



Sensory Systems and Dementia

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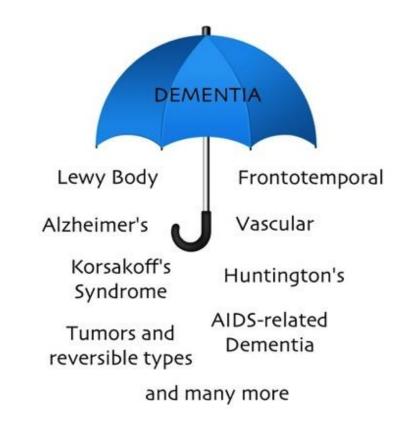
Outline

- Dementia and neuroanatomy summary
- Sensory systems
- Practical tips
- Care partner's role
- A few examples

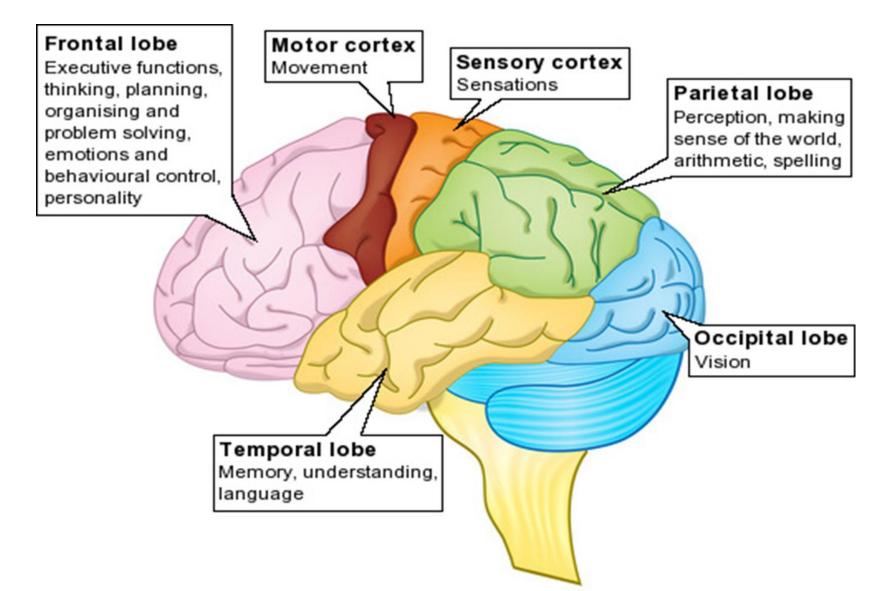
Dementia Defined

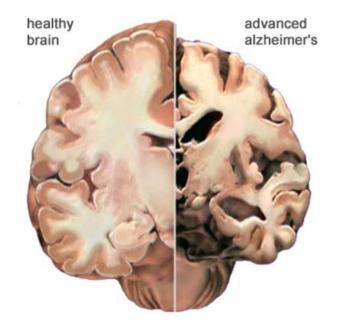
"Dementia is a general term that describes a group of symptoms-such as loss of memory, judgment, language, complex motor skills, and other intellectual function-caused by the permanent damage or death of the brain's nerve cells, or neurons," (Alzheimer's Foundation of America, 2015)

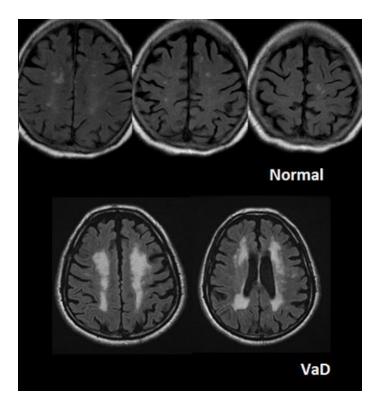
- Types of Dementia
 - Alzheimer's Dementia
 - Vascular Dementia
 - Lewy Bodies Dementia
 - Frontotemporal Dementia
 - Several other causes and similarities

