Dementia Demystified

Session 2

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DTA GP Clinical Educators

Dementia Training Australia

Acknowledgements

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Dr Jane Tolman (School of Medicine UTAS, Wicking Dementia Research and Education Centre, geriatrician)

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Dr Amanda Lo (Senior Lecturer, UTAS)

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By attending this workshop the participant will be able to:

- Review the various frameworks available to assist in making a diagnosis of dementia
- Deliver the “gift” of a diagnosis of dementia more confidently
- Initiate post diagnostic care through applying the stages and domains frameworks

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Take home messages

To begin with the end in mind

- For most people with dementia the GP is able to both diagnose and initiate care for them
- A timely diagnosis of dementia improves outcomes for both people living with dementia and their carers
- Despite there being no curative treatments for dementia there are interventions that can improve quality of life

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Domains of Dementia

1. Cognitive decline
2. Functional decline
3. Psychiatric symptoms
4. Behaviour changes
5. Physical decline

Based on work of Dr Jane Tolman, geriatrician, Hobart

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Stages of dementia

Stage 1: Still at home

- Short-term memory loss with repetitive questions
- Loss of interest in hobbies and previously enjoyable activities
- Impaired instrumental functions

Stage 2: Escalating care needs, transitioning to 24 hour care

- Progression of cognitive deficits
- Declining function
- Behaviour changes

Stage 3: Diminishing quality of life

- Increasing loss of independence: dressing, feeding, bathing
- Responsive behaviours
- Physical decline

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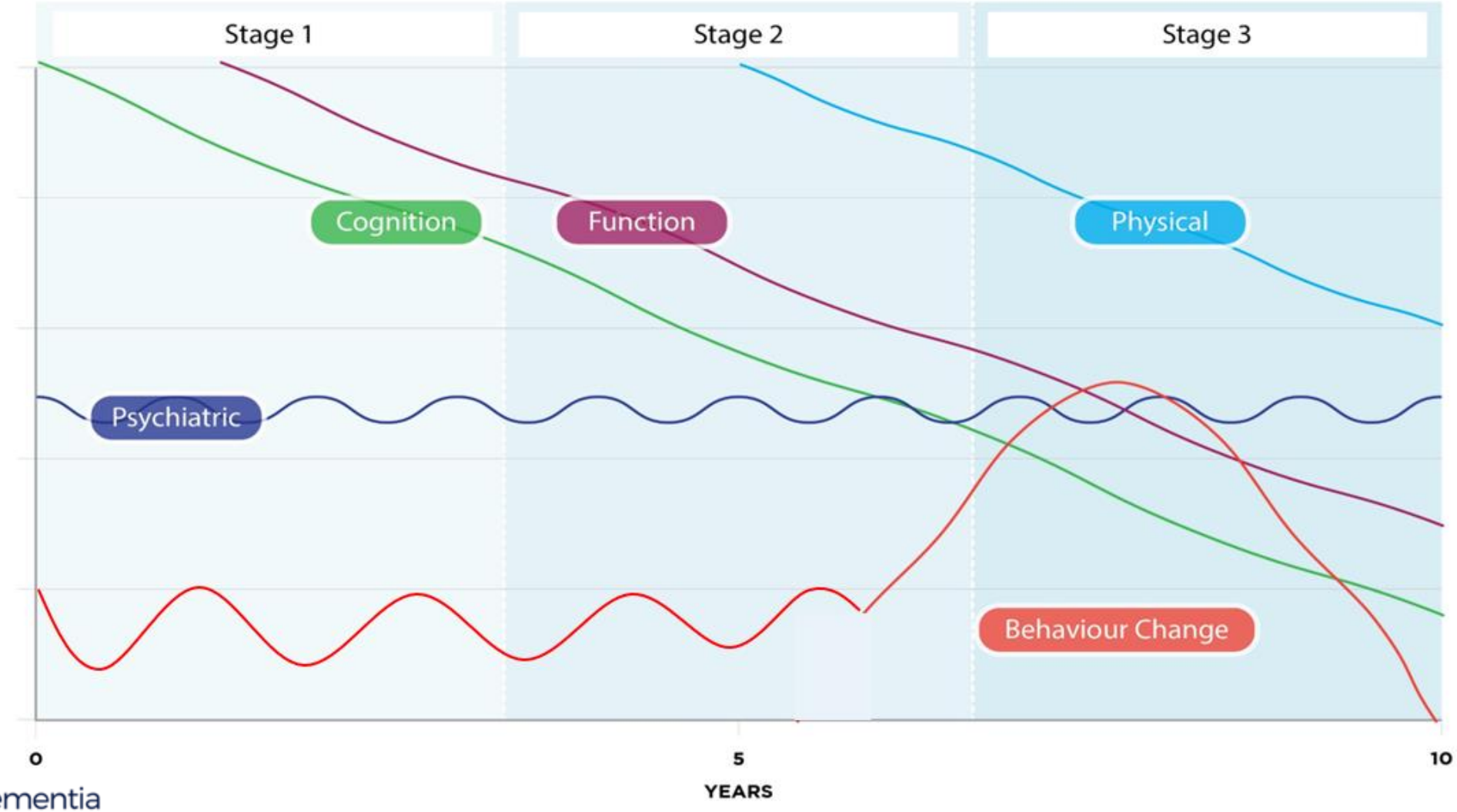
Based on work of Dr Jane Tolman, geriatrician, Hobart

