

ALZHEIMER'S-RELATED DEMENTIAS: UNDERSTANDING DIFFERENCES AND ADAPTING CARE PRACTICES

For professionals working in medical residences and facilities: caregivers, companions, activity leaders, supervisors

Better identify, understand and support each resident according to their specific pathology

Duration : 4 hours	Modules : 7 modules
Lessons : 28 lessons	Audience : Professionals in medical residences and facilities
Format : 100% online, asynchronous	Provider : N° 11757351875
Certification : Qualiopi	Price : On request

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Course description

This 4-hour training is designed for professionals working in medical residences and facilities. It provides an in-depth understanding of the main diseases related to Alzheimer's: Frontotemporal Dementia (FTD), Lewy Body Dementia, and vascular dementia. Beyond medical diagnosis, this training emphasizes the identification of symptoms specific to each pathology, understanding the clinical and behavioral differences with Alzheimer's disease, and the practical adaptation of professional practices. At the end of the training, participants will be able to better observe, understand, and support each resident while taking into account their specific pathology.

Module summary

MODULE 1	Overview of Dementias — Laying the Foundations	4 lessons
MODULE 2	Frontotemporal Dementia (FTD)	4 lessons
MODULE 3	Lewy Body Dementia and Vascular Dementia	4 lessons
MODULE 4	Adapting daily practices according to the pathology	4 lessons
MODULE 5	The DYNSEO tools to support residents on a daily basis	4 lessons
MODULE 6	Practical cases — analyze and react in real situations	4 lessons
MODULE 7	Key strategies to remember and personal action plan	4 lessons

Learning objectives

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- Identify the main characteristics and symptoms of FTD, Lewy Body Dementia, and vascular dementia
- Understand the clinical and behavioral differences between these pathologies and Alzheimer's disease
- Recognize frequent mistakes in interpreting behaviors in institutions
- Adapt communication, environment and activities according to each type of dementia
- Apply DYNSEO tools (EDITH, E-MEMORIES, TOP CULTURE, BEBUZZ, MY DICTIONARY) to support residents
- Develop appropriate professional responses through practical case analysis
- Build a personal and team action plan to improve daily care practices

General information

Duration	4 hours
Target audience	Professionals working in medical residences and facilities: caregivers, companions, activity leaders, supervisors

Prerequisites	None, training accessible to all adults
Pricing	Sur devis - TVA non applicable (article 261-4-4° du CGI)
Certification	Qualiopi - Attestation de fin de formation
Training organization	DYNSEO - N° de déclaration d'activité : 11757351875

MODULE 1**Overview of Dementias — Laying the Foundations**

4 lessons

Lesson 1 - Alzheimer's disease as a reference for comparison

- Main characteristics of Alzheimer's: memory impairment, disorientation, progressive evolution
- Brain areas primarily affected and their functional impact
- Why Alzheimer's is often confused with other dementias
- Limitations of diagnosis in institutions and the role of field professionals

Lesson 2 - Overview of related diseases — what are we talking about?

- Definition of Alzheimer's-related diseases according to HAS
- The 3 main targeted pathologies: FTD, Lewy bodies, vascular dementia
- Prevalence and reality on the ground in medical residences
- Why good identification concretely changes care management

Lesson 3 - The brain, dementia and its mechanisms — understanding to observe better

- Simplified functioning of the brain and areas involved in each type of dementia
- Differences between neurodegeneration (FTD, Lewy) and vascular impairment
- What this implies about preserved abilities and lost abilities
- Introduction to the concept of heterogeneity of profiles in institutions

Lesson 4 - Frequent mistakes in interpreting behaviors in institutions

- Confusing a FTD with a psychiatric disorder or a 'bad character'
- Interpreting Lewy fluctuations as simulation or depression
- Underestimating vascular dementia after a stroke
- How misidentification can lead to inappropriate or dangerous care

MODULE 2**Frontotemporal Dementia (FTD)**

4 lessons

Lesson 1 - Symptoms and clinical forms of FTD

- Two main forms: behavioral variant and primary progressive aphasia
- Behavioral symptoms: disinhibition, impulsivity, apathy, rituals, hyperorality
- Cognitive symptoms: impairment of executive functions, judgment, planning
- What is preserved in early stages: episodic memory, spatial orientation

