



## Meeting Notes

Tuesday, April 18, 2017

4:30 p.m. – 5:30 p.m.

**Members Present:** Marjorie Ledell, Ali Caley, Marian Anderson, Linda O’Leary, Bill Ritchie Ali Caley, Chuck Frayer, Donna Roberge

**Members Absent:** Herb Maxey and Pat Janik

### 1. Welcome and Call to Order:

Marjorie Ledell opened the meeting. The agenda was unanimously approved by the commission. The March 21st meeting minutes were unanimously approved.

**2. Public Health Advisory Committee Update:** The chair will give a report this evening on what COA did last year and what is proposed for next year.

**3. Area Agency on Aging & Disabilities update:** The meeting is tomorrow and an update will be provided to COA at its next meeting.

### 4. Presentation: Learn about Normal Aging

Shanti Potts, an instructor at Clark College, the Area of Agency on Aging Disabilities of Southwest Washington (AAADSW), and the Developmental Disabilities Administration, spoke about factors that contribute to pseudo-dementia and its early signs and symptoms. Aging reflects changes that occur over the course of life. Some changes are normal and expected as we age, and others, such as memory loss and confusion, are not.

- Dementia = brain cells are dying and some of the brain’s functions stop
- Difference between dementia and Alzheimer’s disease: Dementia is an umbrella term for “the brain not working the way it always did.”
  - There are many types of dementia:
    - Alzheimer’s is one type of dementia.
    - Young onset Alzheimer’s is when it affects an individual under age 65.
    - Vascular dementia
    - Lewy Body Disease and Parkinsons,
    - Frontal-Temporal Lobe Dementia, among others
- ABC’s of dementia: A= activities of daily living; B= Behavior; and C=Cognition (thinking)
- Many brain functions can be affected: Memory loss can be broken down into recent memory loss, remote memory loss (past experiences), and holes in the memory where certain memories are lost.
- Normal aging:
  - forgetting names,
  - increased time and energy to learn new skills,
  - decreased ability/dexterity with multitasking,

- decreased ability to readily recall data,
  - decreased response/reactionary time,
  - decreased ability to learn/decide in a short time,
  - decreased quantity learnt in a specified time.
- Grey Area:
    - Feeling overwhelmed
    - Subjective memory complaints
    - Increased irritability
    - Increased stress
    - Some new depression
    - Decreased mood
  - Dementia
    - Lost in familiar situations
    - Confused; anxious; depressed; withdrawn more
    - Awareness deficits/denial
    - Repetition of bits and pieces of conversation
    - Loss of interest in previously enjoyed hobbies
    - Increased stress, agitation, anxiety
    - Interacting family and friends notice differences
  - How is dementia diagnosed?
    - Visit primary care doctor and have them rule out any other symptoms. Then go to a psychiatrist who can diagnose depression, anxiety and other issues that need to be treated. Then go to a neurologist to look inside your brain and see what is going on. Then visit an occupational therapist to assess how safe you are. Then visit a social worker who can connect you to supportive services in the community.
    - **If something is going on, and you are not diagnosed or misdiagnosed, there are lots of medications that are contraindicative for memory loss. So it's important to get diagnosed correctly and in a timely way.**
    - There should be an effort to raise awareness and advocate for people who are aging to let them know the diagnosis of dementia involves a specific set of criteria and concluded only by an expert, not by yourself or a primary physician.
  - Who gets dementia? How common is dementia?
    - Risk factors: age, having blood relatives who have dementia, genetic or metabolic disorders (unmanaged diabetes, high blood pressure).
    - Risk factors are age, genetics and illness such as diabetes and high blood pressure.
    - 10% of people over 65 will get dementia, 35% over 75, and 50% over 85.
  - What can we do? See "Staying Sharp" handout
    - Take care of your brain (protect from sports injury)
    - Keep secondary health issues managed
    - Keep your brain challenged (use it or lose it)
    - Everything in moderation, including moderation

- It is important to keep the brain challenged by being active. See handout on “Staying Sharp”.
- Clark County should be better prepared not only for the number of people who are becoming older, but also for the fact that as that happens, there will be more and more people with dementia.

Questions from the audience with responses:

Alzheimer’s cannot be definitively detected without an autopsy, but is possible to rule out other diseases and narrow it down to Alzheimer’s. This is because people tend to cope with the gradual progression of Alzheimer’s and do not get diagnosed until more advanced stages of the disease.

A doctor in Australia is using ultrasound to blast plaque and tangles in the brains that are dying. It’s a non-invasive procedure to break the blood-brain barrier. It has not yet come to the US because we are very drug company-driven.

What are the ways you would want to have volunteers help, or community structures put in place that can help address dementia in our community? State of WA ranks second in the nation in terms of offering programs and services to support people with dementia. On a scale of 1-10, our community is doing about a 7.

The number of people who will be afflicted with dementia is increasing. By 2050, we will have 60,000,000 people with Alzheimer’s.

How well are we doing to prepare for this upcoming increase in people with dementia? On a scale of 1-10, our community is doing about a 7.

**Southwest Washington only has two memory care centers which will take people with dementia and behavioral issues. Southwest Washington is not equipped to handle the coming increase in number of dementia patients with behavioral issues.**

Why is dementia increasing greatest in North America and Europe? Partly because we as a population are living longer and we have poor eating and exercise and stress management habits. In the tropics and Africa, people are not living as long, so we are not seeing dementia there.

## 5. **New Business:**

Policy revisions - Motion to delete Policy 4.0 Treasurer and delete references to Communications Officer in Policy 20. Motion was accepted and was unanimously approved by the commission.

Regarding Article 2 of the COA bylaws, a motion was made to the sixth bullet down to revise it as follows with the bold text:

- “serve as an ambassador for senior issues by increasing community awareness **and report back on those activities to the full Commission**”. The motion was accepted and was unanimously approved by the commission.

6. **Announcements:**

May 16 – Presentation from Dr. Sue Doyle – Home Innovation and Safety

Meeting adjourned at 5:45 pm

***The Clark County Commission on Aging provides leadership and creates community engagement in addressing the needs and opportunities of aging.***