Supporting Caregivers of Persons Coping with Parkinson’s Disease (PD)

Karen M Robinson, PhD, FAAN
Gerontology Professor Emerita
University of Louisville School of Nursing
Goals

- Review 2018 Facts about PD and Dementia
- Identify challenges experienced by the dyad
- Implement activity to Decrease Risk Factors
- Summarize Intervention based Outcomes
**12 Month Rule for Diagnosis**

- **Facts:** 10–70% persons with PD will develop some degree of dementia

- Lewy Body Dementia—Dementia presents first (before or within one yr of PD sxs).
  - Early = visual hallucinations, not memory loss
  - Hypersensitive to Neuroleptics

- Parkinson Disease with Dementia—PD presents first (Dx of PD for more than 1 yr before dementia). Difficult to discriminate.
  - Hepp et al, 2016
PWD Challenges: Quality of Life

- Mood – depression
- Engagement in pleasant activity – i.e. = majority do not leave home
- Physical function
- Cognitive Function
IVs: Decrease Depressive Sxs and Increase Pleasant Events

- Close Association between mood and pleasant events true for people all ages

- PWD—vulnerable to loss of pleasant events=do not want to embarrass: results in decreased mood

- Behavior therapy IVs=need increased meaningful activity

- Outcomes=improved mood, personal efficacy, and interpersonal relationships
Midlife Vascular Risk Factors Tied to Dementia in Later Life

- Vascular Risk Factors: obesity, smoking, diabetes, hypertension, high cholesterol, & APOE4 genotype

- Baseline=15,744 Subjects age 44–66 followed prospectively 20 yrs
- Later=1516 cases dementia reported
- Risk Factors in PWD=AA race, older age, low educational level, APOE4 genotype (all are unchangeable risk factors)
How to Delay or Prevent Dementia

Class: Memory enrichment: IV: Decrease Risk Factors

- Hypertension
- Diabetes
- Heart Disease
- Low educational level
- Smoking
- Obesity
- Hearing loss
- Lack of physical exercise
- Lack of social engagement
Other Midlife Risk Factors: Able to Modify

- Smoking
- Diabetes
- Prehypertension
- Hypertension

- (Gollesman, Albert, Alonso et al, 2017)
Self Management IVs

Content: information, communication, social skills, skill training

1. Help indiv make choices, plan lifestyle
2. Techniques to improve memory, keep from misplacing things
3. Increase pleasant events, learn to relax
4. Improve social skills
5. Learn to deal with conflict

(Quinn, Toma, Anderson, Clare, 2015)
IVs for Prevention of Dementia

- Active Rx of hypertension—begin in midlife
- Increase Education after Childhood=Lifelong
- Active IVs to Decrease risk factors
  - Decrease hypertension
  - Decrease smoking
  - Decrease obesity
Challenges in Role of Caregiving

- Associated with high levels of stress
- Burden with multiple components
- Depression commonly found
- Caregivers vary in what identified as stressor

- To be successful, interventions must address problems identified by caregivers as a concern
Growing Evidence of Efficacy of Interventions

- Improved emotional and physical well-being
- Decreased perception of burden and stress
- Improved skills and competence
- Benefits for the person with dementia
Non Pharmacological IVs

- 23 high quality, randomly controlled IV trials
- Comparable results to pharmacologic (anti-psychotic meds)
- No negative Side Effects for caregiver or PWD
- Low cost; acceptable to caregiver & PWD

*Brodaty & Arasaratnam. 2012*
Where To Go from Here?

- Most dyads still receive little (or NO) help

- Dyads with no family support less likely to receive help

- Dyads: More work needed on innovative, affordable IVs
Memory Wellness Private Practice

- Memory Enhancement
- Brain Fitness Club
- Strength for the Caregiver Journey
- Implementing a Dementia Friendly Community

Individualized Risk Assessment and Chronic Disease Care Management
References


References (cont’d)


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