Lesson 2 - What distinguishes FTD from Alzheimer's disease

- Generally earlier onset age (50-65 years)
- Absence of major memory disorders at the beginning
- Predominance of behavioral disorders over cognitive disorders
- Different evolution and prognosis: impairment of language and motor skills in the long term

Lesson 3 - Impact on life in the establishment — what the teams experience

- Destabilizing behaviors: inappropriate remarks, food theft, running away, aggression
- Frequent inappropriate reactions: moral redirection, restraints, isolation
- Understanding these behaviors as neurological symptoms, not choices
- Impact on families and the need for specific support

Lesson 4 - Adapting one's practice in response to a FTD resident

- Soft redirection techniques and attention diversion
- Environment design to limit risky behaviors
- Professional posture: neither judgment, nor confrontation, nor overstimulation
- Working in a multidisciplinary team to harmonize responses

MODULE 3**Lewy Body Dementia and Vascular Dementia**

4 lessons

Lesson 1 - Lewy Body Dementia — symptoms and specifics

- The 4 cardinal signs: cognitive fluctuations, visual hallucinations, parkinsonian syndrome, REM sleep behavior disorder
- Why hallucinations are often early and very structured (people, animals, objects)
- Fluctuations: significant variations in lucidity within the same day

- Specific risks: falls, syncope, orthostatic hypotension

Lesson 2 - Medication danger and caregiver vigilance in Lewy Body Dementia

- Hypersensitivity to neuroleptics: a vital risk to be absolutely aware of
- Contraindicated medications and possible serious side effects
- The caregiver's role in monitoring and communicating with the medical team
- How to report a behavioral change or an unusual reaction

Lesson 3 - Vascular dementia — onset, progression, and clinical profile

- Causes: stroke, micro-infarction, leukoaraiosis — the link with cardiovascular risk factors
- Onset modes: sudden (post-stroke) or progressive in stages
- Focal deficits depending on affected areas: memory, language, motor skills, mood
- Differences with Alzheimer's: awareness often more preserved, frequent associated depression

Lesson 4 - What distinguishes Lewy and vascular dementia from Alzheimer's — comparative table

- Comparison on: age of onset, first symptoms, progression, specific risks
- Points of convergence that complicate diagnosis (frequent mixed forms)
- What the field professional can observe and communicate to the doctor
- Importance of the care record as a tool for detection and monitoring

MODULE 4

Adapting daily practices according to the pathology

4 lessons

Lesson 1 - Adapt communication and relationship according to the type of dementia

- FTD: remain neutral, avoid confrontation, do not seek to correct
- Lewy body: do not contradict hallucinations, reassure without fueling anxiety
- Vascular dementia: adjust the pace, take into account fluctuations and fatigue
- Common foundations: respect, emotional validation, simplified and compassionate language

Lesson 2 - Secure the environment according to the specific risks of each pathology

- Lewy: fall prevention, clear signage, non-slip floors, visual contrasts
- FTD: securing access, managing hazardous objects, predictable organization of space
- Vascular: accessibility, assistance with mobility, management of associated motor deficits
- The environment as a care in its own right: principles of adapted architecture

Lesson 3 - Propose activities tailored to each pathological profile

- FTD: structured, ritualized activities, with few choices; avoid social overstimulation
- Lewy body: gentle activities, during periods of lucidity, light sensory stimulation
- Vascular dementia: cognitive stimulation adapted to residual abilities, short activities
- How to assess daily capabilities before suggesting an activity

Lesson 4 - Working as a team and communicating with families

- Importance of a common language within the team to name and share observations
- Transmission tools: behavioral sheets, liaison notebooks, case meetings
- How to explain to families the specifics of their loved one's pathology
- Emotionally protecting oneself against disturbing behaviors: resources and support among colleagues

MODULE 5

The DYNSEO tools to support residents on a daily basis

4 lessons

Lesson 1 - Individual Stimulation — EDITH and E-MEMORIES

- EDITH: an application specifically designed for seniors with cognitive disorders
- More than 30 accessible memory games, without timers or scores, to preserve pleasure
- Adapt EDITH sessions according to pathology: short for Lewy, routine for FTD, stimulation for vascular
- E-MEMORIES: activate autobiographical memory often preserved, thematic sheets from the 1930s to present

