Positive Outcomes in Encounters With Bicultural and LEP (Limited English proficiency) Individuals with Dementia: The Essential Role of an Interpreter
Objectives

- To learn basics of dementia and how it affects individuals
- To recognize complexities of providing services for individuals with dementia and their caregivers in a home care setting
- To identify barriers in these encounters when a family is bicultural and has limited English proficiency
- To recognize essential role of interpreters in these encounters and to brainstorm on how interpreters can help to achieve positive outcomes
Defining Dementia
Evidence Based Information
Brainstorm

What words come to your mind when you hear the word “dementia”? 
Neurocognitive disorder
Alzheimer’s Disease
Brain disease
Sometimes genetic
Progressive, prognosis
Plaques and tangles
Symptoms, risk factors

Forgotten
Exhausting, Quality of Life
Frightening
Sad, guilty, helpless, isolating
Loss of independence
Awful, Hard, HELP!
Family and Friends

“Bad blood”
“Evil eye”
“God’s will”
“Karma – punished for past lives”
“Mental illness”

“Nervios”
“Normal aging”
“Shameful”
“Stigma”
“Spiritual”
“Touched”
Activity – True or False?

Source: Alzheimer’s Disease International at: www.alz.co.uk/adi/pdf/knowthefaces_en.pdf

1. Dementia is a part of normal aging.
2. There is no cure for dementia.
3. Dementia is most common in richer countries.
4. If my parent has dementia, I will get it too.
5. There is a test to diagnose dementia.
6. Alzheimer’s Disease is different from dementia.
“Dementia is not a specific disease. It's an overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities.”

- Alzheimer’s Association
Dementias...

- Are progressive disorders that destroy brain cells.
- Come in multiple varieties, but all involve damage to brain cells.
- Result in memory loss and changes in thinking and behavior that interfere with the person’s ability to function independently in everyday life.
- Are the 6th leading cause of death in the U.S.
- Are present in one in three seniors at death.
# The Most Common Types of Dementia

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Dementia Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>62%</td>
<td>Alzheimer’s Disease</td>
<td>By far the most common form</td>
</tr>
<tr>
<td>17%</td>
<td>Vascular dementia</td>
<td>Caused by bleeding in the brain from a stroke</td>
</tr>
<tr>
<td>10%</td>
<td>Mixed dementia</td>
<td>Multiple types present at the same time</td>
</tr>
<tr>
<td>4%</td>
<td>Lewy body dementia</td>
<td>Abnormal proteins somehow appear in nerve cells and impair brain function</td>
</tr>
<tr>
<td>2%</td>
<td>Fronto-temporal dementia</td>
<td>The frontal/temporal lobes of the brain are damaged or shrink</td>
</tr>
<tr>
<td>2%</td>
<td>Parkinson’s dementia</td>
<td></td>
</tr>
<tr>
<td>3%</td>
<td>Other dementias</td>
<td></td>
</tr>
</tbody>
</table>
Alzheimer’s Disease

- Alzheimer’s is the most common type of dementia.
- 60-80% of dementia is due to Alzheimer’s disease.
- Alzheimer’s is a progressive disease that causes problems with memory, thinking and behavior.
- Over 5.2 million people in the U.S. are living with Alzheimer’s.
- Alzheimer's is the 6th leading cause of death in the U.S.
- Alzheimer’s in someone under the age of 65 is called early-onset (or younger-onset) Alzheimer’s disease. About 5 percent of people with Alzheimer’s have this form – many are in their 40s and 50s when Alzheimer’s symptoms begin.
Brain Changes: *Plaques and Tangles*

10. Under the microscope

Scientists can also see the terrible effects of Alzheimer's disease when they look at brain tissue under the microscope:

- Alzheimer's tissue has many fewer nerve cells and synapses than a healthy brain.
- **Plaques**, abnormal clusters of protein fragments, build up between nerve cells.
- **Dead and dying nerve cells** contain **tangles**, which are made up of twisted strands of another protein.

Scientists are not absolutely sure what causes cell death and tissue loss in the Alzheimer’s brain, but plaques and tangles are prime suspects.

Source: [http](http://www.alz.org/braintour/alzheimers_changes.asp)
9. More brain changes

Here is another view of how massive cell loss changes the whole brain in advanced Alzheimer’s disease. This slide shows a crosswise “slice” through the middle of the brain between the ears.

In the Alzheimer’s brain:

- **The cortex shrivels up**, damaging areas involved in thinking, planning and remembering.

- Shrinkage is especially severe in the **hippocampus**, an area of the cortex that plays a key role in formation of new memories.

- **Ventricles** (fluid-filled spaces within the brain) grow larger.

Source: [http://www.alz.org/braintour/alzheimers_changes.asp](http://www.alz.org/braintour/alzheimers_changes.asp)
For this Learning Circle:

• One person at table acts as “scribe”
• One person acts as timekeeper
• One person at a time
• One minute each
• One question only
• Will continue activity later in session

Certain cultures have different traditions and beliefs regarding dementia than what we have just discussed.