Stages and domains of Alzheimer's dementia



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Framework for diagnosis of Alzheimer's and Vascular Dementia

Four Inclusion Criteria:

1. Gradual onset of poor memory
2. Worsening of memory problem
3. Failure of function
4. Cortical dysfunction – dysphasia, agnosia, dyspraxia

(for vascular dementia, add neuro sign or CT evidence of vascular incidents)

Based on work of Dr Jane Tolman, geriatrician, Hobart

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Framework for diagnosis of Alzheimer's and Vascular Dementia

Three Exclusion Criteria:

1. Delirium
2. Other organic cause (including drugs)
3. Psychiatric illness

Based on work of Dr Jane Tolman, geriatrician, Hobart

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Brain Health

"Contributions to the risk and mitigation of dementia begin early and continue throughout life, so it is never too early or too late"

Lancet Commission 2020

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Lancet Commission Report 2020

Early life <45
- education

Mid life 45-65
- Hearing loss
- Hypertension
- Traumatic Brain Injury
- **Obesity**
- Alcohol

Late Life >65
- Diabetes
- Depression
- Air pollution
- Social isolation
- Smoking
- **Physical activity**

- Sleep, Diet

Dementia risk reduction strategies target:
- Population
- Individual

What is a brain health check ?

Any opportunity to:

- promote and optimise an individual's brain health at any age
- identify patients at risk of dementia, specifically in midlife
- utilize an evidence-based tool to establish any personal risk factors that can be modified to reduce overall risk of, or delay the onset of dementia
- engage in motivational interviewing/shared decision making to assist an individual to reduce their risk of dementia

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Opportunities within MBS

- No specific MBS item numbers
- >30 years: Heart Health Checks
- **45-49 year: can provide an opportunity to perform a brain health check**
- 40-49 year: Individuals, if at high risk of Diabetes type 2 ,may undergo risk evaluation
- >75 year: Annual health assessments
- Annual health assessments
  - Aboriginal and Torres Strait Islander
  - Living in a RACF
  - Living with an intellectual disability

