

Dementia a Terminal Illness

Dementia

The WHO defines “Dementia, [as] a syndrome in which there is deterioration in memory, thinking, behavior and the ability to perform everyday activities.” Dementia has many causes, some of these include: cerebrovascular events, traumatic brain injuries, Parkinson’s disease, Lewy Body disease and Alzheimer’s disease.

Dementia is not a normal part of aging, many causes of dementia are irreversible and limit an individual’s life span. Teepa Snow (2012), refers to dementia as “Brain Failure” and explains that the processes that lead to dementia results in the size and function of the brain decreasing (i.e. the brain loses its ability to respond to infections, process memories, communicate or even coordinate complex movements like walking or swallowing). This leaves people with poor neurological function and increased frailty.

Anticipated Symptoms & Identifying End-of-Life

The symptoms seen in End of Life care according to Mitchell et al (2009) are similar to those seen in other advanced conditions (i.e. terminal cancer). The most common symptoms include: pain, restlessness/agitation, dyspnea and constipation.

Clinical indicators that point to a poorer prognosis (6 months or less) include: decreased intake, swallowing difficulties, difficulties with self-care and ambulation, urinary/fecal incontinence, the inability to communicate verbally, multiple falls or a fractured femur.

FAQ: Enteral Feeding

Q: A frequent question from families when their loved one enters the later stages of dementia and cannot swallow: is whether or not a tube feed should / can be initiated.

A: In a literature review by Arcand in 2015, there was no evidence found to support the idea that tube feeding prolongs life or prevents malnutrition in people with advanced dementia

The position of the American Geriatric Society (2013) is as follows: “Percutaneous feeding tubes are not recommended for older adults with advanced dementia... [careful] hand feeding is at least as good as tube-feeding for the outcomes of death, aspiration pneumonia, functional status, and patient comfort. Tube feeding is associated with agitation, increased use of physical and chemical restraints, and worsening pressure ulcers.”

Exploring goals of care with a patient and their family with an explanation of the above may help facilitate informed decision making, lead to less distress, and prevent burdensome medical interventions at end-of-life for those living with dementia.

References:

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