THE ALZHEIMER'S PROJECT CLINICAL ROUNDTABLE

Q&A—What Physicians Ask About Diagnosing and Treating Dementia

A Conversation with Dementia Specialists

1

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Initiating the Conversation with Patients Regarding Dementia

2

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3

Learning Objectives/Action Statements

At the conclusion of this program, you will be able to:

- Review the warning signs of dementia with older adult patients.
- Communicate with confidence when disclosing the diagnosis of dementia to patients.
- Introduce the perspective of safety when discussing a patient's driving with the patient and family.
- Provide materials on available community resources at the disclosure appointment.
- Explain to patients and care givers the benefits and potential side effects of cholinesterase inhibitors.
- Share with patients and caregivers the typical behavioral symptoms associated with dementia.

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4

Presenters:

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- Douglas Galasko, MD, Neurologist, UC San Diego
- Steven Koh, MD, Psychiatrist, UC San Diego
- Daniel Sewell, MD, Psychiatrist, UC San Diego

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5

Starting the Conversation

- Explain: Brain health and changes in memory and cognition that may occur with aging are important aspects of overall health.
- Normalize attention to cognition
- Encourage older patients to be aware of changes

6

Key Messages to Patients

- The brain ages, just like other parts of the body
- Cognitive aging is not a disease and is not the same as dementia
- Some cognitive functions improve with age

7

10 Warning Signs to Assess

1. Memory loss that disrupts daily life
2. Challenges in planning or problem solving
3. Difficulty completing familiar tasks
4. Confusion with time or place
5. Trouble with visual images or spatial relationships

8

10 Warning Signs to Assess

6. Problems finding appropriate words
7. Misplacing items and inability to retrace steps
8. Decreased or poor judgement
9. Withdrawal from work or social activities
10. Changes in mood and personality

9

Beginning the Conversation

Inherent limitations of a 12-minute appointment

Use two consecutively scheduled appointments:

1. Begin the conversation about the importance of cognitive/memory function assessment
2. Set a separate follow-up visit dedicated to screening and assessment

10

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Addressing Barriers to Making a Diagnosis of Dementia

11

Disclosing a Diagnosis

- Anticipate psychological reactions to receiving a diagnosis
- Pay attention to facial expressions/outward signs of emotions of patient and caregivers
- Ensure patient and family members feels your compassion
- Take time with patient, talk directly to patient, and proceed at pace of patient
- Have written materials available
- Answer questions from patient and caregiver/family members

12

Making a Diagnosis

- Explain difference between dementia and Alzheimer's disease
- Address financial issues and developing safeguards
- May require several visits to address complex issues
- Provide supportive and community resources for family members
- Discuss safety issues, finances, medications, and driving

13

Resources for Families/Caregivers

- Download resource listing from ChampionsforHealth.org/Alzheimers
- Emotional impact of diagnosis can be substantial and may take time to settle in
- Helpful to make telephone follow-up call couple days later

14

Addressing Driving

- Explain that physicians are mandated reporters regarding driving
- Want to assure that the patient and family are safe
- Other resources for safe driving, many hospitals have TREADS to train and assess for driving
- "I can't say whether you are safe to drive or not"
- Best way to assess is to get in front of an expert who can determine
- DMV assesses and makes determination
- Best evidence for safe driving is from those who drive with patient
- Resources: TREADS programs to train and assess for driving
- Can leverage your rapport with patient

15

Dealing with Patient Denial

- Need to explain cognitive deficits without generating argument
- Those with dementia are often not aware of problems
- Frame discussion around safety
- The news continues after office visit; time to process what they heard
- Follow-up questions or review a day or two later by telephone
- Offer reassurances like: "We will be walking this journey together"

16

Stages of Grief

Elisabeth Kubler-Ross, MD & David Kessler identified grief stages relating to terminal illness; these are relevant to diagnosis of dementia:

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

17

Physician Fear of Losing Patient

- Discomfort on part of physician may cause hesitation
- As primary care provider, you are the perfect person to disclose the diagnosis given shared history and rapport
- Patient has relied on PCP over course of care, trust built over time

18

Finding Time to Make Disclosure

- Other healthcare staff can assist with parts of appointment
- Can direct patient and family to community resources/ organizations to provide information outside of physician office visit
- Disclosure appointment may need longer visit time
- Schedule follow-up visits to cover other issues

19

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On-going Clinical Management of Patients with Dementia

20

Cholinesterase Inhibitors

Three medications FDA approved

- Donepezil (Aracept®)
- Rivastigmine (Exelone®) – patch
- Galantamine (Razadyne®)

21

Use of Cholinesterase Inhibitors

- Become familiar with at least one of medications
- Begin at low dosage and titrate after four weeks without side effects
- Major contra-indications may include:
  - Cardiovascular disease, arrhythmia, bradycardia
  - GI issues

22

Reasons for Starting Cholinesterase Inhibitors

- Reported to help cholinesterase circuit work better
- May improve attention, concentration and memory
- May help to maintain function for longer time period
- Reassess after three to four months

