



IGA
Institute of Geriatrics
and Active Ageing

DEMENTIA

A Resource Booklet for Caregivers



Disclaimer: The information compiled in this booklet is not intended to diagnose health problems or to substitute the medical advice or care you receive from your doctors or other healthcare providers. Always consult your healthcare providers about your medications, symptoms and health problems.

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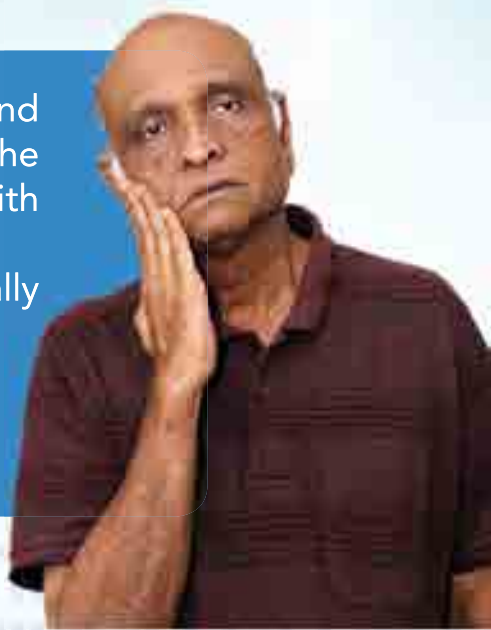
WHAT IS DEMENTIA?

Dementia is a medical condition that severely affects the **brain's functions and abilities**, beyond what might be expected from normal ageing. In dementia, **the decline in memory and other thinking skills** is severe enough to significantly impair a person's activities of daily living, work and social interactions. These cognitive deficits in patients with dementia usually begin gradually and progressively worsen over time.

Though dementia is more commonly seen in the elderly, it is important to remember that it is an illness and **not part of the normal ageing process**.

How common is it?

In line with the worldwide trend of an ageing population, the number of people afflicted with dementia in Singapore is expected to increase drastically from 30,000 in year 2010 to 187,000 by the year 2030.



SIGNS AND SYMPTOMS OF DEMENTIA

Memory difficulties are one of the early and more easily recognised symptoms of dementia, but **dementia is not purely only a memory problem**. Other brain functions of attention, language, orientation and problem-solving abilities are affected as well. In addition, there may be changes in the person's mood, behaviour and social skills.

These symptoms should be present for **at least six months** to support the diagnosis of dementia.



THE 10 WARNING SIGNS OF

- Memory loss of recent events that affects daily life

- Disorientation with time or place

(Unable to retrace steps and getting lost while walking or driving in a familiar environment)

- Decreased or poor judgement

- New language problems

(Forgetting common words while speaking or mixing words up)



- Difficulty with problem solving

- Difficulty performing familiar tasks

(Unable to follow a recipe while cooking)



DEMENTIA INCLUDE:

- Misplacement of personal items
- Changes in personality



- Withdrawal from work or social activities

(Starting to lose interest in hobbies)

- Sudden changes in mood or behaviour

(Delusion, agitation etc.)



(Adapted from
Alzheimer's Disease
Association, US.
www.alz.org)

What can be done?

If you suspect that the older adult has signs and symptoms of dementia, you may want to bring him to his **general practitioner or his polyclinic doctor** for an initial assessment. When appropriate, his primary care doctor will then make a referral to a memory clinic where he will undergo a more in-depth evaluation.

For a list of specialised memory clinics in Singapore, please refer to <http://www.alz.org.sg/about-dementia/where-to-go-for-diagnosis>



CAUSES OF DEMENTIA

Dementia vs Alzheimer's Disease

There has often been some confusion over the terms dementia and Alzheimer's disease. Dementia is not the disease itself, but is actually a general term used to describe a set of symptoms, including impairment in memory, attention, orientation, judgement, problem solving ability and other thinking skills. In contrast, Alzheimer's disease is just one of the many causes of dementia.



