INTACT

INDIANS TRANSFORMING
ALZHEIMER'S CARE TRAINING

Part Three: Manage Dementia as it Progresses

WORKING TOGETHER FOR HEALTH EQUITY

IREACH

INSTITUTE FOR RESEARCH AND EDUCATION
TO ADVANCE COMMUNITY HEALTH

DISCLOSURE

Barak Gaster, MD

No financial relationships with any commercial company which is relevant to this presentation to disclose.

I have no relevant financial relationships with any companies whose primary business is producing, marketing, selling, re-selling, or distributing any healthcare products or services which are used by or on patients.

Three Part Education Series

Part #1	Make a diagnosis of cognitive impairment
Part #2	Set a plan for a newly diagnosed patient
Part #3	Manage dementia as it progresses

Recap of Part #2

Part #1	Make a diagnosis of cognitive impairment
Part #2	Set a plan for a newly diagnosed patient
Part #3	Manage dementia as it progresses

Recap of Part #2 – Set a Plan

- Even if diagnosis is mild cognitive impairment (MCI) mention your high concern for Alzheimer's disease.
- Good to use the MCI diagnosis code and put this in problem list ----> that is better communication/ care.
- Include prognostic uncertainty, include optimism. With support, people can live well. Family should come to all future appointments.
- If visual hallucinations, then refer to a specialist sooner (possible Lewy Body Disease).

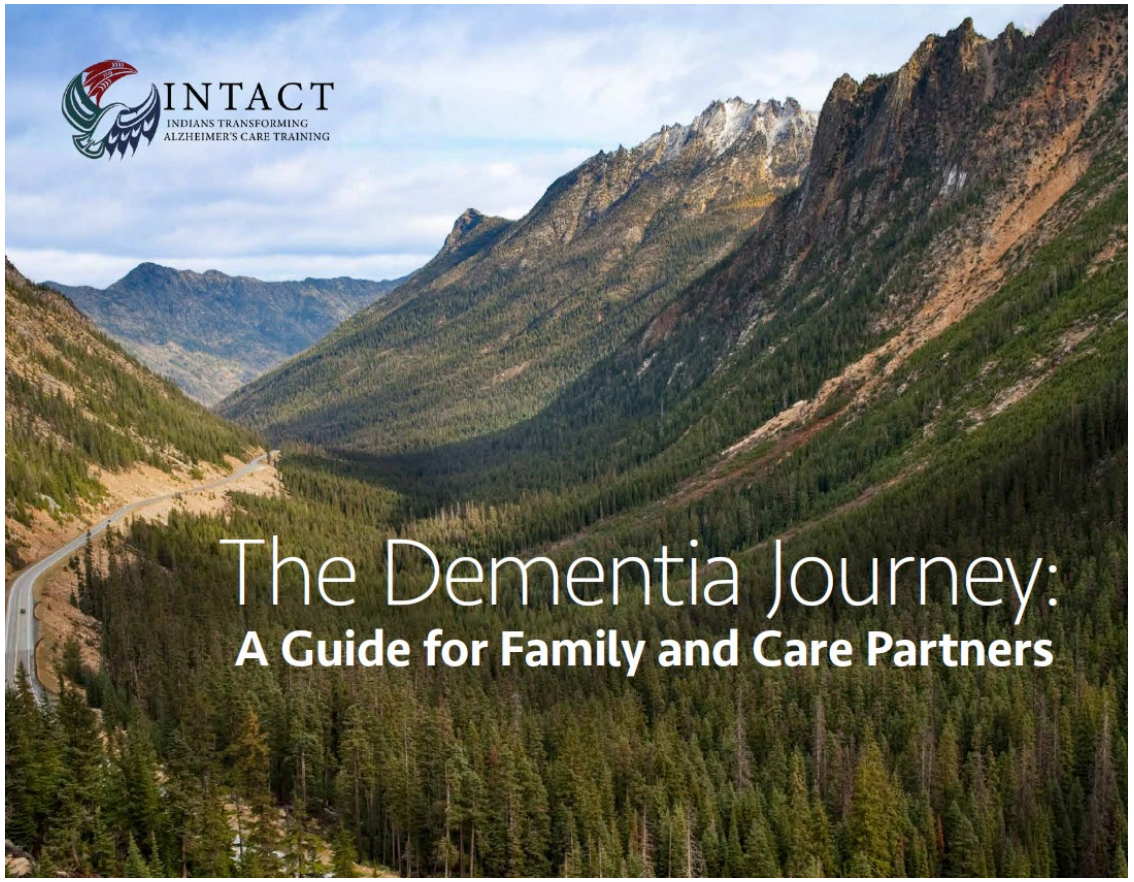
Learning Objectives Today
Managing Cognitive Impairment

