Overview of Neurocognitive Disorders and Elder Abuse: Resources and Support

Learning Objectives

- Attendees will be introduced to statistics related to mental health conditions of the aging population.
- Attendees will be introduced to the clinical picture of neurocognitive disorders to include dementia and brain injuries.
- Attendees will learn about when to utilize elder abuse resources and the appropriate resources to call for support.

Common Mental Health Conditions in the Older Adult Population

- Depression (usually minimized)
  - Major: 1-2% of community dwellers
  - Minor: 15%
- Bipolar Disorder ("manic depressive")
  - 3%-10% of psychiatric hospital admissions for older adults
- Anxiety Disorders
  - Ex. Worry, fear of falling, hoarding
- Psychosis
  - Schizophrenia (1%)
  - Delirium (7%)
  - Dementia (40%)

Neurocognitive Disorder Overview (NCD)

- NCDs are a group of conditions that affect the brain characterized by a decline in mental functioning due to a medical disease.
- Diagnosed as either mild or major, based on the severity of symptoms.

Symptoms of Neurocognitive Disorders

Cognitive Changes

- Memory loss
- Difficulty communicating
- Repetitive questions or statements
- Difficulty with visual and spatial abilities, such as getting lost while driving
- Difficulty reasoning or problem-solving
- Difficulty handling complex tasks
- Difficulty with planning and organizing
- Difficulty with coordination and motor functions causing impaired mobility
- Confusion and disorientation
- Poor judgement

Psychological Changes

- Personality changes
- Depression
- Anxiety
- Inappropriate behavior
- Paranoia
- Agitation
- Hallucinations
- Disorientation

Functional Difficulties when Cognitively Impaired

- **Activities of Daily Living (ADL)**
  - Dressing, Eating, Ambulation, Toileting, Hygiene
  - Increased risk for falls, spatial disorientation, risk for infections, cannot gauge food or water temperature
- **Instrumental Activities of Daily Living (IADL)**
  - Shopping, Housekeeping, Accounting, Food preparation, Transportation.
  - Car accidents, poor financial judgment, leaving the oven/stove on, increased clutter/"hoarding", misperceptions leading to paranoia.
- IADL impairment is early and may not be noticed for years.

Types of Neurocognitive Disorders

- **Alzheimer's Disease**: Characterized by amyloid plaques and tangles in the brain.
- **Vascular Dementia**: Caused by damage to blood vessels in the brain.
- **Traumatic Brain Injury**: Can lead to neurocognitive deficits, including amnesia.
- **HIV Infection**: Can lead to neurocognitive impairment.
- **Normal Pressure Hydrocephalus**: Excess cerebrospinal fluid accumulates in the brain.
- **Wernicke-Korsakoff Syndrome**: Caused by thiamine deficiency, often associated with chronic alcoholism.
- **Infections**: Certain infections, such as meningitis, can cause cognitive problems.
- **Multiple Sclerosis**: An autoimmune disease that can affect the brain and lead to cognitive decline.

Dementia

An umbrella term used to describe a collection of brain diseases and their symptoms, which include: memory loss, impaired judgment, personality changes, and an inability to perform daily activities.

Alzheimer's Disease

Prevalence
60-70% of dementia cases

Characterized by
Amyloid plaques and beta tangles.

Symptoms include
Impairments in memory, language, and visuospatial skills.

Vascular Dementia

Prevalence
10-20% of dementia cases

Characterized by
Disease or injury to the blood vessels leading to the brain.

Symptoms include
Impaired motor skills and judgement.

Frontotemporal Dementia

Prevalence
10% of dementia cases

Characterized by
Deterioration of frontal and temporal lobes of the brain.

Symptoms include
Personality changes and issues with language.

Lewy Body Dementia

Prevalence
5% of dementia cases

Characterized by
Lewy body protein deposits on nerve cells.

Symptoms include
Hallucinations, disordered sleep, impaired thinking and motor skills.

Other Dementias

Prevalence
5% of dementia cases

Dementias related to
- Parkinson's disease
- Huntington's disease
- HIV
- Crutzfeldt-Jakob disease
- Korsakoff syndrome

Pseudodementia

- **Pseudodementia is a set of symptoms that mimic those of dementia.**

The symptoms require a medical exam by a doctor to diagnose and treat.

