Memory and Parkinson’s Disease: Facing Changes and Planning Ahead

Essential Tools, July 16, 2020

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About us…

The Layton Aging & Alzheimer’s Disease Center at OHSU is one of 30 NIH Alzheimer’s Disease Centers in the United States and the only one of its kind in Oregon.

The Layton Center conducts studies of promising treatments, technologies for patient support, genetics, neuroimaging and pathology.

Along with research, we also provide evaluation and treatment for persons with dementia and their family members.
Outline

• Dementia overview
• Avoiding serious health events
• Preparing for the future
Parkinson’s Disease Dementia

- Dementia is a condition that affects memory, thinking and judgement
- Up to 50% of those with PD develop dementia
- Can occur in the later stages of PD
- Mild cognitive impairment may occur earlier
Concerning Changes

Poor judgement

Inability to manage a budget

Losing track of the season

Difficulty having a conversation

Misplacing things and being unable to retrace your steps

Typical Changes

Making a bad decision once in a while

Missing a monthly payment

Forgetting what day it is, but remembering later

Sometimes forgetting what word to use

Losing things from time to time
Protecting your memory

• Not everyone with PD develops dementia
• For those that do, it is not anyone’s fault
• It is possible to minimize dementia risk
Minimize dementia risk

- Exercise
- Socialize
- Eat a healthy diet
- Avoid serious health events and hospitalization
Prevent serious health events

• Infections, fractures, falls all make a person vulnerable to memory troubles and delirium
• Memory troubles can be short or long-term
• Delirium
  – An acute condition that results in reduced level of consciousness, confusion and impaired attention
Prevent serious health events

- People with PD are at increased risk of developing delirium, especially when in the hospital (56% compared to 30% w/o PD)
- Delirium increases the risk of developing dementia
Preventing serious health events
Prevent serious health events

• Don’t fall
• Don’t get sick
• Be prepared
Falls

- Balance
- Strength
- Wisdom
Prevent falls
Pocket Talker
Follow PT orders
Be wise
Falls are accidents

- Nobody falls on purpose
- We’re all at risk
- Blame no one
Preventing serious health events

<table>
<thead>
<tr>
<th>Reason</th>
<th>US</th>
<th>International</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective surgery</td>
<td>77%</td>
<td>44%</td>
<td>67%</td>
</tr>
<tr>
<td>Fall/fracture</td>
<td>60%</td>
<td>75%</td>
<td>65%</td>
</tr>
<tr>
<td>Other infections</td>
<td>49%</td>
<td>69%</td>
<td>55%</td>
</tr>
<tr>
<td>Mental status change</td>
<td>43%</td>
<td>69%</td>
<td>51%</td>
</tr>
<tr>
<td>Aspiration pneumonia</td>
<td>46%</td>
<td>56%</td>
<td>49%</td>
</tr>
<tr>
<td>Medication issues</td>
<td>14%</td>
<td>19%</td>
<td>16%</td>
</tr>
<tr>
<td>Anxiety/Depression/Psychosis</td>
<td>6%</td>
<td>38%</td>
<td>16%</td>
</tr>
<tr>
<td>Related to DBS</td>
<td>6%</td>
<td>13%</td>
<td>8%</td>
</tr>
<tr>
<td>Related to Duodopa</td>
<td>6%</td>
<td>13%</td>
<td>8%</td>
</tr>
</tbody>
</table>
Protect from infection

- Stay up to date on vaccines
  - Shingles (herpes zoster)
  - Flu shot (annually)
  - Tetanus, diphtheria, pertussis
  - Pneumococcal
  - H. flu
  - MMR?
Mediterranean Diet Pyramid
A contemporary approach to delicious, healthy eating

- Meats and Sweets
  - Low intake
- Poultry, Eggs, Cheese, and Yogurt
  - Moderate portions, daily to weekly
- Fish and Seafood
  - Often, at least twice times per week
- Fruits, Vegetables, Grains (mostly whole), Olive oil, Beans, Nuts, Legumes and Seeds, Herbs, and Spices
  - Base every meal on these foods

Illustration by George Malchevski
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Prepare for challenges ahead

- Illness will be in our future
- Hospitalization is likely
- We all die
What is Advance Care Planning (ACP)?

– A process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals, and preferences

– The goal is to receive medical care that is consistent with our values, goals and preferences during serious and chronic illness.

Sudore et al. 2017
Continuum of Advance Care Planning

- Name Surrogate Decision Maker
- Complete Advance Directive
- Goals of Care Conversations
- Offer POLST
- EOL Decision Making

Basic Advance Care Planning Includes:

1. **Who** would make health care decisions for you?

2. **What care would you want** if you had a serious illness or injury and were unlikely to recover?

3. **What is important** to you?
How to choose a Surrogate Decision Maker (Proxy)?

Someone who...

✓ You can trust to speak for you
✓ You can talk to about your values, goals and preferences
✓ Is able to make decisions in stressful situations
✓ Is able to follow your wishes
✓ Is willing to accept the role
2. What care would you want?

- Advance Directive
- Physicians Orders for Life Sustaining Treatment (POLST)
<table>
<thead>
<tr>
<th>Advance Directive</th>
<th>POLST</th>
</tr>
</thead>
<tbody>
<tr>
<td>For anyone 18 years or older</td>
<td>Most appropriate for those who are at risk for cognitive impairment, frail or seriously ill</td>
</tr>
<tr>
<td><strong>Legal document</strong> completed by patient with instructions for end-of-life treatments</td>
<td><strong>Medical orders</strong> for life sustaining treatments</td>
</tr>
<tr>
<td>Does not guide emergency personnel because it is NOT a medical order</td>
<td>Provides medical orders to emergency medical personnel</td>
</tr>
<tr>
<td>No need for healthcare provider’s signature</td>
<td>Needs healthcare provider’s signature</td>
</tr>
<tr>
<td>Appoints a healthcare representative Needs patient’s and healthcare representative’s signature</td>
<td>Does not identify surrogate decision maker Patient’s and surrogate decision maker’s signature is recommended but not required</td>
</tr>
<tr>
<td>No registry available - must file with each provider</td>
<td>Oregon POLST registry available</td>
</tr>
</tbody>
</table>
Late stage dementia

- Use lucid moments to ask for more input about their values, care wishes
- Tell the story of the person’s life
  - Who and what s/he has loved
  - What s/he has believed
  - What s/he has valued
  - What s/he has hoped for and feared
- Healthcare team can tell care options, prognosis, opinions based on experience
- Together arrive at the best judgement for what care best fit to the real values and interests of the person
Tools available to enhance ACP

For patients

• The Conversation Starter Kit (theconversationproject.org)

• The GoWish game (www.gowish.org)

• Hello Game (commonpractice.com)

• PrepareForYourCare (https://prepareforyourcare.org)

• National Hospice and Palliative Care Organization (www.caringinfo.org)
In summary-

• Enjoy your life
• Protect yourself
• Plan ahead
Thank You