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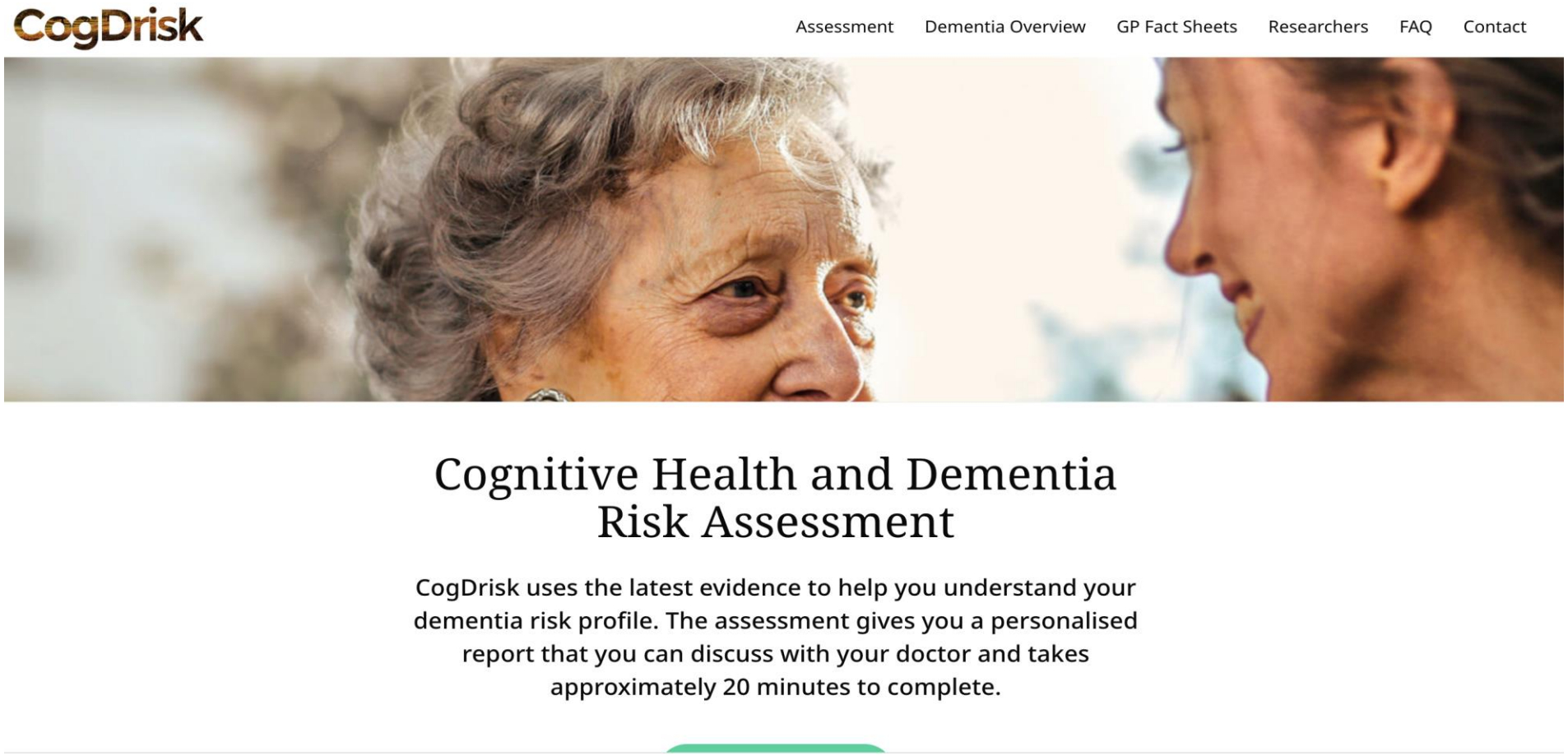
If you identify anyone at risk ?



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Let’s meet Anna again

- Anna is a 75 year old widow
- She lives by herself
- Normally attends on her own
- Attends for fluvax with daughter Sophie
- PMH- Hypertension, OA knee
- Meds- Perindopril, paracetamol

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Let’s meet Anna again

- Examination normal for age
- Blood tests and CT brain normal for age
- MMSE score 23
- Dysphasia and agnosia present
- Geriatric depression score normal

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Anna met the Four Inclusion Criteria for a diagnosis of Alzheimer's Dementia

Four Inclusion Criteria:

1. Gradual onset of poor memory – **memory poorer than previously**
2. Worsening of memory problem **– increasingly forgetful, getting worse**
3. Failure of function **– gardening, cooking, socialising**
4. Cortical dysfunction – **dysphasia**, **agnosia**, **dyspraxia**

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Anna had none of the Exclusion Criteria

Three Exclusion Criteria:

1. Delirium
2. Other organic cause and /or drugs
3. Psychiatric illness

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Who is confident Anna has dementia ?