- **Causes**
  - UTI
  - Depression
  - Med interactions
  - Unrelenting pain
  - Stress

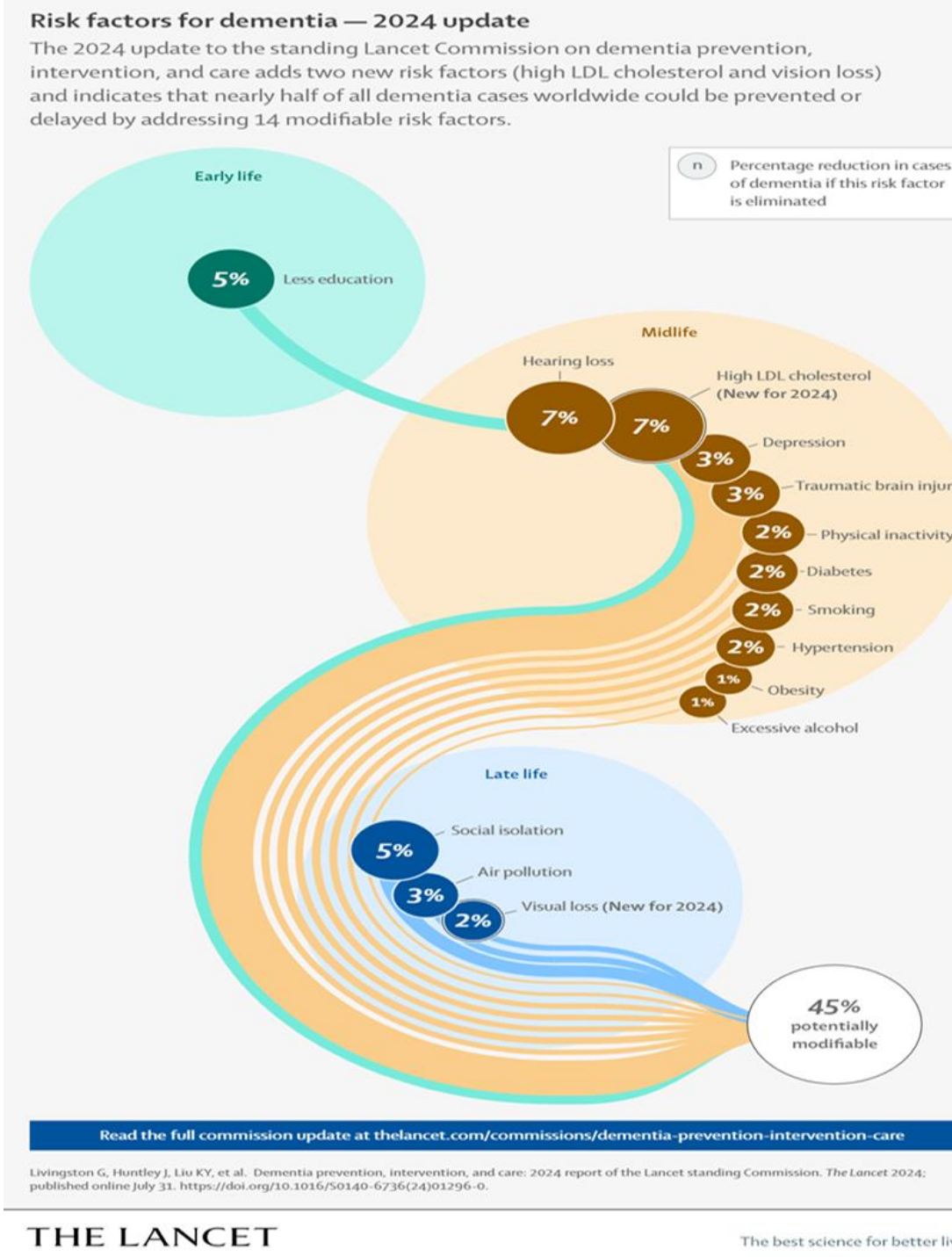
DEMENTIA	DEPRESSIVE PSEUDODEMENTIA
Progressive onset	Rapid onset
Long term symptomatology	Short term symptomatology
Mood variations	Consistently depressed mood
The patient tries to answer to the questions	Short answers like "I don't know", negativism
Patient is concealing amnesia	Highlighting amnesia
Constant cognitive decline	Fluctuating cognitive impairment

Table 1:Differential diagnosis between dementia and pseudodementia

http://www.encephalos.gr/48-3-07e.htm

Prevention

- No proven prevention strategy — best evidence points to:
- Keeping physically active.
- Controlling heart disease risk factors:
  - High blood pressure and cholesterol.
  - Excess weight.
  - Type 2 diabetes.
  - Smoking.
- Being intellectually and socially active.
- Get enough sleep.
- Reduce stress.



