

Dementia in the Medical System

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Abstract Most physicians, when so inclined, do screenings in senior citizens, frequently using screening techniques that are outdated and unreliable. This article addresses some of the flaws in this system and also addresses the lack of screening in the under 65 population where there are from 220,000 and 640,000 people in this group. Suggestions are made to improve this flaw in the medical screening.

Keywords: *dementia, senior citizens, acceptable screening for dementia*

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She was now in her 80's, still physically and emotionally fit, with three Master's degrees, and her five year old energy still pushing her to walk 10-12 miles each day as well as study 2 hours daily with her favorite subject at this time Astrophysics. She had recently retired after a 57 year career as a teacher, licensed clinical therapist, administrator and researcher.

As a 15 year old applying to college, she turned down MIT to enroll in a teachers college upon the advice of her father. She was told never to rely on anyone else for her support... "always support yourself" he said cautioning his young daughter to self independence, which she carried with herself for the rest of her life.

She was an accomplished athlete in her youth, undefeated both in swimming and track and field. Her energy never left her as she entered the latter part of her life.

Her second book was now in publication. She received accolades for her published poetry and was sought after by publishers for her original medical research. She was surprisingly healthy, very rarely getting sick and always ready for the next adventure.

Her husband had recently had a health threatening surgery, which he was now recovering from. She had earlier made an appointment at her doctor's office for a routine blood test which she was thinking of cancelling, hesitating to leave her husband in his weakened condition. "Go" he said, "I'll be fine" so she kept the appointment and traveled to the office.

She knew that the doctor was on vacation and out of the office, thinking that there might be a nurse covering. There was not. A blood test was taken and as she was getting ready to leave, when a young woman with an arrogant attitude and a sense of self importance told her to sit down.

The woman had seen this woman before, but at that time she was cleaning and straightening the office. The woman wondered what was wanted of her.

A booklet was placed in front of her and she was told to answer all of the questions. The booklet held the MOCA, which is a child's guide to assess cognitive impairment.

The booklet was pushed in front of her as Ms Ratchet rattled off "DO THIS" and then sat back with a smile on her face and a pencil in her hand as she recorded her responses. Again she told the woman that her husband was quite ill, and was not to be left alone for long. Ms Ratchet was too self-involved to let this register and ordered her to continue.

The woman drew a box and a clock, identified a lion, hippo and camel, and continued with this kindergarten exercise. The point came, however, when enough was enough. She got up and left the office in order to get home to her husband. She wondered how an office worker was qualified to determine cognitive impairment when the research recommends that cognitive testing be done by someone more qualified such as a licensed clinical therapist, doctor, psychologist, or psychiatrist.

Several days later the woman asked the office for a copy of this assessment. Upon looking it over, she noticed that the last two items, which she did not complete because she left the office, had been completed. The woman was at first puzzled and then realized that the office helper had completed the assessment and made a point of recording the wrong answers. Why was that, she thought...out of resentment or perhaps anger. When the woman returned home with the last questions falsified, her curiosity got the best of her. She researched the penalty for falsification of medical records and found that it is considered a felony with a jail term of up to three years and a \$1,000. fine.

Because of the woman's education and clinical background, she knew that studies on the MOCA reported that over 40% of people without dementia would have been incorrectly diagnosed with dementia. The University of Cambridge researchers concluded that the clinical testing alone was not accurate in predicting an individuals

likelihood of progressing to mild cognitive impairment or Alzheimers.

The most accurate test for dementia is the radiological test of choice. The MRI can reveal patterns of brain tissue loss, which can be used to discriminate between different forms of dementia such as Alzheimers disease and frontal temporal dementia.

Dementia is not a specific disease but rather a general term for the impaired ability to remember, think, or make decisions with doing everyday activities. Alzheimer's disease is the most common type of dementia. Though dementia mostly effects older adults, it is not part of normal aging [Center for Diseaseand Aging-2023].

The seven stages begin with Normal Behavior, continue with forgetfulness and end with very severe decline. [ip-live-in-care.co.uk]. Seniors are the delight of scammers....so trusting, so easy to fool. Many in the medical profession feed off of the multiple ailments, the numerous visits, the money to be made. Many seniors are disrespected, less frequently perhaps by the medical profession, but disrespected never the less....so trusting, so easy to fool.

Every now and then however, a "tough cookie" appears and poor treatment is challenged. Fraud is brought into the light. In this article, however, Seniors are the past.

This article will leave the past behind and bring to light an emerging national challenge and a future crises. The focusing light will be on the younger generation of individuals who suffer from Alzheimers and other forms of dementia in contrast to the widely held view that the disease only afflicts older Americans, [Alzheimer's Association 2023].

The Alzheimer's Association focused on the younger generation of people who suffer from Alzheimer's and other forms of dementia compiled from a new assessment of data. This new data dispels the former belief that dementia is solely a disorder of the old.

The Health and Retirement Survey produced newly analyzed data that indicated there may be as many as half million Americans under the age of 65 who have dementia or a cognitive impairment at a level consistent with dementia. Gathered data from other studies, it was calculated that there are between 220,00 and 640,00 people with early onset Alzheimer's or related dementia in the US today. [2023]

This new date sheds much needed insight on the vulnerability and unique circumstances faced by mostly baby boomers who will change the image of disease and health care in the coming decades. [Alzheimer's Association]

Since health care providers generally don't look for the disease in young people, getting a diagnosis for early onset Alzheimers or dementia may present a serious problem for people under 65.

The workplace may become a serious problem for these people since dementia presents symptoms which may be

misunderstood and the workplace could become a difficult environment for them.

This younger generation of undiagnosed dementia may not apply for government disability payments such as [SSDI] or [SSI] because they are unaware of the disability and that they have a qualifying disability that could provide needed income.

Many with early onset Alzheimer's and other dementia have higher rates of serious medical conditions, are more likely to be hospitalized and have higher out-of-pocket expenditures for prescription drugs.

Almost 30% of people with early onset dementia have no health insurance and may not be covered by Medicaid or other programs which cover care for over 65 year old people.

Family members and other care partners may lack the information and support they need in order to provide care for their loved ones.

Will this population of people become the new "Silent Generation" or will the citizens of America and the medical profession move forward to address this complex, and unfolding problem.

The Alzheimer's Association has made a number of recommendations and steps to be taken in order to meet the needs of the early-onset generation of individuals with dementia. Such steps include:

- * Research devoted specifically to the prevention, progression and delay of early-onset disease.
- * A national education program to educate the general public on early onset dementia.
- * Dissemination of information regarding SSDI and SSI, Medicaid and other programs to help people with disabilities.
- * Elimination of the 2-year waiting period for Medicare coverage for those under age 65 who've qualified for SSDI

The study concludes that not nearly enough is known about the unique characteristics of early onset diseases or the problems faced by those who have them. There also remains an inadequate amount of data available on the actual number of early onset individuals and their condition.

Will this group of unique individuals become the new Silent Generation or has this generation moved forward out of silence and into action.

References

- [1] Center for Disease Control and Prevention 2023.
- [2] Alzheimer's. org uk.
- [3] Mayo Clinic 2022.
- [4] Alzheimer's Association, Washington, DC.
- [5] University of Cambridge 2020.
- [6] LezDo techmed 2021.
- [7] MedlinePlus [gov].
- [8] Healthline.com.

