



Lamont Health Care Centre

Telephone (780) 895-2211 Fax (780) 895-7305
P.O. Box 479, 5216-53 Street, Lamont, Alberta T0B



2013 COMMUNITY NEWSLETTER – WINTER EDITION

‘MEDICAL CORNER’

Advanced Alzheimers’s Dementia as a Terminal Disease

by *Dr. Zainool Mohamed, Chief of Medical Staff - LHCC*

I would like to introduce a topic that we see a lot of in our community as well as in our hospital - that is dementia. Obviously most people know or have a close family member or a neighbor who has previously been diagnosed with dementia but I would like to stress that dementia is not a memory loss. Dementia is a specific disease and today I will be discussing it as a terminal disease.

Of the types of dementia that are seen in Canada 47% is Alzheimer’s dementia. Alzheimer’s dementia is a specific type affecting younger people involving the development of a protein chemical in the brain.

The second most common which stands at 27 ½ % is mixed Alzheimer’s dementia and this is where the Alzheimer’s dementia has some other form of dementia which I will address later.

6.3% is mixed other type dementia, 8.7% is vascular dementia. Vascular dementia is where blood vessels that feed the brain have died and this results in non- function of those areas resulting in dementia. This can be mixed with Alzheimer’s disease giving a younger person a profound loss of memory and the ability to concentrate.

Frontal temporal dementia is 5.4% and this usually involves abnormal, weird, or uncharacteristic decision making. Dementia associated with Parkinson’s disease or with Lewy Body stands at 2.5% and 2% remains unclassifiable.

The previous one involves patients who have hallucinations and more often than not are seen as psychiatric patients rather than being seen as demented patients.

To describe what dementia is I want to emphasize once again that it is not a disease of memory loss. An example that I can use is to compare two people at eighty years old. One man lives on his own, drives his own vehicle, does his own shopping, and pays his own bills. The other person is in Long Term Care, has to be fed, and has to have his family look after his banking affairs. Obviously this gentleman in Long Term Care has not lost his memory but he is unable to use his mental faculties.

Mission Statement

We believe that wholeness of body, mind and spirit is God's will for every person.

We are committed to the healing process, the promotion of health

and the provision of compassionate care to all persons.



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The diagnostic criteria for dementia is the presence of an acquired impairment in memory associated with impairment in one or more of the following areas, that is

- abstract thinking, reasoning, and judgment
- the ability to use language
- the ability to learn tasks like clapping
- the ability to recognize and name objects or faces - for example naming a tie, a pen, or a book.

This must be severe enough to interfere with work, usual social activities, or relationships with other people.

In a nut shell that is dementia. So as you can see it is not really a loss in memory but it is a loss in the global functioning of a patient.

With regards to dementia as a terminal disease an article was published in the New England Journal of Medicine in 2009 illustrating this point. They indicate that dementia is the leading cause of death in the United States and by correlation in Canada. But it is under-recognized as a terminal illness.

They followed Nursing Home patients and they found that 50% of these patients died in an eighteen month period with 25% of these patients dying in a six month period.

Interestingly the death was associated with pneumonia at 40%, fever at 50%, and eating problems at 85%. Commonly we think of people with dementia as dying from one of the following diseases namely seizures, bleeding from the abdomen, hip fractures, strokes, lung problems, or a heart attack. But, in actual fact these accounted for a very small number of deaths. In fact, a heart attack accounted for 2% of the total population and a stroke for 7% of the population. However, more distressing was the fact that the patients had symptoms that were not addressed because of advanced dementia. People with dementia require somebody to speak for them as they cannot express pain and they are unable to express any burdensome feelings. In actual fact in this article they indicated that shortness of breath affected 40% of people, pain 40%, leg ulcers 40%, and swelling problems 40%. This indicates a very high burden of suffering as these people were unable to express their problems but this was found indirectly.

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Because of this, 40% underwent interventions that did not actually improve their quality or quantity of life but possibly added to their suffering in that they needed to be taken to Emergency where they had IV support, received antibiotics, and underwent further investigations. These unfortunately did not improve any of the underlying conditions other than possibly the stabilization of the hip fracture or treatment of dehydration which could be done in the Nursing Home itself.

They also found that patients with cancer, when they understood that the disease was progressive, actually had less intervention and had more comfort care at the end of life compared to patients with dementia in the advanced stage at the end of life that had more investigations and interventions which did not actually improve their quality of life.

The final assessment is that dementia is equivalent to somebody having metastatic breast cancer or Stage IV heart failure as the rate of death at six months is 25% with the survival of 1.3 years.

I feel that people who have relatives, friends, or neighbors that have dementia should make an extra effort to be a proxy for the patient in order to speak out on behalf of the patient; however, in being a proxy, they need to understand that dementia is a terminal illness and that this person will die from this particular dementia. As quoted in the article the median survival is 1.3 years. That is about one year and four months. I feel that if the proxy understands this, then much more aggressive comfort measures will be instituted at an earlier stage rather than intensive interventions and investigations which ultimately do not benefit the patient but rather increase the burden of suffering.

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