



Care Options for Older Adults with Dementia

Utah Geriatric Education Consortium Long Term Services & Support Learning Community

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Objectives

Explain timing for referring to Hospice Care

Describe care options for people with dementia –
Assisted Living, Long-Term Care, Hospice

Summarize proposed orientation and training rules for
certified nursing assistants (CNA) in Type II ALFs

Apply dementia communication and behavior tips

Discuss community caregiver program options

Background/Significance

- US: 5.2 million people are living with dementia; projection of 40% more over the next 8 years
- AGE: 65-74: 15%, age \geq 75: 40% have dementia
- Alzheimer: 6th leading cause of death
- Cost, Alzheimers and other dementias: \$290 Billion/yr
- **Utah has developed an action plan** for improved detection, diagnosis, treatment
- Progressive cognitive & functional decline

10 Warning Signs of Alzheimer's - Alz.org

1. MEMORY LOSS THAT DISRUPTS DAILY LIFE. One of the most common signs of Alzheimer's disease, especially in the early stage, is forgetting recently learned information. Others include forgetting important dates or events, asking the same question over and over again, or increasingly needing to rely on memory aids (e.g., reminder notes or electronic devices) or family members for things the person used to handle on their own.

What's a typical age-related change? Sometimes forgetting names or appointments, but remembering them later.

2. CHALLENGES IN PLANNING OR SOLVING PROBLEMS. Some people living with dementia may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills. They may have difficulty concentrating and take much longer to do things than they did before.

What's a typical age-related change? Making occasional errors when managing finances or household bills.

10 Warning Signs of Alzheimer's - Alz.org

3. **DIFFICULTY COMPLETING FAMILIAR TASKS.** People living with Alzheimer's disease often find it hard to complete routine tasks. Sometimes they may have trouble driving to a familiar location, organizing a grocery list or remembering the rules of a favorite game.

What's a typical age-related change? Occasionally needing help to use microwave settings or to record a TV show.

4. **CONFUSION WITH TIME OR PLACE.** People living with Alzheimer's can lose track of dates, seasons and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there.

What's a typical age-related change? Getting confused about the day of the week, but figuring it out later.

5. **TROUBLE UNDERSTANDING VISUAL IMAGES AND SPATIAL RELATIONSHIPS.** For some people, vision problems are a sign of Alzheimer's. They may also have problems judging distance and determining color or contrast, causing issues with driving.

What's a typical age-related change? Vision changes related to cataracts.

10 Warning Signs of Alzheimer's - Alz.org

6. NEW PROBLEMS WITH WORDS IN SPEAKING OR WRITING. People living with Alzheimer's may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue, or repeat themselves.

They may struggle with vocabulary, have trouble naming a familiar object or use the wrong name.

What's a typical age-related change? Sometimes having trouble finding the right word.

7. MISPLACING THINGS AND LOSING THE ABILITY TO RETRACE STEPS. A person living with Alzheimer's may put things in unusual places. They may lose things and be unable to go back over their steps to find them again. He or she may accuse others of stealing, especially as the disease progresses.

What's a typical age-related change? Misplacing things from time to time and retracing steps to find them.

10 Warning Signs of Alzheimer's - Alz.org

8. DECREASED OR POOR JUDGMENT. Individuals may experience changes in judgment or decision-making. For example, they may use poor judgment when dealing with money, or pay less attention to grooming or keeping themselves clean.

What's a typical age-related change? Making a bad decision once in a while, like neglecting to change the oil in the car.

9. WITHDRAWAL FROM WORK OR SOCIAL ACTIVITIES. A person living with Alzheimer's may experience changes in the ability to hold or follow a conversation. As a result, he or she may withdraw from hobbies, social activities or other engagements.

They may have trouble keeping up with a favorite team or activity.

What's a typical age-related change? Sometimes feeling uninterested in family or social obligations.

10 Warning Signs of Alzheimer's - Alz.org

10. CHANGES IN MOOD AND PERSONALITY. Individuals living with Alzheimer's may experience mood and personality changes. They may be easily upset at home, at work, with friends or when out of their comfort zone.

