MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION
SFN 2053 (2/85) 5M

ROLL NUMBER

DESCRIPTION

4027

2005 SENATE HUMAN SERVICES

SCR 4027

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SCR 4027

Senate Human Services Committee

❑ Conference Committee

Hearing Date February 9, 2005

Tape Number	Side A	Side B	Meter #
1	X		2641-5435
Committee Clerk Signature			

Minutes:

Vice- Chairman Dever opened the hearing on SCR 4027. All Senators were present.

Senator Richard Brown introduced the resolution which deals with dementia.

Rodger Wetzel, director of the Eldercare program at St. Alexius, appeared before the committee in support of the resolution. See attached testimony. The Alzheimer's Association now has offices located in Bismarck and Fargo.

Senator Dever- You mentioned some other situations related to dementia, other than Alzheimer's. Is the phrase dementia, the most inclusive term?

Rodger- It is the term that is generally accepted nationally. There are several hundred causes of dementia, some are reversible, which is why having a good physical examination is essential. There are many permanent cases of dementia, such as Alzheimer's, which is the most common. Dementia means you have some sort of memory impairment related disease. We have an increasing number of irreversible dementias.

Senator Warner- Is the increasing numbers due to our population living longer, environmental or sociological factors?

Rodger- We have much better diagnostic tools today, to determine cases of dementia. There is a much greater awareness of Alzheimer's. Poor nutrition has been linked to some cases of memory loss, environmental factors have not been much of a case. If its good for your heart, its good for your head. Keeping cholesterol and blood pressure in check is a good method of prevention. There are three medications out there to help slow Alzheimer's disease today.

Gretchen Evernson, the director of the Eastern North Dakota Regional Center of the Alzheimer's Association. See written testimony.

Kristi Pfliger-Keller, director of the Western North Dakota Regional Center of the Alzheimer's Association. See written testimony.

Bruce Murry, representing the North Dakota Protection and Advocacy Project appeared in support of the resolution. See written testimony.

Chairman Lee closed the hearing on SCR 4027.

Action taken:

Senator Lyson moved a Do Pass recommendation for the resolution. Seconded by Senator Dever. The resolution passed unanimously, 5-0-0. The carrier is Senator Lyson.

The meeting on SCR 4027 was closed by Chairman Lee.

Date: 2-9-05
Roll Call Vote #: 1

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SCR 4027

Senate **Human Services** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Sen Lyson Seconded By Sen Dever

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee - Chairman	✓		Sen. John Warner	✓	
Sen. Dick Dever - Vice Chairman	✓				
Sen. Richard Brown	✓				
Sen. Stanley Lyson	✓				

Total (Yes) 5 No Ø

Absent _____

Floor Assignment Sen Lyson

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
February 9, 2005 11:59 a.m.

Module No: SR-26-2283
Carrier: Lyson
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SCR 4027: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SCR 4027 was placed on the Eleventh order on the calendar.

2005 HOUSE HUMAN SERVICES

SCR 4027

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. **SCR** 4027
House Human Services Committee

☐ Conference Committee

Hearing Date **23 February 05**

Tape Number	Side A	Side B	Meter #
2	X		4030 - 5200
		X	568 - 1280
Committee Clerk Signature			

Minutes:

Chairman Price opened the hearing of SCR 4027.

Representative Gary Kreidt, District 33, introduced the resolution. This resolution has to do with Alzheimer's disease and I'm sure many of you are aware of this serious problem in the state of ND. Having been in the nursing home business for 30 years I've become very familiar with this situation. It takes special individuals to take care of this type of a person. It's very difficult for caregivers and also for family members. We are asking for a study to be able to prepare caregivers to handle these types of situations.

