

Stages of Dementia

1. The First Stage: Dignity and Autonomy

- Failing short term memory.
- Impaired judgement.
- Poor insight into their care needs and the impact of their deficits on others.
- Unable to perform some tasks previously handled well: microwave, remote control, finances, phone messages; then personal care: washing, shaving, bathing, dressing.
- Need for prompting or supervision with some activities.
- Generally safe to live at home with supports.
- May have psychiatric problems: delusions, hallucinations, depression.
- Usually no physical problems: incontinence, mobility, aspiration pneumonia.
- May have capacity for some or all matters: finances, medical treatment, where they live; but this declines with time.
- Driving poses real problems because of the lack of insight and judgement.
- Whether the person is capable of making decisions about finances, accommodation and medical management needs to be addressed.

Goal of Care: to maintain independence and enjoyment (usually in their own home, but with increasing help). If medical treatment is required (such as surgery) this will need to be carefully managed as there is a real risk of complications such as delirium. Long trips should be undertaken only with careful planning, as unfamiliar environments can be unsettling.

2. The Second Stage: Safety

- Further decline in all areas of function.
- Marked lack of insight into their situation.
- May have behaviours, including screaming, swearing, wandering and so on.
- Judgement cannot be relied on.
- Dangerous behaviours mean increasingly unsafe to leave alone.
- Still have some enjoyment in life.
- Very rarely will have the cognitive capacity to make decisions about any complex matters (such as finances, what help they may need to stay at home, where they need to live, whether to have certain medical treatments or not). Surrogate decision maker(s) should be designated.

Goal of Care: to achieve safety (often with 24 hour care: residential aged care or extensive carer support at home) and maximise quality

3. The Third Stage: Comfort Care

- May still be mobile, but will have physical problems including swallowing (which may lead to episodes of pneumonia) and continence (bowel and or bladder). Mobility is often slowing and may be markedly reduced.
- Behaviours may be hard to manage.
- Psychiatric problems may have escalated and be hard to manage. They may contribute to the behaviours, yet not be identified.
- Carers agree that quality of life is lacking.

Goal of Care: to provide comfort and dignity. This will involve reassessing the need for medications designed to prolong life, and avoiding hospital presentations and investigations which will not add to comfort. The emphasis will be on treating symptoms, whether physical or mental. Consideration should be given to treating for comfort only when there is a potentially life threatening illness.

(This is intended as a guide only. The progress through the three stages will be different for every person, and so will the rate of progress.)