



## Indiana Dementia Training for Direct Care Providers

### Is It Normal Aging or Dementia?

#### *Course Description:*

*Normal aging does not include dementia, although older adults may have some normal forgetting issues or may take longer to process information and give a response. Sometimes, in the early stages of dementia, it can be difficult to determine if a client is experiencing normal age-related memory issues or something more severe like dementia. This lesson will describe the differences between normal aging and dementia as well as the various stages of Alzheimer's disease.*

#### *Learning Objectives:*

1. Identify differences between the cognitive changes of normal aging and those associated with mild cognitive impairment and dementia.
2. Identify differences between the functional changes of normal aging and those associated with mild cognitive impairment and dementia.
3. Identify differences between the behavioral changes of normal aging and those associated with mild cognitive impairment and dementia.

*This activity contains a post-test. You must complete the entire learning activity and test and score an 80% or higher to obtain a certificate of completion. Partial credit will not be given.*

*Contact Hours: 30 minutes, including a required quiz.*

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We have all had an experience when we walk into a room and forget what we are looking for. We may even question if we are “losing our mind” in times of stress. But when do we need to worry about a client’s memory loss? Memory loss that affects daily living is not a function of normal aging. Some age-associated memory impairment causes include cardiovascular disease, high blood cholesterol or blood sugar, lack of socialization or environmental stimulation, lack of physical and cognitive exercise, a high-fat diet, chronic stress, high alcohol use, sleep deprivation, and depression.

Any drug that affects the brain, delirium, or stroke can also cause impairments that interfere with memory and thinking. Many of these conditions reduce blood flow or glucose to the brain, which declines the speed of nerve conduction throughout the brain.

With age, the incidence of dementia increases proportionately, and by the time a person is 75, they have almost a 33% chance of having dementia. Dementia is a general term used to describe symptoms including memory loss, confusion, word-finding difficulties, and other cognitive symptoms that interfere with everyday activities. Dementia is caused by damage to the brain neurons. There are approximately 70-80 types of dementia; the most prevalent is Alzheimer's. Because most dementia is progressive, the symptoms come on slowly and



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insidiously. They may even fluctuate from day to day depending on fatigue level or the client's oxygen or blood sugar levels. Therefore, it is really difficult to identify problems. There are approximately 5 million persons diagnosed with dementia, and because dementia is often undiagnosed, another two and a half million may not even realize they have memory problems. In fact, one of the signs of dementia is a lack of awareness that anything is wrong. Therefore, you must know the signs to look for and know when it may be appropriate to tell your supervisor that you think your client may need a cognitive evaluation.

### Normal Age-Related Changes

Generally, it takes longer for older people to process information and give a response. For example, when reading instructions on putting something together, it may take longer to process what it means. Declining processing speed can also affect a person's ability to remember complicated verbal instructions or information or to be able to perform unfamiliar tasks under pressure. But in general, older adults can follow spoken and written instructions.

Another change with age is that older adults may forget minor things, such as upcoming appointments, putting on their glasses, or forgetting if they lock the door. Generally, these things are normal and can be attributed to inattention, stress, loss of sleep, or trying to multi-task. But, because there is awareness that they are forgetting, older people generally rely on routine, calendars, and notes to help. Many have said that if a person is aware of their forgetting and it doesn't interfere with their daily lives, this is normal, but when the family and friends become concerned, and the person doesn't remember that they "forgot," then this may be more concerning.

A normal but frustrating memory retrieval issue that is considered normal is the "tip of the tongue" experience. This happens when you know the name of a person or thing, maybe even know the first letter in the name, but somehow cannot retrieve the word for it. This temporary inability to recover a memory is normal. In many cases, the barrier is a memory similar to the one you're looking for, and you retrieve the wrong one. This competing memory is so intrusive that you can't think of the memory you want. Although this can be frustrating, it is considered normal. Scientists think that memory blocks may become more common with age. Research shows that people are able to retrieve about half of the blocked memories within just a minute.

### What is Not Considered Normal Age-related Changes?

In the medical industry, we use The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) for diagnostic purposes to determine dementia. To meet the DSM-5 criteria for a major neurocognitive disorder or clinical dementia, an individual must have evidence of a significant cognitive decline (from a previous level of functioning) in one or more of these cognitive domains listed here, and that decline must interfere with a person's independence in everyday activities. A client with the diagnosis of a major neurocognitive disorder may have issues with memory, speaking or understanding language, movement issues, recognizing items or people, and planning and logic.



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Memory loss is usually associated with the idea of dementia, but it may or may not be present in all types of cognitive impairment initially. When referring to memory loss, usually it is the short-term memory affected early on, meaning that a person cannot recall recent events, conversations, or actions. So, with this type of memory loss, a client may misplace something, and they may not recall how it got moved, or they may find it in an unusual place, like the freezer.

Aphasia is recognizing or understanding language. Clients with aphasia may no longer be able to come up with the right word for a common object, or they may not be able to use their tongue and mouth to form the correct word they are trying to say. Aphasia, too may cause a client to no longer understand the association between a common object and its label. In this case, the word for “key” may no longer be understood by the client, even though they may still be able to use a key effectively.

Clients with apraxia are thought to have problems in the control of the part of the brain that performs the ability to organize, sequence, or purposeful time movement. Clients may develop problems with manipulating objects. They may not be able to figure out how to get a key to insert in a lock, or they may not hold a fork correctly any longer. Apraxia may also cause a client to have difficulty tying their shoes or buttoning up their shirt. Finally, apraxia may also affect a client’s balance, gait, and ambulation. They may begin to run into doorways, stumble and trip more often, or even have slower and more awkward movements.