Progressive Dementia

Progressive dementia worsens over time and is irreversible. **Alzheimer's disease** is the most common cause of progressive dementia worldwide, and usually progresses slowly over 7 to 10 years.

The second most common cause of progressive dementia is **vascular dementia**. It often occurs as a result of brain damage from reduced blood flow to the brain or bleeding inside the brain.

Other causes of progressive dementia include:

- Parkinson's disease
- Dementia with Lewy bodies
- Frontotemporal dementia
- Traumatic brain injury
- Rarer causes of Huntington's disease and Creutzfeldt-Jakob disease



Potentially Reversible Dementia

A very small group of causes are deemed as potentially reversible. What is meant by “reversible” is that **once the underlying cause has been adequately treated, the symptoms of dementia usually do not worsen in the person**. However, he may or may not be able to make a full recovery as this is dependent on the extent of any pre-existing brain injury.

Potentially reversible causes of dementia include:

- Depression
- Abnormal thyroid function
- Abnormal levels of sodium or calcium, Vitamin B12
- Brain tumours and certain brain infections (e.g. meningitis, encephalitis and untreated syphilis)
- Normal pressure hydrocephalus

STAGES OF DEMENTIA

There are generally **3 stages** that mark the onset and progression of dementia. It is important for you to be aware of these signs and symptoms in the event that the older adult exhibits them in the future.

① Early stage: Mild dementia

In the early stage, the older adult may still function independently. He may still work, drive or even be engaged in social activities. Despite this, the older adult appears forgetful and he may occasionally repeat himself. He may behave oddly and become more disinterested in his usual activities. He can also appear to be more impatient and irritable. The planning of day-to-day activities becomes a challenge for him.



Quick Tips: Coping with forgetfulness



Make use of memory aids and reminders. Memory aids include the keeping of simple lists or even notice boards.

Constantly remind the older adult with dementia of the reality around him. For example, inform him of the day, date, month, year, time of day, place and the names of the persons who are around him.



Help to create and keep to a regular daily routine.

If he frequently wanders and gets lost, consider the use of a "Safe Return Card".



Be sensitive. As a result of forgetfulness, he may be repetitive in asking questions. Do understand that the repetition does not stem from mischief and he may need repeated instructions or answers due to his general difficulties in assimilating new information.

Modify tasks by breaking them up into simpler parts so that the older adult is able to grasp and follow the given instructions.

Keep Active

The older adult with dementia doesn't have to give up the activities he loves. It is important to help him stay engaged and activities can be modified to suit his ability.

- Pay close attention to what the older adult enjoys. It is important to provide an activity that he has previously enjoyed and not something completely new which can lead to frustration.

- Though his cognition is deteriorating, he is still an adult and activities provided for him should be intended for adult use.

- Be aware of physical limitations and modify activities accordingly.

- Relate to the older adult's past occupation.

- Encourage involvement in daily life. Doing simple household chores can enable one to feel like a valued and contributing member of the family.

- Focus on enjoyment, not achievement.

- Stimulate the senses when choosing activities. Such sensory stimulation helps to preserve basic skills and maintain function for as long as possible.

- As the disease progresses, the older adult may become less involved in activities. More repetitive tasks should be considered. The caregiver can also take over some of the more risky activities that puts him in a hazardous position.

Planning Ahead

A diagnosis of dementia is life-changing for those who have been diagnosed as well as their caregivers. Planning ahead for the future is crucial in making life better for the older adult with dementia. Knowing what to expect can assist in alleviating caregiver stress and help to foster ease of mind for all concerned.

Lasting Power of Attorney (LPA)

A Lasting Power of Attorney (LPA) is a legal document that allows an individual – known as the donor – to appoint one or more persons – known as the donee(s) to act and make decisions on his behalf in the event that he loses mental capacity in future. Donees may be appointed for personal welfare matters (e.g. choice of caregiver) and/or property or affairs matters (e.g. managing bank accounts, CPF accounts and property).

The requirements for making the LPA are:

- You have to be at least 21 years of age.
- You have to possess mental capacity.
- You are making the LPA on a voluntary basis.