Roger Wetzel, Director of the Eldercare program at St. Alexius, testified in favor of the resolution. I have had five members of my family who have had dementia. I have facilitated support groups at St. Alexius for 19 years and do many presentations on dementia. ND is ranked number one in the percentage of our citizens over age 85 who have dementia. He distributed some informational fact sheets/brochures **(Attached.)** Many people with dementias can remain

at home and in the community if their family caregivers receive training, support, and appropriate services. We need to review these services. Many of the behavior problems that may result in the use of costly medications can be prevented and managed by facility staff and family members if they have received adequate training. There are concerns about people with dementia continuing to drive. There are concerned that they get lost in the neighborhood, community or state. This has happened. There are concerns about the paranoia, delusions and suspicions that are common in demented persons that can result in dangerous behavior if they are not understood and managed. This resolution would be very important to help ND evaluate what is being done and what could be done differently or better. This will help us all to plan for our future growing elderly population, learn from other states and hopefully support and develop cost effective programs and services for our increasing population with dementias. I have an update to the resolution. Line number 5 indicated 6,000 people have been diagnosed and it is estimated now that 16,000 in ND have dementias. That line should be corrected. He distributed a brochure "The Graying of North Dakota" and discussed its contents. **(Attached.)**

Kristi Pfliger-Keller, director of the western ND Regional Center of the Alzheimer's Association, testified in favor of the bill. **(Testimony attached.)**

Rep. Kelder: You cited MN as with ND relating to numbers of people. Are other states like MN doing the same thing that we are looking at here with this resolution? Do they have standards of practice?

Pfliger-Keller: Yes. The MN legislature did adopt a standardized care system and training requirements.

Gretchen Everson, director of the eastern ND Regional Center of the MN-ND Chapter of the Alzheimer's Association, testified in favor of the resolution. **(Testimony attached.)** To answer the previous question, in the last legislative session in MN they did pass a dementia training law and definition of what dementia care was considered. They established guidelines for the training of persons providing direct care.

Rep. Kaldor: You make some notes in your testimony about some differences in care. I am assuming if we persue this one of the things we will do is look at our current long-term provisions and evaluate what kind of care is being provided for patients with dementia today. Do you think there are obvious deficiencies?

Everson: No obvious things, it's the sheer number of care providers. It's estimated that number of people diagnosed with dementia in ND will increase by 25%. Do we have enough CNAs in the state? Enough Nurses? Gerontologists? Neurologists? Social Workers? Seventy percent of care is provided in the home and without those support services people are not able to stay in their homes as long as they can.

Chairman Price: Your testimony says there are 16,000 with Alzheimer's. Is that Alzheimer's alone or all dementia?

Everson: Alzheimer's alone.

Chairman Price: How many different types of dementia are there?

Roger Wetzel: We now realize there are over 200 causes of dementia. Many are reversible if you get good medical care.

Bruce Murry, staff attorney for the ND Protection and Advocacy Project, testified in favor of the bill. **(Testimony attached.)**

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. **SCR 4027**

House Human Services Committee

❑ Conference Committee

Hearing Date **2 March 2005**

Tape Number	Side A	Side B	Meter #
1		X	3300 - 3695
Committee Clerk Signature			

Minutes:

Chairman Price opened discussion of SCR 4027.

Rep. Devlin: This was the study on dementia related services. The issue that came up in our family and it came up in a couple of other places. There are questions about the medical definitions in ND law on how you treat people with dementia related illness. Someone that is 40 years and probably has a life span of another 40 or 50 years and they cannot make any decisions on their own because of one of these diseases has created some problems. We were visiting with an attorney about it and thought the attorney general was just trying to tweak it in a bill and it was a much broader deal than that. He said if you studying dementia why don't you put in something about reviewing the legal and medical definitions so we could look at that as part of the whole study. I said I would that and I talked to Sen. Brown who is the prime sponsor and explained it to him. He said he was fine with it. That's why you have the amendment before you.

Chairman Price: In addition we have the recommendation on line 5 to change that 6,000 to 16,000.

Rep. Devlin: I **move the amendment** and the change.

Rep. Pietsch: **I second.**

A voice vote was taken. **The amendment carried.**

Rep. Porter: I move a do pass as amended and place on the consent calendar.

Rep. Uglum: I second.

A roll call vote was taken.

