

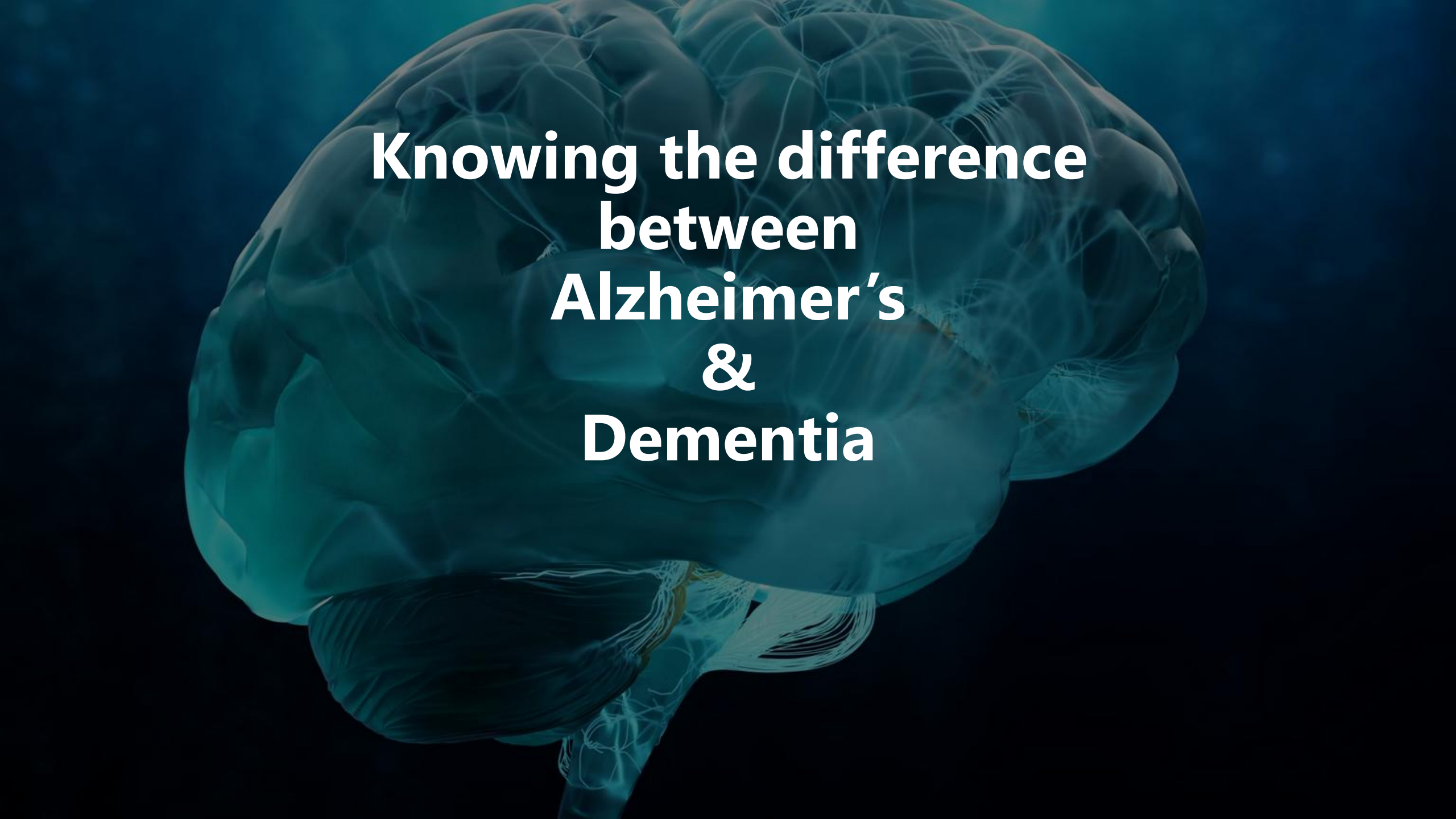
DEMENTIA AWARENESS



**DEMENTIA
SPOTLIGHT
FOUNDATION**

Gary Joseph LeBlanc, CDCS
Dementia Education
Specialist,
Author

DementiaSpotlightFoundation.org



Knowing the difference between Alzheimer's & Dementia

What is Dementia?



- Cognitive Impairment
- Difficulty communicating or finding words
- Difficulty with complex tasks
- Difficulty with planning and organizing
- Difficulty with coordination and motor functions
- Problems with disorientation, such as getting lost
- Poor Decision Making!

Other causes of Dementia

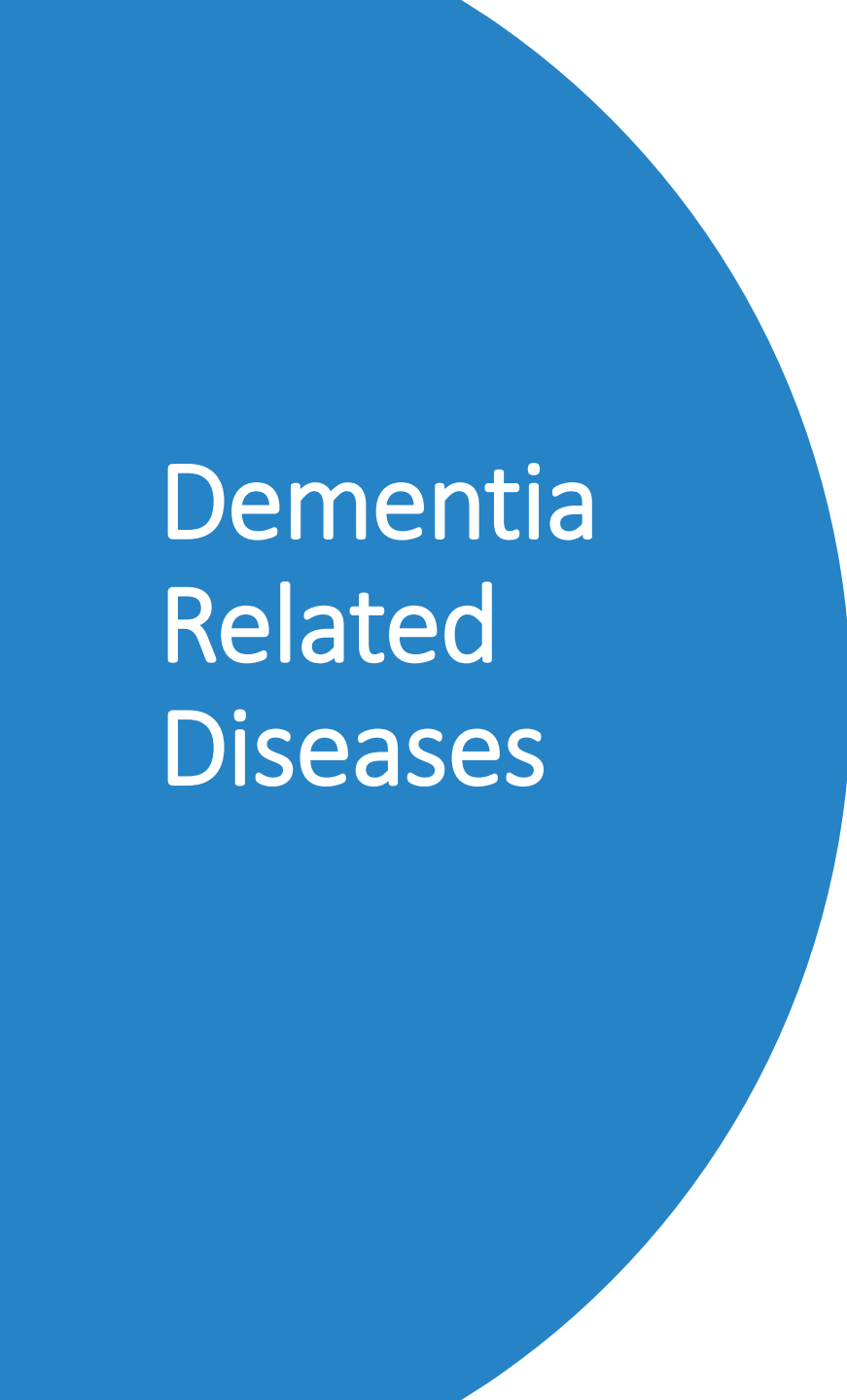


Early-Onset Dementia

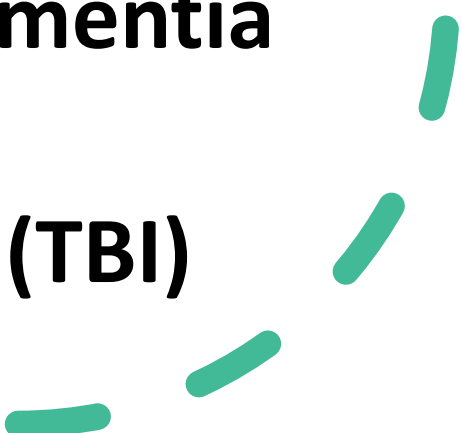
This is when dementia
affects people younger
than **65 years of age**.

