Best Practices for Detection and Early Management of Dementia

Terry R. Barclay, PhD
HealthPartners Center for Memory and Aging
Adjunct Associate Professor of Neurology, University of Minnesota

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Minnesota Area Geriatric Education Center (MAGEC)
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Director: Robert L. Kane, MD
Associate Director: Patricia A. Schommer, MA

Objectives
1. Understand the rationale for early diagnosis
2. Use evidence-based tools to improve dementia detection
3. Review best practices for dementia work-up and disease management
4. Learn how to help patients and family access services to improve function and promote wellness

Alzheimer’s Disease: Challenges and Opportunities

Alzheimer’s: A Public Health Crisis

- **Scope of the problem**
  - **5.3M** Americans with AD in 2015
  - Growing epidemic expected to impact **13.8M** Americans by 2050 and consume **1.1 trillion** in healthcare spending
  - Almost 2/3 are women (longer life expectancy)

- **Some populations at higher risk**
  - Older African Americans (2x as whites)
  - Older Hispanics (1.5x as whites)

Base Rates

- **1 in 9** people 65+ (11%)
- **1 in 3** people 85+ (32%)
Challenges & Opportunities

• AD under-recognized by providers
  – <50% of patients receive formal diagnosis
  – Millions unaware they have dementia
  – Diagnosis typically delayed on average by 6+ years after symptom onset
  – Significant impairment in function by time it is recognized
  – Poor timing: diagnosis frequently at time of crises, hospitalization, failure to thrive, urgent need for institutionalization

Bain et al., 2004; Reuben et al., 2003; Reuben et al., 2005; Silverstein & Maslow, 2006

Poor Detection

• Signs often not recognized until quite obvious:
  – Attribution error: “After all she’s 80 years old!”
  – Changes missed due to familiarity with the patient
  – Focused nature of out-patient visits
  – Compensation or cover-up by family
  – Lack of support resources

Boise et al., 2004; Boustani et al., 2003; Boustani et al., 2005; Silverstein & Maslow, 2006

Provider Tools: ACT on Alzheimer’s

ACT on Alzheimer’s

60+ ORGANIZATIONS
600+ INDIVIDUALS

IMPACTS OF ALZHEIMER’S

BUDGETARY
SOCIAL
PERSONAL

Focus on Quality Health Care

Quality Dementia Care for All

Dementia-competent health care systems promote timely diagnosis and options for care and support.

www.ACTonALZ.org

ACT Tool Kit

• Evidence and consensus-based, best practice standards for Alzheimer’s care
  • Tools and resources for:
    – Primary care providers
    – Care coordinators
    – Community agencies
    – Patients and families
Alzheimer’s is Insidious

Accumulation of neuropathology in the brain 10-20 years before symptoms appear.

Rationale for Timely Detection

1. Improve management of co-morbid conditions
2. Reduce ineffective, expensive, crisis-driven use of healthcare resources
3. Optimize quality of life
   - Setting proper/realistic expectations for the future
   - Decreased burden on family and caregivers
4. Prioritize shared decision making
5. Promote a safe and happy environment that supports independence

The message:

You have a bad disease but there are things we can do to make life better for you and your family.

Myth:

People don’t want to know they have Alzheimer’s disease

Studies Agree:

Most people want to know.
Clinical Provider Practice Tool

- Easy button workflow for:
  1. Case finding
  2. Dementia work-up
  3. Treatment / care

www.actonaiz.org/provider-practice-tools

Workflow

- Step 1: Trigger
  A. Annual exam (e.g., Medicare AWV)
  B. Signs and symptoms
  C. Patient / family report
- Step 2: Objective assessment
- Step 3: Work-up
- Step 4: Referral

Cognitive Impairment Identification Flow Chart

Detection Tools

- Wide range of options
  - Mini-Cog™ (MC)
  - Mini-Mental State Exam® (MMSE)
  - St. Louis University Mental Status Exam™ (SLUMS)
  - Montreal Cognitive Assessment™ (MoCA)
  - Rowland Universal Dementia Assessment (RUDAS)
- All but MMSE free, in public domain, and online

Borson et al., 2000; Podskocil et al., 1976; Nasreddine 2005; Tariq et al., 2006

Mini-Cog™

- Contents
  - Verbal Recall (3 points)
  - Clock Draw (2 points)
- Subject asked to recall 3 words (Leader, Season, Table)
- Subject asked to draw clock, set hands to 10 past 11