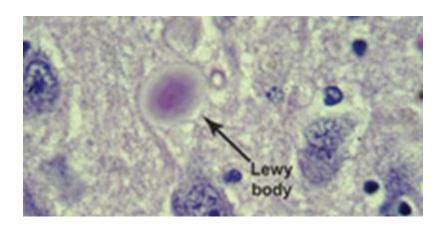


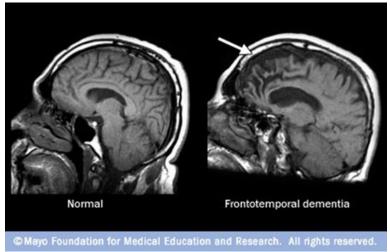
The brain controls everything











Sensory Systems

- Sight
- Sound
- Smell
- Taste
- Touch
- Pressure
- Movement
- Interoception



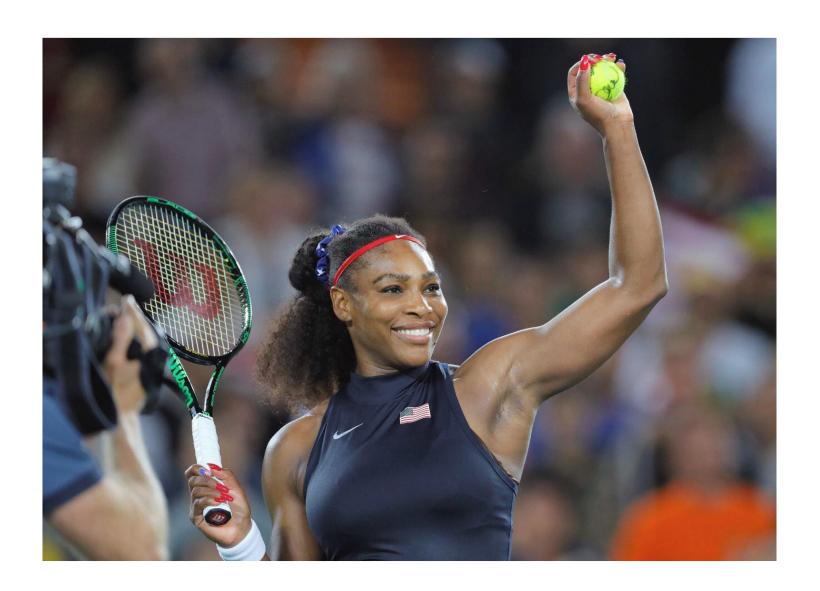
Audience Participation

On the next 3 slides, I am going to show you a series of photos.

If you recognize the person in the photo, yell out their name as quickly as you can.

^{**}This activity borrowed from Dr. Heather Whitson, MD of Duke University







What your brain just did with that visual cue



See picture

- -dimensions
- -color
- -contours

200ms

Semantic access

- -recognize
- -ascribe meaning
- -recall

Phonologic retrieval

- -connect meaning to word
- -recall sound of word

300ms

400ms

"BILL GATES!"