This is not a senior citizen
problem



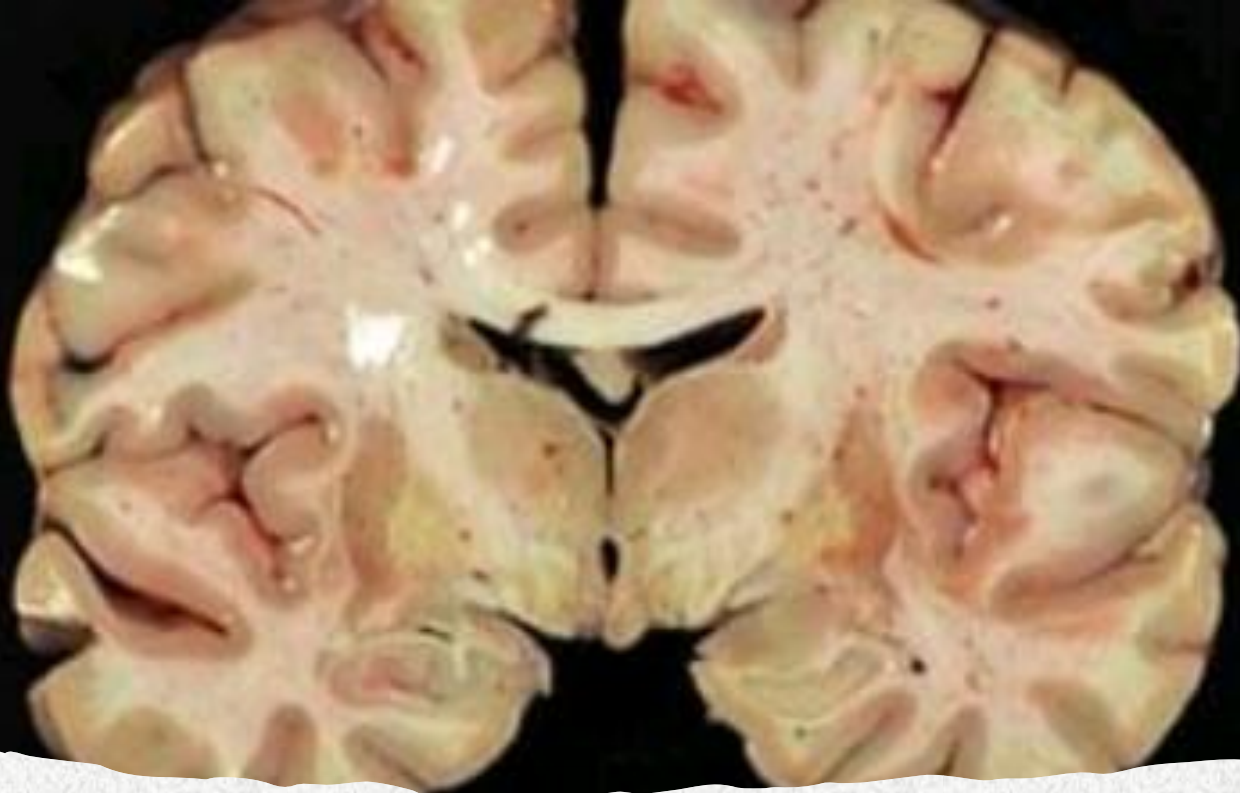


Dementia Related Diseases

- **Alzheimer's disease**
 - **Lewy Body dementia (LBD)**
 - **Frontotemporal degeneration (FTD)**
 - **Vascular dementia**
 - **Mixed dementia**
 - **Parkinson's disease dementia (PDD)**
 - **Traumatic Brain Injury (TBI)**
- 



Traumatic **BRAIN INJURY**

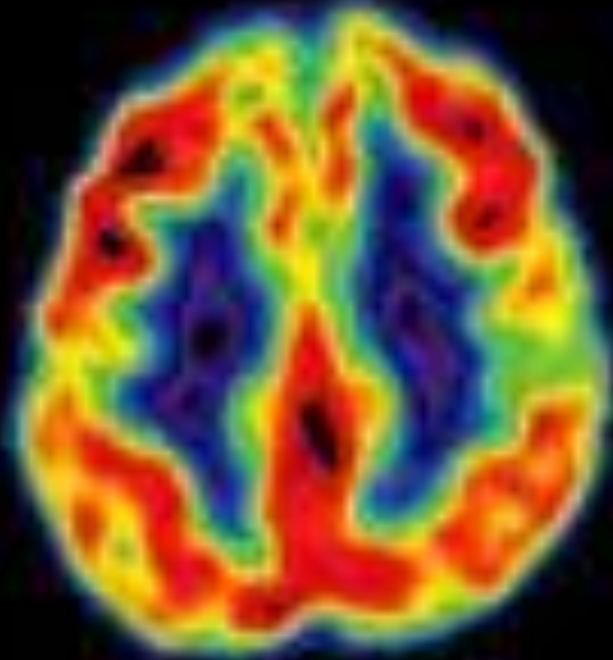


**Normal
Brain**

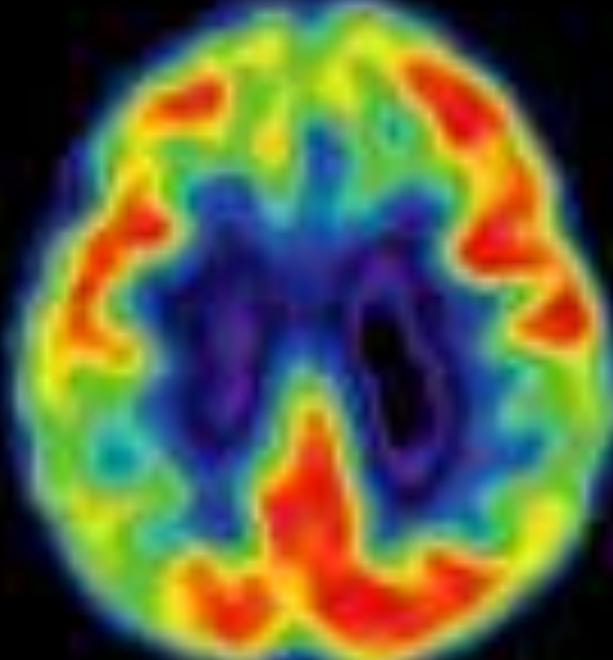


**Chronic Traumatic
Encephalopathy
(CTE)**

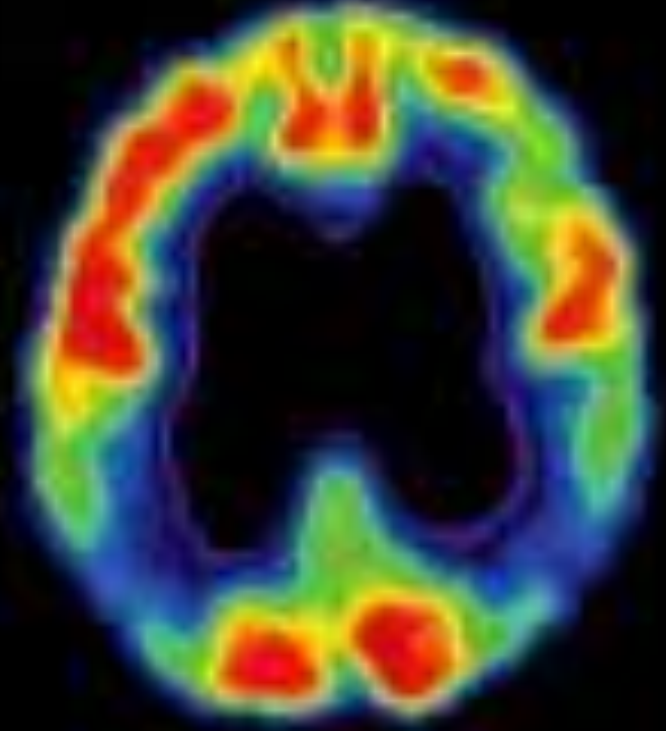
MILD COGNITIVE IMPAIRMENT (MCI)



Normal



MCI



Alzheimer's

Lewy Body Dementia

Protein deposits, named Lewy bodies, develop in the nerve cells in regions of the brain



LEWY BODY DEMENTIA

A MORE PROGRESSIVE TYPE OF DEMENTIA

VISUAL HALLUCINATIONS COME ON EARLY

THIS DISEASE IS COMMON IN ONE'S 50S

**TRADITIONAL ANTIPSYCHOTIC MEDICATIONS SHOULD
BE AVOIDED**

— Avoid “Classic” neuroleptic medications!