Yes: 11 **No: 0** **Absent:** 1 (Weisz)

Rep. Devlin will carry the bill

58325.0102
Title.

Prepared by the Legislative Council staff for
Representative Devlin
March 2, 2005

PROPOSED AMENDMENTS TO SENATE CONCURRENT RESOLUTION NO. 4027

Page 1, line 2, after the second "and" insert "review the legal and medical definitions used for dementia-related conditions and the"

Page 1, line 15, after the second "and" insert "review the legal and medical definitions used for dementia-related conditions and the"

Renumber accordingly

58325.0103
Title.0200

Adopted by the Human Services Committee
March 2, 2005

PROPOSED AMENDMENTS TO SENATE CONCURRENT RESOLUTION NO. 4027

Page 1, line 2, after the second "and" insert "review the legal and medical definitions used for dementia-related conditions and the"

Page 1, line 5, replace "6,000" with "16,000"

Page 1, line 15, after the second "and" insert "review the legal and medical definitions used for dementia-related conditions and the"

Renumber accordingly

Date: 3/2/05 **Roll Call Vote #:** 1

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 4027

House Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass as Amended + Place on Consent Cal.

Motion Made By Rep Porter Seconded By Rep Uglem

Representatives	Yes	No	Representatives	Yes	No
Chairman C.S. **Price**	✓		Rep.L. **Kaldor**	✓	
V Chrm.G. **Kreidt**	✓		Rep.L. **Potter**	✓	
Rep. V. **Pietsch**	✓		Rep.S. **Sandvig**	✓	
Rep.J.O. **Nelson**	✓				
Rep.W.R. **Devlin**	✓				
Rep.T. **Porter**	✓				
Rep.G. **Uglem**	✓				
Rep C. **Damschen**	✓				
Rep.R. **Weisz**	AB				

Total ( ) 11 **No** 6

Absent 1

Floor Assignment Rep Devlin

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SCR 4027: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE PLACED ON THE CONSENT CALENDAR** (11 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). SCR 4027 was placed on the Sixth order on the calendar.

Page 1, line 2, after the second "and" insert "review the legal and medical definitions used for dementia-related conditions and the"

Page 1, line 5, replace "6,000" with "16,000"

Page 1, line 15, after the second "and" insert "review the legal and medical definitions used for dementia-related conditions and the"

Renumber accordingly

2005 TESTIMONY

SCR 4027

Attachment 1

SCR 4027 - Re: Study the Need for Dementia/Alzheimers's Related Services

-by Rodger Wetzel, Director, Eldercare Program, St. Alexius

-Board Member, Minnesota-North Dakota Alzheimer's Association

Chair Lee and members of the Committee:

My name is Rodger Wetzel. I am the director of the Eldercare Program at St. Alexius. I formerly served as the Assistant Director of the Aging Services Division of the NDDHS, and have been working in aging-related programs for 35 years.

I recently was elected to represent western North Dakota on the Board of Directors of the Minnesota-North Dakota Chapter of the Alzheimer's Association.

I have had 5 family members who have had dementias. My wife's grandmother had Alzheimer's, and my wife's mother cared for her for many years before she entered a nursing home. My father's father had the small-stroke (vascular) dementia. My aunt cared for him for several years before he also went into a nursing home. An aunt cared for her husband, my uncle, at home on the ranch until the day he died of progressive supra-nuclear palsy, a rare dementia. She health seriously deteriorated during the last 2 years of caregiving because of the 24-hour stress. I have an aunt with Alzheimer's lived alone on her farm with moderate Alzheimer's, and who was monitored by a neighbor, but since has lived in assisted living and now a nursing home. My own mother now has memory problems, possibly caused or exacerbated by her diabetes and cardiac problems.

I have facilitated 2 support groups at St. Alexius for 19 years. I also do many presentations on Alzheimer's and dementias, and served on a nursing home board for 6 years.

I strongly encourage your support of this study resolution. Many people with dementias can remain at home and in the community if their caregivers have training, support and appropriate services.

Many of the behavior problems, which may result in the use of costly medications, can be managed with trained staff and family members at all levels, if they have received adequate training. There are proven training programs available.

There are concerns about people with dementia continuing to drive. There are concerns if they get lost in the neighborhood, community or state, and I know of situations where this has happened. There are concerns about the paranoia, delusions and suspicions that are common in demented persons, which can result in dangerous behavior if they are not understood and managed. Law enforcement staff sometimes get involved.