With agnosia, a client may no longer recognize what common items are or understand their purpose. The link as to what an object is no longer exists. They may be looking for their keys, and the keys may be right in front of them, but they don’t recognize them as keys, or they look at the keys and don’t understand what to do with them. Clients with agnosia may not be able to recognize familiar faces. They may recognize who someone is only after they speak and they recognize their voice.

And finally, a disturbance in executive functioning is affected fairly early in most progressive dementias. This is a complicated higher-order cognitive skill and means that an individual can no longer plan, organize, sequence, and prioritize activities to reach a goal. Clients with loss of executive functioning may not be able to prepare meals or follow recipes, organize mail, or perform normal finances when in the past, they were able to do these things. When executive functioning is affected, a client may no longer understand safety measures and may be more prone to fraudulent schemes or be unsafe to be home alone any longer.

When at least one of the above areas is affected in a client, and that problem interferes with their daily functioning, clients need to be evaluated for potential cognitive impairment. It is important to recognize those with mild cognitive impairment so that anything that can be



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interfering with their cognitive changes can be optimized, and they may still be able to have improved functioning with lifestyle and treatment modifications.

People with mild cognitive impairment (MCI) have problems with memory, language, thinking, or judgment greater than the cognitive changes associated with normal aging. However, because it is still mild, family, friends, and the person with MCI may notice these changes, and they can be measured in tests, but the changes in cognitive abilities are not yet serious enough to interfere with daily life and a person’s independence.

MCI may increase the risk of developing Alzheimer’s disease or another dementia, and those with MCI as a group are more likely to go on to develop a major neurocognitive disorder. However, some people remain stable, and others may even show an improvement in cognitive abilities over time. Not everyone diagnosed with MCI goes on to develop progressive dementia.

The following are some ways you may be able to differentiate normal aging changes from possible dementia. If you are worried about your client’s symptoms, contact your supervisor.

Ability	Possible changes due to normal aging	Possible changes due to dementia
<b>'Short-term' memory and learning new information</b>	Sometimes forgetting people's names or appointments, but remembering them later.	Forgetting the names of close friends or family, or forgetting recent events - for example, visitors you had that day.
	Occasionally forgetting something you were told.	Asking for the same information over and over - for example, 'where are my keys?'
	Misplacing things from time to time - for example, your mobile phone, glasses, or the TV remote - but retracing steps to find them.	Putting objects in unusual places - for example, putting your house keys in the bathroom cabinet  Accusing others of moving items when they are found in unusual areas
<b>Planning, problem-solving, and decision-making</b>	Being a bit slower to react or think things through	Getting very confused when planning or thinking things through



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	Getting less able to juggle multiple tasks, especially when distracted	Having a lot of difficulty concentrating  May no longer be able to follow familiar recipes.
	Making a bad decision once in a while	Frequently poor judgement when dealing with money or when assessing risks.
	Occasionally making a mistake when doing family finances	Having trouble keeping track of monthly bills  May have problems working with numbers.
<b>Language</b>	Having a bit of trouble finding the right word sometimes	Having frequent problems finding the right word or frequently referring to objects as 'that thing.'
	Needing to concentrate harder to keep up with a conversation	Having trouble following or joining a conversation
	Losing the thread if distracted or many people speaking at once	Regularly losing the thread of what someone is saying
<b>Orientation</b>	Getting confused about the day of the week but figuring it out later	Losing track of the date, season, and the passage of time
	Going into a room and forgetting why you went there, but remembering again quite quickly	Getting lost or not knowing where you are in a familiar place
<b>Visual perceptual skills</b>	Vision changes related to cataracts or other changes in the eyes, such as misty or cloudy vision	Problems interpreting visual information. For example, having difficulty judging distances on stairs or misinterpreting patterns, such as a carpet or reflections.
<b>Mood and Behavior</b>	Sometimes feeling a bit low or anxious.	Getting unusually sad, anxious, frightened, or low in self-confidence



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		Becoming irritable or easily upset at home, at work, with friends, or in comfortable or familiar places
<b>Inability to complete familiar tasks</b>	May occasionally forget often used passwords or how to use items, but can usually reason their way through the process.	<p>May no longer be able to figure out how to adjust the thermostat. Instead of turning the heat down, they may open the window, even in the winter.</p> <p>I may no longer remember how to use the microwave, television controller, or cell phone correctly.</p>

Chart adapted from: <https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/how-dementia-progresses/normal-ageing-vs-dementia>.

### What You Can do to Help

You can assist your client in strategies that can improve their brain health and may strengthen their memory abilities by following a few key strategies. Strategies include helping your client keep a routine and to write information and appointments down in the same spot. Encourage your client to try to go to sleep and wake up at the same time every day, and it is important that they remain active in stimulating activities that involve new learning. Direct care providers can continue to encourage their clients to engage in a variety of social activities and family gatherings that will also stimulate their cognition. Finally, encouraging a healthful diet and proper hydration is an important component of brain health. The brain is composed of about 75% water, and when it becomes dehydrated, cognitive abilities such as focus, mental clarity, fatigue, low mood, headaches, and sleep issues, among other symptoms, may present in as little as two hours. As always, if you see a change in your client in their cognitive abilities or behavior that is different or concerning, contact your supervisor.

#### Resources:

Alzheimers.org.uk

2022 Alzheimer’s Facts and Figures. <https://doi.org/10.1002/alz.12638>