Brain Injuries Overview

What is a Brain Injury?

A brain injury is any injury to the brain that affects a person's physical, cognitive, or emotional well-being.

- **3 Types of Brain Injuries**
  - **C**ongenital - brain damage that occurs before birth or at birth
  - **A**cquired (non-TBI)
  - **T**raumatic (TBI)

TBI vs. ABI

TBI is an external traumatic event in which injury to the brain is sustained via a blow, jolt, or bump.

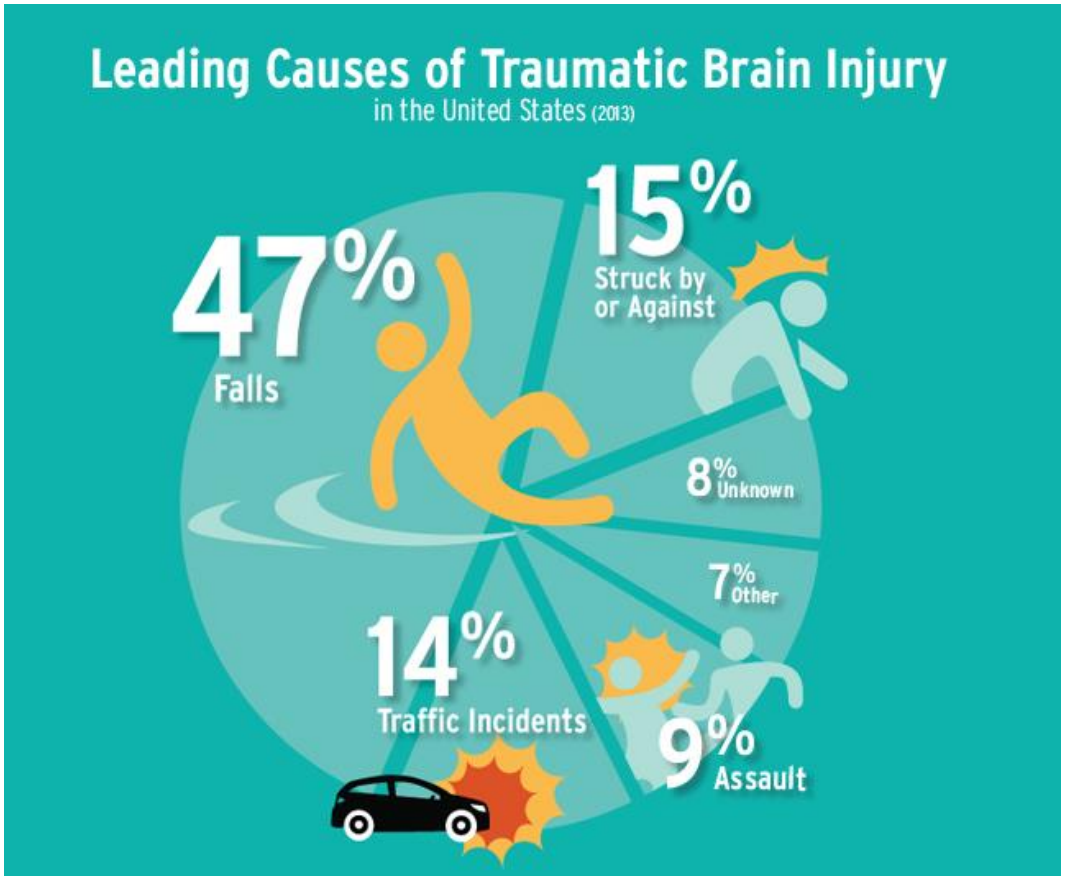
Examples Include:

- Car Accident
- Fall
- Sports related injuries
- Domestic violence

ABI is an injury to the brain caused by an internal disease process such as a lack of oxygen, exposure to toxins, or pressure from a tumor.