North Dakota is ranked number 1 in the % of our citizens over age 85. The biggest factor for dementia is, unfortunately, older age. It is estimated that about ½ of people over the age of 85 have some symptoms. A large % of residents of nursing homes, and now assisted living facilities and increasingly in basic care facilities, have some degree of dementia. (See Graying of ND brochure for increasing age-related statistics.)

There is an increasing number of secured/locked units in all levels of facility care. This is the most appropriate kind of care, when appropriately used.

This resolution would be very important to help North Dakota evaluate what is being done and what could be done differently, or better. This will help all of us plan better for the future, learn from other states, and hopefully support and develop cost-effective programs and services for our increasing demented population.

Thank you. I would be happy to answer any questions.

Attachment 2

Testimony on SCR 4027
February 9, 2005

Same. Given to House

Madam Chairperson and members of the committee, for the record my name is Gretchen Everson and I am the director of the Eastern North Dakota Regional Center of the Minnesota-North Dakota Chapter of the Alzheimer's Association. Our Chapter supports this resolution study in the hope that it will provide insight into existing services, identify gaps in services and assess the quality of services for persons with Alzheimer's disease and related dementias, and their caregivers both family and professional.

Alzheimer's Association statistics from 2000 estimate that there were 16,000 North Dakotans with Alzheimer's disease, by 2025 the Association estimates this number will grow to 20,000, a 25% increase. Does North Dakota have adequate services across the spectrum of care designed for persons with Alzheimer's disease to meet this increase? How will an increase in Medicaid applications and growing demand for family caregiver support services such as respite be addressed over the next 20 years? This study resolution could provide not only insight into what is readily available, but be used as a tool for helping meet the almost inevitable increase in need for services North Dakota will be faced with in the near future as the demand grows, not after it has grown.

This study resolution also asks that the training of caregivers for persons with Alzheimer's disease be studied. Care for a person with Alzheimer's disease and related dementias frequently does not fit the medical model that healthcare delivery is based on. As the increase in persons with Alzheimer's disease and related dementias grows, so will the number of caregivers trained to provide this specialized care. This is not only limited to CNAs and nurses, but physicians trained to diagnosis and treat symptoms of Alzheimer's disease and related dementias such as gerontologists, neurologists and neuropsychologists, and social workers to assist families in accessing services.

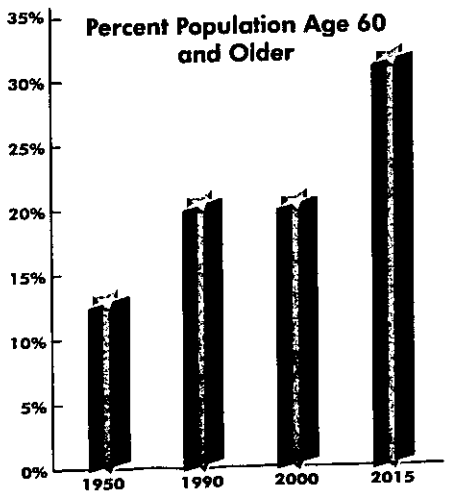
Thank you for your consideration. I would be happy to address any questions you may have.

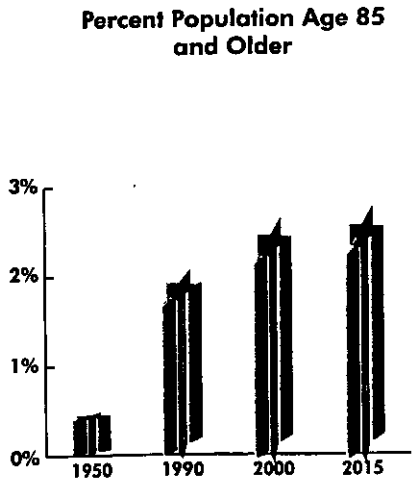
Percent of the North Dakota Population 60 Years of Age and Older and 85 Years of Age and Older

1950, 1990 and 2000 Census and 2015 Projections

- **In 1950,** 72,050 or 11.6% of North Dakota's residents were age 60 or older.
- **In 1990,** 118,175 or 18.5% of North Dakota's residents were age 60 or older.
- **In 2000,** 118,985 or 18.5% of North Dakota's residents were age 60 or older.
- **In the year 2015,** it is projected that 186,138 or 28.7% of North Dakota's residents will be age 60 or older.

