



Follow-up Meeting #1



Plan today

Recap/ overview

Your questions

Driving and dementia

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Driving and dementia



~ ***BE AWARE***



- Patient or family mention a concern.
- At an Annual Wellness Visit:
there's a “yes” answer to a concern.
- Anyone in clinic (front desk, MA, PCP, etc.) notices confusion about appointments / medications.

Decide: Ask for a little more information.

Be aware of very worrisome signs:

1. Forgetting things that just happened?

Such as: Repeating same question 30 minutes later.

2. Harder to do complex task that used to be easy?

Such as: Trouble making a complex recipe or organizing documents.

3. Suddenly unsure where you are in place you've been often?

Such as: Suddenly disoriented in a building you should know well.

NAME OF QUICK TEXT: "Cognition - Questions if Memory is a Concern"

Use a Warning Signs Document

- A 3-question one-pager patients can quickly fill out (MA can give or you give)

Worrisome Signs vs. Normal Aging

Available in your clinic!

Follow-up Questions About Cognitive Concerns

1. Have you noticed that you forget things that just happened more often?
For example: Repeating the same question or the same story 30 minutes later.

YES	NO	UNSURE
-----	----	--------

2. Have you noticed it's more difficult to finish a complex task that used to be easy for you?
For example: Cooking a complex recipe, organizing your documents, or putting up outdoor holiday lights.

YES	NO	UNSURE
-----	----	--------

3. Have you noticed being unsure where you are in a place you've been to many times?
For example: Becoming disoriented on a usual route or in a building you know well.

YES	NO	UNSURE
-----	----	--------

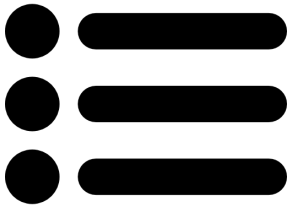
Note: The following changes are normal as people age. They are less a cause for concern:

1. Forgetting the name of someone but remembering it later.
2. Noticing it takes longer to come up with a word you're trying to remember.
3. Misplacing keys or forgetting why you went upstairs, but later you find your keys or remember why you went upstairs.

You decide yes

Schedule a Cognitive Evaluation Visit

- Strongly encourage a **family member** or a close friend to come to that next visit.



Three Parts to a Dedicated Visit to Evaluate Cognitive Concerns

1. **Cognitive Checklist:** reversible causes and other factors you can fix.
2. **Assess cognitive function** e.g. with a MoCA.
3. **Get input** from a family member (e.g. with AD8).

Cognitive Checklist

- ☐ **Labs** B12 + thyroid
- ☐ **Med list** Sedating/ anticholinergic meds
Oxybutynin, Tylenol PM, benzodiazepines, Ambien
- ☐ **Alcohol** Even mild-to-moderate drinking can
impair cognition once people > age 70
- ☐ **Conditions:** Sleep apnea, hearing loss, depression

NAME QUICK TEXT: Cognition - Evaluation Checklist

Evaluating Cognitive Function

The assessment is a combination of...

MoCA test

+

Family input

Enter MoCA results in EHR

Now a spot for this next to PHQ-9

Essential : Make it a result to easily find and track

Best practice : Also save / scan the form in chart

Family / Observer Input

History questions to ask family member or a close friend:

- Are they repeating the same question 30 min later?
- Losing ability to do complex tasks that they once found easy to do? (e.g. complex recipe or outdoor lighting)
- Getting disoriented in a familiar place?

Remember these three questions (in the Quick Text)

Or use a validated 8-item form called: **the AD8** in your clinic!

Observer Input

AD8

validated tool to
get input from a
family member
or close friend.

Remember, "Yes, a change" indicates that there has been a change in the last several years caused by cognitive (thinking and memory) problems.	YES, A change	NO, No change
1. Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)		
2. Less interest in hobbies/activities		
3. Repeats the same things over and over (questions, stories, or statements)		

Put It Together

MoCA result

+

Family input

MoCA less than 20 (out of 30)

+ Observer notes worrisome changes, and

+ Difficulty with *activities of daily living*

= Dementia

Put It Together

MoCA result

+

Family input

MoCA intermediate 22-26 (out of 30)

+ Observer notes worrisome changes

But still able to dress and cook and clean house

= **Mild Cognitive Impairment**



EHR Checklist: Follow-up After Diagnosis

NAME OF TOOL: "Cognition - Newly Diagnosed Checklist"

Cognition - Newly Diagnosed Checklist

☐ Counseled about diagnosis. (Consider saying "possible Alzheimer's" even if diagnosis is mild cognitive impairment.)

☐ Offered possible specialist referral. (Refer soon if age <65 or visual hallucinations.)

Recommended Brain Interventions:

☐ Regular exercise.

☐ Reduce alcohol intake. (> 2-3 drinks per day affects cognition.)

☐ Brain healthy diet. (Very similar to heart healthy diet.)

☐ Advance care planning. (High value to setting durable power of attorney with backups.)

Session 1: Make a diagnosis of cognitive impairment

Provide better care for your patients.

 [Link to recording on YouTube](#)

 [Link to access PowerPoint slides](#)

Session 2: Set a plan for the newly diagnosed patient

Learn an efficient framework for the initial care of someone with cognitive impairment.

 [Link to recording on YouTube](#)

 [Link to access PowerPoint slides](#)

Session 3: Manage dementia as it progresses

Medications to treat cognitive impairment, managing agitation, and advance care planning improve care.

 [Link to recording on YouTube](#)

 [Link to access PowerPoint slides](#)



<https://ireach.wsu.edu/near/intact-nuihc/>

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How
are
things
going?

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Driving and Dementia

- Maybe the most difficult issue of all
- Engage by talking about safety of others
- Early safety restrictions:
 - No more night driving
 - Only on very familiar routes
- Help think about other transportation alternatives

Driving: Stepwise Approach

- Early (while still able): Bring it up gently, “let’s plan”.
- Early ease-away from: Night-time or Unfamiliar places.
- Report a driver: In state of Nebraska, can be kept confidential.

Report a driver: In state of Nebraska, your identity can be kept confidential.

CITIZEN REEXAMINATION REPORT

Director
Department of Motor Vehicles
Driver Licensing Division
PO Box 94726
Lincoln, NE 68509-4726

Dear Director:

As provided for in Nebraska Statute 60-4,118, I request that _____
(Name)

Of _____, Nebraska
(Address)

and date of birth _____ be recalled for examination for, in my opinion, he or she is not capable of operating a motor vehicle safely over the highways of the State of Nebraska for the following reasons: *(Please give a **detailed explanation** of the reasons for reexamination. ie. Examples of poor driving behavior that you have personally witnessed or that have been reported to you by a reliable source, and/or known medical conditions that could affect safe driving.)*

Driving: Stepwise Approach

- Early (while still able): Bring it up gently, “let’s plan”.
- Early ease-away from: Night-time or Unfamiliar places.
- Report a driver: In Nebraska, can be kept confidential.
- Rare nuclear option: Family helps to take away keys or change the lock on car.



Questions and Answers