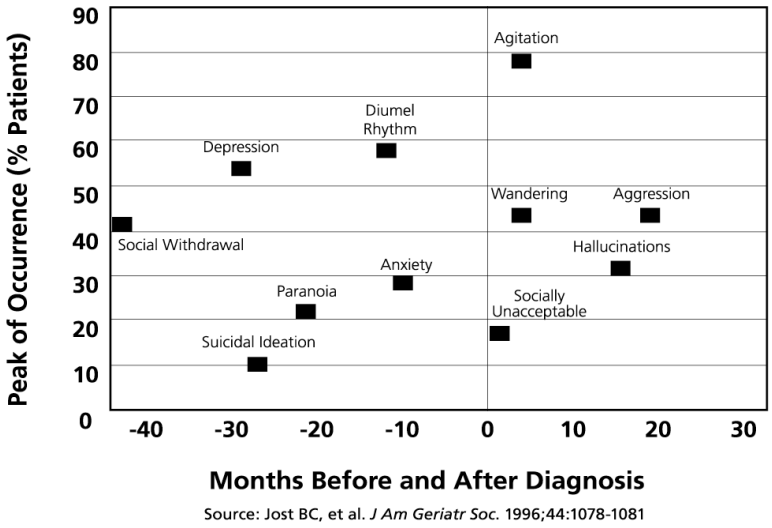
23

Appointment Intervals for Care Management

- For patients at mild/moderate stage without major behavioral issues: Schedule visits every four to six months
- More often for frail patients or those with medication changes

24

Behavioral Symptoms of Dementia



Source: Jost BC, et al. *J Am Geriatr Soc.* 1996;44:1078-1081

25

Use of Cholinesterase Inhibitors

- Considered standard of practice at this time
- All patients should be offered during early to moderate stages
- Assess side effects vs. benefits
- Not FDA approved for Mild Cognitive Impairment

26

Assess Any New Behavioral Issues

- Behavioral changes may be most concerning to caregivers
- Assess underlying causes of acute changes
- May be caused by other medical issues; UTI, pain, etc.
- Establish pattern of behavior prior to changing any medications
- Include non-medication approaches, e.g., redirection, limiting interpersonal triggers of behavior, in the treatment plan

27

Medication Dosage

- Initial doses 1/3 to 1/2 normal adult dosage
- Use medications best tolerated for older adults
- Time of day of dosage important
  - Activating medications in morning, not at night

28

Use of Anti-Psychotics

- Black Box warnings were established when higher dosage standard compared to current dosage
- Use only targeted, lower doses
- Can mitigate behavioral problems so patient may remain at home in familiar environment
- Dopamine blocking effect of antipsychotic medications must be considered

29

Continued Use of Cholinesterase Inhibitors

- Individualized based on behaviors
- Assess side effects
- During moderate stages, reassess and begin conversation on when to discontinue
- Stop at late moderate to late stage/severe
- Memantine often started at late moderate stage dementia
- If patient still having social interaction, may continue these symptomatic medications

30

Tracking Disease Progression

- Completing via MOCA or SLUMS or similar test every three months not helpful
- Testing annually more appropriate
- Domains to check at follow-up visits (history +/- exam)
  - Memory and cognition
  - Complex daily activities (instrumental ADL)
  - Basic activities of daily living
  - Behavior
  - Motor function, especially gait

31

What About Vitamins and Supplements?

- There is no rigorous evidence to support any of these for brain health or for dementia
- They have not been tested the way that new medications are assessed.
- They are not manufactured to the same standards as medications

32

Co-Morbidities

- Perils of surgery and hospitalization for patients with dementia
- Anesthesia
- Disorientation
- Assess medical necessity of surgery
- Discuss medications with surgical team, psychotropics
- Post-operative cognitive decline and delirium
- Potential polypharmacy/prescribing cascade issues

33

Sleep Issues

- Avoid sedating medications
- Beware of over the counter sleep medications
- May cause increased agitation
- Benzodiazepine may cause delirium
- Avoid "Z Class" medications such as zolpidem
- Night time behavior may worsen
- Use of light box in AM to reset Circadian Rhythm

34

Sleep Issues

- Can use Trazodone (Desyrel®)– anti-depressant
- If prescribing more than 75-100 mg and sleep not improved, try another class of meds
- Avoid antipsychotics
- Quetiapine (Seroquel) – not to be used on regular basis for insomnia

35

Use of Over-the-Counter Medications

- Discourage OTC for sleep such as diphenhydramine (Benadryl or Nyquil)
- Intermittent use may create poor sleep patterns
- Affects cognition
- May lead to delirium
- Issues with bladder control
- Ask about use of herbal medications and other OTC

36

Incorporate Cultural Values and Beliefs

- Inquire about cultural beliefs regarding aging and dementia
- Attitudes re medications, assistance with caregiving, and residential care
- Assure patients/caregivers understand how to use medications and side effects to watch for
- Address customs and preferences re diet, social interaction, physical activity, long-term care
- Expressed caregiver burden may not be accurate based on beliefs on caregiving responsibilities
- There may be distrust based on historical experience

37

Examine Provider Potential Implicit Bias

- Patient/caregiver experiences will vary considerably; one approach will not work for all
- Common misconceptions to be sensitive to:
  - The patient does not understand what I am saying
  - Sexuality decreases/ends in late life
  - Discussing hygiene may seem disrespectful
  - Individuals with dementia are lonely and have a sense of purposelessness
- Patients with dementia retain their emotional intelligence even if can no longer communicate verbally

38

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ChampionsforHealth.org/alzheimers

Website updated regularly with most current information

39

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40