Dementia and Intellectual and Developmental Disability

Introduction to Dementia and Aging with IDD

Presented by Julie A. Moran, DO
Geriatrician, Aging and Intellectual/Developmental Disabilities Specialist
Consultant, Tewksbury Hospital and Massachusetts Department of Developmental Services
Clinical Instructor of Medicine, Harvard Medical School
<table>
<thead>
<tr>
<th>DSM-IV criteria for dementia</th>
<th>DSM-5 criteria for major neurocognitive disorder (previously dementia)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A1. Memory impairment</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A2. At least one of the following:</strong></td>
<td><em><em>A. Evidence of significant cognitive decline from a previous level of performance in one or more cognitive domains</em>:</em>*</td>
</tr>
<tr>
<td>- Aphasia</td>
<td>- Learning and memory</td>
</tr>
<tr>
<td>- Apraxia</td>
<td>- Language</td>
</tr>
<tr>
<td>- Agnosia</td>
<td>- Executive function</td>
</tr>
<tr>
<td>- Disturbance in executive functioning</td>
<td>- Complex attention</td>
</tr>
<tr>
<td></td>
<td>- Perceptual-motor</td>
</tr>
<tr>
<td></td>
<td>- Social cognition</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B. The cognitive deficits in A1 and A2 each cause significant impairment in social or occupational functioning and represent a significant decline from a previous level of functioning</strong></td>
<td><strong>B. The cognitive deficits interfere with independence in everyday activities. At a minimum, assistance should be required with complex instrumental activities of daily living, such as paying bills or managing medications.</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C. The cognitive deficits do not occur exclusively during the course of delirium</strong></td>
<td><strong>C. The cognitive deficits do not occur exclusively in the context of a delirium</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D. The cognitive deficits are not better explained by another mental disorder (e.g., major depressive disorder, schizophrenia)</strong></td>
<td></td>
</tr>
</tbody>
</table>

References:
Genetic Link Between DS and AD

- Adults with Down syndrome (DS) are at higher risk of developing Alzheimer’s Disease (AD)
- 3 copies of chromosome 21 in DS (trisomy)
- Gene coding for APP overexpressed on chromosome 21

Source: www.hhmi.org
Prevalence of AD in Adults with DS

Figure 3.1 Recent studies demonstrating the prevalence of dementia in Down syndrome.

Key Take-Home Point:

Alzheimer's Disease is **NOT** inevitable for individuals with Down syndrome
Additional Webinars on Aging with IDD

General Aging in Intellectual and Developmental Disabilities
- Understanding Age Related Changes
- The Role of Polypharmacy
- Identifying and Assessing Pain
- Behavior Related Changes and Aging in Adults with IDD
- Health Promotion and Aging in Adults with IDD
- Mobility and Aging in Adults with IDD
- Aging with Down Syndrome
- Aging and Cerebral Palsy

Dementia and Intellectual and Developmental Disabilities
- Introduction to Dementia and Aging with IDD
- Early Evaluation of Dementia and Alzheimer’s Disease
- Stages of Alzheimer’s Disease
- Applying the Knowledge to Dementia Caregiving and Caregiver Support
- Caregiving in Action: Case Studies and Practical Tips
Additional Aging with IDD Resources

Massachusetts Department of Developmental Services (DDS)

Center for Developmental Disabilities Evaluation & Research
http://shriver.umassmed.edu/cdder/aging_idd_education
Training produced by the Center for Developmental Disabilities Evaluation & Research (CDDER) on behalf of the Massachusetts Department of Developmental Services (DDS)

cdder@umassmed.edu