- **In 1950,** 2,262 or 0.4% of North Dakota's residents were age 85 or older.
- **In 1990,** 11,240 or 1.8% of North Dakota's residents were age 85 or older.
- **In 2000,** 14,726 or 2.3% of North Dakota's residents were 85 or older.
- **In the year 2015,** it is projected that 15,392 or 2.4% of North Dakota's residents will be age 85 or older.





Source: U.S. Dept. of Commerce, Bureau of the Census, and the North Dakota Census Data Center

CHALLENGES FOR THE FUTURE

- Preparing for an aging "baby boom" generation

  Meeting the needs of an increasing population age 85 and older

- Responding to the shift of North Dakota's population from rural to urban settings, and meeting the service needs in a cost effective, efficient manner

Urban	1990 60+	2000 60+	Increase 60+
Bismarck	7,595	9,726	28.1%
Fargo	9,897	11,670	17.9%
Grand Forks	5,990	6,230	4.0%
Minot	6,237	7,011	12.4%

- Recognizing home and community based options as the preferred choice in the long-term care continuum
- Meeting the needs of family caregivers
- Addressing the increased needs of adult protective services

WE MUST CONTINUE . . .

- To develop the long-term care continuum so North Dakotans have increased home and community based options

CREDITS

- N.D. Department of Human Services
  Aging Services Division
  600 S. Second St., Suite 1C
  Bismarck ND 58504-5729
  Senior Info-Line: 1-800-451-8693
  E-Mail: dhssrinf@state.nd.us
  www.ndseniorinfoline.com

Revised 04-16-02 DN425

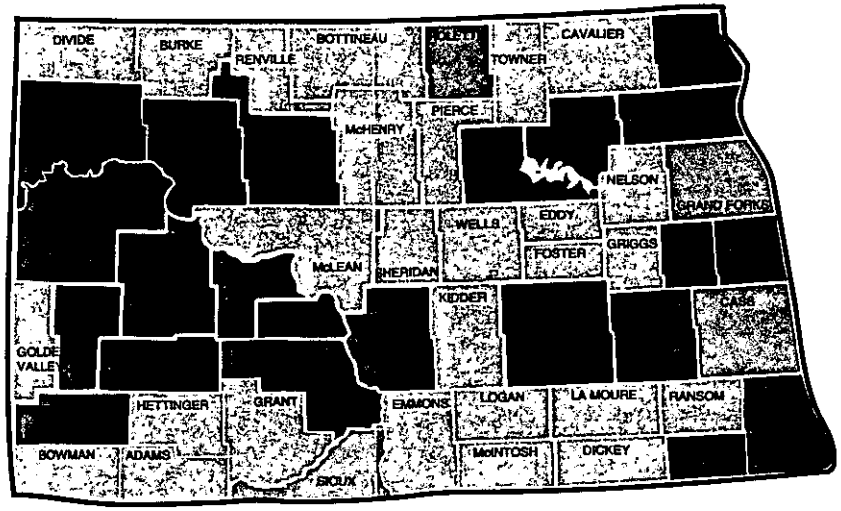
Attachment 2

The Graying of North Dakota

2000-2015

Percent of the North Dakota Population Age 60 and Older (2000)

Lt. Teal - Less than 15% of the total county population was age 60 or older.
Teal - 15-25% of the total county population was age 60 or older.
Gray - Older 25% of the total county population was age 60 or older.