Phonological access during production

sensorimotor area

visual

association

association

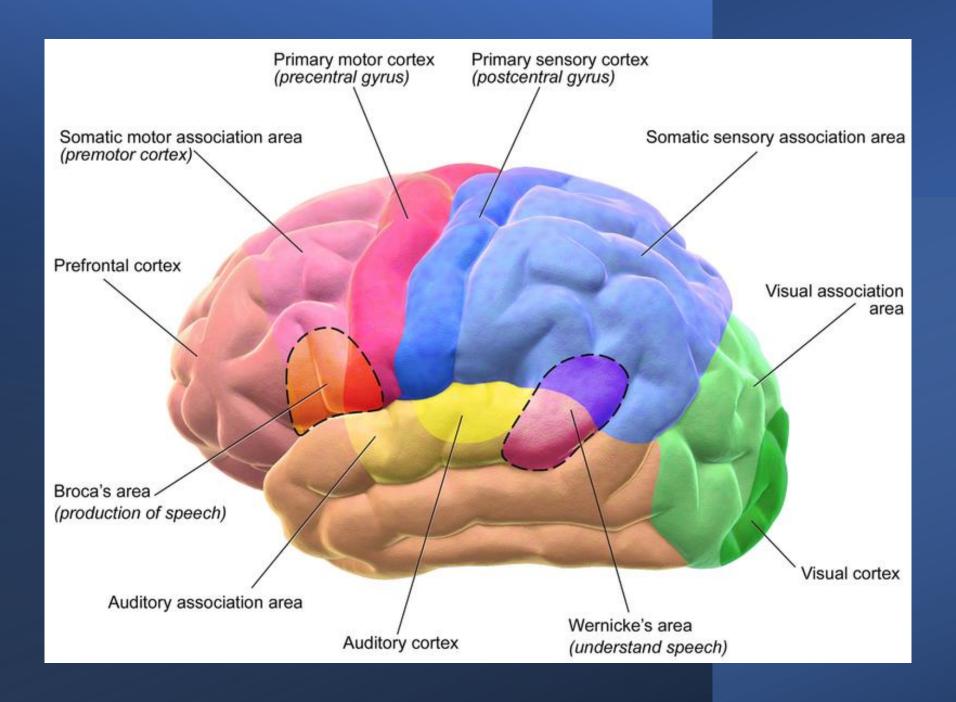


Shafto MA & Tyler LK Science 2014

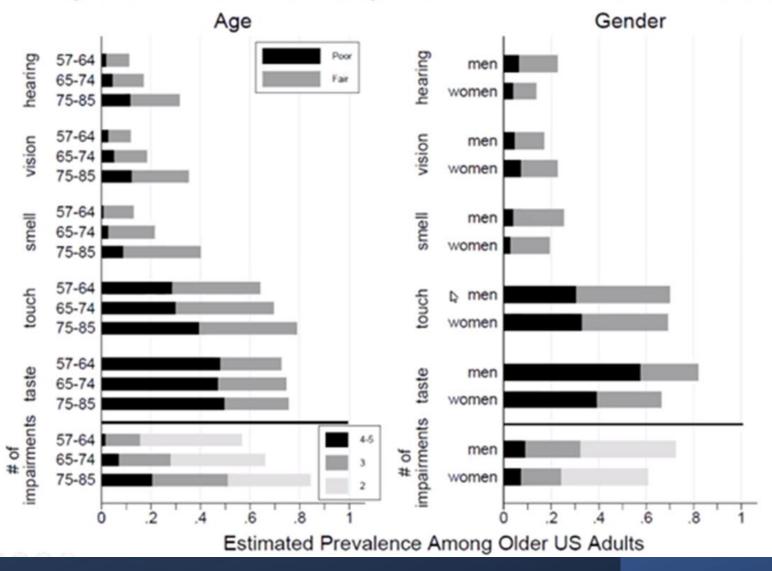
Articulation

-produce utterance (or sense "tip of the tongue")