In the event that mental capacity is in doubt, the donor may be referred to a psychiatrist for a formal assessment of mental capacity.

Making an LPA allows the individual to indicate his personal choice of trusted donee(s) who can step forward

to make decisions on his behalf in the event that he loses mental capacity. Planning ahead with an LPA will provide **certainty and peace of mind** to the individual and his loved ones.

For more information, please call the Office of the Public Guardian at **1800-226-6222** or visit their website at <http://www.publicguardian.gov.sg>.

If the individual loses his mental capacity before making the LPA, his next of kin **will not gain** automatic authorisation to manage his affairs and finances. Singapore's Mental Capacity Act allows a person (e.g. the next of kin) to approach the court to either make the specific decision on behalf of the individual or appoint one or more persons to be the deputy/ deputies to make the decisions for the individual.



Advance Care Planning (ACP) in Dementia

End of life issues are often a taboo and sensitive topic in our society. If an older adult is ill, he may encounter potential complications as his illness progresses. Specific healthcare choices will have to be made.

Advance Care Planning (ACP) is a process of communication between patients, their loved ones and the medical team to understand the older adult's wishes regarding future care if he is unable to make decisions on his own. ACP essentially gives the older adult a platform on which he can openly express how he would want to be cared for.



Dementia is an irreversible and progressive condition where the person's decision making capacity deteriorates over time. It is therefore important for the older adult with dementia to make known his wishes and preferences for medical treatment while the disease is at an early stage.

He can indicate how he would want his illness to be treated in the event that he loses his mental capacity. It is about respecting his choices and will relieve his family members and loved ones of the burden of his medical and care decisions in future.

For more information about ACP, you can go to AIC Silver Pages – Advance Care Planning.
(<https://www.silverpages.sg/caregiving/Advance%20Care%20Planning>)



2 Middle stage: Moderate dementia

In this stage, more noticeable changes appear together with more apparent memory lapses. The older adult's behaviour becomes more problematic and may hinder with normal day-to-day activities. It may be difficult for him to express his thoughts and perform routine tasks. A few examples of such behaviour that may be symptomatic of moderate dementia include:



- Repeating words and questions
- Wandering and getting lost
- Neglecting personal hygiene
- Losing track of time and events
- Forgetting the names of common objects and familiar people
- Easily irritated or agitated

Quick Tips: Communicating with an older adult with dementia



Create a conducive environment for communication. Limit distractions and background noise. Turn off the radio or television, or move to a quieter place.

Ensure that you have your loved one's attention before speaking. Approach from the front and identify yourself clearly. Position yourself to his level if he is seated and maintain good eye contact.



Speak slowly and clearly to get your message across. Use a gentle tone with a lower pitch that is more calming.

Refrain from raising your voice. Ask one question at one time and patiently wait for a response. Wait a moment as extra time may be needed to process what was said.



Be careful not to criticise. Avoid trying to convince him that he is wrong. Clarify, listen and try to find the meaning of what was being said. Do not argue. Respond with affection and reassurance instead.

Improve Sleep

Older adults with dementia experience changes in their sleep patterns. They wake up more often and stay awake longer during the night. Those who have difficulty sleeping may be restless and wander about. They can also yell or call out, causing disruption to the sleep of their caregivers.

Listed next are some tips for promoting good sleep.

- Maintain healthy sleep-wake patterns.
(fix a bedtime and awakening time)

- Limit time in bed. Bedroom should only be used for sleeping.

- Increase daytime activities.
(e.g. physical activities, going for walks or leisure activities)

- Establish a regular relaxing bedtime routine.
(e.g. taking a warm bath, listening to relaxing music)

- Avoid or minimise napping in the day.
(allow up to 1 hour nap in the early afternoon at most)

- Finish the last meal at least 2-3 hours before regular bedtime.



- Avoid heavy, spicy or sugary foods 4-6 hours before bedtime.

- Avoid alcohol in the evening.

- Avoid nicotine at all times.

