

Common Intellectual Changes in Dementia¹

Contributes to or Triggers Behaviour	Definition	Examples and Possible Behaviours	Screening Tool and Clinical Indicators
Amnesia	Loss of short and long term memory.	Resident asking repetitive questions.	RAI: Cognitive Performance Scale; MMSE, MoCA
Aphasia	Loss of language (comprehension and expression).	Return to first language, may resist care because they have difficulty following verbal directions, appears frustrated with inability to express personal needs.	RAI: Communication CAP
Agnosia	Loss of ability to recognize people/self/objects, sounds, and taste resulting in misidentification (even when no loss of the five senses).	Putting non-food items in the mouth, yelling/being afraid of reflection in mirror, using objects incorrectly (e.g. combing hair with fork), may appear frightened when unable to recognize others.	RAI: Cognitive Performance Scale
Apraxia	Loss of ability to move and coordinate body and limb movement in a purposeful way.	May look like they are resisting care (e.g. unable to follow instructions to dress, brush teeth, shaving, eating food).	RAI: ADL Short Form Scale, ADL Long Form Scale, ADL Hierarchy Scale
Anosognosia	A lack of awareness or denial of illness; Loss of ability to be aware of the correct personal situation.	Verbally denies having memory loss or difficulty managing own personal care, may be trying to leave facility, may refuse help.	RAI: Cognitive Performance Scale
Apathy	Loss of ability to initiate conversation or activities.	Expression may appear disinterested, withdrawn, flat; may appear uncooperative with care; insensitive to other people or their feelings.	RAI: Index of Social Engagement, Activities CAP, Social Relationship CAP
Altered perception	Loss of ability to interpret the environment correctly (e.g. shadows, depth perception).	May refuse to move if it requires stepping over a shadow or dark floor tile, may become frustrated with inability to reach an item, urinating next to toilet.	
Other:			
Frontotemporal damage	Loss of: insight/judgment, abstract thinking, observing social etiquette/norms, impulsiveness or disinhibition.	Refuses or is resistant to receiving help with personal care; calls people names/swears/racial slurs; expresses ideas with minimal thought to social etiquette; insensitive to other people or their feelings (e.g. invade people's space, taking people's personal items); impulsive or determined focus on an action, person, object, unpredictable.	RAI: Cognitive Performance Scale, Aggressive Behaviour Scale, Behaviour CAP
Personality change	Family reports changes in resident's usual personality and temperament.	Previously easy going resident may swear, become uptight or irritable.	

¹ Disclaimer: Examples are not exhaustive and may not apply for all dementias.