**Problem Assisted Learning (PAL)**

**Dementia**

This PAL is based on the following objectives:

* Demonstrate the ability to properly administer the Montreal Cognitive Assessment (MoCA) and Folstein exams, and be able to explain the significance of deficits in any of the domains tested.
* Conduct an interview to elicit the diagnosis of Alzheimer’s disease and screen for features of Lewy Body dementia, vascular dementia, and frontotemporal dementia, and demonstrate an understanding of the importance of collateral sources of information.
* Demonstrate an understanding of the unique stressors and demands placed on the family and caregivers of dementia patients, and counsel caregivers and patients on sources of support and information on dementia.

**Case #1:**

A 75 year old female presents with her 80 year old husband and complains that she has been having trouble with her memory for the last 18 months. He is concerned because she is forgetting where she parks the car in the grocery store lot and sometimes has found it difficult to find her way home from her neighbourhood bank.

1. What else would you like to know about her symptoms?
2. Is it important to ask about family history and why? What other information would be helpful?
3. What would you like to hear more about under social history?
4. What would be important to assess in the examination?
5. What is your differential diagnosis?
6. What tool might you use to assess her complaints of memory issues?
7. Would you consider any laboratory studies or diagnostic imaging?
8. What safety issues would concern you?

**Case #2:**

A 48 year old male presents to your office with complaints of three months of “poor memory”, word finding problems, tearfulness, insomnia and feelings of panic. His mother has Alzheimer’s disease diagnosed when she was 76 years of age. He is employed as a stock-broker and feels he is not performing at his best but there have been no complaints from him superiors. He is making “lists because he is afraid to forget things.”

1. What is your approach to this patient’s complaints?
2. What is your differential diagnosis?
3. What would be your approach to managing this individual?

**Case #3:**

An 83 year old female arrives by ambulance from a nursing home with minimal information. She is a known type 2 diabetic who also suffers from Alzheimer’s disease, hypertension and insomnia. In the last 72 hours, the nurses have found her to be markedly more agitated than usual. Her symptoms of confusion, forgetfulness and word finding problems are usually worse at night. Tonight, she has been picking at things in the air, has not recognized her immediate family members and has had urinary retention. She has a low grade fever when the nurses assess her vitals.

1. What symptoms are suggestive of dementia and which are not?
2. What is your differential diagnosis?
3. What questions might you ask the nursing home if you heard from a family member that this all started after a doctor’s visit at the home and new medication?

**Case #4:**

A 78 year old male patient with Alzheimer’s disease presents with mild **apraxia, agnosia and aphasia with impaired executive functioning** according to his neurologist.

1. How might each of these “clinical labels” display themselves to this patient’s children?
2. What risk factors might predispose an individual to dementia?
3. His daughter does not accept that this is dementia but thinks it is depression. How might you approach her concerns and convince her otherwise?

**Case #5:**

The husband of your 67 year old female Alzheimer patient is keeping her at home despite her obvious marked deterioration because he cannot afford to stay in their apartment without her pension. He explains that he has switched his security guard work to the night shift because “she sleeps through the night normally and does not get up.” She is losing weight, does not recognise her immediate family and is vocalising much less. It is obvious that he cares deeply for her and is having a difficult time coping with the demands.

1. What safety issues might present themselves in this scenario?
2. What supports might be beneficial in the home?
3. What options are available for alternate living arrangements?