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
Cognitive Assessment
(same day or new visit)
+ include family

if

Normal

Follow up in one year

Score falls outside of normal range

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.

Proceed to Dementia Workup
(page 2)

Determine the continuity of care plan

http://www.oregonspado.org/resources/
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).
- 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 may 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.

http://www.oregonspado.org/resources
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
**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.

**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.

**Neuroimaging**
- CT or MRI recommended.

**Other Tests**
- Evaluate for Sleep Apnea – STOPBang

**Ability to Function**
- Does cognitive decline from baseline impact individual’s ability to function?

http://www.oregonspado.org/resources/
Follow-Up Diagnostic Visit

- Include family members, friends, or other care partners.
- Refer to the Alzheimer’s Association 24/7 Helpline at 1-800-272-3900 or visit 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

<table>
<thead>
<tr>
<th>Behavioral disturbance</th>
<th>Drug to consider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressive Spectrum</td>
<td>Antidepressant</td>
</tr>
<tr>
<td>Psychotic Spectrum</td>
<td>Antipsychotic, Cl</td>
</tr>
<tr>
<td>Manic</td>
<td>Mood Stabilizer</td>
</tr>
<tr>
<td>Anxiety Spectrum</td>
<td>SSRI</td>
</tr>
<tr>
<td>Aggression / Anger Mild / Acute</td>
<td>Trazodone</td>
</tr>
<tr>
<td>Aggression / Anger Mild / Longterm</td>
<td>SSRI, Trazodone, Depakote, Cl</td>
</tr>
<tr>
<td>Aggression / Anger Severe Acute</td>
<td>Antipsychotic</td>
</tr>
</tbody>
</table>
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) 1-866-673-2372. www.oregonspado.org
- Call the Alzheimer’s Association 24/7 Helpline at 1-800-272-3900 or visit 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.

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