Dementia and Alzheimer’s Disease: PBL

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Learning Objectives

1. Practice applying new knowledge and skills gained from Dementia and Alzheimer’s Disease sessions, through collaborative learning with peers and expert faculty.
2. Identify strategies that foster optimal management of dementia/alzheimer’s, within the context of professional practice.
3. Formulate an action plan to implement practice changes, aimed at improving patient care.

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Only those individuals in a position to control content for this session have indicated they have no relevant financial relationships to disclose.

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Dr. Loskutova earned her medical degree in general psychiatry. She earned her doctorate in rehabilitation sciences, with a focus on aging, cognitive impairment, and neurorehabilitation, from the University of Kansas Medical Center. Her primary research interests are practice-based studies and implementation science research, as well as aging research that leads to improved care delivery and patient safety for older adults. Dr. Loskutova has served in key roles on several large practice-based research projects. She has a strong background in educational research, including curriculum development, educational program evaluation, dissemination and implementation research, and research evaluation. At the AAFP NRN, she focuses on practice-based, patient-centered research activities applicable to primary care.

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Since his retirement from military service in 2013, Dr. Unwin has worked primarily as a nursing home physician and regional geriatrics consultant, with an emphasis on caring for patients who have dementia. He embraces a palliative care philosophy to meet the needs of these patients and their families. With more than 25 years of experience teaching family medicine and geriatrics, he has taught in U.S. Army family medicine residencies, at the Uniformed Services University of the Health Sciences, Bethesda, Maryland; and in programs affiliated with the Virginia Tech Carilion School of Medicine, Roanoke. In 2011, he received the William P. Clements Award for Excellence in Education as the Uniformed Services University’s outstanding military educator. He was also awarded the Army Surgeon General’s “A” for outstanding military education. Dr. Unwin was chosen to be the U.S. Department of Defense representative to the National Alzheimer’s Project Act from 2012-2013. In addition, he was selected as the AAFP’s representative to the American Academy of Neurology (AAN) and American Psychiatric Association (APA) Dementia Measure Development Work Group.

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Natalia Loskutova, MD, PhD
• Research Grant: Eli Lilly (aging)

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Associated Sessions
• Dementia and Alzheimer’s Disease: Providing Quality Care to Patients with Dementia

Introduction
• Team-based learning
• Team ID Number with your responses
• Interaction and Discussion
• Pick a “Team Scribe” = the AES button pusher
• Mostly discussion and “philosophy” NOT “right answers”
• We’ll use a case to ‘shape’ the conversation…

Focus: Application of the 2015 Dementia Management Quality Measurement Set Update
• Disclosure of Dementia Diagnosis
• Caregiver Education and Support
• Functional Status Assessment
• Screening and Treatment of Behavioral and Psychiatric Symptoms
• Safety Concern Screening and Follow-Up
• Driving Screen and Follow-Up
• Advanced Care Planning and Palliative Care Counseling
• Pain Assessment and Follow-up
• Treatment of Dementia

First task = picking our topics
• We only have an hour!
• Quickly: Which TWO of the nine topics does your group want to address?
• We’ll try to review the top three selected by our groups (more if time allows)…

General themes of my questions and the discussion:
• What are the barriers you face to addressing the topic? *(Barriers you face? Barriers patients and families face?)*
• What words do you say to address the topic? *(How to you address these hard questions?)*
• What are the tools/resources you use to approach the topic and achieve patient goals?
Focus: Application of the 2015 Dementia Management Quality Measurement Set Update

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American Academy of Neurology and American Psychiatric Association May 2017

Case:

- Chief Complaint:
  - 75 year-old female with “no problems at all.”
  - Family is worried about her behaviors after repair/rehab of hip fracture “she wasn’t like that before surgery.”
  - Behaviors: up all night, sleeps all day; delusions (?) of family trying to hurt her; worried about people trying to get into home; irritable.
- HPI:
  - Lived with children after husband died x3 years ago ("she needed help with things")
  - Fell outside of home (after midnight), found that morning when family was going to work.
  - Left hip fracture repair (5-day hospital stay with delirium), 20 day SNF rehab stay, now walking with walker four months after fracture.

