Iona Senior Services
Dementia 101 – Participant Q&A Follow-Up

Thank you for joining our Dementia 101 webinar. Below is a follow-up Q&A addressing the questions raised during the session, based on generally available medical, caregiving, and social-service guidance. This information is educational and not a substitute for individualized medical or legal advice.

Understanding Dementia: Causes, Risk, and Diagnosis

What is known about the genetics of dementia?
Most dementias are not directly inherited. Having a parent or grandparent with dementia can increase risk slightly, but lifestyle, vascular health, and age play a much larger role. A few rare forms of dementia have strong genetic links, but these account for a small percentage of cases.

How common is dementia before age 65?
Dementia under 65 (sometimes called “young-onset dementia”) is uncommon but does occur. It represents a small minority of all dementia cases.

Is aphasia its own illness or a type of dementia?
Aphasia refers to language impairment. It can occur after stroke or brain injury, or as part of certain dementias (such as primary progressive aphasia). In those cases, it is considered a dementia subtype.

Is comorbidity possible among different types of dementia?
Yes. Many people have more than one underlying brain disease (for example, Alzheimer’s disease plus vascular dementia).

Does pollution play a role in dementia or Parkinson’s disease?
Research suggests long-term exposure to air pollution may increase risk for several neurodegenerative diseases, but it is one of many contributing factors rather than a sole cause.

Memory, Symptoms, and Disease Progression

When people forget names, is it permanent or momentary?
Occasional word-finding or name-recall issues can happen with normal aging. Persistent difficulty that worsens over time and affects daily life may be more concerning.

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Memory, Symptoms, and Disease Progression (cont.)

What are examples of "common tasks" affected by dementia?
Managing medications, paying bills, cooking safely, navigating familiar places, following multi-step instructions, or using household appliances.

At what stage does paranoia occur?
Paranoia can appear at various stages but is more common in middle stages. It often relates to confusion, fear, or misinterpretation rather than intent.

Is denial of diagnosis (anosognosia) common?
Yes. Many people with dementia truly lack awareness of their condition due to brain changes. This is not intentional denial.

Is it normal for someone to "snap out of it" temporarily?
Yes. People may have moments of clarity, especially early on or in calm, structured environments.

Testing, Treatment, and Medical Care

How is early detection done? Are there simple tests?
Early detection usually involves medical history, cognitive screening tests, physical exams, and sometimes imaging or lab work. No single at-home test can diagnose dementia.

Are there medications that slow dementia?
Some medications may help manage symptoms or modestly slow progression for certain dementias, but they do not cure the disease.

Can dementia be reversed?
Most dementias are progressive and not reversible. However, some conditions that mimic dementia (such as vitamin deficiencies, depression, medication effects) are treatable.

What treatment options exist?
Treatment often includes a combination of medications, supportive therapies, environmental adaptations, and caregiver education.

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Testing, Treatment, and Medical Care (cont.)

What about THC or cannabis?
Some individuals report symptom relief (such as reduced agitation or anxiety), but evidence is limited and mixed. Use should always be discussed with a healthcare provider due to risks and legal considerations.

Should dementia patients receive feeding tubes (G-tubes)?
In advanced dementia, feeding tubes generally do not improve quality of life or outcomes. Decisions should be individualized and guided by medical advice and patient values.

Mental Health and Emotional Well-Being

How are depression and dementia related?
Depression can mimic or worsen cognitive symptoms, and it commonly co-exists with dementia. Treating depression may improve quality of life.

Can talk therapy help in later stages?
Traditional talk therapy may be less effective in later stages, but supportive, emotion-focused approaches can still help reduce distress.

How can fear, anxiety, and loneliness be addressed?
Consistent routines, reassurance, social engagement, appropriate medications, and caregiver support all play important roles.

Caregiving, Safety, and Daily Life

How important is it to stay in familiar surroundings?
Familiar environments often reduce anxiety and confusion. Changes should be made gradually when possible.

How do you handle requests to visit deceased parents?
Rather than correcting, it is often more helpful to respond to the emotion behind the request (comfort, reassurance, reminiscing).

Are there games or puzzles for people with dementia?
Yes. Simple puzzles, music-based activities, sorting tasks, and reminiscence activities can be beneficial when matched to ability level.

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Care Planning, Resources, and Support

When is it time for hospice?
Hospice focuses on comfort rather than cure and can be appropriate when dementia is advanced and life expectancy is limited, based on medical guidance.

Where should families start when they suspect dementia?
Begin with a primary care provider, then seek referrals to neurology, geriatrics, or memory clinics, along with local aging services.

What resources exist for caregivers?
Local Area Agencies on Aging, Alzheimer's Association chapters, caregiver support groups, and nonprofit aging services organizations are common starting points.

Are there neutral advisors to help navigate care facilities?
Yes. Geriatric care managers or social workers (who are fee-based, not commission-based) can provide guidance.

Can someone with dementia qualify for disability benefits?
Yes, in some cases. Eligibility depends on age, work history, and severity of impairment.

Do Iona's services apply only to DC residents?
Some services are location-specific, but many educational resources and referrals may be available more broadly.

What supports exist for public service workers encountering individuals with dementia?
Referrals to adult protective services, aging services, community health organizations, and social workers are often appropriate, especially for individuals without support networks.

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Thank you again for your thoughtful questions and participation. We hope this Q&A helps you continue conversations with providers, family members, and support professionals.

If you'd like to learn more or connect with our team, please visit www.iona.org or reach out to Lisa Rindner, Iona's Aging and Caregiving Support Manager at lrindner@iona.org or 202-895-9440.

Please be on the lookout for additional information about our next Aging and Caregiving Support webinar — we'd love to have you join us again.

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