- Medications to treat cognitive decline.
- Managing agitation and other behavioral symptoms of dementia.
- Communication tips for talking to someone with dementia.
- Advance care planning: for dementia.

Optimizing Brain Health

- ❑ **Alcohol (and drugs)**: Limiting 0-1 drinks will help.
- ❑ **Medications**: Sedating and anticholinergic
- ❑ **Contributing Conditions**: Sleep apnea, hearing loss.
- ❑ **Exercise**: Daily brisk walks with a friend.
- ❑ **Cognitive Stimulation** Social engagement!

Booklet to Give to Newly Diagnosed



You may be wondering...

- **Are there any medications, treatments or lifestyle changes that could help my loved one's memory and thinking?**

Now a return visit one year later.

Repeat MoCA is 21, down from 23.

Daughter says she's still independent with ADLs. So diagnosis is still mild cognitive impairment.

Her daughter asks: what about this new medication I heard about for Alzheimer's disease?

Lecanemab

- New monoclonal antibody against amyloid plaque.
- RCT's show that it may slow progression of mild cognitive impairment by a few months.
- Twice monthly IV infusion. Major potential harm: significant risk of brain edema/ bleeding.
- If on apixaban or warfarin: not eligible (due to hemorrhage)
- Also to be eligible: patients need a PET-scan or LP with amyloid present. Also need DNA apo-E testing.

N Engl J Med 2023; 388:9-21

Donepezil and Memantine

- **They do not work for early-stage memory loss (MCI).**
- It is reasonable to offer a trial of medications. They are safe and easy to prescribe.
- May result in very **small** improvements in cognition and function.
- Symptomatic therapies, not neuroprotective.
- Do not change trajectory of disease.

Ann Int Med. April 2020: 2020;172:656-668.

Behavioral and Psychological Symptoms of Dementia (BPSD)

- The most troubling part of dementia.
- Agitation, refusal of care, paranoia, yelling, possibly hitting.
- Up to 80% of patients with dementia develop BPSD symptoms at some point in their illness.
- Benzodiazepines: Often make symptoms worse. Use extreme caution.

Clinics Geriatric Medicine. 2020:36:2,329-39.