What's a typical age-related change? Developing very specific ways of doing things and becoming irritable when a routine is disrupted.

WHAT'S NEXT? If you're concerned that you or someone you know is displaying any of these signs, take action:

Talk to someone you trust. It can be helpful to confide in a friend or family member. For tips on how to have a conversation, visit alz.org/memoryconcerns.

See a doctor. Get a full medical evaluation to determine if it's Alzheimer's or something else. Early diagnosis gives you a chance to plan for the future, access support services and explore medication that may address some symptoms for a time.

Get support and information. Call the Alzheimer's Association 24/7 Helpline (800.272.3900)



Predisposing Conditions to Develop Dementia

- Traumatic brain injury
- Stroke
- Parkinson disease
- Diabetes
- Multiple Sclerosis, Autoimmune Disease, ALS
- Trisomy 21

Providers don't recognize 50% of patients with Alzheimer Dementia

What Stage of Dementia Do People Have When Referred to LTSS?



ALL STAGES!

Cognition: Diagnosing Dementia

Screening Questions

1. Have you had changes in memory? Is it OK if I ask your loved one about this too?
2. Are you having trouble performing tasks you have done in the past (finances, driving, cooking)?
3. Have you had an accident driving? Are others concerned about your driving?

Address safety issues: wandering, cooking, finances, abuse, driving

Int J Geriatr Psychiatry, 2006;21(4):349-355

Cognition: Perform the Mini-Cog

3 item recall and clock drawing task (CDT) -5 points

- Please listen carefully. I am going to say 3 words that I want you to repeat back to me now and try to remember: (3 unrelated words) village, kitchen, baby. Say them for me now.
- Next I want you to draw a clock for me. First put in all the numbers where they go. (when that is completed) Now set the hands at 10 past 11.
- What were the 3 things I asked you to remember?
- Score: Give 1 point for each recalled word and 2 points for normal clock draw
- Mini-Cog < 3 validated screen for dementia

Brief assessment of cognition: Mini-Cog Step 1

Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.¹⁻³ For repeated administrations, use of an alternative word list is recommended.

Version 1

Banana
Sunrise
Chair

Version 2

Leader
Season
Table

Version 3

Village
Kitchen
Baby

Version 4

River
Nation
Finger

Version 5

Captain
Garden
Picture

Version 6

Daughter
Heaven
Mountain

Mini-Cog Step 2

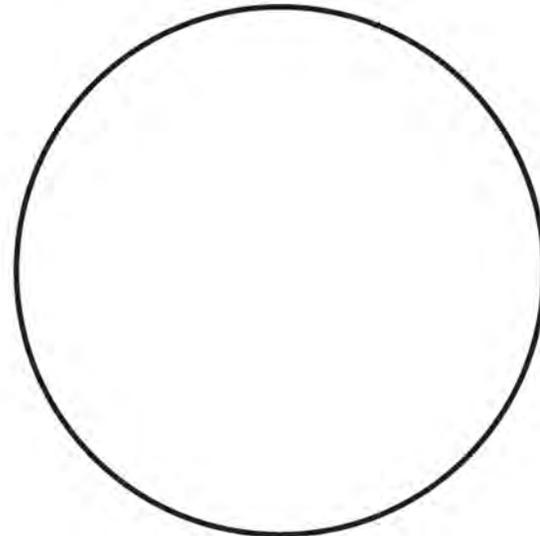
Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

