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Therapeutic implications of integrating validation therapy for the management of Capgras syndrome in patients with vascular dementia

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Patients in each domain of dementia may experience hallucinations, delusions or misidentification syndromes. One form of misidentification syndrome, called Capgras syndrome, also known as Imposter syndrome, occurs when a patient believes that their primary caretaker is duplicated and searches for the “real” person (Sinkman, 2008). This phenomenon occurs when the pathway between the occipital face area of the brain and the amygdala is obstructed. Typically seen in patients with schizophrenia or bipolar disorder, Capgras syndrome is also significantly prevalent in patients with dementia (Cummings, Miller, Hill, & Neshkes, 1987). The patient recognizes the significant person, but the emotional connection from the amygdala does not receive the signal that the recognized face is the actual significant individual; therefore, continues to search for the person who meets the “significant” criteria. The delusion is frightening to the patient and upsetting to the caretaker, who is usually the spouse or close relative. In patients with vascular dementia (VaD), somatic impairments in vision and/or ambulation can exacerbate fear during Capgras episodes. The importance of caretakers to undertake a subjective and supportive perspective within the patient’s experience during a Capgras episode cannot be overstated. Validation therapy, which contradicts the natural inclination to reason the objective reality, must be exercised to restore a sense of safety to the patient’s reality. Compassionate and creative measures, such as voice, tactile, and natural supports, are what comprise the most effective techniques in validation interventions for VaD patients with Capgras syndrome.

Decoding dementia: a carers perspective in the UK

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Decoding dementia is not just about professionals researching and finding a cure. It is about providing information and support to carers. What I find is once a diagnosis of dementia is given, it is seldom the case that the family is given support from the GP. More often, people are left to their own devices. A common problem I find is people are given a diagnosis of dementia but not any details about the type of dementia. How is the family going to know what support to give if they are not aware of the exact diagnosis? Families and the person diagnosed require information which is easily accessible. Carers do not know what they don’t know. I know where to signpost people and do so, there is support available, but you need to know where to look for it. I have known of a carer looking after a loved one with dementia for two years with no professional help. How did they fall through the cracks? Decoding dementia for me is about supporting carers to know, what they can do to support their loved ones. It’s about reducing the stigma of dementia. Carers need to be told at diagnosis what the prognosis is and that there are stages. Carers are not told about what kind of symptoms to expect; all they hear about is memory, yet there are other areas affected and behaviours that they should be made aware of. Put yourself in a carer’s shoes.

Notes: