

# State Plan for Alzheimer's and other Dementias of Oregon (SPADO) Roadmap for Dementia Diagnosis

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# Objectives

- Clinicians will be familiar with resources developed by the SPADO– Workgroup on Dementia Capable Licensed Health Care Workforce
- The entire office staff will know how to build knowledge and skills to manage their patients with cognitive impairment and dementia.
- Understand how to manage difficult behaviors

## Annual Exam

Mini Screen may be performed  
by trained assistant

## Tools

- Mini-Cog or GPCOG
- Family Questionnaire  
(if family makes available)

Normal

if

Follow up  
in one year

Score falls outside  
of normal range

<http://www.oregonspado.org/resources>

<http://www.oregonspado.org/resources/>

## Cognitive Assessment

(same day or new visit)  
+ include family

## Tools

One of the following:

- SLUMS or MoCA (may be performed by trained assistant)
- Family Questionnaire, e.g. AD8 Screening Interview or Alzheimer's Association Family Questionnaire.

Normal

if

Follow up  
in one year

Score falls outside of  
normal range

**Proceed to Dementia Workup**  
(page 2)

Determine the continuity  
of care plan

# DEMENTIA WORK-UP

Follow these diagnostic guidelines in response to cognitive assessment score outside of normal range

## History and physical

- Person-centered care includes understanding cultural context in which people are living (see [www.actonalz.org/culturally-responsive-resources](http://www.actonalz.org/culturally-responsive-resources)).
- Review onset, course, and nature of memory and cognitive deficits and any associated behavioral, medical, or psychosocial issues. The following questionnaires for family may help:
  - » AD8;
  - » Alzheimer's Association Family Questionnaire.
- Assess ADL's, and IADL's, including driving and possible medication and financial mismanagement (AD8, Family Questionnaire or OT evaluation my assist).
- Conduct structured mental status exam (e.g., MoCA, SLUMS).
- Assess mental health (consider depression, anxiety, chemical dependency, PTSD).
- Perform neurological exam focusing on focal/lateralizing signs, vision, including visual fields, and extraocular movements, hearing, speech, gait, coordination, and evidence of involuntary or impaired movements.

# Common types of dementia

- Alzheimer's Disease
  - Insidious, Memory/learning + Language + Visuospatial
- Lewy Body Disease
  - Fluctuating cognition, Recurrent visual hallucinations, Parkinsonism
- Vascular Dementia
  - Sudden or stepwise, asymmetric neurological exam, cerebrovascular disease on brain imaging
  - Binswanger's: (white matter lesions) Memory loss and executive dysfunction predominate;  
Impaired judgment, ability to make decisions  
Vascular parkinsonism coexists
- Frontotemporal
  - Frontal-executive dysfunction, Behavior or language impairment

May have contribution from untreated sleep apnea



# MONTREAL COGNITIVE ASSESSMENT (MOCA)

NAME :

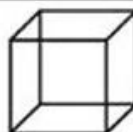
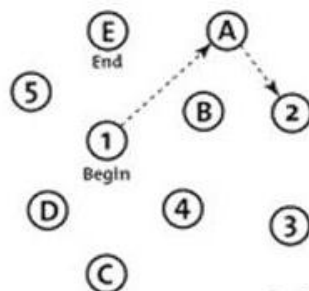
Education :

Sex :

Date of birth :

DATE :

## VISUOSPATIAL / EXECUTIVE


Copy  
cube

Draw CLOCK (Ten past eleven)  
(3 points)

POINTS

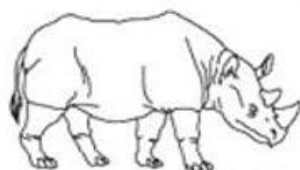
[ ] [ ] [ ]  
Contour Numbers Hands

\_\_\_/5

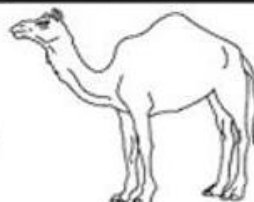
## NAMING



[ ]



[ ]



[ ]

\_\_\_/3

## MEMORY

Read list of words, subject  
must repeat them. Do 2 trials.  
Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED
1st trial					
2nd trial					

No  
points

## ATTENTION

Read list of digits (1 digit/ sec.).

Subject has to repeat them in the forward order [ ] 2 1 8 5 4  
Subject has to repeat them in the backward order [ ] 7 4 2

\_\_\_/2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors

[ ] FBACMNAAJLBAFAKDEAAAAJAMOFAB

\_\_\_/1

Serial 7 subtraction starting at 100

[ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65  
4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt

\_\_\_/3

## LANGUAGE

Repeat : I only know that John is the one to help today. [ ]

The cat always hid under the couch when dogs were in the room. [ ]

\_\_\_/2

Fluency / Name maximum number of words in one minute that begin with the letter F [ ] (N ≥ 11 words)

\_\_\_/1

## ABSTRACTION

Similarity between e.g. banana - orange = fruit [ ] train - bicycle [ ] watch - ruler

\_\_\_/2

## DELAYED RECALL

Has to recall words

WITH NO CUE

FACE	VELVET	CHURCH	DAISY	RED
[ ]	[ ]	[ ]	[ ]	[ ]

Points for  
UNCUED  
recall only

\_\_\_/5

## Optional

Category cue

Multiple choice cue

## ORIENTATION

[ ] Date [ ] Month [ ] Year [ ] Day [ ] Place [ ] City

\_\_\_/6

# Diagnostics

## Lab Tests

- Routine: CBC, lytes, BUN, Cr, Ca, LFTs, glucose.
- Dementia screening labs: TSH, B12.
- Contingent labs (per patient history): RPR or MHA-TP, HIV, heavy metals.



## Neuroimaging

- CT or MRI recommended.

## Other Tests

- Evaluate for Sleep Apnea – STOPBang



## Cognitive Assessment/Neuro Testing

- Indicated in cases of early or mild symptom presentation, for differential diagnosis, determination of nature, and/or development of appropriate treatment plan. Not recommended in cases of severe impairment.

## Ability to Function

- Does cognitive decline from baseline impact individual's ability to function?





## Follow-Up Diagnostic Visit

- Include family members, friends, or other care partners.
- Refer to the Aging and Disability Resource Connection of Oregon (ADRC) 1-855-673-2372, [www.helpforalz.org](http://www.helpforalz.org).
- Refer to the Alzheimer's Association 24/7 Helpline at 1-800-272-3900 or visit [www.alz.org](http://www.alz.org).
- Offer the following resources:
  - » *Help is Here: When someone you love has dementia*
  - » National Institute on Health (NIH) Resources

# All Cognitively Impaired Patients

- Specific diagnosis
- Education for patient and family
- Caregiver Support
- Advance Planning for Dementia
- Appropriate Medication Prescription
- Management of behavioral symptoms

# Cholinesterase Inhibitors / Memantine

- Galantamine, Rivastigmine, Donepezil
  - Increase Ach in the synaptic cleft
  - Literature is mixed
  - Some patients have benefit, but many either do not change or worse
- Memantine
  - Literature is also mixed: may worsen function
  - Sedating- may be helpful in worry, mild paranoia

# Dementia Planning for the Future

- Retiring from Driving
- Care when unable- by whom and where
- Feeding when can't swallow
- Hospitalization or Hospice when ill
- End of Life: When Heart & Breathing Stop  
“try to revive” or “allow natural death”

# Symptom Oriented Approach to Behaviors

- Define the target behaviors
- Look for a pattern in the patient's behavior which is analogous to that typically seen in a "drug responsive" psychiatric syndrome
- Psychotic – overly suspicious, angry when approached, delusional
- Depressive – irritable, sad, vegetative, withdrawn
- Manic – euphoric, accelerated, hypersexual, labile affect
- Anxious – worry, restless, somatic concerns

# Match target symptom to the drug class

Behavioral disturbance	Drug to consider
Depressive Spectrum	Antidepressant
Psychotic Spectrum	Antipsychotic, CI
Manic	Mood Stabilizer
Anxiety Spectrum	SSRI
Aggression / Anger Mild / Acute	Trazodone
Aggression /Anger Mild / Longterm	SSRI, Trazodone, Depakote, CI
Aggression / Anger Severe Acute	Antipsychotic

# Antipsychotics

- *Not* the mainstay for reducing agitation
- FDA Black box warning: increase mortality and stroke
- Benefits may outweigh the risks in patients:
  - when treatment of hallucinations and delusions is critical, or
  - when violence threatens safety



# Dementia Communication

## **DON'T**

- Reason
- Argue
- Remind them that they forget (don't reorient )
- Ask questions of recent memory
- Take it personally!