*Take 1 minute each to give examples of beliefs and traditions you have observed in your role as an interpreter or within your own ethnic/cultural community*
## 10 Signs and Symptoms

<table>
<thead>
<tr>
<th>Domain</th>
<th>Occasional Normal Lapses</th>
<th>Dementia Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Memory in daily tasks</td>
<td>Forgets acquaintances’ names</td>
<td>Unexplained confusion in familiar situations, settings</td>
</tr>
<tr>
<td>2. Performing familiar tasks</td>
<td>Leaves kettle on</td>
<td>Forgets to serve a meal just prepared</td>
</tr>
<tr>
<td>3. Language</td>
<td>Takes a moment to find the right word</td>
<td>Forgets simple words; substitutes inappropriate words</td>
</tr>
<tr>
<td>4. Orientation</td>
<td>Forgets the day/date</td>
<td>Gets lost in own neighborhood, inability to find the way home</td>
</tr>
<tr>
<td>5. Judgment</td>
<td>Wears a light sweater on a cold night</td>
<td>Wears a bathrobe to the store; or, two blouses at once</td>
</tr>
</tbody>
</table>

*Continued*
## 10 Signs and Symptoms

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<td>6. Abstract thinking</td>
<td>Has trouble balancing checkbook</td>
<td>Doesn’t recognize numbers, can’t do basic calculation</td>
</tr>
<tr>
<td>7. Misplacing objects</td>
<td>Loses keys, glasses</td>
<td>Puts iron in the freezer, bracelet in the sugar bowl</td>
</tr>
<tr>
<td>8. Mood or behavior</td>
<td>Gets the blues in a sad situation</td>
<td>Rapid mood swings for no apparent reason</td>
</tr>
<tr>
<td>9. Personality</td>
<td>Gradual perceptible change with age or changing circumstances</td>
<td>Sudden, dramatic change, e.g., from easy-going to suspicious</td>
</tr>
<tr>
<td>10. Initiative</td>
<td>Sometimes gets tired of housework, or social obligations</td>
<td>Sustained lack of interest or involvement in usual pursuits</td>
</tr>
</tbody>
</table>
Signs and Symptoms of Alzheimer’s

Who Suspects the “Problem”?

- Family members
- The person (sometimes)
- Physician
- Case managers
- Others?
How Interpreters Can Help

• Be familiar with symptoms that are normal memory lapses and symptoms that are symptoms of dementia

• If you are hearing or suspicious about this, share what you are hearing with a healthcare professional
Making the Diagnosis

Criteria for Diagnosis

1. Memory Impairment and *one or more* of the following:
   - Inability to recognize or identify objects (Agnosia)
   - Impaired ability to carry out motor activities (Apraxia)
   - Language disturbance (Aphasia)
   - Disturbance in executive function (planning, organizing, sequencing abilities)

2. Progressive memory abnormalities for more than 6 months

3. Gradual onset and continuing cognitive decline
Making the Diagnosis

Some Benefits of Early Diagnosis

• More opportunity for family education
• Promotes safety: driving, walking, cooking
• Time to consider treatable causes of cognitive decline
• Earlier initiation of treatment to slow disease progression
• Person may still be able to make financial/legal plans
• Prevents illness/injury related to unrecognized disease
Process of Diagnosis

**Objective Assessment**

**Memory Evaluation Tests**

- Folstein MiniMental Status Exam
- 7 minute screen
- Clock Drawing Test
- Time and Change Test
- Formal Neuropsychological Testing
- MoCA
- MiniCog (screening only)

**Lab Testing if Indicated**

*These are standardized, structured evaluations that you may see results of in certain documentation*
Progression of Alzheimer’s Disease

*Mild Impairment*
- Disorientation for dates
- Decreased insight
- Naming difficulties (anomia)
- Social withdrawal
- Recent recall problems
- Irritability, mood change
- Mild difficulty copying figures
- Problems managing finances

*Moderate Impairment*
- Disoriented to dates, places
- Delusions, agitation, aggression
- Comprehension difficulties (aphasia)
- Not cooking, shopping, banking
- Impaired new learning
- Restless, anxious, depressed
- Getting lost in familiar areas
- Problems with dressing, grooming
- Impaired calculating skills
Progression of Alzheimer’s Disease

Severe Impairment

- Nearly unintelligible verbal output
- No longer grooming or dressing
- Remote memory gone
- Incontinent
- Unable to copy or write

In Alzheimer’s disease, there is progressive decline with rate changes from time to time. The disease course is unpredictable, frustrating and variable.
At this time, there is no treatment to cure, delay or stop the progression of disease.

*Non-pharmacological approaches are cornerstone of managing the disease.*

4 Goals:
1. Enhance and maintain quality of life
2. Maintain function and engagement in activities
3. Support families, *e.g.*, *provide education and coaching; encourage self-care and respite*
4. Medically manage co-morbidities
Discussion “Round Robin”

Rules of Play

• Two or three 10 minute rounds
• Designate team scribe to track discussion
• Designate team time keeper
• Everyone participates
• When 10 minutes is done, get up and switch to different table (scribe stays at same table)
Round Robin Question:

- Think about responses to earlier question about different beliefs and traditions about dementia:
- How might interpreters address these beliefs (which are often misconceptions)?
  - What is important?
  - What skills are needed?
Training Reflections, Questions, Comments

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