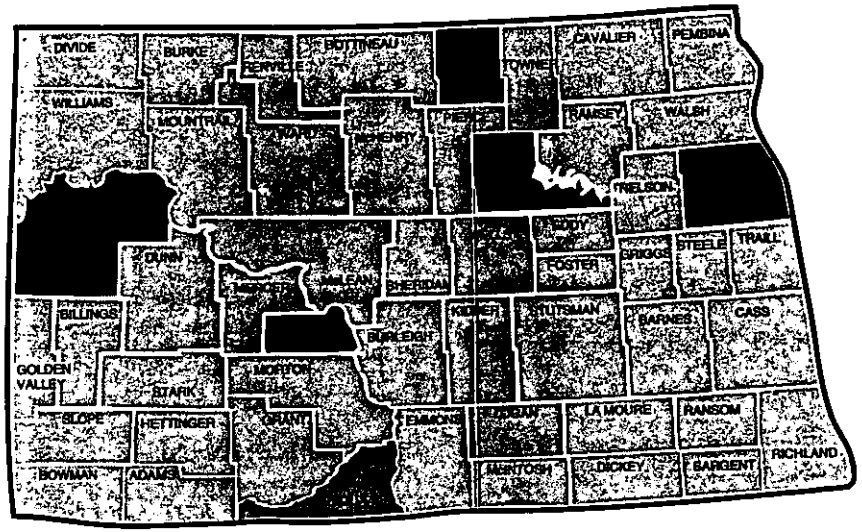


Source: U.S. Dept. of Commerce, Bureau of the Census

- **NORTH DAKOTA'S** total population in 2000 was 642,200.
- **In 2000,** 18.5% (118,985) of North Dakota's total population was 60 years of age or older.
- **In 2000,** only four counties reported less than 15% of their population to be age 60 or older.
- **In 2000,** 22 counties reported 15-25% of their population to be age 60 or older.
- **In 2000,** 27 or more than half of the 53 counties in North Dakota, reported more than 25% of their population to be age 60 or older.

Percent of the North Dakota Population Age 60 and Older (2015 Projected)

Lt. Teal - Less than 15% of the total county population is projected to be age 60 or older.
Teal - 15-25% of the total county population is projected to be age 60 or older.
Gray - Over 25% of the total county population is projected to be age 60 or older.



Source: U.S. Dept. of Commerce, Bureau of the Census

- **NORTH DAKOTA'S** total population in 2015 is projected to be 649,109.
- **In 2015,** 28.7% (186,138) of North Dakota's total population will be age 60 or older.
- **In 2015,** it is projected that only one county will report less than 15% of their population to be age 60 or older.
- **In 2015,** it is projected that only five counties will report 15-25% of their population to be age 60 or older.
- **In 2015,** it is projected that 47 counties, or nearly 90% of the 53 counties in North Dakota, will report more than 25% of their population to be age 60 or older.

Attachment 3

Testimony on SCR 4027
February 9, 2005

Madam Chairperson and members of the committee, for the record my name is Kristi Pfliger-Keller and I am the director for the western North Dakota Regional Center of the Alzheimer's Association. Our Chapter supports this resolution study with hopes that it will provide essential insight into dementia-related needs in North Dakota. Statistics illustrate North Dakota's population is graying. As individuals age, 1 in 10 is likely to develop some form of dementia. Dementia is not a disease itself but includes a group of systems pinpointed to a number of causes. Over 108,000 people in Minnesota and North Dakota alone have been diagnosed with Alzheimer's disease. That number is expected to triple by the year 2025.

Those growing numbers are sure to impact the healthcare system. Obvious impacts include stress on long-term care facilities, increases in Medicaid applications, and need for caregiver support programs. It is essential that persons with dementia and their caregivers have options when selecting the best possible care. At this point in time, those options are not clearly defined or in some cases, readily available. Several questions cloud the over-all effectiveness of dementia-related care in the state. Are all healthcare professionals delivering uniform care and referrals? Are healthcare workers adequately trained? Are facilities equipped to meet the special needs and challenges of persons with dementia? Those are only a few of the major questions that could be addressed via a resolution study.

The results of a study would be invaluable to determining service strengths and gaps, identifying collaborative partnerships, and over-all enhancing the quality of care to dementia patients. Standardized dementia care may or may not be the best possible avenue for North Dakota, but this proposed study will at least build the framework for better understanding and meeting dementia needs.

Thank you for your consideration and I am happy to address any questions you may have.

Attachment 4

TESTIMONY – PROTECTION AND ADVOCACY PROJECT
SCR 4027– SENATE HUMAN SERVICES COMMITTEE
HONORABLE JUDY LEE, CHAIRMAN
February 9, 2004, 9:30 a.m.