Causes of Brain Injury

- Did you know…
  - Our brain weighs about 4lbs
  - Floats in fluid in the skull
  - TBIs may be missed or misdiagnosed in older adults because symptoms of TBI overlap with other medical conditions that are more common among older adults, such as dementia.



https://www.brainline.org/slideshow/infographic-leading-causes-traumatic-brain-injury

Increased vulnerability to elder abuse!

How Neurocognitive Disorders Increase Risk

- **Impaired Awareness:** Limits understanding that they are being harmed or mistreated.
- **Difficulty Reporting:** Hinders ability to effectively communicate abuse, making it difficult for them to report it or seek help.
- **Behavioral Symptoms:** Can intensify caregiver-recipient conflict and potentially lead to abuse by the caregiver.
- **Increased Burden:** Other chronic illnesses, can increase vulnerability to abuse.
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Challenges in Detection and Prevention

- **Communication Barriers:** Difficulty expressing what they are experiencing.
- **Reluctance to Report**: Especially when the abuser is a family caregiver, due to fear or dependency.
- **Caregiver Distress:** This stress can contribute to abusive actions.

Key Considerations for Protection

- **Vigilance:** Regular checks (home visits, welfare checks).
- **Awareness/Education**: Crucial for prevention.

You should contact APS if you observe or suspect:

Abuse

- **Physical Abuse**: Signs of physical pain or injury or intentionally restraining them.
- **Sexual abuse:** Sexual activity when they are unable to understand, unwilling to consent, threatened, or physically forced.
- **Emotional/Mental Abuse**: Verbal assaults, threats of abuse, harassment, or intimidation.

Neglect

- **Physical Neglect**: A caregiver is failing to provide essential needs, such as food, clothing, shelter, or health/medical care.
- **Self-Neglecting**: Failing to provide for their own basic needs like food, clothing, or shelter – appear hungry or does not take meds/supplements. Living in unsanitary or unsafe conditions, including hoarding.

Exploitation

- **Financial Exploitation**: Unexplained disappearance of funds, misuse of money or property, or a chronic failure to pay bills by another person.
- **Other Forms of Exploitation**: Being forced to work for compensation or living in someone's home without agreement or under duress.

Crisis Intervention Team

CIT is a collaborative effort between the Police Department and Community Services Board to provide appropriate and timely response to individuals who are experiencing a psychiatric emergency.

When calling 911 you can request a CIT officer.

Resources

Type of Help	Program Name	Contact Information	Website
Adult Protective Services	Virginia Adult Protective Services	Phone: 804-726-7000 Hotline: 1-888-832-3858 TTY/TDD: 800-828-1120	http://www.dss.virginia.gov/family/as/aps.cgi
Aging & Disability Resource Center	Virginia Department for Aging and Rehabilitative Services	Phone: 804-662-7000 TTY/TDD: 800-464-9950 dars@dars.virginia.gov	https://www.vadars.org/
Counseling	National Alliance on Mental Illness: Virginia	Phone: 1-888-486-8264	https://namivirginia.org/
Counseling	Virginia Department of Behavioral Health & Developmental Services	Phone: 804-786-3921	http://www.dbhds.virginia.gov/
Crime Victims Compensation	Virginia Victims Fund	Hotline: 1-800-552-4007 info@virginiavictimsfund.org	http://www.cicf.state.va.us/
Long-Term Care	Long-Term Care Ombudsman	Phone: 757-222-4542	https://www.bayaging.org
Elder Abuse Shelters	Union Mission	Phone: 757-627-8686	https://www.unionmissionministries.org/
Community Services Board	Gero Community Team	Phone: 757-979-0021	www.wtcsb.org
Legal Aid	Virginia Legal Aid Society	Phone: 1-866-534-5243 directors@vlas.org	http://vlas.org/
SSEVA	Senior Services of Southeastern Virginia	Phone: (757) 461-9481	https://www.ssseva.org/

References

- Department for Aging and Rehabilitative Services 800-552-3402
- Alzheimer's Association 24/7 Helpline 800-272-3900 https://www.alz.org
- NIH Alzheimer's and related Dementias Education and Referral Center (ADEAR Center) 800-438-4380
- DARS Dementia Services 804-662-9154
- The Lancet Commissions| Vol. 396, Issue 10248, P413-446, August 8, 2020. Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. Published: July 30, 2020. DOI: https://doi.org/10.1016/S0140-6736(20)30367-6

Region 5 Crisis Line: 757-656-7755

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