Past Medical History

- PSH: hip fracture repair, childhood appendectomy, arm fracture (fall), lumbar compression fracture (fall), MVA (concussion, about three years ago, stopped driving)
- PMH: Hypertension (uncontrolled), tobacco, likely COPD (chronic morning cough, never tested)
- Usual childhood diseases
- Gyn: G4P4 (two sons in community, one son deceased (“Don’t ask her about it”), daughter in jail (“She’s out of my life.”)
- Psychiatric: denies problems (“I’m not crazy”)
- Mostly episodic care

Medications, Allergies

- NKDA
- Medications:
  - Motrin as needed
  - Calcium/Vitamin D (maybe)
  - Bisphosphonate: not taking
  - HCTZ (self-manages) 25mg daily
  - “I’m not taking ‘rat poison.’”
  - Non-compliance likely

Immunizations and Family History

- Immunizations: “Don’t believe in them”
- Family History:
  - last of her siblings; others died of strokes and ‘old age.’
  - Parents died in their 50s (mining, farming)
  - Children: alive and well…kinda

Social History

- 10th grade education
- “Farmer’s wife”
- Stopped smoking 10y ago
- ‘Never’ alcohol and drugs
- Christian, stopped going to church because of ‘hypocrites.’
Review of Systems
- Weight loss that stabilized and regained after hospitalization/SNF stay
- Hip pain, but vague/non-specific and inconsistent
- Denies depression and memory problems
- Some “normal” hearing loss
- Some vision problems, “hasn’t seen an eye doctor.”
- Otherwise, patient denies

Physical Examination
- Vitals: 160/85, IRRR-75, normal Pox and Respirations
- General: older than stated age, in NAD
- HEENT: decreased finger rub bilaterally, poorly visualized eyegrounds, poor dentition
- No focal neurologic deficits

Laboratory/Radiology
- Normal CBC, CMP, TSH, B12 and folate (done during her delirium workup)
- Normal Vitamin D level
- Head CT:
  - Impression: “Senescent and white matter changes.”
  - OBTW...Body of report mentions relatively greater atrophy of frontal/temporal areas.

AES Question:
- What ‘new’ medical and age related conditions might be contributing to her cognitive impairments?
Tools for Disclosure of Diagnosis:
- Alz.org
- Seek to understand before being understood
  - Patient understanding of normal brain aging
  - Caregiver understanding of normal brain aging
  - Patient/caregiver ‘definitions’ of dementia
  - Their prior experiences with dementia
- THEN discuss the dementia definition (emphasis on FUNCTION)

AES Questions:
Caregiver Education and Support
- What more do you want to know about the patient from the son’s perspectives?
- How do the knowledge, skills, and attitudes of caregivers regarding dementia care factor into the care of patients?
- What are the most common caregiver needs have you encountered?
- What are the tools and approaches you use to assist caregivers of patients with dementia?

My favorite Caregiver Education tool:

AES Question: Functional Status Assessment
- What are the barriers you face to addressing the topic? (Barriers you face? Barriers patients and families face?)
- What words do you say to address the topic? (How to you address these hard questions?)
- What are the tools/resources do you use to approach the topic and achieve patient goals?

Functional Status Assessment
- Activities of Daily Living (ADLs) and Instrumental ADLs
- Functional Activities Questionnaire
- Decisional Capacity:

Patient Perspective—the paintings of William Utermohlen
1967 1996
Function and Mental Status:

AES Questions: Screening and Treatment of Behavioral and Psychiatric Symptoms

- What are the barriers you face to addressing the topic? (Barriers you face? Barriers patients and families face?)
- What words do you say to address the topic? (How to you address these hard questions?)
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Screening and Treatment of Behavioral and Psychiatric Symptoms

- Behaviors
  - Agitation/Aggression
  - Psychosis
  - Irritability/Mood Changes
  - Delusions/Paranoia/Suspiciousness
  - Wandering
  - Sleep
  - Social Withdrawal and indifference
- Assessment
  - Environmental changes
  - Medications
  - Infection
  - Acute on chronic conditions
  - Pain
  - Vision/hearing changes
  - Caregiver changes