- Very confident ?
- Somewhat confident ?
- Not confident at all ?

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Offering the (gift of a) diagnosis

- What do you think Dr George did well ?
- What do you think he could have done differently ?
- What would you have done differently ?

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Offering the (gift of a) diagnosis

Offering the (gift of a) diagnosis

- What do you think Dr George did well ?
- What do you think he could have done differently ?
- What would you have done differently ?

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Stages of dementia

Stage 1: Still at home

- Goal of care – Maintain dignity independence and safety

Stage 2: Escalating care needs, transitioning to 24 hour care

- Goal of care – Maintain dignity through safety

Stage 3: Diminishing quality of life

- Goal of care – Maintain dignity through comfort

Based on work of Dr Jane Tolman, geriatrician, Hobart

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Stage 1 Management: Maintain dignity through independence and enjoyment

1. Cognition
2. Function
3. Psychiatric illnesses
4. Behaviour
5. Physical decline

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What can be done to help support Anna's cognition?

Problems	Actions
• Forgetfulness • Short term memory loss • Repetitive questioning • Mild word finding issues • Difficulty with planning and sequencing	• Medication review • Cholinesterase Inhibitors • CVS risk reduction • Education (including carers) • Legal affairs • Advance Care Planning Occupational Therapist • understand interests, support mentally stimulating activities, skill training and memory strategies Physiotherapy/Exercise Physiology • risk reduction and social connection Speech Pathology • communication skills and strategies

Medications for dementia

Cholinesterase Inhibitors

- Donepezil (Aricept), Rivastigmine (Exelon), Galantamine (Reminyl)
- PBS criteria: MMSE ≥10**, in consultation with** or specialist confirmed diagnosis
- May provide modest benefit in cognitive function, apathy, behaviour
- SE: GI upset (10%), heart block, asthma

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Medications for dementia

NMDA receptor antagonist - Memantine (Ebixa)

MMSE 10-14

Provides modest benefit in:

- reducing carer requirements,
- may delay going to a NH
- limited benefit in cognition

Side effects: confusion, dizziness, drowsiness, headache, insomnia, agitation, hallucinations

Can be used in combination with AChEIs (1x private script)

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Medication review and Anticholinergic load

ACUTE	CHANGE	IN	M(ental) S(tate)
Antiparkinsonian **C**orticosteroids **U**rologic (antispasmodics)[1] **T**heophylline **E**mesis (antiemetics)	**C**ardiac (antiarrhythmics) **H**2 blockers (cimetidine) **A**nticholinergics **N**SAIDs **G**eropsychotropic **E**toh	**I**nsomnia medications **N**arcotics	**M**uscle relaxants **S**eizure medications

[1]**U**rologic (antispasmodics) such as oxybutynin or tolterodine

[2]**G**eropsychotropic medications (such as antidepressants, antipsychotics, sedatives)

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STOPP START Toolkit
Supporting
Medication Review

An evidence based approach to prescribing in the elderly

STOPP:
Screening Tool of Older People's Potentially Inappropriate Prescriptions

START:
Screening Tool to Alert Doctors to Right (i.e. appropriate, indicated) Treatments

Colour Key

Medication to consider stopping in patients over 65 from the STOPP Tool[1]

Medication to consider starting in patients over 65 from the START Tool [1]

National and local guidance e.g. NICE Guidelines[5]

https://geri-em.com/wp-content/uploads/2013/05/STOPP_START-criteria.pdf

How can we help with reduced function?

