

STAGE 1 - NORMAL AGING					
$\overline{\checkmark}$					
	No cognitive changes evident. Normal aging, normal brain function.				
STAGE 2 - EARLY STAGE					
Mild Cognitive Impairment (MCI)  Minimal brain tissue loss					
	hought to last - unknown amount of time Ages 40 to 55/60				
<u>√</u>	BEHAVIORAL CHARACTERISTICS				
	Fleeting moments of cognitive loss				
	Recovers relatively quickly from mistakes, may correct self				
	Misplaces familiar objects				
	Forgets names he/she knows well				
	No problems completing tasks or at social functions				
	Exhibits appropriate concern over memory function				
	Vacillates between seeking medical care and ignoring symptoms				
	Functions effectively at work and at home				
	Highly functional social skills				
	Requires complete cognitive testing to determine illness				
	Responds to cognitive therapy				
	Scores well on orientation test				
	Amnesia <sup>1</sup> beginning to be expressed				
	STAGE 3 - MIDDLE STAGE				
Beginni	ing Dementia Minimal brain tissue loss				
Stage tl	hought to last 1 - 4 years				
$\overline{\mathbf{A}}$	BEHAVIORAL CHARACTERISTICS				
	Memory deficit evident in intensive interview				
	Attempts to conceal deficits and denies any cognition difficulties				
	Expresses concern regarding deficits (mild/moderate anxiety)				
	Problems performing in demanding situations (work or social)				
	Co-workers/family members beginning to be aware of increasing challenges				
	Can get lost traveling to new areas				
	Exhibits signs of cognition but may retain little new information				
	Name/word finding difficulty more frequent				
	Challenged to remember new names				
	May appear depressed				
	Demonstrates high social skill level				
	Uses humor to avoid answering questions				
	No noticeable physical changes, but may begin stumbling or falling or sleeping excessively				
	Beginning to skip steps in tasks				
	Able to score well on orientation test, but not on cognition exam				
	At times appears befuddled or confused				
	Amnesia <sup>1</sup> and Aphasia <sup>2</sup> present - needs new information repeated				



## DEMENTIA BEHAVIORAL ASSESSMENT TOOL

	STAGE 4 - MIDDLE STAGE				
Moderate Dementia		4 ounces brain tissue loss			
		Equivalent of 12 years old to adulthood			
$\square$	BEHAVIORAL CHARACTERISTICS				
	Decreased knowledge of current and recent events				
		ry, may look to spouse to answer questions			
	Decreased ability to perform serial subtractions (100 - 7, 93 - 7, 86 -7, etc.)				
	Difficulty with immediate recall - for example, what time is doctor's appointment?				
	Difficulty with complex tasks such as driving, finances, shopping, bathing				
	Denial of deficits, with or with out agitation and annoyance				
	Withdraws from challenging situations - refuses to complete tasks, may make excuses				
	Increased anxiety/frustration over abilities or loss of abilities				
	Difficulty telling jokes, stories - starting to mix up stories				
	Decreased facial affect (emotion on face)				
	Increased depressive symptoms, possibly Atypical <sup>8</sup> : anxiety, anger, agitation, aggression				
	May hesitate when trying to correctly identify family members or close friends				
	Can have normal cognition for hours or days, then become quite confused				
	May become lost in tasks				
	Greater language challenges, word-finding difficulty				
	Begins to have stumbles or falls				
	Begins to shadow caregiver and may begin to have difficulty with ADLs <sup>6</sup> or IADLs <sup>7</sup>				
	May begin keeping lists of family names, phone numbers, etc.				
	Exhibits greater desire for sweet foods				
	May score well on orientation test, demer				
	Amnesia <sup>1</sup> , Aphasia <sup>2</sup> , Agnosia <sup>3</sup> and Anosog				
	EARLY STAGE	5 - LATE STAGE			
	ately Severe Dementia	1/2 to 1 pound of brain tissue loss			
Stage t	thought to last 1- 3 years	Equivalent of 12 - 8 year old			
$\overline{\mathbf{Q}}$		HARACTERISTICS			
	Disorientation to time (date, day of week,				
	Immediate memory relatively intact - kno				
	May need assistance choosing and layering	g clothing, but denies need for IADL/ADL			
	May crave sweets over other foods				
	Begins to have falls				
	Hunting and gathering stage, wanders from room to room collecting items				
	Urinary incontinence begins – monthly to				
	Wears clothing appropriately (hearing aid, glasses, carries purse)				
	*Feeds self (may need meal set-up)				
	Sleep disturbances, excessive sleeping or napping				
	Can score well on an orientation test, but not a cognition test				
	Wanders looking for a way out (purposeful wandering/ Sundowning)				
		Follows simple instructions for ADLs, verbal cues needed for tasks			
	Unexplained tearfulness or extreme laughter  Catastrophic reactions - may be easily annoyed, agitated, verbally or physically aggressive				
	Hallucinations, accusatory behavior, excessive sleeping - report to doctor				
	Amnesia <sup>1</sup> , Aphasia <sup>2</sup> , Agnosia <sup>3</sup> , Anosognosia <sup>4</sup> and Apraxia <sup>5</sup> evident to outsiders				



