.). Address reprint requests to Dr. Mitchell at Hebrew SeniorLife, 1200 Centre St, Boston, MA 02131, or at smitchell@hrca.harvard.edu.

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