LOSING DEB DEMENTIA'S LONG PAINFUL JOURNEY



JOE LEA VISITS HIS WIFE, DEB, A PATIENT IN THE SENIORS UNIT AT ST. JOSEPH'S HEALTHCARE. DEB SUFFERS FROM DEMENTIA



JON WELLS

The coming spike in dementia cases in a rapidly aging population means an increased burden on the health care system, and on grieving families who cope with the reality that their loved ones will not be cured of the progressive disease in the brain Deb Lea is always walking, obsessively, with purpose, to nowhere. And she is unable to focus enough to engage in a conversation. But it is her eyes, most of all, that tell the story.

They are empty, no expression, as if light has been drained from her soul.

Her past and present, expectations for the future, it all used to be there. She had a joyful aura.

It broke Joe's heart to look into those eyes.

Because her husband remembers.

Deb is gone, but Joe remembers.

ABOUT 16 PER CENT OF dementia cases in Canada are those younger than 65. For every 10 years lived after age 65, the risk increases fivefold.

More than 750,000 Canadians live

with dementia and that number is projected to exceed 1.4 million by 2031.

It is caused by disease or injury to the brain, and is an umbrella term describing symptoms such as memory loss, impaired thinking and speech, and sometimes changes in mood and behaviour that affect one's ability to function.

The escalating burden is one reason St. Joseph's Healthcare opened

its Seniors Mental Health Service at West 5th Street and Fennell, to treat the most severe elderly mental illness patients in the region.

The coming wave of aging baby boomers has been dubbed the "silver tsunami" for its impact on the healthcare system, and the senior popula-tion in the Hamilton-Brantford-Niagara region is growing faster than anywhere else in Ontario.

(On the positive side, a good diet, exercise and sleep help maintain brain health, and these new seniors will generally be healthier than those that came before. The future ratio of older people to dementia cases is not necessarily a given.) Dementia continues // A5

Most dementia is progressive, symptoms worsen as more brain cells become damaged and die

"It works up to a point. But you can't forget this is an older person with dementia who has had a long life."

PETER BIELING
PROGRAM DIRECTOR,
SENIORS MENTAL HEALTH SERVICE,
ST. JOSEPH'S HEALTHCARE

Dementia continued from // Al

THE SERVICE'S TWO UNITS are always full; a 24-bed behavioural unitfor dementia patients and a 12-bed unit for those with other mental illnesses. (The Top 3 mental health disorders for seniors in 2014 were mood disorders, dementia and psy-

mood disorders, temeritia and psy-chotic disorders.)

The behavioural unit includes pa-tients who are aggressive or violent

— what is called "responsive beha-viour" in clinical terms.

These patients can't be managed in a long-term care setting, or at home, where in some cases a loved one has locked themselves in the bedroom

locked themselves in the bedroom for their own safety.

Patients in the units are not all elderly; one of them is a 30-some-thing with Huntington's disease, a genetic disorder in the brain. But staff primarily care for seniors, which is a recognition of their unique pends our disease.

needs, says director Peter Bieling. "Even just accounting for the physical pace of how (patients) walk down the hall ... It was high time for a separate unit with separate program-

He says they want to move toward a model that encourages indepen-dence among patients in a controlled environment, such as self-medicat-ing or preparing their own breakfast. Nurses compose storyboards with

personal information about each patient to try and make them feel at home; perhaps one of them used to enjoy a cup of afternoon tea, or cer-

tain types of music. It's a bit of a guessing game, Tastes might have changed, and certainly their minds have.

"It works up to a point," says Biel-ing, "But you can't forget this is an older person with dementia who has had a long life."

JOE LEA MET DEB in a church in Prince George, B.C. She was living with her aunt and uncle because she had trouble at home with her parents, after finding out at 16 she was adopted.

Joe was 21, working as a bricklayer

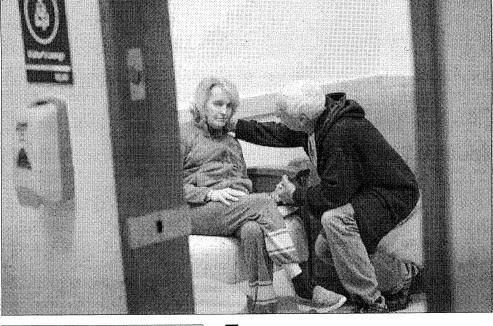
apprentice, and she was 19, when he asked her on a date.

"Thirty days later we got engaged and three months after that we married," Joe says. "It was the right fit."

They ultimately moved to Ontario, ad a son and a daughter, and settled in Ridgeway. Deb loved animals, She bred York-

parrotlets,
They owned eight horses and, with
Fort Erie Racetrack 15 minutes away,

boarded thoroughbreds. They





Top: Joe Lea visits his wife Deb at St. Joe's on West 5th "In geriatrics as a whole you're treating the each Sunday. patient, but also the He says he knows he has "lost" his wife, but he's family." MAXINE LEWIS determined to look after her to

PSYCHIATRIST. ST. JOSEPH'S HEALTHCARE make sure she's

cared for. **Above**: Dr. Maxine

Lewis says it's a "gift" to make a difference in the

lives of patients

and their loved

planned to start breeding as well. Deb sold one of her horses in 2006. The buyer pulled his trailer in front of their barn and the horse was load-

She was standing behind the trailerwhen the horse kicked the tailgate. It slammed into her chest and knocked herdown. Her head hit the ground and she suffered a concussion. Over time she became forgetful, did not seem like herself. The kids noticed it more than Joe. Ten years later, Maxine Lewis, a

psychiatrist from the seniors service at St. Joe's, drove from Hamilton to meet Deb Lea.