**Increased risk of side effects
(Hallucinations)**

Enhanced parkinsonism

**Neuroleptic malignant syndrome
(potentially fatal)**



**What is the
difference between
a delusion and a
hallucination?**



**Not all
hallucinations
are visible**



Olfactory hallucinations

Smelling coffee grounds can actually “cleanse” out your nasal receptors and provide you with an untainted-smelling palate





NIGHT TERRORS

LEWY BODY DEMENTIA

Frontotemporal Dementia (FTD)

- Frontotemporal degeneration
- Frontotemporal dementia
- Picks disease

Frontotemporal Dementia



Frontotemporal Dementia Symptoms

- Degeneration of the temporal and/or frontotemporal lobes
- Decline in behaviors and social skills
- May be accompanied by loss of language skills (Primary progressive aphasia) (Semantic Dementia)
- Changes in eating habits, predominantly overeating
- Common throughout one's 40-60

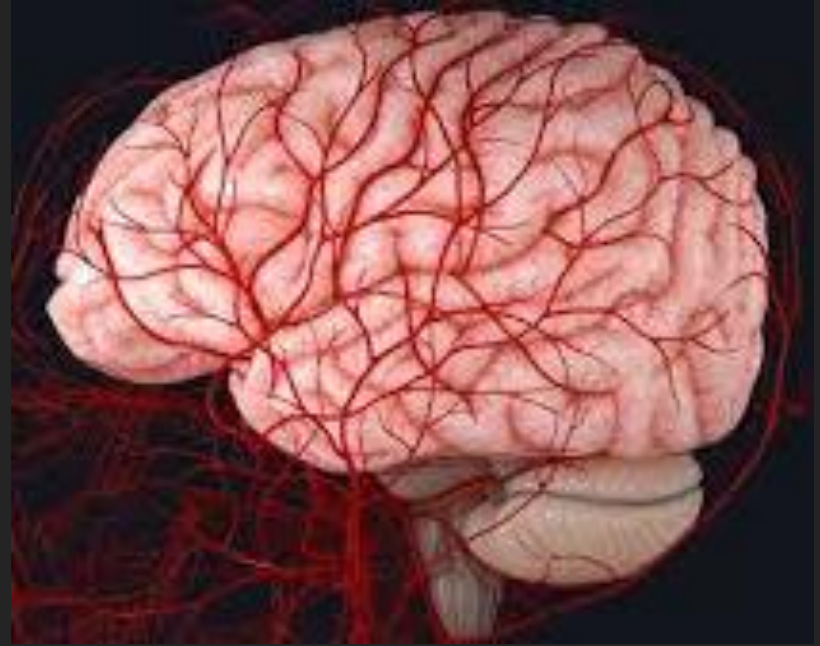


- Apathy
- Passivity
- Loss of Interest
- Loss of spontaneity
- Lack of Motivation



APATHY VS DEPRESSION

Vascular Dementia



Vascular Dementia

- Can be caused by damaged blood vessels and reduced circulation depriving the brain of oxygen and nutrition.
- risk factors are heart attack or stroke, high blood pressure, high cholesterol, Smoking, obesity, and diabetes.
- Sleep apnea





“50% of people with untreated sleep apnea will develop Vascular Dementia.” Mayo Clinic



CAPGRAS SYNDROME

DOPPELGÄNGER EFFECT

Mixed Dementia

With mixed dementia, abnormalities linked to more than one type of dementia occur simultaneously in the brain



**MIXED
BAG**

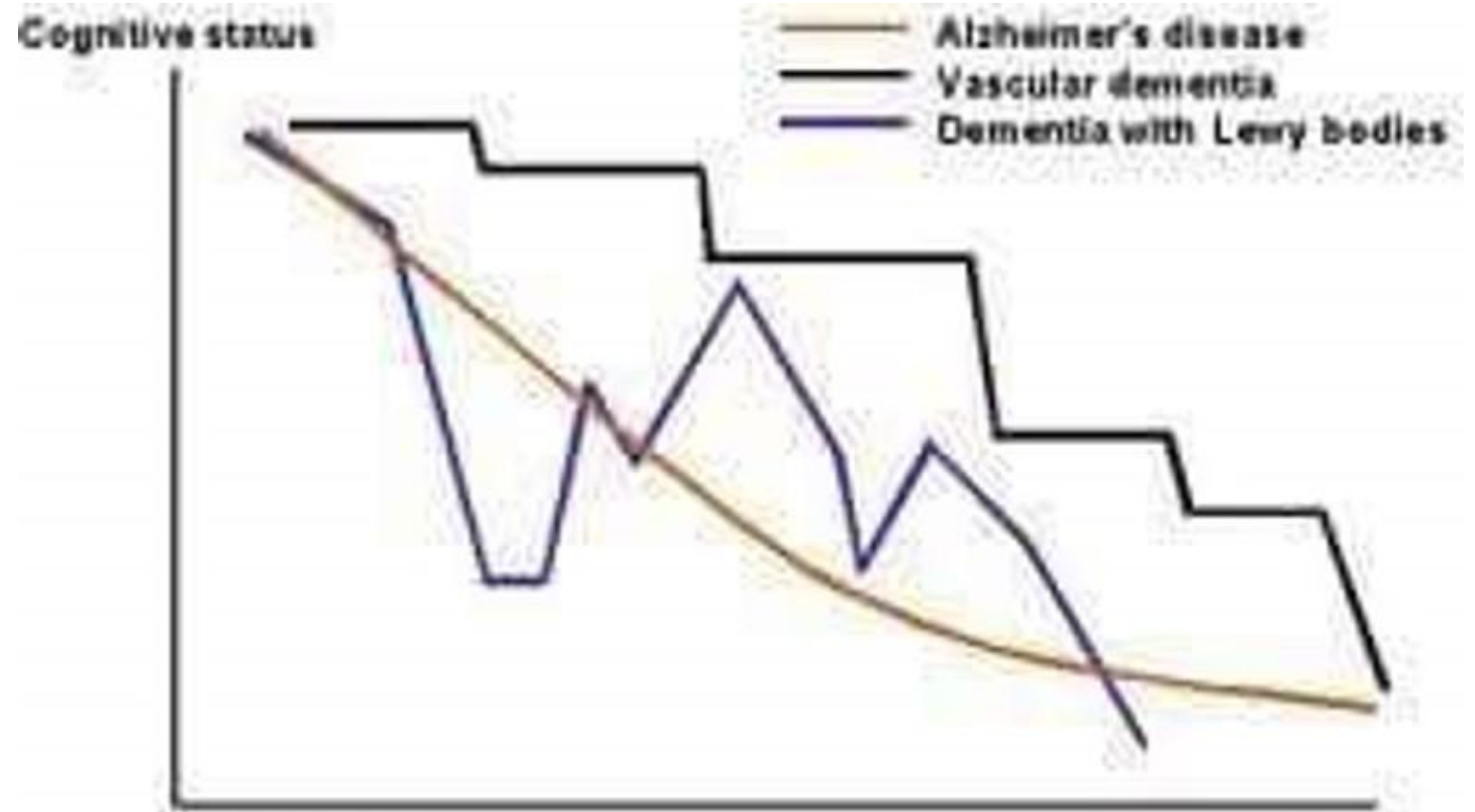
Korsakoff Syndrome

Alcohol-related dementia

Depletes your
vitamin B-1



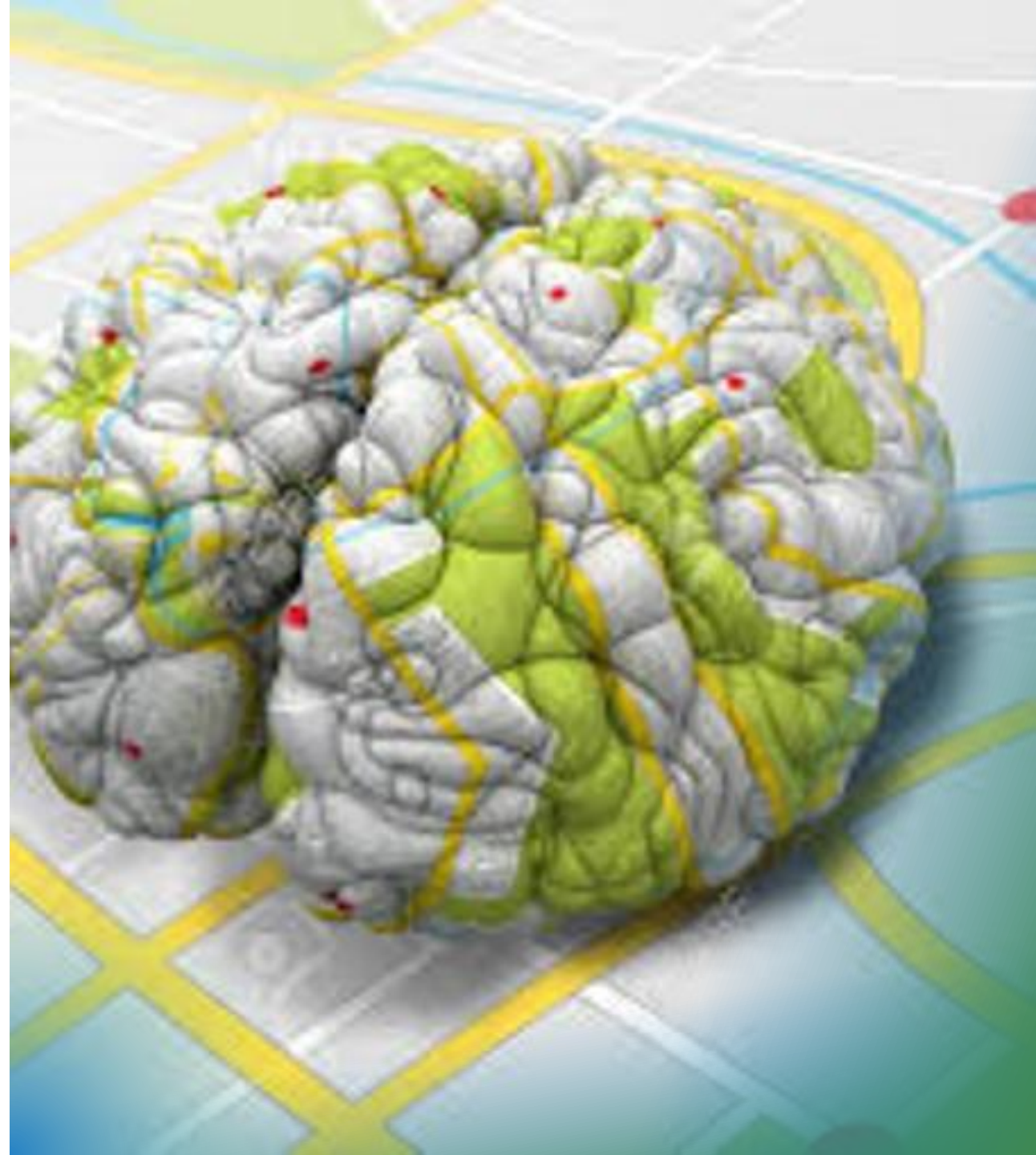
Cognitive Chart



Graph by Robert Bowles
United Against Dementia

**Short-term
memory
loss**

Working memory





**DEMENTIA
SPOTLIGHT
FOUNDATION**

**Caring for
the
Caregiver**

Tough Decisions





**The
Invisible
Caregiver**

**We need to understand
that there are possibly two
people in need of help.**

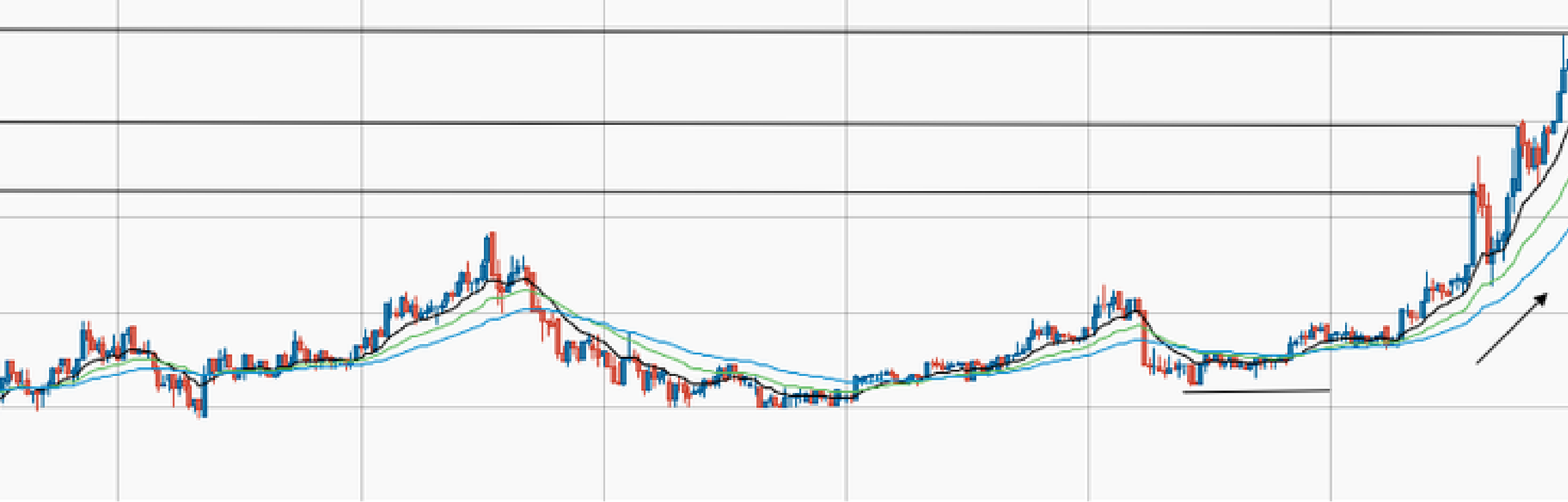


**The number one
complaint I
receive, no matter
what part of the
country I'm in, is,**

**"I'm the only one
in the family
caregiving, none
of my siblings are
helping."**

**1 out of 5
people with
dementia are
living under
the radar**





Try to determine their baseline a few weeks ago.

Look for signs of being overmedicated.

Entering their Home (911)

- They may have called themselves
- Some get in the habit of calling 911
- Look for signs of poor environment
- Undernourishment, even in their pets
- They're being suspicious (stealing)
- Refrigerator Magnetville

FILE OF LIFE®



DementiaSpotlightFoundation.org

KEEP INFORMATION UP TO DATE

Name: _____ Sex: ☐ M ☐ F

Address: _____

Date of Birth: ____ / ____ / ____

EMERGENCY CONTACTS

Name: _____ Home Phone #: _____

Address: _____

Relation: _____ Work Phone #: _____

Name: _____ Home Phone #: _____

Address: _____

Relation: _____ Work Phone #: _____

MEDICAL DATA

Last Updated: Mo. ____ Yr. ____ Blood Type: ____

Doctor: _____ Phone #: _____

Preferred Hospital: _____

Use pencil for ease in making changes.

Special Conditions/Remarks: _____

Use pencil for ease in making changes

Medication	Dosage	Frequency

Recent Surgery: _____ Date: _____

Religion: _____

Living Will on file at: _____

Health Care Proxy on file at: _____

Do you have an EMS-NO CPR Directive or a DNR form?