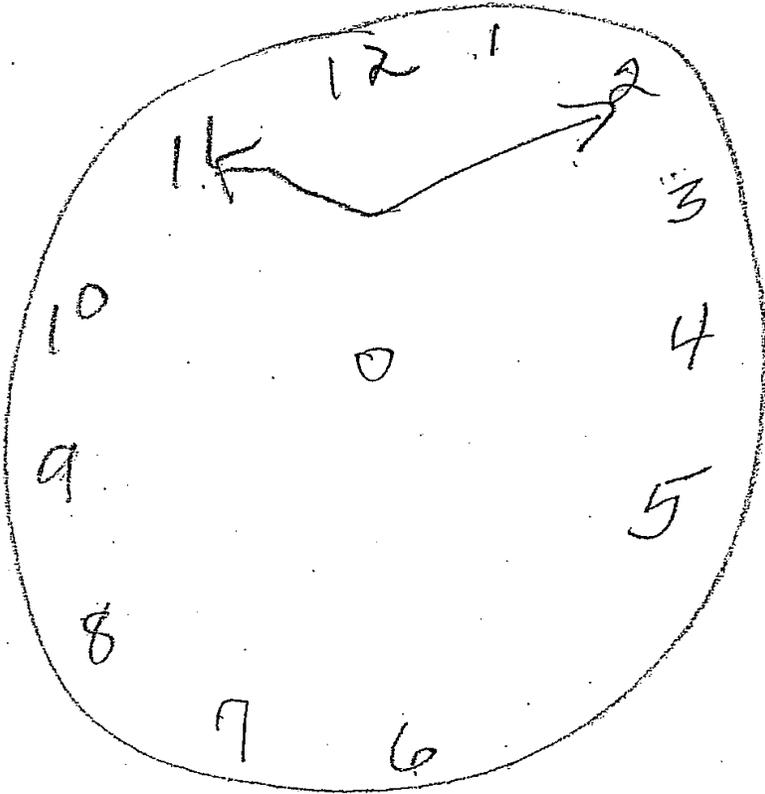
Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

Clock Drawing

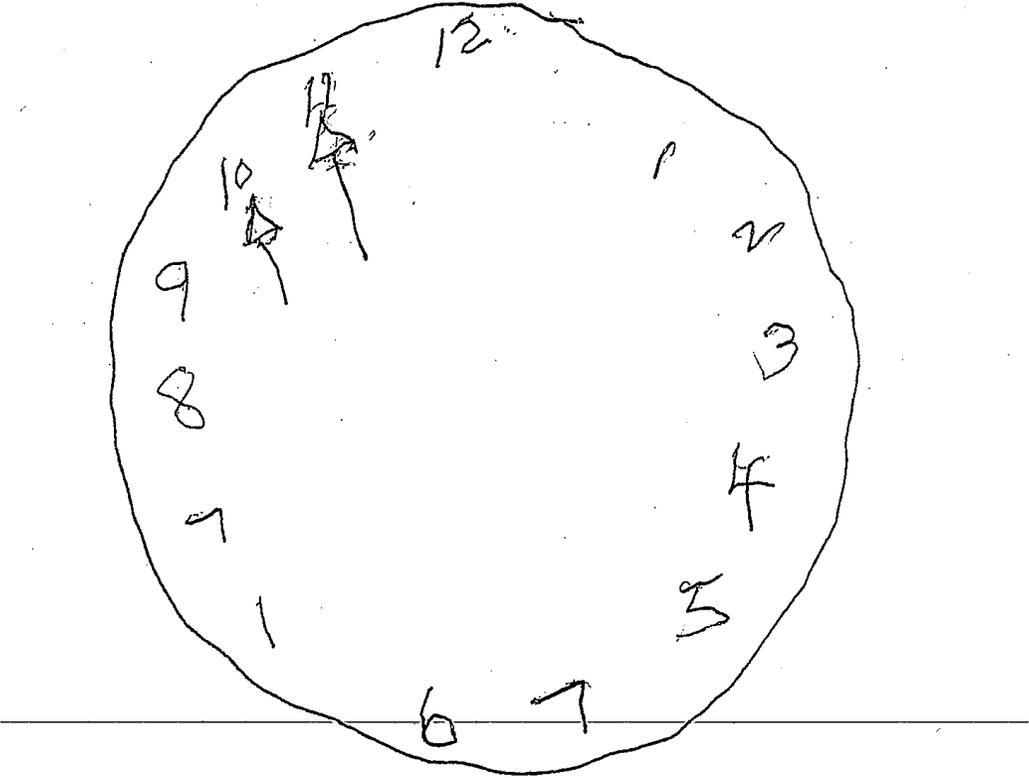
ID: _____ Date: _____



Clock Drawing Task



Clock Drawing Task



512
432

10 after Eyeven



Instrumental Activities of Daily Living (IADL)