LEWIS GREW UP in the United Kingdom, where she began her ca-reer in geriatric medicine. Col-leagues noted how she was always talking to patients. She has an empataking to patients. She has a tempa thetic and sensitive way about her. She switched specialties to psychia-try and later moved to Canada. Her first vision of Deb was walking up and down the hallway at a long-

term nursing home in Niagara. She had to race alongside to talk to her. "She was quicker than me," says

Lewis, her English accent still prominent. "But she wouldn't say much. I had a long chat with Joe. He was tear

Joe told Lewis about the painful journey in the years since Deb's con-

First, bits of memory vanished. She stopped making eye contact, couldn't focus on anything, and had poor balance.

They had to sell all of her animals.

All she would do was bustle around All she would not was business around the house cleaning, or stuff wads of paper towels here and there, hide things.

It was like her brain was channel-

DEMENTIA'S ESCALATING BURDEN

More than 750,000 Canadians live with dementia, or about 15 per cent of Canadians 65 and older. The number of cases is projected to exceed 1.4 million by 2031

Alzheimer's disease is the most common form of dementia in Canada, accounting for about 60 per cent of cases.

. 16,000 Canadians under age 65 have dementia.

The risk of developing dementia increases by 45 per cent if you smoke.

The total health care system and out-of-pocket caregiver cost for dementia cases in Canada is about \$10,4 billion; by 2031 it will increase to about \$16.6 billion.

Legislation is making its way through the House of Common that would establish a national strategy for tackling dementia illnesses like Alzheimer's disease Health Minister Jane Philpott said recently the federal government will support it, adding that her father suffers from dementia

SOURCE; ALZHEIMER SOCIETY OF CANADA

ing her characteristic energy in ways that made no sense.

It got worse, though, and danger-ous: she wandered, sometimes out into the snow in her stockinged feet. She was in a car accident and emerged from it confused and disori-

She had an MRI and tests showed she had suffered multiple strokes.

Joe cared for her, bathed her, but it got impossible, she was like a giant toddler he couldn't control. Some-times she yelled at him and tried to hit him. After she was moved to the long-term care home she was placed in the lockdown unit after striking

out at others.
She was ultimately diagnosed with majorneurocognitive disorder due to multiple etiologies (dementia due to multiple causes).

Maxine Lewis recommended Deb be referred to St. Joe's Harbour

North Lunit.

She was medicated with antipsy-chotics to slow down the frenetic walking and acting out, and in the spacious halls of the big facility she bumping into people or objects.

One day she fell and banged her head and had a seizure, but that

med to jog her brain into a better

seemed to jog her brain into a better place.
Seniors with dementia in the unit have not typically been considered candidates for electroconvulsive therapy (ECT), which is a treatment the trappect I), which is a treatment that triggers a controlled seizure to "esset" the brain. But recent research suggests ECT can help with beha-vioural issues caused by dementia. Deb had several rounds of ECT

and it helped; she seemed more re-laxed and slept much better. Joe drove to Hamilton to visit every Sun-day and noticed the difference.

SOMETIMES PATIENTS show symptoms of dementia but it is a po-tentially treatable form, caused by vitamin deficiencies, or thyroid disease, sleep disorders, or a buildup of fluid in the brain called normal pressure hydrocephalus (which is some times misdiagnosed as Alzheimer's).

But most dementia is progressive, symptoms worsen as more brain cells become damaged and die. Patient care is about improving quality

"Cognitively, the people we are treating will get worse, but we can ease their distress," says Maxine

Lewis.

That is also the case for family

members who are grieving.
"It can be frightening for them; they are worried about their loved one. In geriatrics as a whole you're treating the patient, but also the family. So it feels like a gift, really, to make a difference in the lives of the patient, and their family." One family donated a painting to

the seniors unit, and a basketball net because their father/grandfather, a patient, had always loved shooting hoops.

Care for dementia is different from other types of medical treatment. Families may watch their loved one achieve an improved comfort level and state of mind. But there is no cure and in that respect it is inevita-bly a sadroad.

JOE LEA SAYS treatment in Hamilton helped give Deb a better sense of

She turns 61 at the end of November. Joe is 63 but says he feels half that

He will never abandon her

"Not after 40 years of marriage. It's not her fault. My wife is gone but I am not walking away, I will make sure she's taken care of." At one time he had planned to re-

tire young. That's not how it played out. He runs a stone cutting busin

in Ridgeway. He has a lot on his plate.
They had dreams of breeding horses, easing into retirement, riding

into the sunset of life together.
"All of that went to hell."

She doesn't know who Joe is. She hasn't known him in perhaps two

There are moments, though

She smiles when she sees this man who regularly comes to visit. And once, in the waning days of summer, she leaned over and gave

oe a kiss, the first one in two and a lfyears. "I thought: where did that come

from? You wonder what's going on in that mind." Joe has no idea what the kiss and the smiles mean to Deb. But to him

they mean a lot.

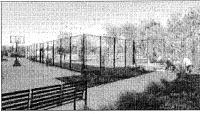
jwells@thespec.com 905-526-3515 | @jonjwells



ABOUT THE WRITER

Award-winning Hamilton Spectator reporter Jon Wells has written series in the past about the ER and ICU in Hamilton General Hospital, and McMaster University's Education Program in Anatomy

SIX DAYS OF PEACE OF MIND



The courtyard area for senior patients at St. Joe's

PEACE OF MIND is a six-part series by Spectator reporter Jon Wells that explores various aspects of adult mental health.

SATURDAY Solving riddles, cracking stigma MONDAY Losing Deb: Dementia's long and painful journey

PTSD: A soldier's story WEDNESDAY

Thought distortion: Anxiety disorders THURSDAY Crime and the mind: The forensic unit

TUESDAY

Suicide: The pain that kills