Problems	Actions
• Trouble with cooking • Reduced activity in garden • Missing pills • Safety in the house • Driving? • Socially withdrawn	**OT** to help with: • Adaptation of environment – reduce clutter, group ingredients, contrasting plates/cups, labelling cupboards • Task break down and simplification • Safety – safety cut of switch on stove • Assistive technologies and strategies – pill dispenser, reminders, calendars, google home pod • Carer education to provide support but facilitate to maintain independence • Support and strategies to return to social activities • Driving assessment **Physio/OT**: Raised garden beds; **physio** for OA knee and mobility; gardener for larger jobs

Driving and dementia

- It’s complicated!
- Have the conversation early
- Minimum: conditional license as per Australian Fitness to Drive guidelines
- Get advice if needed

(reporting state based)

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Driving and dementia

MMSE not a good predictor of driving

- However if MMSE <20 then generally should not be driving

Evidence based tests:

- Trail Making Tests A and B
  - *Tests processing speed, visuospatial and executive assessment*
- Clock drawing test
  - *Tests visuospatial and executive function*
- Intersecting pentagons
  - *Tests visuospatial function*

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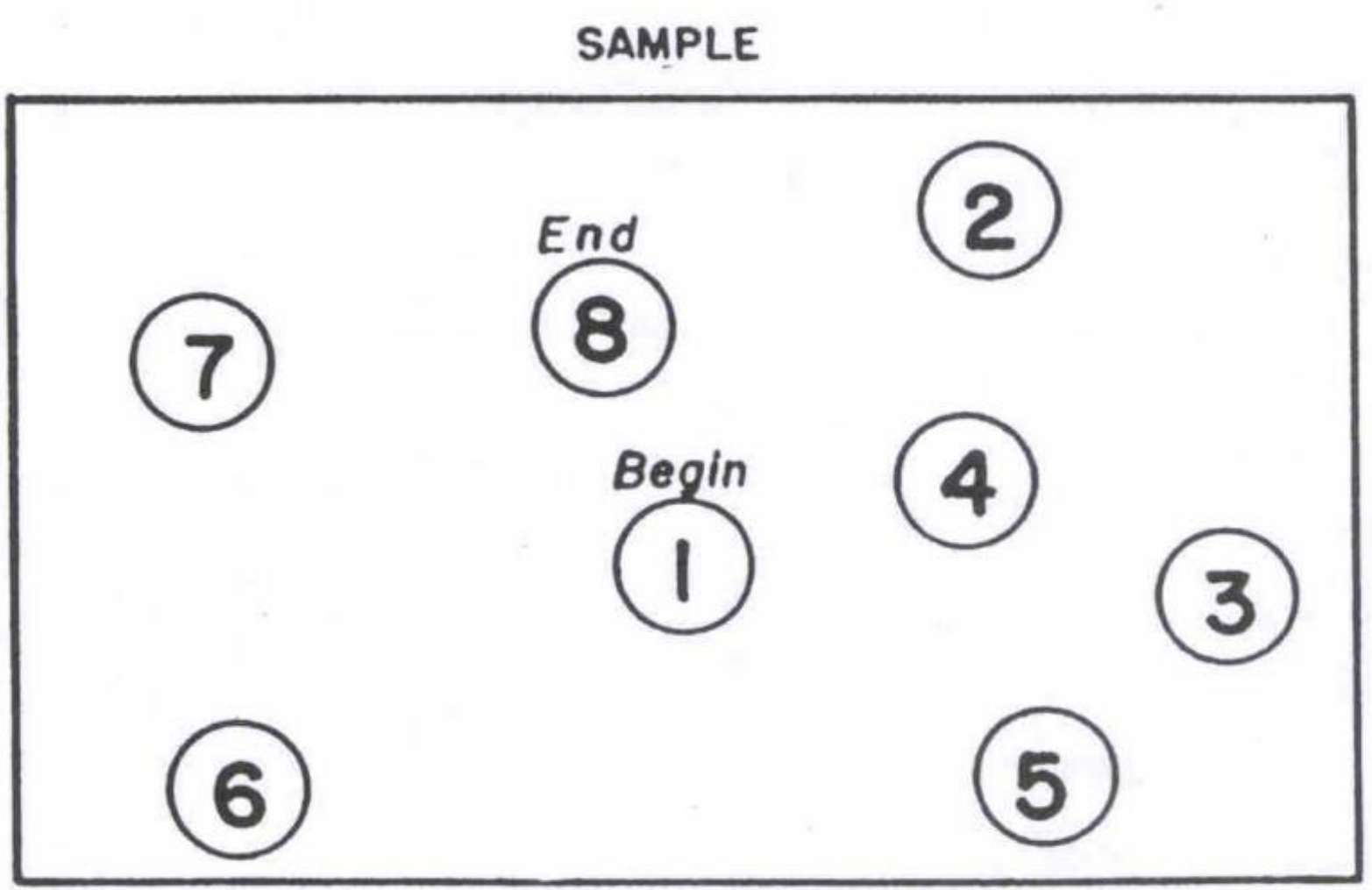
Driving and Dementia