frontal eye field

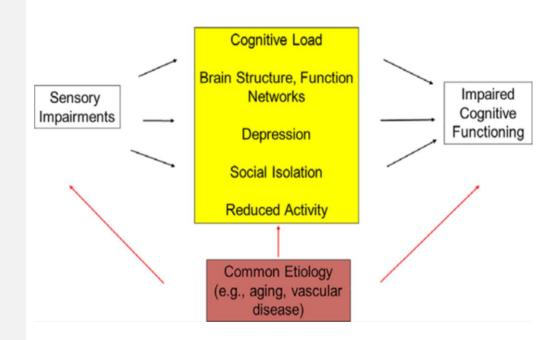


Sensory deficits are very common in older adults



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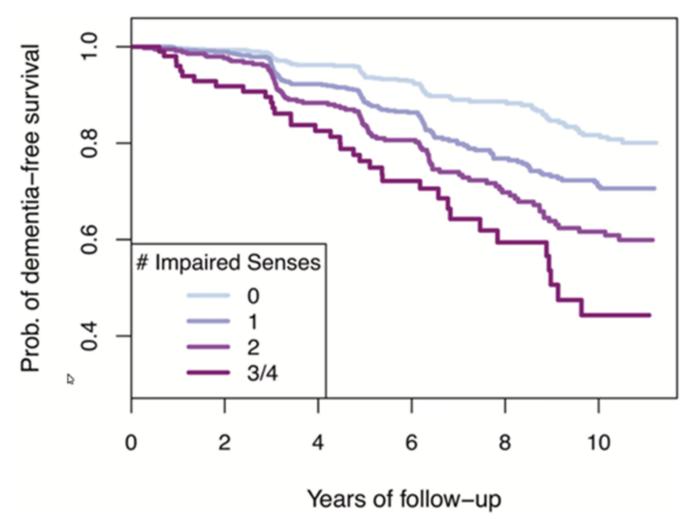
Sensory Impairment has a cumulative impact



- Global Sensory Impairment is increasingly recognized in the evidence as related to cognitive impairment
- Possible shared mechanisms:
 - Neurodegeneration
 - Effects of common environmental insults
 - Genetic variation
 - Coordinated cellular senescence
 - Combination of these factors

Global sensory impairment predicts poor health outcomes:

- Slower timed walk
- More disabilities (>2 IADLs)
- Less activity (accelerometry)
- Worse cognitive function
- Worse overall health
- Weight loss (>10%)
- Increased mortality



W Brenowitz , AR Kaup, FR Lin, K Yaffe.
J Gerontol A Biol Sci Med Sci 2019 May 16;74(6):890-896.



Sight



COLOR AWARENESS FADES; USE HIGH CONTRAST, REDS AND BRIGHT GREENS



DECREASED AWARENESS TO PERIPHERALS AND ABOVE 48" FROM FLOOR



DEPTH AWARENESS
DECREASES, DARK COLORS ON
FLOOR LOOK LIKE HOLES IN
THE GROUND



PICTURES MAY HELP WHEN VERBAL COMMUNICATION GOES DOWN

Sound

- It can take up to 90 seconds to process what they hear
 --SLOW DOWN—
- Allow for pause and their response
- They may only pick up 1 out of every 3 words
- Music is calming, sing while offering care
- Use music from their golden years (15-25 years old)
- Nature sounds are soothing

Smell/Taste



Perception of smell may decrease, but chemical reaction still occurs in brain—ensure pleasant smells



Lavender is calming, citrus is alerting



- Deep touch is can be calming and light touch can be alerting
- Hold hands often
- Stand to the side and offer your hand to help
- Encourage touching environment



Sugar may help people eat more food

Pressure

- Calming input throughout the lifespan
- Massage
- Hand over hand
- Gentle Joint Compressions



Movement

- Walking should be encouraged several times throughout the day
- Rocking is calming
- Stretching is calming
- Use hand under hand approach with other hand on person's back when encouragement to walking is needed

As their care partner:

- Encourage Participation—They may need help starting an activity
- Use smiling faces, friendly voices—pay attention to your breathing and your own emotions—they will become your mirror
- Use empathy rather than demands
- Remember to SLOW DOWN
- Talk with your doctor if you have concerns regarding behaviors



A few examples:

- Difficulty with showering:
 - Use colored towels to add contrast
 - Warm towels prior to de-robing to offer warm comfort
 - Play music and sing while helping them
 - Offer them wash cloth to help participation
- Difficulty with feeding:
 - Offer assistance to start feeding, often they can finish themselves
 - Provide contrast on the plate and table
 - Cut the food into bite size pieces if needed

A few more examples

- Restless and wandering may be a result of boredom
 - Go for a walk inside or outside
 - Dance or do some exercises
 - Set up an activity with the 'just-right challenge'
- People do best with routines
 - Establish self care routines so that it become predictable and they can help participate
 - Use times to help establish routines
 - Write out daily routines to help them remember

Questions and Comments?

People will forget what you said, people will forget what you did, but people will never forget how you made them feel.

Maya Angelou

References

- Ayalon, L., Gum, A. M., Feliciano, L., & Arean, P. A. (2006). Effectiveness of nonpharmacological interventions for the management of neuropsychiatric symptoms in patients with dementia: a systematic review. Arch Intern Med, 166(20), 2182-2188. doi:10.1001/archinte.166.20.2182
- Archer, T. (2011). Physical exercise alleviates debilities of normal aging and Alzheimer's disease. Acta Neurologica Scandinavica, 123, 221-238.
- Baker, R., Bell, S., Baker, E., Gibson, S., Holloway, J., Pearce, R., . . . Wareing, L. A. (2001). A randomized controlled trial of the effects of multi-sensory stimulation (MSS) for people with dementia. Br J Clin Psychol, 40(Pt 1), 81-96.
- Christiansen & Baum. (2005). Occupational Therapy: Performance, Participation, and Well-Being. SLACK Incorporated: Thorofare, NJ.
- Diamond, M.C. (2001). Response of the brain to enrichment. Retrieved September 30, 2016 from: http://education.jhu.edu/PD/newhorizons/Neurosciences/articles/
- Kleim, J., Jones, T., Schallert, T. (2003). Motor enrichment and the induction of plasticity before or after brain injury. Neurochemical Research, 28(11), 1757-1769.
- Kong, E., Evans, L., & Guevara, J. (2009). Nonpharmacological intervention for agitation in dementia: A systematic review and meta-analysis. Aging & Mental Health, 13(4), 512-520.
- Inglis, F., & Fibiger, H. (1995). Increases in hippocampal and frontal cortical acetylcholine release associated with presentation of sensory stimuli. Neuroscience, 66(1), 81-86.

References

- Livingtons, G., Kelly, L., Lewis-Holmes, E., et al. (2014). Non-pharmacological interventions for agitation in dementia: Systematic review of randomised controlled trials. Journal of Psychiatry, 205, 436-442.
- Lyketsos, C. G., Lindell Veiel, L., Baker, A., & Steele, C. (1999). A randomized, controlled trial of bright light therapy for agitated behaviors in dementia patients residing in long-term care. Int J Geriatr Psychiatry, 14(7), 520-525.
- Neidl, R., Schneider, A., Bousiges, O., Majchrzak, M., Barbelivien, A., Vasconcelos, A., et al. (2016). Late-life environmental enrichment induces acetylation events and nuclear factor kB-Dependent regulations in the hippocampus of aged rats showing improved plasticity and learning. The Journal of Neuroscience, 36(15), 4351-4361.
- Nithianantharajah & Hannan. (2006). Enriched environments, experience-dependent plasticity and disorders of the nervous system. Neuroscience, 7, 697-709. doi: doi:10.1038/nrn1970
- PIECES. (2013). P.I.E.C.E.S. Learning and Development Model. Retrieved October 10, 2017, from: http://pieceslearning.com
- Staal, J. A., Sacks, A., Matheis, R., Collier, L., Calia, T., Hanif, H., & Kofman, E. S. (2007). The effects of Snoezelen (multi-sensory behavior therapy) and psychiatric care on agitation, apathy, and activities of daily living in dementia patients on a short term geriatric psychiatric inpatient unit. Int J Psychiatry Med, 37(4), 357-370. doi:10.2190/PM.37.4.a
- Verkaik, R., van Weert, J., & Francke, A. (2005). The effects of psychosocial methods on depressed, aggressive and apathetic behaviors of people with dementia: A systematic review. International Journal of Geriatric Psychiatry, 20, 301-314.
- Watson, N. M., Wells, T. J., & Cox, C. (1998). Rocking chair therapy for dementia patients: Its effect on psychosocial well-being and balance. American Journal of Alzheimer's Disease, 13(6), 296-308. doi:10.1177/153331759801300605