Behavioral Disturbances in Dementia:

J Am Ger Soc. 1996; 44(9): 1078-1081
TOOLS for Behavioral Disturbances in Dementia

• Goals of Care
• Environmental
  – Safety/Structure
  – Physical needs being met?
• Patient Centered (Use their remaining strengths)
  – Cognitive: tasks (jobs), reminiscence, ‘simulated presence’ (video/audio), validation therapy
  – Sensory: acupuncture, aromatherapy, light, massage, music/touch, art
  – Other: exercise, pet therapy, caregiver education

Am Fam Physician. 2016;94 (4): 276-282

Tools for Behavior = Informed Caregiver

Caregiver TOOLS for Behavioral Disturbances in Dementia

• AAFP Cognitive Care Kit: Caregiver Resources provides several Alz.org resources including
• Caregiver Information Sheet: Agitation
• Communicating Using a Therapeutic Response/Emotional Truth
• Tips to Minimize Unwanted Actions in Person with Dementia

AES Questions: Safety Concern and Screening

• What are the barriers you face to addressing the topic? (Barriers you face? Barriers patients and families face?)
• What words do you say to address the topic? (How to you address these hard questions?)
• What are the tools/resources do you use to approach the topic and achieve patient goals?

Safety Concern and Screening and Follow-up

• Falls
• Accidents
• Medication
• Guns
• HVAC
• Weather

• Living Alone
• Getting Lost
• Smoking
• Home management
• Getting lost

Vital Role of Adult Protective Services

AES Question: Driving Screen and Follow-up

• What are the barriers you face to addressing the topic? (Barriers you face? Barriers patients and families face?)
• What words do you say to address the topic? (How to you address these hard questions?)
• What are the tools/resources do you use to approach the topic and achieve patient goals?
Driving Screen and Follow-Up tools

- Begin with understanding your state laws wrt older drivers
- Risk assessment = ‘red flags’
- Emphasis = vision, cognition, motor and sensory function

Advanced Care and Palliative Care Tools

- Physician Orders for Life Sustaining Treatment (www.polst.org)
- Respecting Choices © (Gunderson Health)
- Advanced Care Planning Decisions (www.acpdecisions.org)
- National Hospice and Palliative Care Organization (www.caringinfo.org)
- Vital Talks (www.vitaltalk.org)
- Centers to Advance Palliative Care (www.capc.org)
- AAFP Cognitive Care Kit: Long-Term Planning Section

AES Questions:
Advanced Care and Palliative Care

- What are the core/crucial domains here?
- What percent of Americans believe Alzheimer’s is a fatal disease?
- What are the barriers you face to addressing the topic? (Barriers you face? Barriers patients and families face?)
- What words do you say to address the topic? (How to you address these hard questions?)
- What are the tools/resources do you use to approach the topic and achieve patient goals?

AES Questions:
Pain Assessment and Follow-up?

- What are the barriers you face to addressing the topic? (Barriers you face? Barriers patients and families face?)
- What words do you say to address the topic? (How to you address these hard questions?)
- What are the tools/resources do you use to approach the topic and achieve patient goals?

AES Questions:
Treatment of Dementia

- What are the barriers you face to addressing the topic? (Barriers you face? Barriers patients and families face?)
- What words do you say to address the topic? (How to you address these hard questions?)
- What are the tools/resources do you use to approach the topic and achieve patient goals?
Dementia Treatment Tools:

- Cognitive Impairment Care Planning Toolkit (billing code G0505) (EVERYTHING IS IN HERE)
  - http://www.alz.org/careplanning/
- Current Pharmacologic Treatment of Dementia

Dementia Treatment Tools:

- Geriatrics Depression Screen
- Alzheimer’s Disease Pocketcard
- Geriatrics at your Fingertips
- Vital Talks Tips
- FAST Facts

New Cognitive Care Toolkits

- GSAToolkit

Questions

Contact Information

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