Trail Making A



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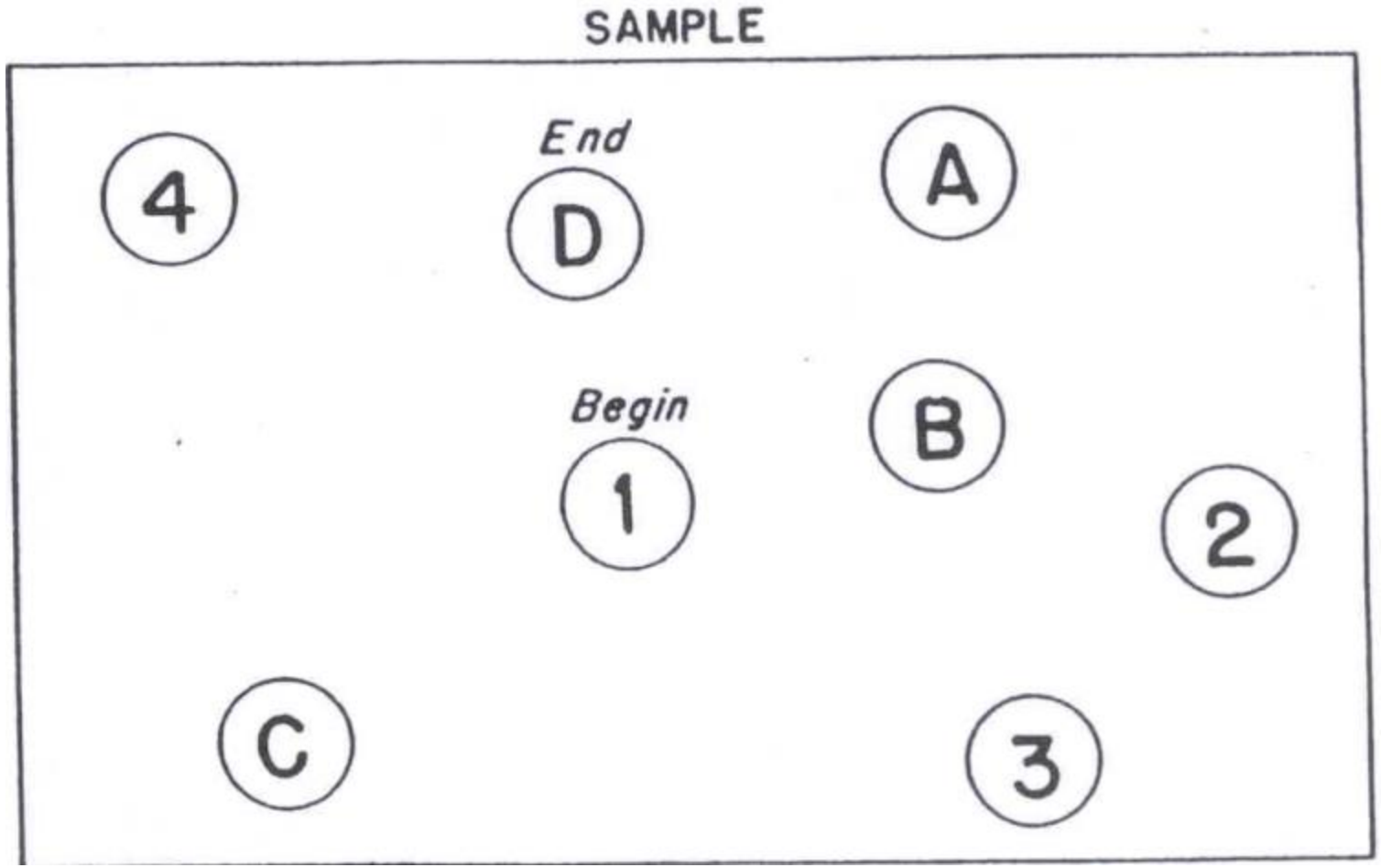
Driving and Dementia