Same given to House

Chairman Lee, and members of the Senate Human Services Committee, I am Bruce Murry, a staff attorney for the North Dakota Protection and Advocacy Project (P&A).

The Long Term Care Ombudsman program has the primary responsibility under state law to monitor long term care facilities. P&A provides protective services to people with mental illnesses or developmental disabilities. P&A also has a responsibility under its federal grants to advocate for people wishing to return to their community, or wishing to utilize other legal rights. Both agencies cooperate to avoid duplication -- both programs make referrals or work jointly, depending upon expertise, and resources.

However, both agencies rely largely upon reports to initiate investigations. Neither agency can fully report upon the status of citizens with dementias. As the state explores how to serve this increasing population, it is important that people be allowed to use home and community based services as long as possible. Further, those institutions providing services that the community cannot provide should develop a continuum of services. This continuum should span home, assisted living, basic care, nursing care, and hospice, without disruptive moves. All service providers need adequate training.

For these reasons, P&A supports SCR 4017, and urges its passage and adoption. I would be happy to answer any questions, and P&A would offer its services to any interim committee studying this issue.

SCR 4027 - Re: Study of Alzheimer's/Dementias - Resource Information
Provided by Rodger Wetzel, Eldercare Director, St. Alexius

(1)

State-by-state growth of Alzheimer's disease (2000 – 2025) *

State	Total 2000	Total 2025	% Increase
Alabama	84,000	110,000	31%
Alaska	3,400	7,700	126%
Arizona	78,000	130,000	67%
Arkansas	56,000	76,000	36%
California	440,000	660,000	50%
Colorado	49,000	110,000	124%
Connecticut	68,000	76,000	12%
Delaware	12,000	16,000	33%
District of Columbia	10,000	10,000	0%
Florida	360,000	590,000	64%
Georgia	110,000	160,000	45%
Hawaii	23,000	34,000	48%
Idaho	19,000	38,000	100%
Illinois	210,000	239,000	14%
Indiana	100,000	130,000	30%
Iowa	65,000	77,000	18%
Kansas	50,000	62,000	24%
Kentucky	74,000	97,000	31%
Louisiana	73,000	100,000	37%
Maine	25,000	28,000	12%
Maryland	78,000	100,000	28%
Massachusetts	120,000	140,000	17%
Michigan	170,000	190,000	12%
Minnesota	88,000	110,000	25%
Mississippi	51,000	65,000	27%
Missouri	110,000	130,000	18%
Montana	16,000	29,000	81%
Nebraska	33,000	44,000	33%
Nevada	21,000	42,000	100%
New Hampshire	19,000	26,000	37%
New Jersey	150,000	170,000	13%
New Mexico	27,000	43,000	59%
New York	330,000	350,000	6%
North Carolina	130,000	211,000	62%
★ North Dakota	16,000	20,000	25%
Ohio	200,000	250,000	25%
Oklahoma	62,000	96,000	55%
Oregon	57,000	110,000	93%
Pennsylvania	280,000	280,000	0%
Rhode Island	24,000	24,000	0%
South Carolina	67,000	100,000	49%
South Dakota	17,000	21,000	24%
Tennessee	100,000	140,000	40%
Texas	270,000	470,000	74%
Utah	22,000	50,000	127%
Vermont	10,000	13,000	30%
Virginia	100,000	160,000	60%
Washington	83,000	150,000	81%
West Virginia	40,000	50,000	25%
Wisconsin	100,000	130,000	30%
Wyoming	7,000	15,000	114%

For more information, please visit www.alz.org or call 1.800.272.3900.

*These individuals could also have one of the many other dementias.

