Roadmap to Dementia Diagnosis and Management: The State Plan for Alzheimer’s Disease and Related Dementias (ADRD) in Oregon

SPADO

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October 19, 2017
Objectives

- Better understand the impact of dementia in Oregon
- Review the roadmaps for dementia for families before and after diagnosis
- Review the roadmap for Healthcare Providers to assist with diagnosis and early treatment for patients with ADRD
1906: Dr. Alzheimer writes a paper describing paranoia and mental decline in a patient in her 50s. Dr. A examined her brain after she died. Under the microscope he saw brain abnormalities he thought might explain her symptoms.
Alzheimer’s disease

There are several changes occurring in the brains of patients with Alzheimer’s disease. To name just a few:

- amyloid plaques
- neurofibrillary tangles
- depletion of brain chemicals, such as “acetylcholine”
Impact of Alzheimer’s Disease

- >65 years: One in nine
- >85 years: One in three
- 2/3 are women
- Today: ~5.4 million have AD
- 2050: >14 million will have
- Sixth leading cause of death age > 65
- 80% of home care by family
- $236 billion dollars in 2016

Alzheimer’s Association, “2016 Facts and Figures”
Impact of Alzheimer’s Disease in Oregon

- 2010 - 76,000 with ADRD
- 2025 – Estimated 110,000
- 165,000 unpaid caregivers
- $2.2 billion in annual costs
- 80% of home care by family
- Sixth leading cause of death age > 65
- Only major disease increasing in mortality

Alzheimer’s Association, “2016 Facts and Figures”; State Plan for Alzheimer’s Disease and Related Dementias in Oregon 2010
DSM-5 criteria for major neurocognitive disorder (previously dementia)

A. Evidence of significant cognitive decline from a previous level of performance in one or more cognitive domains*:
- Learning and memory
- Language
- Executive function
- Complex attention
- Perceptual-motor
- Social cognition

B. The cognitive deficits interfere with independence in everyday activities. At a minimum, assistance should be required with complex instrumental activities of daily living, such as paying bills or managing medications.

C. The cognitive deficits do not occur exclusively in the context of a delirium

D. The cognitive deficits are not better explained by another mental disorder (e.g., major depressive disorder, schizophrenia)
CONCERNED ABOUT DEMENTIA?

Access this form online at: www.oregonspado.org

Know the 10 signs of dementia

Help and resources are available

Schedule an appointment with the person’s primary care provider

Things providers should do at initial appointment

Next steps—following the initial appointment

Every person has the right to an accurate and timely diagnosis

Rights of People with Dementia

People with dementia have the right to:
1. An accurate and timely diagnosis and to be informed of that diagnosis.
2. Be regarded as unique individuals and be treated with respect and dignity.
3. Access a range of treatment, care and supports, regardless of age and current condition.
5. Be as independent as possible and be included in his or her community.
6. Have formal caregivers who are well supported and educated about dementia.
7. End-of-life care that respects individuals’ wishes.

10 Signs of Dementia May Be Present

1. Memory loss that disrupts daily life.
2. Challenges in planning or solving problems.
3. Difficulty completing familiar tasks at home, at work or at leisure.
4. Confusion with time or place.
5. Trouble understanding visual images and spatial relationships.
6. New problems with words in speaking or writing.
7. Misplacing things and losing the ability to retrace steps.
8. Decreased or poor judgment.
9. Withdrawal from work or social activities.
10. Changes in mood and personality.

Help & Resources

- Call the Alzheimer’s Association 24/7 Helpline at 1-800-272-3900 or visit www.alz.org.
- Review helpful information in the guidebook, Help is Here: When someone you love has dementia.
- Review helpful information in the guidebook, National Institute on Health (NIH) Resources.

The Appointment

1. Attend the appointment with the person, or provide a written list of concerns. Give examples of how changes are interfering with the person’s daily life.
2. Take all the person’s medications, supplements, and over the counter medications to the appointment.
3. Consider completing one of the following brief questionnaires.
   - ADI Dementia Screening Interview
   - Alzheimer’s Association Family Questionnaire

Things the Provider Should Do

- Review family history.
- Conduct a physical evaluation, which may include lab work or imaging, to rule out medical conditions.
- Complete a medication review.
- Review brief assessments if you completed.
- Perform a cognitive screening.

Next Steps

- A follow-up appointment for further testing and/or go over lab (and imaging) results.
- A referral appointment to a geriatrician/gynecologic nurse practitioner, neurologist, geriatric specialist or a local expert for additional testing.

Right to an Accurate and Timely Diagnosis

- If you have additional questions, express your concerns and request a follow-up appointment.
- Not all primary care providers have the time or the ability to perform a full dementia evaluation. You may choose to seek an appointment with a specialist (geriatrician/gynecologic nurse practitioner, neurologist, geriatric psychiatrist, neuropsychologist) or a local expert for additional testing.
- Know The Rights of People with Dementia. (See page 1)
Rights of People with Dementia

People with dementia have the right to:

1. An accurate and timely diagnosis and to be informed of that diagnosis.
2. Be regarded as unique individuals and be treated with respect and dignity.
3. Access a range of treatment, care and supports, regardless of age and current condition.
5. Be as independent as possible and be included in his or her community.
6. Have formal caregivers who are well supported and educated about dementia.
7. End-of-life care that respects individuals’ wishes.
Ten Warning Signs of Alzheimer’s Disease

1. Memory loss.
2. Difficulty performing familiar tasks.
3. Problems with language.
4. Disorientation to time and place.
5. Poor or decreased judgment..
6. Problems with abstract thinking.
7. Misplacing things.
8. Changes in mood or behavior.
10. Loss of initiative

Alzheimer’s Association, www.alz.org 2017
Help and resources are available


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- Review helpful information in the guide book, National Institute on Health (NIH) Resources
Schedule the appointment

1. Attend the appointment with the person, or provide a written list of concerns. Give examples of how changes are interfering with the person’s daily life.

2. Take all the person’s medications, supplements, and over-the-counter medications to the appointment.

3. Consider completing one of the following brief questionnaires.
   - AD8 Dementia Screening Interview
   - Alzheimer’s Association Family Questionnaire

If the person refuses to attend the appointment, the following ideas may be helpful: *Visiting the Doctor: My Loved One Refuses to Go to the Doctor*
The Appointment

Things the Provider Should Do:

- Review family history.
- Conduct a physical evaluation, which may include lab work or imaging, to rule out medical conditions.
- A complete medication review.
- Review brief assessments if you completed.
- Perform a cognitive screening.
Next Steps

- A follow-up appointment for further testing and/or go over lab (and imaging) results.

- A referral appointment to a geriatrician/geriatric nurse practitioner, neurologist, geriatric psychiatrist, neuropsychologist or a local expert for additional testing.
Resources

- [www.oregonspado.org](http://www.oregonspado.org)

- Training resources from the U.S. Health Resources and Services Administration (HRSA) related to dementia
  
  [https://bhw.hrsa.gov/grants/geriatrics/alzheimers-curriculum](https://bhw.hrsa.gov/grants/geriatrics/alzheimers-curriculum)
Thank you!