Score one point for each task that can be done independently

- Using the telephone
- Using transportation
- Grocery shopping
- Preparing meals
- Housekeeping
- Take medications
- Finances

Activities of Daily Living (ADL)

Bathing

Score one point for each task that can be done independently

Dressing

Toileting

Decreased ADL function is a predictor of hospitalization and death

Get out of bed or chair

Intervene to restore function and improve quality of life

Walking

Score of 4 = moderate impairment

Feeding

Score of 2 = severe impairment

Adapted from Gerontologist 10:20-30, 1970

www.ConsultGeriRN.org

Case Scenario: Has this man had a change?

CP 68 year old referred to hospice-

“His memory is bad, he can’t live alone – needs someone to cook, clean”

TBI 20 years ago – Ask “What has his level of function been?”

What Stage of Dementia Do People Have When Admitted to Hospice?

Functional Assessment Staging Scale (FAST) - *complete on all patients with dementia or suspected dementia*

- 1.No difficulty, either subjectively or objectively.
- 2.Complains of forgetting location of objects.
Subjective work difficulties.
- 3.Decreased job functioning evident to co-workers. Difficulty in traveling to new locations.
Decreased organizational capacity.
- 4.Decreased ability to perform complex tasks, e.g., planning dinner for guest, handling personal finances (such as forgetting to pay bills), difficulty marketing, etc.

5. Requires assistance in choosing proper clothing to wear.
- 6a:Needs assistance putting on clothes.
- 6b:Unable to bathe properly.
- 6c:Inability to handle the mechanics of toileting occasionally or more frequent recently.
- 6d:Occasional or more frequent urinary incontinence.
- 6e:Occasional or more frequent fecal incontinence.

- 7a:Ability to speak limited (1 to 5 words a day)
- 7b:All Intelligible vocabulary lost.
- 7c:Non-ambulatory.
- 7d:Unable to sit up independently.
- 7e:Unable to smile.
- 7f: Unable to hold head up.

FAST Stage: 7a



Disease Specific Criteria for Dementia: FAST 7 and aspiration pneumonia or upper urinary tract infection in past yr (LCD guide)

Increase # People with Dementia in Hospice

	1998	2008	2018
Non-Alz LOS (days)	57	89	*
Alz LOS	67	105	
Non-Alz #, %, Rank	15,148 4% (10 th)	113,204 11% (1 st)	
Alz #, %, Rank	12,829 3% (12 th)	60,488 6% (6 th)	210,000 14% (1st)

*2018 for all diagnoses: US average LOS: 75 days, Utah is longest in country LOS: 99 days

Common Dementia Types		
Etiology	ICD 10 Code	Characteristics / Life Expectancy
Alzheimer's Disease 60-80% Onset: 70 & older	G30.1 and F02.80 or F02.81	<ul style="list-style-type: none"> • Gradual onset of symptoms over mo. - yrs. • Most prominent feature is memory • Impaired learning and recall of recently learned information • 8-20 yrs
Vascular Dementia 20% Onset: 70 & older	F01.50 or F01.51	<ul style="list-style-type: none"> • Process information more slowly • Stepwise decline • May have a hx of stroke r/t cognitive decline
Mixed Dementia 20%	Code predominate etiology first	<ul style="list-style-type: none"> • Criteria for multiple dementia syndrome etiologies are met; mixed vascular and Alzheimer Disease most common
Dementia with Lewy Bodies 10% Onset: 50 and older	G31.83 and F02.80 or F02.80 or F02.81	<ul style="list-style-type: none"> • Fluctuating cognition • Recurrent visual hallucinations • Parkinsonism (bradykinesia, muscular rigidity, tremor, postural instability) – 5-8 yrs
Frontotemporal Dementia 5% Onset: 40-65	G31.09 and F02.80 or F0281, consider Z55-65 or 91	<ul style="list-style-type: none"> • Disinhibition, Apathy, Loss of empathy, Compulsive behaviors, • Impaired executive function/decision making • 3-13 yrs (varies by type – shorter if motor neuron disease: Corticobasal degeneration, Progressive supranuclear palsy, ALS)