Trail Making B



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Driving OT assessment

- Rehabilitation opportunity
- Comprehensive
- Off road assessment initially- safer
- Car safety

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What about the psychiatric domain?

Problems	Actions

• Depression
• Anxiety
• Hallucinations
• Delusions
	• Mental Health Screening: for person living with dementia and carers
	• Consider MHCP for both PLWD and Carer
	• Treat any coexisting psychiatric conditions and re-evaluate
	  ▪ Psychologist/Counsellor – for adjustment disorder/depression anxiety – via a MHCP
	  ▪ Prescribing antidepressants
	• Delirium action plan
	• Ongoing family education
	• Support to engage in social/stimulating activities

Mid & North Coast HealthPathways

Delirium action plan

Delirium is a sudden inability to think clearly and pay attention. It is common among older people. Delirium can be a sign of a serious underlying medical problem. **If you notice any sudden changes, think of a delirium episode.** Prompt medical attention may help to prevent a hospital admission.

What to look out for

Delirium can develop quickly, usually over hours or days. A person with delirium may:

- [ ] become confused and forgetful
- [ ] become unable to pay attention
- [ ] become different from their normal selves
- [ ] become either very agitated or quiet and withdrawn
- [ ] become unsure of the time of day or where they are
- [ ] have garbled or confused speech
- [ ] have difficulty following a conversation
- [ ] have changes to their sleeping habits, such as staying awake at night and being drowsy during the day
- [ ] see or hear things that are not there, but which are very real to them
- [ ] lose control of their bladder or bowels

What causes delirium?

Delirium can have many causes. Most commonly it is caused by:

- infection
- constipation
- dehydration
- strong pain
- medicines

Further advice?

healthdirect 1800 022 222

Speak to a registered nurse or doctor 24 hours a day, 7 days a week to get health advice you can trust. This is a free service.

What can family and carers do?

If you notice signs of delirium call the patient's GP immediately and tell the practice you suspect delirium and request an urgent appointment that day.

Patient contacts

GP name

GP practice

Phone

Local hospital

Other family/contacts

Once the person has appropriate medical care, you can still help care for them.

- Encourage and assist someone with delirium to have enough food and fluids.
- Knowing the time of day can reduce confusion. Remind the person where they are, and what day and time it is.
- It is reassuring for people with delirium to see familiar people. Visit as often as you can and try to be available to help with their care.

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How can we help with behaviours?

Problems	Actions

• Agitation
• Frustration
• Apathy
• Social isolation
	• Occupational Therapist
	  ▪ Problem solving why and working with care partner on skill training and strategies
	  ▪ Meaningful activities/social engagement
	  ▪ Maintaining a routine
	• Speech Pathology
	  ▪ communication tools & aids
	• Day respite
	• Education- person living with dementia & carers

Get help from Dementia Support Australia

If a person with dementia in your care is experiencing changes to their behaviour that might impact their wellbeing – refer them to us today.

Get help, day or night

Dementia doesn't follow a set schedule – and neither do we. You can contact us 24-hours a day, 365 days a year.

1800 699 799

Make a referral

Anna's physical decline?