Some causes of permanent dementias:

Degenerative diseases:

- Alzheimer's disease
- Pick's disease
- Huntington's disease
- Progressive supranuclear palsy
- Parkinson's disease (not all cases)
- Cerebellar degenerations
- Amyotrophic lateral sclerosis (ALS) (not all cases)

Vascular dementias:

- Multi-infarct dementia
- Cortical micro-infarcts
- Lacunar dementia (large infarcts)
- Binswanger disease
- Cerebral embolic disease (flat, air, thrombus fragments)

Anoxic dementias:

- Cardiac arrest
- Cardiac failure (severe)
- Carbon monoxide

Traumatic dementias:

- Dementia pugilistica (boxer's dementia)
- Head injuries (open or closed)

Infectious dementias:

- AIDS dementia
- Opportunistic infections
- Creutzfeldt-Jakob disease (subacute spongiform encephalopathy)
- Progressive multifocal leukoencephalopathy

- Post-encephalitic dementia
- Behcet's syndrome
- Herpes encephalitis
- Fungal meningitis or encephalitis
- Bacterial meningitis or encephalitis
- Parasitic encephalitis
- Brain abscess
- Neurosyphilis (general paresis)

Normal pressure hydrocephalus (communicating hydrocephalus of adults)

- Chronic or acute subdural hemtoma
- Primary brain tumor
- Metastatic tumore (carcinoma, leukemia, lymphoma, sarcoma)

Multiple sclerosis (some cases)

Auto-immune disorders

- Disseminated lupus erythematosis
- Vasculitis

Toxic dementias:

- Alcoholic dementia
- Metallic dementia (e.g., lead, mercury, arsenic, manganese)
- Organic poisons (e.g., solvents, some insecticides)

Other:

Reversible Dementias

Characteristics of reversible dementias:

- Can be reversed or cured
- Temporary condition
- Brain regains lost functions when treated

Common causes of reversible dementias:

- **Brain disease**
  - Tumors
  - Subdural hematoma
  - Hydrocephalus
- **Depression**
  - Response to life's stresses
  - Chemical imbalances in the brain
- **Medication**
  - Negative drug interactions
  - Drug overdose
  - Alcohol abuse
- **Malnutrition**
  - Vitamin (A, C, B-12 and folate) deficiencies
  - Mineral (iron) deficiencies
- **Heart disease -- Lack of oxygen to the brain causes confusion**
  - Arrhythmias
  - Congestive heart failure
  - Myocardial infarction

- **Traumas**
  - Usually due to falls
  - Concussions (skull fractures) or contusions (bruises) to the head
- **Metabolic or endocrine disorders**
  - Thyroid disease
  - Hypo/hyperglycemia and other electrolyte imbalances
  - Dehydration
  - Accidental hypothermia
  - Renal failure
  - COPD (Chronic Obstructive Pulmonary Disease)
- **Infection**
  - Produces fever, affecting brain's cognitive abilities
- **Environmental changes**
  - Visual and hearing loss
  - Loss of daylight and decrease in activities can result in "sundowning"
  - Heavy metal poisoning from gas leaks, exhaust fumes or other toxins

#2

Testimony on SCR 4027
February 23, 2005

Chairwoman Price and members of the committee, for the record my name is Kristi Pfliger-Keller and I am the director for the western North Dakota Regional Center of the Alzheimer's Association. Our Chapter supports this resolution study with hopes that it will provide essential insight into dementia-related needs in North Dakota. Statistics illustrate North Dakota's population is graying. As individuals age, 1 in 10 is likely to develop some form of dementia. Dementia is not a disease itself but includes a group of systems pinpointed to a number of causes. Over 108,000 people in Minnesota and North Dakota alone have been diagnosed with Alzheimer's disease. That number is expected to triple by the year 2025.

Those growing numbers are sure to impact the healthcare system. Obvious impacts include stress on long-term care facilities, increases in Medicaid applications, and need for caregiver support programs. It is essential that persons with dementia and their caregivers have options when selecting the best possible care. At this point in time, those options are not clearly defined or in some cases, readily available. Several questions cloud the over-all effectiveness of dementia-related care in the state. Are all healthcare professionals delivering uniform care and referrals? Are healthcare workers adequately trained? Are facilities equipped to meet the special needs and challenges of persons with dementia? Those are only a few of the major questions that could be addressed via a resolution study.

The results of a study would be invaluable to determining service strengths and gaps, identifying collaborative partnerships, and over-all enhancing the quality of care to dementia patients. Standardized dementia care may or may not be the best possible avenue for North Dakota, but this proposed study will at least build the framework for better understanding and meeting dementia needs.

Thank you for your consideration and I am happy to address any questions you may have.