Advantages

- Quick (2-3 min)
- Easy
- High yield (executive fx, memory, visuospatial)

Borson et al., 2000
Mini-Cog™

Instructions for Administration & Scoring

www.mini-cog.com

Step 1: Three Word Registration

Step 2: Clock Drawing

Step 3: Three Word Recall

Mini-Cog

Pass

• ≥ 4

Fail

• 3 or less


Mini-Cog Research

• Performance less affected by education or language
  • Borson Int J Geriatr Psychiatry 2000

• Good sensitivity and specificity
  • Borson JAGS 2003

• Does not disrupt workflow & increases rate of diagnosis in primary care
  • Borson JGIM 2007

• Failure associated with inability to fill pillbox
  • Anderson et al Am Soc Consult Pharmacists 2008

Mini-Cog Improves Physician Recognition


Case: Sam

• 76 y/o retired teacher (master’s degree)

• Daughter c/o short-term memory is poor
  – Began 2 years ago, getting worse
  – Other family members have noticed changes
  – Repeats himself, multiple phone calls b/c can’t find belongings

• Sam acknowledges problem but does not feel it is significant

• Hx of hypertension and DM, both fairly well controlled

• Wife died unexpectedly last year, lives alone

• Conversational presentation intact, oriented x3

• Seems okay at bedside

Next steps?

• How to make sense of conflicting data?

• Is a dementia work-up needed?
Mini-Cog: Sam

www.actonalz.org/videos

Cognitive Impairment Identification Flow Chart

Dementia Work-Up

Dementia: Differential Dx

10/17/17
Delivering the Diagnosis: Sam

https://www.youtube.com/watch?v=vy2ZC5ZS2L8

Dementia Care and Treatment

Care and Treatment

- The care for patients with Alzheimer’s has very little to do with drugs
  - Medications are not disease modifying
  - Modest benefit in slowing expression of cognitive/functional symptoms in some patients
- Use of dementia meds should be person-centered
- Minimize polypharmacy and "bad" drugs
  - Anticholinergics, benzos

Care and Treatment

- Focus on psychosocial interventions
- Involve care coordinator
- Connect patient/family to community resources
  - Care for both patient and caregiver
    - Caregiver services: Alzheimer’s Association, Senior Linkage Line
  - Refer every time, at any stage of disease, and for every kind of dementia
    - Stress this is part of their treatment plan and you expect to hear about their progress at next visit

Care and Treatment

- Safety
- Advance Care Planning
- Medications

INTERVENTION CHECKLIST
For Alzheimer’s Disease and Related Dementias

Safety
- Calling on help
- Medication review
- Preventing the geriatric syndrome
- Nursing home pressure ulcer
- Assisting with mobility

Advance Care Planning
- Willingness to plan
- Autonomy in planning

Medications
- Memory: Dosage, receipt, route and method
- Medication: Dosage, route and method
- Assisted living facility
- Medication: Dosage, route and method
ACT EMR Tools

- Use EMR to automate and standardize:
  - Cognitive assessment
  - Work-up
  - After visit summary with dementia education
  - Orders and referrals
  - Community supports

www.actonalz.org/provider-practice-tools

Labs and Orders

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Consists and Referrals

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Pharmacological Treatment

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#1 Promote Wellness

www.alz.org/mnnd

Type “Living Well” in search box
#2 Address Behavioral Challenges

![Image](image1.png)

#3 Support Caregivers

Alzheimer’s Association 24/7 Helpline
800.272.3900 | www.alz.org/mnnd

One stop shop for:
- Care Consultation (social work intervention)
- Support Groups
- 24/7 Helpline

#4 Review Medication

PharmD Consult

- Medication review, simplification
- Reminder strategies
- Family support, supervision

#5 Tackle Driving

Alzheimer’s Association Driving Center:
www.alz.org/care/alzheimers-dementia-and-driving.asp


What Patients & Families Need

1. Timely detection of cognitive impairment
2. Clear diagnosis
3. Proactive management
4. Team approach that involves care partner(s)
5. Opportunity to participate in planning and decision making
6. Access to care coordination
7. Referral to education and support services

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### References & Resources