Characteristics of Lewy Body & Frontotemporal Dementia

Lewy Body	Frontotemporal
Depression, Apathy, Anxiety, Agitation	Poor judgment
Delusions, Paranoia	Loss of empathy
Fainting, Falls	Socially inappropriate
Tremor, Rigidity, Muscle spasms	Lack of inhibition
Poor coordination	Repetitive compulsive behavior
Muscle weakness	Inability to concentrate or plan
Inappropriate laughing or crying	Abrupt mood changes
Swallowing difficulties	Speech difficulties

Patient Case

DL is a 74 yo female with moderate Alzheimer's Disease. Her children report that she has been more agitated lately. They are wondering if they could "get something" to help with her outbursts when they are assisting her around the house. Her current medications are as follows:

DL's Medication List:

- Acetaminophen 325 mg Q 4 H PRN Pain
- Apixaban 2.5 mg BID
- Atorvastatin 40 mg daily
- Donepezil 10 mg QHS *
- Fluoxetine 40 mg daily *
- Lisinopril 20 mg daily
- Omeprazole 20 mg daily
- Tylenol-PM (diphenhydramine)*
 - RECOMMENDATIONS?

Behavioral Side Effects

- “Slow the Brain Down”
 - Harder to make sense of surroundings, frightening
 - Increase anxiety, agitation, aggression
 - Common contributing medications: Benzodiazepines, anticholinergic medications, sedating antipsychotics, mood stabilizers
- “Increase irritation”
 - Common contributing medications: SSRIs, Risperidone, Haloperidol

Courtesy of Dr. Martin Freimer

Antipsychotic use and Fall Risk

- Antipsychotics can:
 - Worsen Parkinson's motor symptoms (rigidity, slowness)
 - Haloperidol (Haldol[®]), Aripiprazole (Abilify[®]), Olanzapine (Zyprexa[®])
 - Quetiapine (Seroquel[®])- less likely
 - Cause orthostatic hypotension
 - Quetiapine (Seroquel[®])

These side effects are worse in the patient with Parkinson Disease and Lewy Body Dementia!

In patients who respond, an attempt to taper and withdraw should be made within 4 weeks of starting

Courtesy of Dr. Martin Freimer

Responding to a Behavior Change

- Did the patient experience something upsetting? Pain, Change in environment
- Was a new medicine started prior to the behavior? Within hours? Days?
 - A medication doesn't have to be for "behavior" or "psychiatric" to contribute to behavior change
 - "if it can get in the brain it can affect the brain"
- What happens when more of the same medicine is given?
 - Does the behavior intensify?
 - Is it more frequent?

Sometimes, the solution is less medicine not a new medicine or more of the same

What Should You Do When You Recognize a Behavior Change?

SBAR Communication

The nurse will report the behavior change to the health care provider using SBAR

- Situation – what is the change?
- Background – details about the change and other circumstances that might be impacting the change
- Assessment – the nurse’s assessment of the patient/resident (physical, mental, environment)
- Recommendation – what will be done next

The information reported by CNA, CG to the nurse helps him/her provide the appropriate information about the behavior change

SBAR for Nurses

Situation _____
Patient's Name: _____ Room Number: _____ Age: _____ Sex: _____
Diagnosis: _____

Background _____
History: _____

Allergies: _____
Attending MD: _____
Consults: _____

Assessment _____
Current Vital Signs: _____
Heart Rhythm: _____ Lung Sounds: _____ Oxygen Rate: _____
Skin: _____ IV site: _____ IV site Change Date: _____
Dressings: _____ Last BM: _____ Foley: _____
Activity: _____ Diet: _____ Drains: _____ Fall Risk: _____

Recommendation _____
Current Labs: _____
Pending Labs: _____
Awaiting Procedures: _____
Nursing Concerns: _____

RegisteredNurseRN.com

Behaviors NOT treated by antipsychotics

- Wandering
- Restlessness
- Nervousness
- Impaired memory
- Insomnia
- Poor self care
- Fidgeting
- Mild anxiety
- Inattention or indifference to surroundings
- Uncooperativeness without aggressive behavior
- Sadness or crying alone that is not related to depression or another psychiatric disorder