YES ☐ NO ☐ Where is it located? _____

MEDICAL CONDITIONS

Check all that exist

- | | |
|---|--|
| <input type="checkbox"/> No known medical conditions | <input type="checkbox"/> Hemodialysis |
| <input type="checkbox"/> Abnormal EKG | <input type="checkbox"/> Hemolytic Anemia |
| <input type="checkbox"/> Adrenal Insufficiency | <input type="checkbox"/> Hepatitis-Type [] |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Leukemia |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Lymphomas |
| <input type="checkbox"/> Cardiac Dysrhythmia | <input type="checkbox"/> Memory Impaired |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Myasthenia Gravis |
| <input type="checkbox"/> Clotting Disorder | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Coronary Bypass Graft | <input type="checkbox"/> Renal Failure |
| <input type="checkbox"/> Dementia <input type="checkbox"/> Alzheimer's <input type="checkbox"/> | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Diabetes/Insulin Dependent | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Eye Surgery | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Vision Impaired |
| <input type="checkbox"/> Heart Valve Prosthesis | |
| <input type="checkbox"/> Other: _____ | |

ALLERGIES

- | | | |
|---|--|---|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Barbiturate | <input type="checkbox"/> Latex | <input type="checkbox"/> Sulfa |
| <input type="checkbox"/> Codeine | <input type="checkbox"/> Lidocaine | <input type="checkbox"/> Tetracycline |
| <input type="checkbox"/> Demerol | <input type="checkbox"/> Morphine | <input type="checkbox"/> X-Ray Dyes |
| <input type="checkbox"/> Horse Serum | <input type="checkbox"/> Novocaine | <input type="checkbox"/> No Known Allergies |
| <input type="checkbox"/> Environmental: | | |
| <input type="checkbox"/> Other: _____ | | |

MEDICAL INSURANCE

Med Ins Co: _____

Policy #: _____

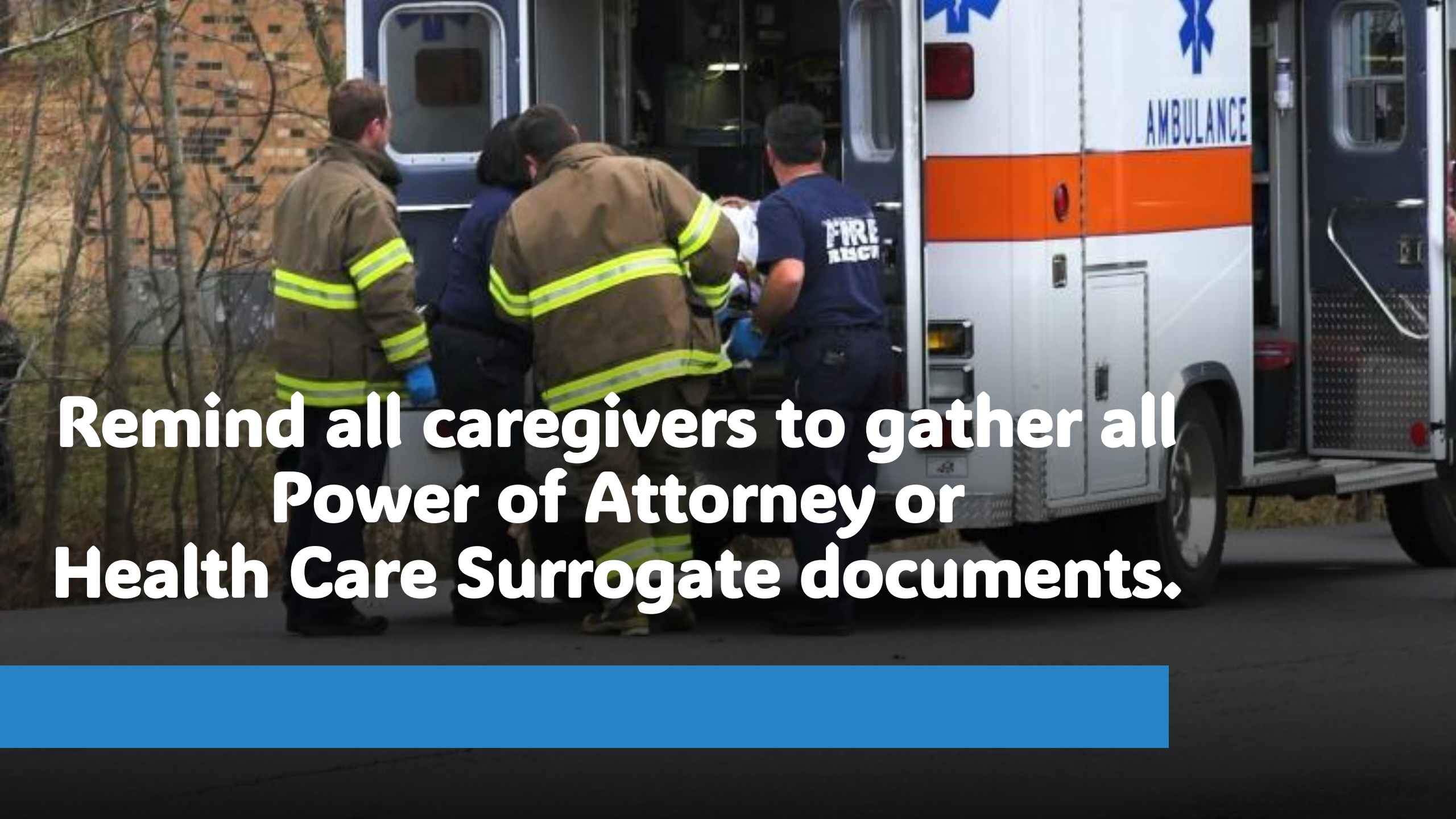
Other Med Ins Co: _____

Policy #: _____

Medicaid #: _____ Medicare #: _____

SEE BACK OF CARD FOR ADDITIONAL INFORMATION

© FILE OF LIFE



**Remind all caregivers to gather all
Power of Attorney or
Health Care Surrogate documents.**



SENIORS **in SERVICE**

GEARED UP TO SERVE

Contact us today!

Phone: (813) 492-8924

Email: TelePals@seniorsinservice.org

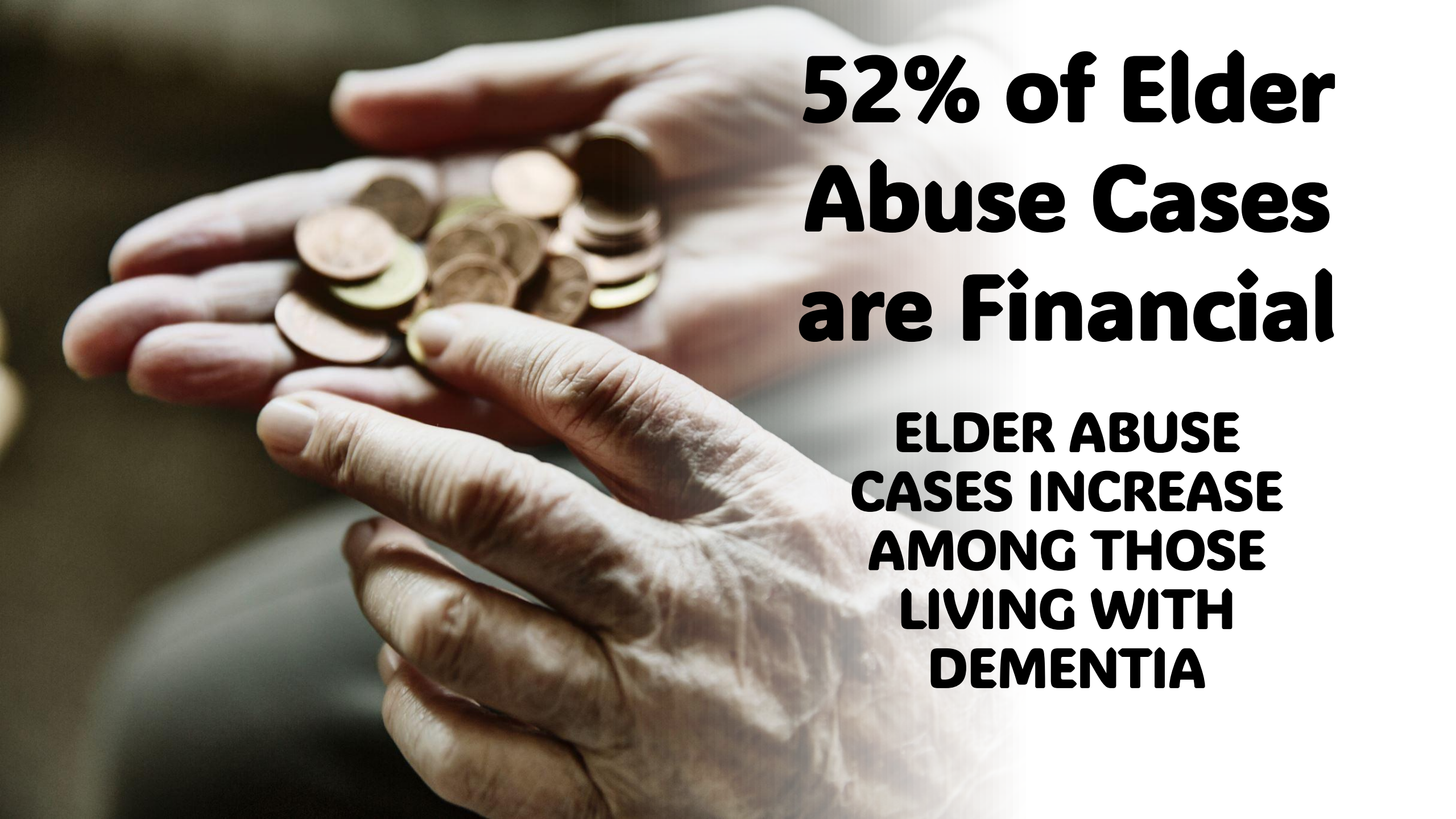
Website: www.TelePals.net

TelePals

Stay Connected
with Friendly Phone Calls



(813) 424-8924

A close-up photograph of an elderly person's hands, showing wrinkled skin, holding a large pile of coins. The coins are of various denominations, including copper and silver. The background is blurred, focusing attention on the hands and the coins. Overlaid on the right side of the image is bold black text.