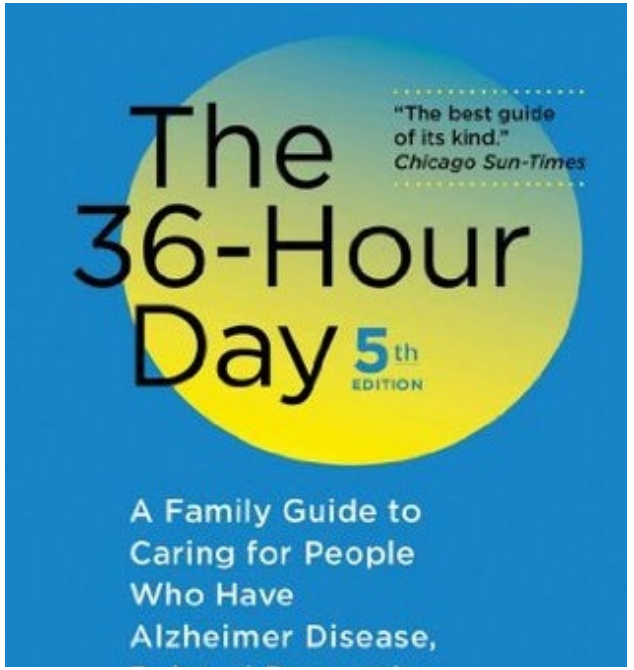
BPSD Non-Pharmacological Approaches

- Set reasonable goal of reduction—not elimination—of behaviors.
- Recommend the book, “The 36-Hour Day” (guide for caregivers).
- Consider using a handout with “Tips for talking to a loved one with dementia.”

Annal Int Med. 2019 Sept 3;171(5)

Non-Pharmacological Approaches

- Behavioral strategies really do help.
  - Book for caregivers: “The 36-Hour Day.”
  - Tips for communication…



Annals 2019 BMJ 2015

Talking to someone with dementia

1. Meet them in the reality where they are. Avoid re-grounding. Instead: change subject, change to a related topic.
2. Keep talking directly to someone with dementia (not about them, as if they weren't there.) They might not understand, but that will avoid distress.
3. If aggressive behaviors occur, stay calm. Withdraw if necessary. The moment often passes.

Handout for families, covering this approach, is available at:

Cognition-PrimaryCare.org

Learning to Speak Alzheimer's, Koenig-Coste (2003)

Antipsychotics: only if extremely serious severe symptoms

- Only if symptoms serious, very severe. Biggest concern is they cause unnecessary, extreme sedation.
- Start very low: Such as **quetiapine** 12.5 mg or **risperidone** 0.25 mg (once daily every evening.)
- Titrate if needed every 3 days. Avoid “as needed” use. (They don’t work fast enough, takes 2 hours to work.)
- Main pitfall: leaving them on too long. (Behaviors eventually improve.) Schedule taper trial in 2 months.
- Warning: Lewy body disease = severe Parkinsonism

Curr Psychiatry Rep. 2019 Jul 1;21(8):66

Other medications for BPSD

- Such as citalopram, trazodone, melatonin.
- Limited data they work.
- They can help, but often not much noticeable effect. (They also can also cause side effects.)
- But worth a try, when situation is not extreme, but symptoms are persistent despite behavioral approaches.

Curr Psychiatry Rep. 2019 Jul 1;21(8):66

Powerful Tools for Caregivers

Free 6-week classes.
“Take care of yourself while
you take care of a loved one.”

www.powerfultoolsforcaregivers.org

Advance Care Planning for Dementia

Path to better care.

