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# Isolation, Depression and Dementia

Recent research indicates all dementia has at least two dimensions:

1. **Medical** – hard neurological and biologic decline often beginning in mid-life with diagnosis, progressive dependency, and medical treatment appearing later in life, and
2. **Conditional** – soft environmental, personal and psychological issues that set the stage for and exacerbate medical issues.

Currently, most medical, nursing, and even CNA training addresses the medical dimension. This training focuses on diagnosing the type and stage of dementia and prescribing medication to temporarily slow dementia progression or to sedate aberrant behaviors. Typical questions asked from this perspective are: What form of dementia does the resident have? In what stage of dementia are they? When behavior problems appear, what can we prescribe or ask care staff to do to reduce the amplitude or duration of unwanted behaviors? The questions we ask mean that the care we provide is reactive to, and dependent on, observing the behavior of our patient.

For caregivers, this is equivalent to driving your car forward by looking only out of your car's rear window. It can be done, but not without occasional and often significant damage.

Research increasingly show that dementia is epigenetic; it is caused by genes which are expressed due to environmental conditions. In other words, how you live is probably more important than who your parents are and if they had dementia themselves.

The same research findings with regard to epigenetics also apply to depression, the other major disease associated with aging. Most recently, depression was defined as a possible precursor to and cause of dementia.

In medical treatment, apathy and lack of behavior may be ignored. It is brushed aside as "normal behavior," or "the calm before the storm." Interestingly, in conditional treatment, the same lack of behavior is seen as symptom of need and a potential storm warning.

For the vast majority of seniors, especially those who are stressed due to:

1. disorientation,
2. lack of control, and
3. feeling socially isolated, depression and dementia will follow.

It should be noted that this includes most nursing home residents and all residents with dementia.

Looking at dementia from a conditional perspective, the research clearly shows that both depression and the resulting dementia are based upon the elders' perception of their surrounding conditions. In the St Louis University "Nun Study," biopsies revealed that in fulfilled Sisters, brain deterioration existed without accompanying depression or dementia symptoms. More recent studies have found that:

- Untreated chronic depression can cause dementia and/or speed the progression of dementia.
- The seeds of future dementia symptoms are sown through midlife stress, poor diet, lack of exercise, and social isolation.

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## Isolation, Dementia and Depression, continued

In other words, only providing nursing home residents with medical care, which is reactive, is inadequate and inevitably leads to inflated rates of dependence, more and more complex direct care and reduced resident quality of life.

The following are seven concepts which, when followed, will result in direct care staff moving from a medical to a conditional perspective:

- Educate staff to understand that their job is to make sure that their residents believe life is worth living.
- Ensure that they know residents well enough to assure each one that he or she is not forgotten and that he or she belongs.
- Staff has to behave so that residents know that they are a friend who is trustworthy, who cares and who is reliable.
- Only direct care staff can help residents live less lonely and less anxious lives by engaging them in conversation that makes them feel happier, confident, and assured that they are not a burden and that they look healthy.

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