Approaches Aggression and Agitation, Triggers and What Helps

Triggers

- when they can't remember or can't do the steps (involved in daily activities)
- when they don't recognize the person caring for them. "If a person they can't recall having met comes into the room, escorts them to the bathroom and then starts pulling down their pants, you can imagine that can be alarming"
- Constipation, urinary retention

Meta-analysis: identified nearly 20,000 earlier studies that evaluated the effectiveness of nonpharmacological therapies, narrowed that down to 163 studies - 23,143 patients, average age was 70

- physically aggressive patients - outdoor activities more effective than antipsychotics
- verbal aggression/agitation - massage and touch therapy were more effective than the patients' usual care

Watt et al., Annals Int Med, Oct 2019

Behaviors that MAY warrant the use of Antipsychotics

Severely aggressive behavior

- Especially physical aggression
- Danger to the person or others

Hallucinations

- If distressing the individual

Delusions

- Note: memory problems are often mistaken for delusions
 - e.g., thinks people are stealing items
- Also consider vision & hearing problems

Schizophrenia

Severe mood disorders

Not responding to non pharmaceutical therapies

Significant decline in function

Substantial difficulty receiving needed care

Possibly other distressing agitations

Courtesy of Dr. Martin Freimer

Dementia Pearls

1. Screen pt & cg -Recognize cognitive limitations
2. Address safety issues, use team approach
3. Refer: alz.org, eldercare.acl.gov
4. Use dementia etiology info to inform caregivers re: behavior, progression, prognosis, hospice eligibility- FTD with motor neuron disease
5. Pharm consult, med optimization, decrease anticholinergic burden, improve cognition
6. Medical record: cog eval, brain CT or MRI scan, diagnoses
7. Wt loss, GI, other end of life changes- increase or decrease med effects
8. **How do caregiver/environment match person and their needs?**
9. Adjustment to change takes time: 3 days, 1-3 months, never
10. ASK: What's most important?



Alzheimer's Disease and Related Dementias (ADRD) Online Education Program

utahgwep.org/trainings/dementia-training

Four modules to increase knowledge about ADRD and improve care of residents with dementia. These modules are designed for patients, family members, and direct care workers employed in long-term services and supports (LTSS).

1. Overview of dementia
2. Effective communication
3. Understanding behaviors and your approach
4. Communication and understanding behaviors

Along with the covered topics, each module includes a case study of "Mrs. Jones" that is used to demonstrate the skills and techniques raised in each module. Participants will be asked to complete an anonymous survey both before and after completion of the modules.

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University of Utah College of Nursing

To get started, visit utahgwep.org/trainings/dementia-training



Alzheimer's Association Healthcare Provider Resources

- Smart Phone App
- Cognitive Assessment Toolkit
- Care Planning Resources
- CME Opportunities
- Clinician Outreach Webinars
- Resources

References/Resources

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- Duran CE, Zaermai M, Vander Stichele RH. Systematic review of anticholinergic risk scales in older adults. Eur J Clin Pharmacol 2013; 69:1485

Resources/References

<https://utahgwep.org/trainings/dementia-training>

Alzheimer's Disease and Other Dementia Coordinating Council, Utah Dept. of Health

<https://www.alz.org/media/Documents/alzheimers-dementia-utah-state-plan-2018.pdf>

Mini-Cog: http://www.alz.org/documents_custom/minicog.pdf

<https://www.capc.org/training/best-practices-in-dementia-care-and-caregiver-support/>

[https://act.alz.org/site/DocServer/UT State Plan Updated Jan 2018 .pdf;jsessionid=000000000.app234a?docID=56373&NONCE_TOKEN=4373D398C3C57662BC9A5E722FAF4B0A](https://act.alz.org/site/DocServer/UT_State_Plan_Updated_Jan_2018_.pdf;jsessionid=000000000.app234a?docID=56373&NONCE_TOKEN=4373D398C3C57662BC9A5E722FAF4B0A)

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Watt et al., Ann Intern Med Oct, 2019