## DEMENTIA BEHAVIORAL ASSESSMENT TOOL

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	LATE STAGE 5 - LATE STAGE		
	ately Severe Dementia Equivalent to 8 - 4 year old		
<u> </u>	BEHAVIORAL CHARACTERISTICS		
	May begin having chronic Urinary Tract Infections (UTIs)		
	Appears severely depressed with increased loss of facial affect		
	Increased fall risks, may not recognize severity of the fall especially to the head		
	Coordinated movement/function beginning to be affected		
	Begins to be lost in current time		
	Difficulty recognizing self in a mirror		
	Challenged to recall family members, may confuse daughter with mother, etc.		
	Accuses family members, caregivers of theft, infidelity, lying, increased paranoia possible		
	Automatic "yes/no" speech functions, but without understanding		
	May begin using curse words as temporal lobes become damaged		
	Changes in visual perception increasing, bumps into objects, peripheral vision damaged		
	Difficulty interpreting background noise		
	Challenged to perform rehab for injuries, may appear stubborn to therapist/family		
	Cannot give accurate information, verbal skills damaged		
	Caregivers may confuse behavior for purposeful action – lying, etc.		
	Physical appearance beginning to be affected		
	Pilling or rubbing hand motions common, may enjoy folding items		
	STAGE 6 - LATE STAGE		
Severe	Dementia 1 - 1 ½ pounds of brain tissue loss		
Stage t	hought to last 1- 3 years Equivalent to 4 – 2 year old		
$\overline{\checkmark}$	BEHAVIORAL CHARACTERISTICS		
	Unable to recall most recent events		
	Repetitiveness in motion or speech or memory		
	May be in constant motion, wanders/walks for hours		
	Removes/won't wear clothing appropriately		
	Disregards eyeglasses, dentures, hearing aids (Agnosia <sup>3</sup> ) - may throw them away		
	Refuses to change clothing, unable to complete IADLs and a few ADLs		
	*Feeds self with set-up, cues and assistance		
	Bowel incontinence begins		
	Sleep disturbances - may increase sleep, may require little sleep		
	Catastrophic reactions may occur - great resistance to care giving, bathing		
	Purposeless wandering/Sun-downing (wandering without an agenda)		
	Cannot complete a two-stage command, such as pick up a piece of paper and fold it		
	Apraxia <sup>5</sup> advanced, gait altered (small shuffling steps)		
	Aphasia <sup>2</sup> increased, great language loss, uses bits and pieces of words or sounds		
	Weight loss beginning, may lose ⅓ or more of body weight		
	Difficult to engage with caregiver, challenged to initiate conversation		
	Disheveled appearance		
	Fall risk continues to increase until wheelchair bound, risk for fractured bones increases		
	Difficult to perform rehab for injuries		
	Almost total loss of facial affect		
	May suddenly use complete sentence, then only words or sounds		



STAGE 7 - LATE STAGE					
Very Severe Dementia		1 ½ - 2 pounds of brain tissue loss			
Stage thought to last 1-2 years		Equivalent to 2 year old - Infant			
$\overline{\mathbf{A}}$	☑ BEHAVIORAL CHARACTERISTICS				
	Frequently no speech at all – mostly grunt	ing or word sounds			
	*Cannot feed self chipmonking or holdi	ng food in cheeks, high risk for choking			
	Unable to sit up independently, unable to hold head up				
	Loss of basic psychomotor skills (unable to	walk w/o assistance)			
	Hyper oral (may put everything in mouth)				
	Requires total care, displays great muscula	ar flexation, hands curl, arms and legs pull up			
	Extreme risk for skin breakdown leading to wounds				
	Spends majority of day asleep or semi-ale	t, but understands tone of caregiver			
	Extreme weight loss				
	Loss of ability to smile – indicates death is	near			

Use the Actively Dying Assessment Tool (ADAT) to assess Stage 7 care needs. ADAT is available online at www.tamcummings.com.

Amnesia<sup>1</sup> - the inability to use or retain short-term or long-term memory

Aphasia<sup>2</sup> - the inability to use or understand language

Agnosia<sup>3</sup> - the inability to use or recognize common objects or people

Anosognosia<sup>4</sup> - the inability to recognize impaired function (not denial) in memory, general thinking skills, emotions and body functions

Apraxia<sup>5</sup> - the inability to use coordinated and purposeful muscle movement

ADLs<sup>6</sup> - Katz's Index of Independence in Activities of Daily Living - bathing, dressing, toileting, transferring, continence and feeding

IADLs<sup>7</sup> - Lawton-Brody Instrumental Activities of Daily Living - the ability to use a telephone, shopping, food preparation, housekeeping, laundry, mode of transportation, responsibility for own medication

Atypical Depression<sup>8</sup> is a form of depression more commonly seen in dementia. Person appears aggressive - either verbally or physically or both, angry, anxious, agitated and/or annoyed.

\*Food preparation moves from regular to mechanically chopped to finger foods to pureed. Your doctor will write an order for a speech therapist to evaluate your loved one's ability to chew and swallow food and liquids.