52% of Elder Abuse Cases are Financial

**ELDER ABUSE
CASES INCREASE
AMONG THOSE
LIVING WITH
DEMENTIA**

ELDER ABUSE HOTLINE
(800) 962-2873
FLA DEPT. OF ELDER
AFFAIRS



Firearms and Dementia

Firearm Trust

4

5

6

7

8

9

10

9

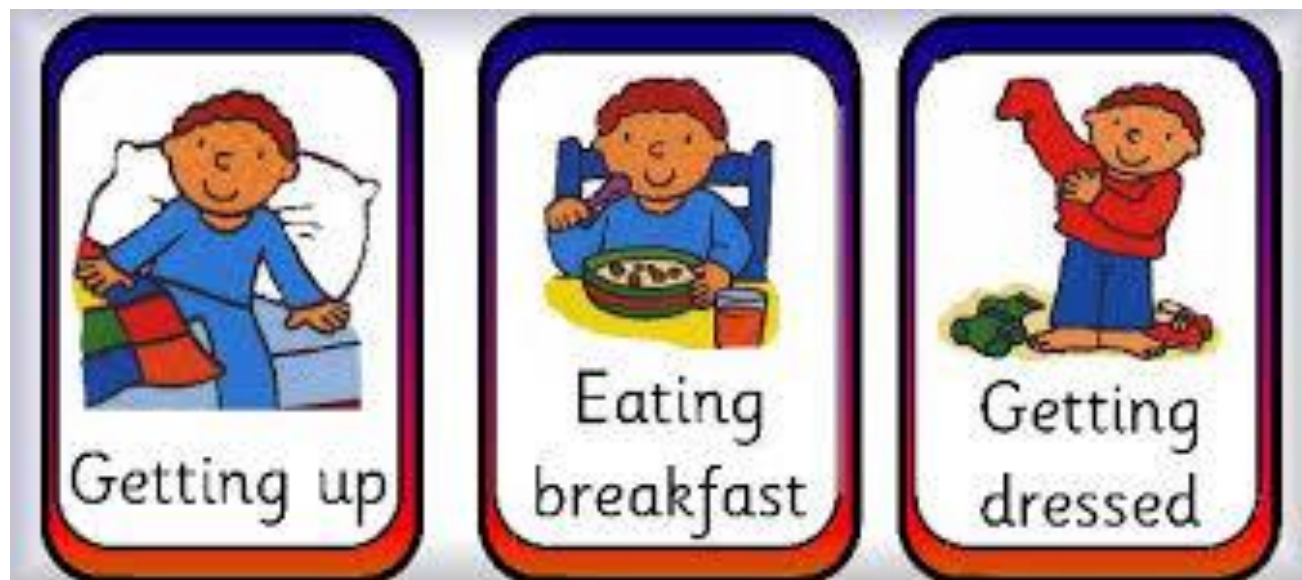
8

7



**DEMENTIA
SPOTLIGHT
FOUNDATION**

**CARING
FOR
THOSE
LIVING
WITH
DEMENTIA**



Routine, routine, routine

REDIRECTION

**Taste, touch, and smell
are powerful tools.**



**Freezer
before
Medicine
Cabinet!**





**Photo albums
are another
great tool.**

**Keep their hands
occupied.**

**Know
their
routine**





ANXIETY

**CONTROLLING the person's ANXIETY IS HALF THE
BATTLE**



Identifying Anxiety

- Problems sleeping
- Cold or sweaty hands and/or feet
- Shortness of breath
- Heart palpitations
- An inability to be still and calm
- Dry mouth
- Numbness or tingling in the hands or feet

Depression & Dementia



**Depression by itself can
create symptoms of
dementia. Pseudodementia**

**ALL PATIENTS DIAGNOSED WITH A DEMENTIA-
RELATED DISEASE WILL GO THROUGH BOUTS
OF DEPRESSION.**



ROLE PLAYING

You may discover
that you suddenly
receive a new
identity as these
diseases progress.

End Stage of Alzheimer's Disease



**The last two years
I became dad!**





Time Traveling

They may not recognize you because, in their mind, they believe you should be younger.

Sundown Syndrome

Sundowners is a term for the onset of heavier confusion and intense agitation.



GIVING UP THE CAR KEYS



**Medical Reporting Form
Highway Safety
& Motor Vehicles Dept.
myflorida.com**



You will stay anonymous.

Wandering



**DEMENTIA
SPOTLIGHT
FOUNDATION**

Wandering Statistics

**6 OUT OF 10 PEOPLE
WITH DEMENTIA WILL
WANDER**

**IF NOT FOUND IN 24
HOURS, 48% BECOME A
FATALITY**

**WANDERERS MAY
BECOME REPEAT
OFFENDERS**





If not found within 72 hours the survival rate drops down to 20%

The difference of whether they're on foot or in a vehicle is extreme!



