



Aging Wisely With Linda

Consultations/Consulting • Counseling/Coaching
Expert on Dementia • Speaking/Teaching

September 2022

Does Mom Have Dementia?



“My mother has some memory loss but I don’t think she has dementia.” This is a familiar statement that I hear often when an adult child is seeking advice; and maybe they are thinking mom might need more socialization because Dad died in the past year. The good news is these families are reaching out and looking for some direction.

In the story above, the daughter is correct that not all memory loss is dementia. Dementia is both a syndrome and a diagnosis. That means in order for someone to be given an official diagnosis they have met the criteria for a “Neurocognitive Disorder” as noted in the DSM 5th Edition (Diagnostic and Statistical Manual of Mental Disorders). In the 4th of edition of the DSM it was called “Dementia”. Mild Cognitive Disorder also called MCI is usually the first level of a presenting dementia and is called “Mild Neurocognitive Disorder” in the DSM but most of us will continue to use the acronym MCI.

The criteria for this diagnosis is:

- Evidence (observed) of modest cognitive decline from a previous level of performance in one or more cognitive domains (complex attention, executive function, learning and memory, language, perceptual motor or social cognition) based on:
 - Observation from a knowledgeable informant; and
 - A modest impairment in cognitive performance documented by a standardized neuropsychological testing instrument such as the MOCA screening.
- The cognitive deficit does not interfere with capacity for independence in everyday activities.
- The cognitive deficits do not occur exclusively in the context of a delirium.
- The cognitive deficit is not better explained by another mental disorder (like major depression).

The major additional and observable symptom from MCI is that now the individual is exhibiting a gradual progressive decline in two of the domains listed above. Many individuals diagnosed with MCI stay at that level, some improve and about 50% move on to a more major neurocognitive disorder, such as Alzheimer's disease. Before a diagnosis of one of the major dementias, the medical team or clinic making the diagnosis will order tests to rule out conditions that could be treated. There are several other major dementias such as vascular, Lewy Body, Frontotemporal, and more.



Getting a good diagnosis will help the family with what is often a long journey and give the individual experiencing the illness the ability to participate in planning if diagnosed early. Planning is necessary for quality of life, preservation of assets, reducing caregiver stress and worry, as well as to find coaching to support behaviors that help with better health for the individual with the illness and their primary caregiver – usually a family member.

My free five class series on Dementia will start this month with the new class: “What is Dementia?” We will review the four major types of dementia, including MCI. The four classes that follow in the series are:

- October: From Diagnosis to Family Caregiver- What to Do to Prepare for the Journey
- November: Behavior Challenges- Creating ideas to Preserve Dignity
- December: Self Care- Preventing Burn Out
- January: Transitions from Home Care to Memory Care

These classes are for family members or those worried about their own memory, are free on zoom, and may be limited to 20 participants in order to answer questions. Most often they are scheduled on the second Friday of each month at 11:00 am Pacific time. You can enroll [here](#).

Affirmation: “I let go of worry and find support for the challenges in life.”

Resources:

[Cerebral Small Vessel Disease](#)

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