(cigarettes and other tobacco products)

- Avoid caffeine after lunch.
(coffee, tea, soft drinks, chocolate)

- It is pertinent to note that sleeping tablets, especially on a regular basis, should be avoided in general. Their effectiveness decreases with continued usage, and they do have undesirable side effects of confusion and an increased risk for falls. Persistent insomnia, especially if there is also disruptive behaviour, will require further medical assessment.

③ Last stage: Severe dementia

The older adult becomes unable to recognise his family members. He may lose his ability to carry on a conversation and his speech may become difficult to understand. He may also not be able to comprehend what is being said to him. He will experience changes in physical activities, including the ability to walk, sit and eventually swallow. He will progressively require high levels of assistance in his activities of daily living such as bathing, toileting, dressing and eating.



Optimising Nutrition

Older adults with advanced dementia frequently develop eating and swallowing difficulties that lead to poor oral intake and weight loss. Although they differ greatly in their specific eating and feeding behaviours, the following tips can help to ameliorate common problems.



- Good oral hygiene.

- A relaxing atmosphere with some soothing music may help.

- Simplify the meal presentation; serve one food at a time.

- Provide finger food if there is difficulty managing eating utensils.

- Provide food that the older adult likes. Make it look and smell appealing by using different tastes, colours and smells.

- Serve half portions to keep food warm or reheat food which has gone cold.

- Positive reinforcement and gentle reminders to eat, and of what the food is, may help.

- Look for opportunities to encourage oral intake. If the older adult with dementia is awake for most of the night, regular night time snacks may be a good idea.

MANAGEMENT OF DEMENTIA

① Treatment of identifiable reversible causes and reduction of risk factors

Treatment of any potentially reversible causes that have been identified e.g. treatment for hypothyroidism, replacement of Vitamin B12 in those with Vitamin B12 deficiency, treatment of depression.

Correction of any metabolic abnormalities e.g. low Calcium levels.

Reduction of any vascular risk factors that may have been identified e.g. smoking cessation and treatment of diabetes mellitus, hypertension and hyperlipidaemia.



② Medications to improve the cognitive symptoms in dementia

- As dementia progresses, brain cells die and connections among cells are lost. This worsens cognitive symptoms.
- Current medications used in the treatment of dementia may help to stabilise or lessen symptoms for a limited time by affecting the levels of certain chemicals involved in carrying messages among the brain's nerve cells.
- These medications include:
 - Acetyl Cholinesterase Inhibitors (AChEi) which prevent the breakdown of acetylcholine: a chemical substance that is found in lower than normal levels in older adults with dementia e.g. Donepezil, Rivastigmine and Galantamine.
 - N-methyl D-aspartate (NMDA) receptor antagonist which prevents cell damage from glutamate: a chemical present in excessive amounts in older adults with dementia e.g. Memantine.
- It is **important to note** that:
 - These medications do not work for everyone.
 - They do not cure dementia.
 - There may be stabilisation of symptoms but ultimately, these medications do not prevent progression of the disease.

3 Management of Behavioural and Psychological Symptoms of Dementia (BPSD)

Older adults with dementia may develop behavioural and psychological symptoms of dementia (BPSD) throughout the course of their disease. These symptoms can cause significant caregiver stress and frustration.

Examples of such symptoms include:

- Depression
- Agitation
- Hallucination
- Aggression
- Anxiety
- Sleep disorder
- Paranoia



a. Non-medication Measures

Non-medication measures should generally be considered the first step in the management of those with BPSD.

To better support caregivers of older adults with dementia, the Institute of Geriatrics and Active Ageing (IGA), with its partners, has developed a series of caregiving videos on managing BPSD without the use of medications. These videos cover the various techniques of dealing with these challenging behaviours effectively.

To access these videos, please refer to <http://ttsh-iga.com/educational-videos>



b. Medications used in the management of BPSD

The attending doctor will discuss with the caregivers of the older adult with dementia with regard to starting medications for the management of BPSD. These medications include:

- Anti-depressants
- Anti-psychotics
- Mood stabilisers

Using medications to treat BPSD carries the risk of such effects and may potentially suppress behaviour that actually allows the older adult with dementia to communicate his needs.