Problems	Actions

• Changes to mobility, balance, coordination	Physiotherapist/Exercise Physiologist
	• Mobility changes can occur early (can be predictive)
	• In stage 1 can build reserve, prevent falls and frailty and maintain ADL's
	• Additional benefits include maintain cognition, mood and sleep
	GP
	• Health assessment (over 75)
	  ○ Medication review
	  ○ Optimise CVS risk factors
	  ○ Vision
	  ○ Hearing
	  ○ Dental check

GP Management Plan: Stage 1 Dementia

DOMAIN	PATIENT PROBLEM	TREATMENT/SERVICES/PATIENT & FAMILY ACTION	ARRANGEMENTS FOR TREATMENTS/SERVICES
Cognition	Forgetfulness Short-term memory loss Repetitive questions	Cardiovascular Risk assessment and management Medication Acetylcholinesterase inhibitors Legal issues such as POA Advance Care Directive Family Education	Dementia Australia Forward with Dementia Practice Nurse – education on dementia General Practitioner Speech Pathologist – language issues Consider use of practice recall/reminder system
Function	Impaired instrumental functions	Family education Encourage maintenance of skills Support with cooking/meal prep Support to attend usual activities Maintain social interaction Driving assessment Home hazards assessment	Dementia Australia Practice Nurse General Practitioner My Aged Care/Care package Dementia outreach service Occupational therapist / OT driving assessment
Psychiatric	Depression Anxiety Hallucinations Delusions Paranoia	Screening of mental health in patient Screening for mental health issues in carers Family education	Practice Nurse General Practitioner Psychologist MHCP Social worker Carer support groups Dementia Australia Dementia Support Australia
Behavioural	Social withdrawal Frustration	Increased social engagement Family education	Practice Nurse General Practitioner Consider family meeting: 3 – 6 monthly Dementia outreach service Dementia Australia – online resources Dementia Support Australia
Physical	Failure to maintain physical health care needs	Home medication review Reduction in cardiovascular risks, as appropriate Exercise assessment Hearing assessment Dental review Continence assessment Falls assessment Immunisation – influenza, pneumococcus, herpes, zoster Family education	Practice Nurse General Practitioner - Consider use of practice recall Pharmacist Community dietician Podiatrist Optometrist Audiologist Exercise physiologist Physiotherapist Occupational Therapist

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Carers as patients

- 30% of carers develop depression
- Physical, social and financial concerns
- Behavioural changes pose the greatest impact
- Spouse feels the most impact
- Home | Carer Gateway
- Dementia Australia

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Carers as patients

Carers may require

- Education – of the illness, trajectory, impact
- Screening – mental & physical health
- Assistance - respite or transition to RACF
- Strategies – to manage behavioural or cognitive concerns

CBT for carer

- Reduces impact of care
- Delays RACF
- Improves skills in managing patient behavioural problems

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Who else can help?

Online resources
- Dementia Australia
- Dementia Support Australia

Practice Nurse

General Practitioner

Psychologist

Counsellor

Psychiatrist

Optometrist

Dentist

Podiatrist

Audiologist

Exercise physiologist

Physiotherapist

Pharmacist

Occupational Therapist

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Take home messages

To end with the beginning in mind

- For most people with dementia, the GP is able to both diagnose and initiate care for them
- A timely diagnosis of dementia improves outcomes for both people living with dementia and their carers
- Despite there being no curative treatments for dementia there are interventions that can improve quality of life

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GP dementia resource hub

Easy access to dementia courses, resources and links

Includes:

- Dementia in Practice podcast episodes
- Online courses for GPs – from 40mins to 4hrs
- Downloadable GP resources – Management plans and Supervisor teaching plans
- GP related events
- GP workshops
- Links to other helpful websites

Visit https://dta.com.au/general-practitioners/

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Dementia in Practice podcast

- A **podcast** made by GPs for GPs and others interested in learning more about dementia

Selection of Season One & Two episodes:

- Life with dementia: A first-hand account
- Healthy ageing and dementia: How to recognise the difference
- Diagnosing dementia in general practice: A stepwise approach
- A carer's story: When dementia comes home
- The healthy brain check: Reducing risk factors for dementia
- Dementia and multicultural communities: Dementia doesn't discriminate
- Dementia at the end of life: A person centred approach
- Driving and dementia: Who's in the driver's seat
- Looking at residential aged care: Living the best life possible
- Sleep Matters

New series coming soon

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https://dta.com.au/gp/#podcast