**The
average
distance
they are
found
from
home is
0.5 miles**



**Always check
ponds, brush,
tree lines and
fence lines.**





Triggers to watch for

BACKGROUND NOISE

EXPLORING

FOLLOWING

EXIT SEEKING

Elopement vs Wandering

**ELOPEMENT IS LEAVING WITH
A PURPOSE**

I GOT TO GO TO WORK

MY WIFE IS WAITING FOR ME

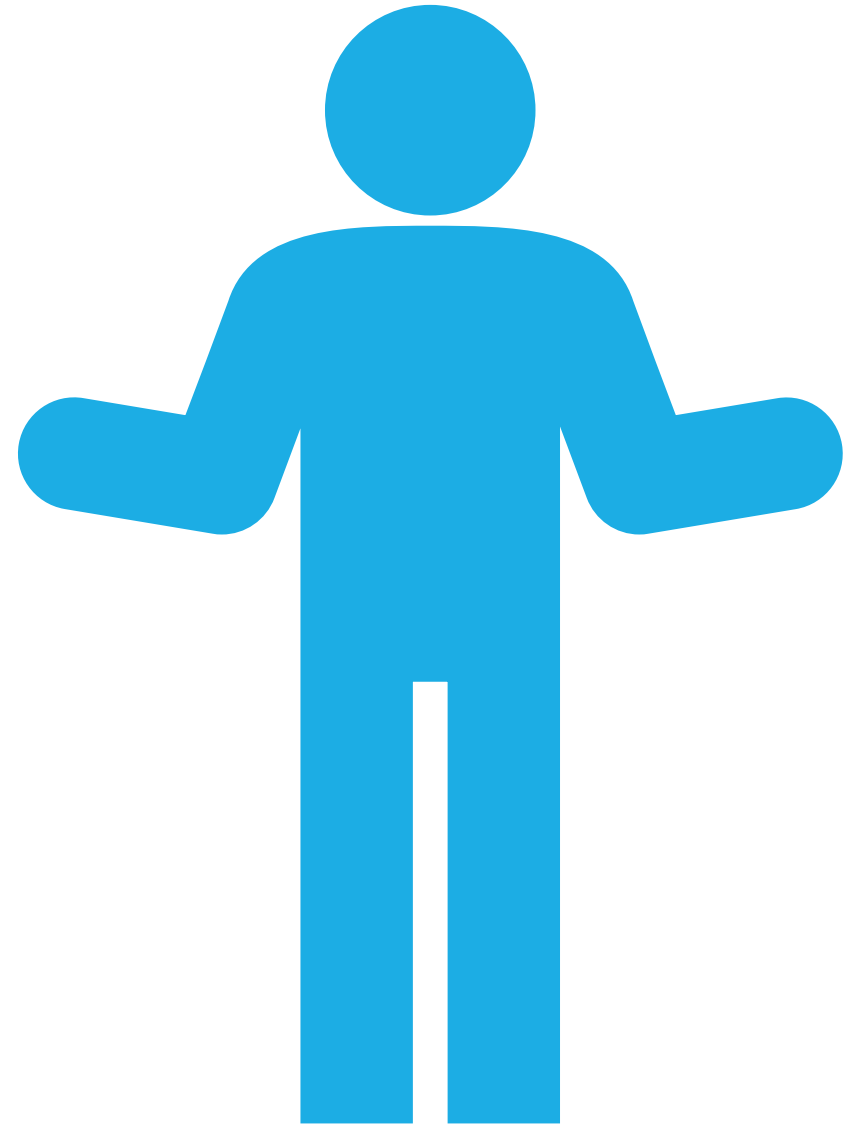
I GOT TO GO HOME

Wandering . . . In the later stage

**WANDERING, THEY COULD
BE IN MOTION**

**NO PURPOSE OF WHERE
THEY'RE GOING**

**ALSO, AT THIS STAGE, WE
NEED TO UNDERSTAND
THERE MAY BE SOME VISION
IMPAIRMENT IN PLACE**



TUNNEL VISION



**When starting a search, remember that
70% of the time, they will turn in the
direction of their dominant hand.**





**What
happens
when we get
lost?**



**How do we get
them safely into a
sitting position?**





**What is the
average time it
takes a caregiver
to call 911 when
a loved one
wanders?**

SAFE RETURN/MEDICAL ALERT BRACELET



**Safe
Return
Program**

**Cautiously
Check
clothing
labels for
names**

Safety Net Wristband Locator



877-434-6384

The background is a deep blue gradient. A glowing, multi-colored audio waveform (spectrum) stretches horizontally across the middle of the image. On the right side, there is a close-up, stylized image of a human ear, also in shades of blue, appearing to be part of the overall design.

The Sounds of Dementia



The reflections of dementia



REACH

Resources & Education
for **Aging**, **Community**, and **Health**

**First Responders and Care Partners Working Together
in Urgent Situations for People Living with Dementia**

EATING DILEMMAS



**TOO MANY
ITEMS ON
TRAY,
LIMIT
CHOICES
(SMALL
PORTIONS)**



**TOO MANY
DISTRACTI
ONS,
INCLUDIN
G SMELLS**



**MAY
FORGET
HOW TO
USE
UTENSILS**



**MAY NEED
ASSISTANC
E TO GET
STARTED**



**MOUTH
DISCOMF
ORT, OR
MISSING
DENTURES**

TASTE BUDS ATROPHY

Try dessert first if needed!



Keep an eye on swallowing difficulties and weight loss in the advanced stage.

Communication and Behaviors



**DEMENTIA
SPOTLIGHT
FOUNDATION**

A background image showing a group of business professionals in a meeting. A man in a suit and tie is on the left, gesturing with his hands. A woman in a blazer is in the center, looking at a tablet. Another person is on the right, partially visible. They are gathered around a table with a laptop, a smartphone, and coffee cups. The image is dimmed to make the white text stand out.

Learning to Use All Types of Communication

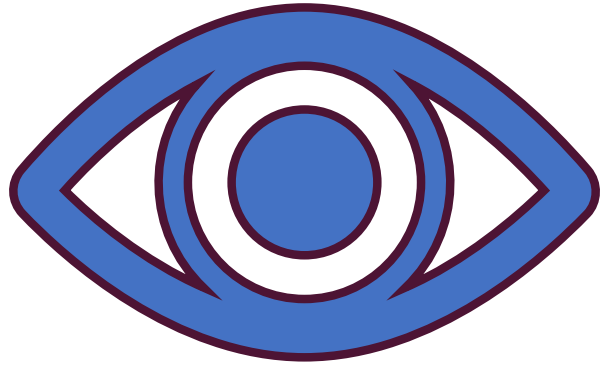
BODY LANGUAGE

VERBAL & NON-VERBAL

TOUCH

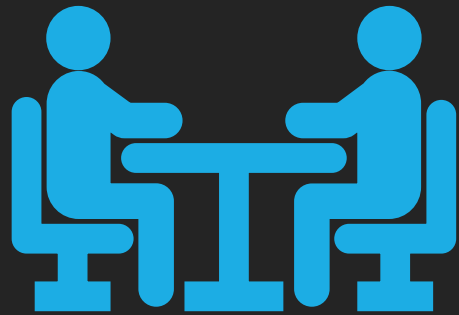
FACIAL

Making a Connection



**Visually
Verbally
Physically
Emotionally**

**If what you are attempting
doesn't seem to be working
STOP, BACK OFF, and then
TRY AGAIN LATER**

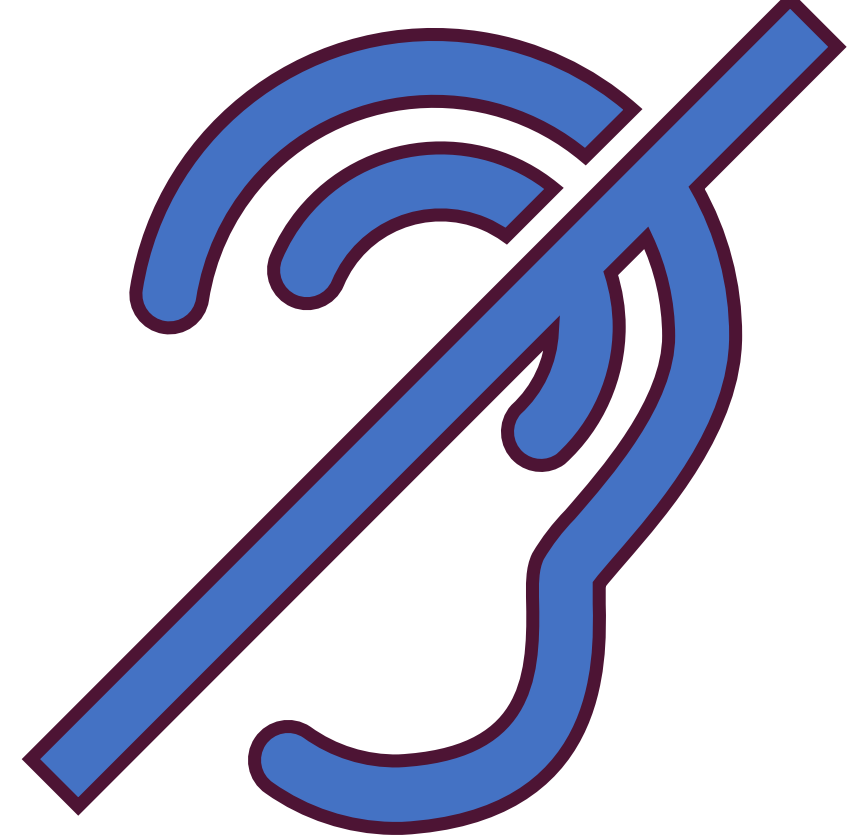


People with dementia may not be able to keep up with a conversation or understand directions. Caregivers will need to simplify their communication.

MAKE SURE YOU GIVE ALL DIRECTIONS IN STEPS, ONE AT A TIME.

BE PATIENT, YOU MUST STAY CALM

Non-Verbal Communication



Approximately 80% of our communication is non-verbal.

language skills will become impaired. Their ability to process information diminishes.

Non-verbal communication skills become required. Body language speaks as loud or louder than words.

Learn to read theirs and use yours.



Body Language

Persons with dementia
become
hyper-fluent in body
language



The Winning Trifecta of Dementia Communication

**Verbal +
Body Language +
Visual Clues**



Think Improv

Be in their Moment

Communication Tips

Always stay calm, they will
feed off your emotions.

Use short, simple sentences.

Speak slowly and clearly.

Speak only when in visual
contact.

Sit at their eye level.



**It's so important to talk
eye-to-eye**



Communication Tips

Limit distractions (Television)

Never argue (You will lose)

Avoid talking for them

When they're stuck for words,
encourage a word or two, calmly

Prosopagnosia

**also known as
facial blindness**

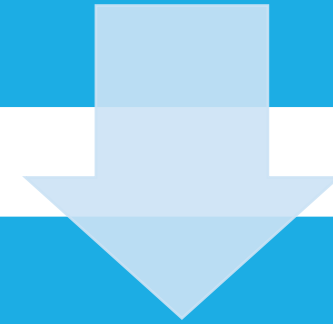


**Your
uniform may
mean
nothing to
them at this
point.**



Always Introduce Yourself

EVERY TIME you see this person,
always introduce yourself. “Hi, I’m
Officer/Deputy Joe; I’m here to help
you today.”



**Try to learn what name
they respond to best.
Ask the family questions.**

In-Time Communication

**Alert patient
to changes or
events an
hour before,
not days!**



Using The “We” Word

Substitute the pronoun “you” for the word “WE.” This will give them the impression that you are working as a team, and things may go smoother.