SELF CARE FOR CAREGIVERS

Caregiving is a journey and as a caregiver, you will need support. Caring for the older adult with dementia can be both physically and emotionally draining. Here are **some tips** that you can use to help yourself cope.



DEMENTIA CARE RESOURCES

Helplines		
Name	Contact	Address
Dementia Helpline (Alzheimer's Disease Association)	Tel: 6377 0700 Website: www.alz.org.sg	Caregiver Support Centre (Tiong Bahru) 298 Tiong Bahru Road #03-01 Central Plaza Singapore 168730
Referral Services Helpline (Agency for Integrated Care)	Tel: 6603 6800 Website: www.aic.sg	7 Maxwell Road, #05-01 Annexe B MIND Complex Singapore 069111

Caregiver Support Groups		
Name	Contact	Address
Alzheimer's Disease Association (Support Groups in English, Mandarin and Malay)	Tel: 6377 0700 Website: www.alz.org.sg	Support Groups in English New Horizon Centre (Bukit Batok) 511 Bukit Batok Street 52 #01-211 Singapore 650511 New Horizon Centre (Jurong Point) 1 Jurong West Central 2 #04-04 Jurong Point Shopping Centre Singapore 648886 New Horizon Centre (Toa Payoh) 157 Toa Payoh Lorong 1 #01-1195 Singapore 310157
		Support Group in Mandarin 70 Bendemeer Road Luzerne Building #03-02A Singapore 339940 Support Group in Malay New Horizon Centre (Tampines) 362 Tampines Street 34 #01-377 Singapore 520362

Dementia Day Care Centres		
Name	Contact	Address
All Saints Home (Tampines)	Tel: 6788 2345 Website: www.allsaintshome.org.sg	11 Tampines Street 44 Singapore 529123
Alzheimer's Disease Association (New Horizon Centre - Toa Payoh)	Tel: 6353 8734 Fax: 6353 8518 Website: www.alz.org.sg	157 Toa Payoh Lorong 1 #01-1195 Singapore 310157
Alzheimer's Disease Association (New Horizon Centre - Bukit Batok)	Tel: 6565 9958 Fax: 6565 2257 Website: www.alz.org.sg	511 Bukit Batok Street 52 #01-211 Singapore 650511
Alzheimer's Disease Association (New Horizon Centre - Tampines)	Tel: 6786 5373 Fax: 6784 9587 Website: www.alz.org.sg	362 Tampines Street 34 #01-377 Singapore 520362
Alzheimer's Disease Association (New Horizon Centre - Jurong Point)	Tel: 6790 1650 Fax: 6790 1521 Website: www.alz.org.sg	1 Jurong West Central 2 #04-04 Jurong Point Shopping Centre Singapore 648886
Apex Harmony Lodge	Tel: 6585 2265 Website: http://www.apexharmony.org.sg	10 Pasir Ris Walk Singapore 518240
AWWA Dementia Dare Care Centre	Tel: 6511 9479 Website: http://www.awwa.org.sg	123 Ang Mo Kio Ave 6 #01-4035 Singapore 560123
Jamiyah Senior Care Centre	Tel: 6776 8575 Website: http://jnh.jamiyah.org.sg	130 West Coast Drive Jamiyah Nursing Home Singapore 127444
Montessori For Dementia Care	Tel: 9729 7480 Website: http://www.mfdcsg.com	276 Upper Bukit Timah Road #01-17 Singapore 588214
SASCO Day Activity Centre (Telok Blangah Rise)	Tel: 6276 8713 Website: http://www.sasco.org.sg	30 Telok Blangah Rise #01-316 Singapore 090030
SASCO Integrated Eldercare Centre	Tel: 6464 0342 Website: http://sasco.org.sg/index.asp	704 West Coast Road #01-741 Singapore 120704