## **Do**

- Give short, one phrase instructions
- Repeat information exactly the same way
- Be patient, cheerful,
- Go with the flow
- Leave and come back
- Use diversion

# Evaluating effectiveness

Set realistic expectations:

- Reducing rather than completely eliminating behavior symptoms
- Reducing the most difficult/dangerous symptoms
- Reset what is “normal”

## Changing strategies

- Success is often a matter of trial and error.
- Interventions may work one day, but not the next.
- Avoid Interventions that escalate anger or agitation.
- When to change strategies:
  - Caregiver health threatened
  - Caregiving situation threatened
  - Escalation of agitation or symptom intensity
  - Symptoms warrant use of medication

# Mr. Smith

- Assisted living calls for medication for “behavior”
- Belligerent & fighting with other residents
- Occurs on the way to the dining room
- Mr. Smith’s walker gets stuck on other’s chairs on the way to his table
- Mr. Smith seems ravenous
- Mr. Smith is diabetic, on several medications

Mr. Jones, 85 yo; MoCA=11, Alcohol+Vascular

- Married x 62 years
- Independent all ADLs but “pees in a jar” in his workshop
- Drives to his son’s house alone (several miles) and “just stays in the same lane”
- Wife: “I am going to take care of him”

Mr. Park, 68 yo man with Alzheimer's;  
MoCA=14

- Depressed, PTSD
- Wife needs to prompt for IADLs
- Drives his truck and their fifth wheeler
- Sleeps with a loaded gun by his bed
- Wife anxious and stressed

# AFTER A DEMENTIA DIAGNOSIS: WHAT TO DO NEXT

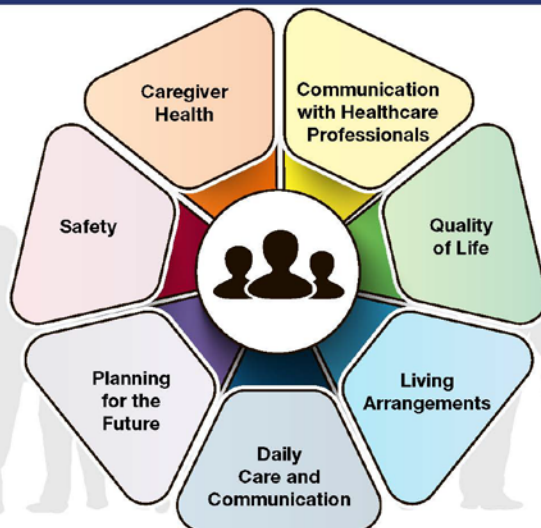
**Help is available. There are people and resources available to listen and assist you.**

- Call the [Aging and Disability Resource Connection of Oregon \(ADRC\)](http://www.helpforalz.org): 1-855-673-2372. [www.helpforalz.org](http://www.helpforalz.org)
- Call the [Alzheimer's Association](http://www.alz.org) 24/7 Helpline at 1-800-272-3900 or visit [www.alz.org](http://www.alz.org)
- Review the guide book, [Help is Here: When someone you love has dementia](#).
- Review the guide book, [National Institute on Health \(NIH\) Resources](#).

**You have a lot of questions and there is a lot to think about.  
It is not all going to get done right away, and that is OK!**

- Continue to do things you and the person diagnosed enjoy - together.
- Make a follow-up medical appointment for the person within three months or less.
- Talk with the person's health care provider about safety concerns (driving, self-care, falling, etc.), as well as activities of daily living (eating, dressing, bathing, etc.)
- Begin planning for the future, involving the person as much as possible.

## IMPORTANT ISSUES TO ADDRESS



### Safety

- [Home safety](#)
- [Medication safety](#)
- [Wandering](#)
- [Driving](#)
- [Change in Behavior](#)
- [Financial Protection](#)

### Caregiver Health

- [Caregiver assessment](#)
- [Education and counseling](#)
- [Support groups](#)
- [Help is Here: When someone you love has dementia](#)
- [Family Caregiver Alliance](#)
- [Caregiver Respite](#)
- [OR Care Partners](#)

### Communication with Healthcare Professionals

- [Working with the healthcare professional](#)
- [Questions to write down and ask the healthcare professional](#)
- [In the Hospital](#)
- [Care coordination](#)

### Quality of Life

- [The Rights of People with Dementia](#)
- [Staying engaged](#)
- [Music and art](#)
- [Activities that the person and caregiver can both enjoy](#)
- [Depression & Dementia](#)

### Living Arrangements

- [Care options](#)
- [Finding care](#)
- [Transitions of care](#)
- [Financial Considerations](#)
- [Payment for Care](#)

### Daily Care and Communication

- [Memory loss and confusion](#)
- [Tips for communicating](#)
- [Food and eating](#)
- [Personal care](#)
- [Change in Behavior](#)

### Planning for the Future

- [Legal planning](#)
- [Legal and financial planning education](#)
- [Paying for care](#)
- [Medicare vs. Medicaid](#)
- [What is HIPAA](#)

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