Lesson 2 - Collective Animation — TOP CULTURE and BEBUZZ

- TOP CULTURE: varied cultural quizzes to stimulate memory, attention, and knowledge in groups
- Ideal for early stages (behavioral FTD, mild vascular) whose general knowledge is preserved
- BEBUZZ: interactive activities projected on large screen (quizzes, blind tests, group games)
- Creates a supportive group dynamic that values each resident regardless of their pathology

Lesson 3 - Alternative communication — MY DICTIONARY

- An alternative and augmented communication (AAC) application for individuals who have lost verbal language
- Library of customizable images with integrated audio playback to express needs, choices, emotions
- Use of sequencing and visual routines to structure the day and reduce anxiety
- Particularly suited for advanced FTD with progressive aphasia and vascular dementias with severe language impairment

Lesson 4 - Fine motor skills and coordination — The Rolling Ball

- Attention and fine motor skills exercises on a balancing tablet, adaptable and progressive
- Particularly relevant for Lewy Body Dementia: maintaining coordination despite parkinsonian syndrome
- Also useful in vascular dementia with motor sequelae post-stroke
- How to integrate this tool into an individualized care project with physiotherapy and nursing team

MODULE 6

Practical cases — analyze and react in real situations

4 lessons

Lesson 1 - Practical case FTD — Mr. R., 61 years old, destabilizing behaviors in the unit

- Case presentation: verbal disinhibition, food theft, refusal of care, tension with other residents
- Situation analysis: identifying the FTD symptoms behind the behaviors
- What the team did that was counterproductive and why
- Implemented appropriate strategies: environment, communication, structured activities

Lesson 2 - Practical case Lewy body — Mrs. T., 78 years old, hallucinations and repeated falls

- Case presentation: night hallucinations, significant fluctuations, two falls in one week
- Analysis: recognizing the cardinal signs of Lewy Body Dementia
- Medication vigilance: suspicion of antipsychotics in the current prescription
- Responses from the care team: securing, medical transmission, family support

Lesson 3 - Practical case vascular dementia — Mr. K., 74 years old, post-stroke with depression

- Case presentation: sudden onset after stroke, partial aphasia, depressive syndrome, daily fluctuations
- Differentiating vascular dementia from isolated reactive depression
- Adapting communication and care to specific focal deficits
- Mobilizing resources: speech therapy, physiotherapy, short and rewarding activities

Lesson 4 - Cross-analysis — what if the pathology is not clearly identified?

- Mixed forms: when Alzheimer's, Lewy, and vascular dementia combine
- How to work without a precise diagnosis: observe, note, transmit
- The professional attitude in the face of diagnostic uncertainty
- Building a coherent team response despite clinical complexity

MODULE 7

Key strategies to remember and personal action plan

4 lessons

Lesson 1 - Summary — the 10 essential reflexes in response to related diseases

- Never interpret unusual behavior without seeking a neurological cause
- Know the specific medication contraindications for each pathology
- Adapt communication according to the resident's profile, not according to a single routine
- Observe and report: the field caregiver is the first detector of warning signs
- Work in a multidisciplinary team with a shared language and harmonized protocols

Lesson 2 - Build your personal and team action plan

- Identify in your establishment the residents potentially affected by these pathologies
- Identify current practices to prioritize adjustments based on present pathology
- Define 2 or 3 concrete actions to implement as soon as you return to your position
- Share the knowledge gained from the training with your colleagues: how to initiate the process as a team

Lesson 3 - Additional resources and professional monitoring

- Essential references: HAS, France Alzheimer, Médéric Alzheimer Foundation
- Recommended additional training to deepen knowledge of each pathology
- How to stay informed about the developments in best practice recommendations
- DYNSEO tools as support for continuity after training

Lesson 4 - Final assessment and summary of achievements

- Knowledge validation quiz: identify symptoms, differentiate pathologies, choose the correct adaptation
- Reflective feedback: what will change in my professional practice?
- Collection of satisfaction and areas for improvement for the training
- Issuance of the training certificate and downloadable resources

Teaching methods

- E-learning course accessible 24/7 from any device
- Self-paced progression with validation quizzes at the end of each module
- Downloadable practical resources and tools
- Certificate of completion issued at the end of training
- Access to DYNSEO support for technical questions

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Document établi par DYNSEO - Last updated : May 2026