Dementia Day Care Centres		
Name	Contact	Address
Silver Circle (Jurong West)	Tel: 6715 6762	50 Jurong West St 93 NTUC Health Nursing Home Level 2 Singapore 648967
Sree Narayana Mission Home - EEP (Woodlands)	Tel: 6362 5152	860 Woodlands Street 83 #01-170 Singapore 730860
St Andrew's Senior Care Joy Connect	Tel: 6291 1861	5 Beach Road #01-4919 Singapore 190005
St Hilda's Community Services	Tel: 6345 0054 Website: http://sthildascsc.org.sg	10 Jalan Batu #01-06 Singapore 431010
St Luke's Eldercare (Changkat Centre)	Tel: 6789 9956 Website: http://www.stluke.org.sg	350 Tampines Street 33 #01-438, Singapore 520350
Sunlove Home	Tel: 6387 3548 / 6387 3593 Website: http://www.sunlovehome.org.sg	70 Buangkok View Buangkok Green Medical Park Singapore 534190
Sunshine Welfare Action Mission (SWAMI)	Tel: 6510 3388 Website: http://www.swami.org.sg	5 Sembawang Walk Singapore 757717
The CARE Library Private Limited	Tel: 9385 8277 / 9385 8773 Website: http://www.thecarelibrary.com	103 Lavender Street Carepoint #02-00 Singapore 338725
The Salvation Army - Peacehaven Bedok Multi-Service Centre	Tel: 6445 1630 Website: http://www.salvationarmy.org.sg	121 Bedok North Road #01-163 Singapore 460121
Thong Teck Home For Senior Citizens	Tel: 6846 0069 Website: http://www.thongteckhome.org	91 Geylang East Avenue 2 Singapore 389759
Yong-En Care Centre	Tel: 6225 1002 Website: http://www.yong-en.org.sg	335A Smith Street #03-57 Singapore 051335

Training in Dementia Care		
Name	Contact	Address
Alzheimer's Disease Association (For caregivers and domestic helpers)	Tel: 6377 0700 Website: www.alz.org.sg	Resource and Training Centre 70 Bendeemer Road Luzerne Building #06-02 Singapore 339940
Tsao Foundation Hua Mei Training Academy (For caregivers)	Tel: 6593 9547 Website: www.tsaofoundation.org	298 Tiong Bahru Road #15-01/06 Central Plaza Singapore 168730
Aged Psychiatry Community Assessment and Treatment Service (APCATS) - Institute of Mental Health (For the Central and Western Region)	Tel: 6389 2175 Website: www.imh.com.sg	10 Buangkok View Singapore 539747
Community Psychogeriatric Programme (CPGP) Psychological Medicine Division Changi General Hospital (For Districts administered by the Northeast and Southeast Community Development Councils)	Tel: 6788 8833 Website: www.cgh.com.sg	Changi General Hospital 2 Simei Street 3 Singapore 529889
Nanyang Polytechnic School of Health Sciences (Nursing) (For health care providers with dementia workload and public interested in dementia care)	Tel: 6550 1300 Website: www.nyp.edu.sg/pdc	180 Ang Mo Kio Avenue 8 Singapore 569830
Social Service Institute National Council of Social Service (For social service and community sector staff and volunteers for professional, skills and volunteer development training programmes)	Tel: 6589 5555 Website: www.socialserviceinstitute.sg	111 Somerset Road #04-01 TripleOne Somerset Singapore 238164

Notes

Notes

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B1 (ALONG THOMSON ROAD) SBS : 21, 56, 57, 131, 131A, 166
SMRT : 980

B3 (ALONG MOULMEIN ROAD) SBS : 21, 124, 124A, 518, 518A

NS 20 (NORTH-SOUTH LINE / NOVENA MRT)

LEGEND

-  BUS STOP
-  TAXI STAND
-  CAR PARK
-  MRT



A Community of Care

Centre for Geriatric Medicine enquiries and appointment line:

Tel : 6359 6100

Fax: 6359 6101

Centre for Geriatric Medicine

A Partner of the Institute of Geriatrics & Active Ageing

Tan Tock Seng Hospital, Annex 2, Level B1
7 Jalan Tan Tock Seng, Singapore (308440)

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