Bilingual

They may revert to their original language in the latter stage of the disease or when anxiety levels or confusion are high.



When Confusion is High

**USE A LOW AND AFFECTIONATE VOICE. THE
TONE OF VOICE CAN SET THE MOOD.**

USE A GENTLE TOUCH WHILE TALKING.

AVOID LONG SENTENCES.

USE EVERY VISUAL CLUE YOU HAPPEN TO HAVE.

Ask yes & no Questions!



Never Assume!

**Never assume they
understand.**

**Just because they say yes or
nod their head doesn't mean
they understand you.**

No doesn't always mean "No"

**Repeat all important
information.**

**All behaviors should
be considered as
communication.**

Even the bad ones



**Challenging
Behaviors**



**DEMENTIA
SPOTLIGHT
FOUNDATION**

Challenging Behaviors

POSSIBLE REASONS MAY INCLUDE:

ILLNESS ON TOP OF THEIR DEMENTIA (UTI)

MEDICATIONS

OVERSTIMULATION

LOUD AND UNFAMILIAR NOISES

TAKEN OUT OF THEIR DAILY ROUTINE



**Get them
back into
their
routine.**

Assess the Problem

What is the behavior?

Why is it a problem?

Is it environmental?

When & where does it
take place?

Who is around?





Address the Problem with their Doctor

**Behavioral
problems may
have an
underlying
medical reason**

////

Solutions

**ALWAYS FOCUS ON
THEIR FEELINGS, NOT
FACTS**

**STAY CALM, NEVER
SHOW YOUR AGITATION**

LIMIT DISTRACTIONS

**ALWAYS ATTEMPT TO
REDIRECT.**

**(USE SENSES, TASTE,
TOUCH & SMELL)**

FEAR & ANXIETY

PAIN

BOREDOM

MEDICATION

**INABILITY TO
COMMUNICATE**

**IT CAN OCCUR
FOR NO REASON
AND SUDDENLY**

Possible Reasons for Aggression



Ways to Respond

LISTEN TO THEIR FRUSTRATION

GIVE REASSURANCE

**INVOLVE THEM IN
SOMETHING. (FOLDING
TOWELS)**

MODIFY ENVIRONMENT

FIND AN OUTLET FOR ENERGY

LEARN TO SAY, “I’M SORRY!”

Listen to the Environment



YOUR WORDS MATTER

Instead of
asking,

“What’s wrong
with you?”

Ask, “What
happened?”



**Avoid
restraints if
possible.**

**Confinement
may trigger
agitation.**

Suspiciousness

Accusations of theft

**Misinterpreting what
they hear**

**See things in an unusual
way**

Shoplifting

(Letter from Doctor)



Sexual Behavior

Societal norms to undress in public

Hyped sexuality

Family concerns will be common



MY LIFE STORY



PERSONAL INFORMATION

Full Name:

I Prefer To Be Called:

Nickname:

My Birthday Is: / / I Was Born In:

Ethnicity: I Speak:

Gender Identification: ☐ Male ☐ Female ☐ Non-Binary

Education/First Job:

Military Service: ☐ Yes ☐ No Branch:

Name of Spouse/Partner:

Number of Children: Daughters: Sons: Number of Grandchildren:

Working: ☐ Yes ☐ No Retired: ☐ Yes ☐ No

Occupation:

Cultural/Religious/Spiritual Background Important: ☐ Yes ☐ No

Describe:

CARE PARTNER HOSPITAL CHECKLIST



When caring for a loved one living with cognitive impairment, a trip to the emergency room (ER) or hospital is a mood-a-given. Even if you are fortunate not to ever go, being prepared is vital to your experience and the outcome. Receiving proper healthcare today has many problems, and hospitalization for a person with dementia and their family is especially difficult. Keep in mind that hospitals are not typically well-designed for patients with dementia. Below are recommendations for what to consider and what to do to make the experience for everyone, including the hospital staff, less stressful.

PLAN AHEAD

- ☐ Complete Medical/Legal Form and Life Story forms included in the kit.
- ☐ Gather and make copies of legal papers such as Advance Directives, DNR, POLST, and organ donation documents.
- ☐ Keep a pad and pen to take notes.
- ☐ Pack an emergency bag with essentials for yourself, including a change of clothes, toiletries, personal medication, a phone charger, and cash.

TRIP TO THE ER

- ☐ Ask a family member or friend to accompany you if possible.
- ☐ Explain the symptoms and events leading up to the ER visit.
- ☐ Share pertinent information from the kit with the staff.
- ☐ Inform the staff about dementia and suggest effective ways to communicate with your loved one.
- ☐ Advocate for your loved one and help the staff understand their needs and behaviors.

IF ADMITTED TO THE HOSPITAL

- ☐ Have someone stay with your loved one at all times.
- ☐ Monitor all aspects of care and ask questions when needed.
- ☐ Ensure important information about dementia diagnosis and behavioral concerns is noted in the medical chart.

MEDICAL FORM



PERSONAL INFORMATION

First Name:

Last Name:

Date of Birth: / / Gender: ☐ Male ☐ Female ☐ Non-Binary

Address:

Phone Number: Email:

EMERGENCY CONTACTS

Contact Name: Relationship:

Phone 1: Phone 2:

Address:

Contact Name: Relationship:

Phone 1: Phone 2:

Address:

MEDICAL INFORMATION

Doctor Name: Phone:

Doctor Name: Phone:

Doctor Name: Phone:

Referral checked: ☐ Photo:

Last Updated: Photo Type:

Insurance Name: Group:

Plan Type: ID:

Policyholder: Phone:



DEMENTIA CARE HOSPITALIZATION KIT



Preparing our Special Needs Shelters

**Prescription
medication for 7-10
days (in their original
bottles) with the
clearly marked
medication name,
dosage, prescriber
information, pharmacy
name, and phone
number.**



**Create a
disaster
plan for
your
pets.**



**Most
shelters do
not accept
pets but do
allow service
animals.**

**Do your
research!**



**Download
your Special
Needs Prepare
Checklist at**



<https://dementiaspotlightfoundation.org/dementia-care-resources/>

Power of Attorney (POA)

Letter of competency



Joint checking account (or not and)

Right of Survivorship

THOMAS OR MARY ANDERSON
2063 Pleasant Rd, Ph. 851.0811
Anwhere, USA 12345

101
000-00/000

DATE

PAY TO THE
ORDER OF

\$

DOLLARS

 **MERIDIA**
COMMUNITY CREDIT UNION
go beyond

FOR

SEP

SUPPORT GROUPS

Come be with others who understand and receive knowledge to help you through your dementia caregiving.



Brooksville, FL

1st Monday 1:00 pm

Oak Hill Senior Living

7411 Cortez Oaks Blvd

Brooksville, FL 34613

Contact: Gary Joseph LeBlanc

352-345-6270

Hudson Fl.

1st Tuesday 10:30 am

Hudson First Methodist Church

13123 U.S. 19

Hudson, FL. 34667

Contact: Laura Arnold

Land O Lakes, FL

3rd Tuesday 10:00 am

Keystone Place at Terra Bella

2200 Livingston Rd.

Land O Lakes, FL 34639

Contact: Gary Joseph LeBlanc

352-345-6270

Tampa, FL

4th Monday 1:30 pm

Sodalis Tampa

2626 West Bearss Avenue

Tampa, Florida 33618

Contact: Gary Joseph LeBlanc



4TH TUESDAYS

JOIN US FOR OUR CONNECTION CAFÉ

PRESENTED BY



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TO RSVP



LIBRARY
SERVICES



This is a perfect opportunity for those living w/ dementia and their care partner to socialize and have fun with others. It's a chance to form new connections and strengthen existing ones, all while having a great time in a supportive environment.

Why Join Us?

- Build friendships and find understanding among others on the same journey.
- Enjoy uplifting activities that spark joy and creativity.
- Take a break from isolation in a safe, supportive community.



When: Every 4th Tuesday Of The Month

Time: 1:00 PM

Where: West Hernando Branch Library
6335 Blackbird Ave. Brooksville, FL 34613



For more info contact Gary Joseph LeBlanc
at Gary@dementiaspotlightfoundation.org
or call (352) 345-6270



Every 4th Tuesday at 1 pm

Teamwork!

**If needed, switch
with your co-
worker for a bit.**

**Always relay
what is or not
working with
your co-worker.**



Join the
Life
before Loss
movement!



**DEMENTIA
SPOTLIGHT
FOUNDATION**

Our Goals:

- **Dementia Education**
 - **Dementia Awareness**
 - **Life before Loss**
-

www.dementiaspotlightfoundation.org