Dementia is Complex

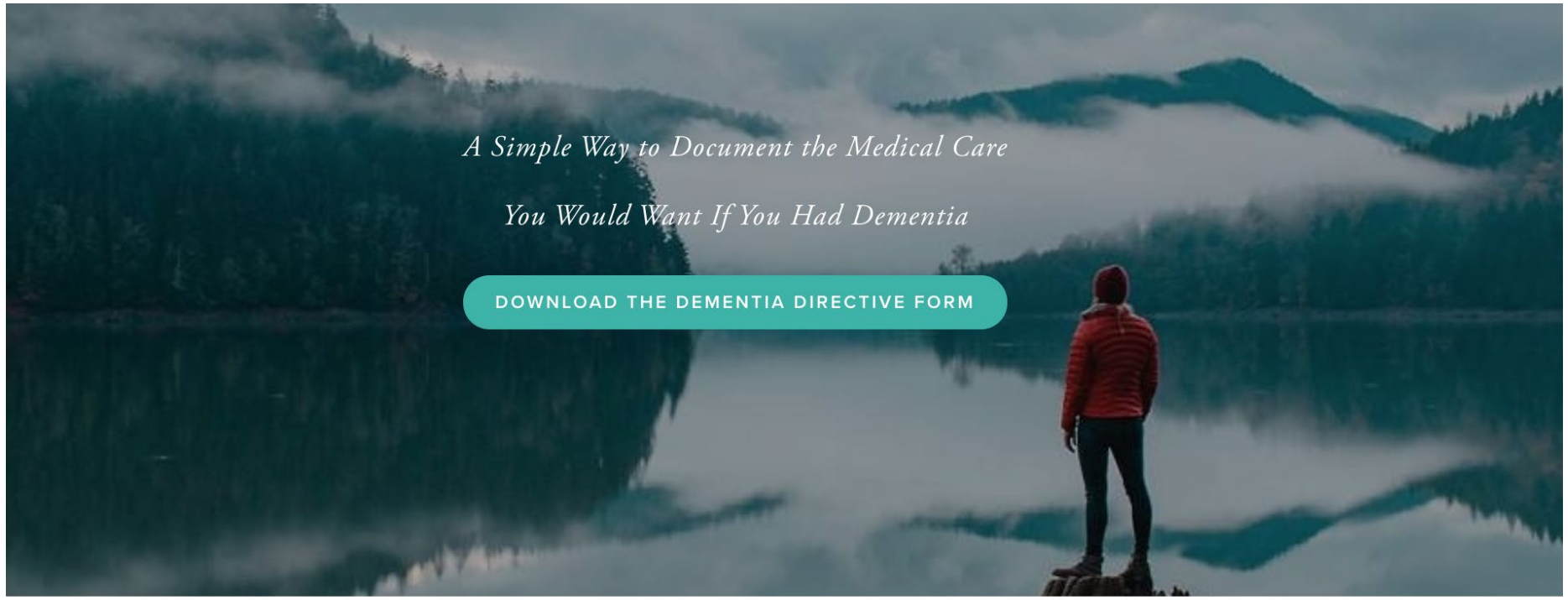
- People with early dementia may have many years with a good quality of life.
- Often a slow decrease in quality of life: from mild, to moderate, to severe stages.
- It makes sense that people would want different goals for their medical care, from one stage to another.

Dementia-specific Advance Directive

- Developed with input from experts in palliative care, neurology, and geriatrics.
- Tested and refined in primary care.
- Available for anyone to download from:

Dementia-directive.org

JAMA. 2017;318(22):2175–2176



INSTRUCTIONS | FAQS | RESOURCES | IN THE NEWS

An advance directive for dementia as featured in the New York Times.

DOWNLOAD THE DIRECTIVE

Dementia-directive.org

- Brief descriptions of mild, moderate, and severe dementia.
- Below each stage, ability to choose a goals of care option for that stage:

Full code	DNR/DNI	Comfort-focus

JAMA. 2017;318(22):2175–2176

Best time to offer a Dementia Directive

- ✓ Before signs of dementia occur.
- ✓ Consider: for everyone over age 65

www.dementia-directive.org

In Early Impairment: Proxies (DPOA-HC)

- Early-on in the disease, it is important to designate, in a **legal form** who someone want their proxy decision makers to be.
- With *alternates*.
- Because over 10-15 years, their default (usually their spouse) may no longer be available to serve as their decision maker.

Tips For Goals of Care Discussions

"Imagine if your loved one could look on themselves now, what might they say they'd want?"

- It is OK to make a recommendation, such as:

  "I would recommend not doing CPR. Even if you survived cardiac arrest, your brain is more vulnerable, so you'd be in a worse state afterwards than now. And a stay in the ICU would likely be a hard and very painful time."

Int J Nursing: 2020. https://doi.org/10.1016/j.ijnurstu.2020.103576

86 year old woman, diagnosis is now mild cognitive impairment.

At serial visits, you cover:

Brain health: reducing alcohol, wearing hearing aids, treating sleep apnea, exercising and remaining socially active.

Help her fill out DPOA form (who would she want as backup if daughter not able?)

Now you're providing better care!

Take Homes

- Early diagnosis is a path to better care.
  Specific actions we can take.
- Use visit dedicated to cognitive evaluation.
  Checklist + MoCA + Input from observer.
- If MCI: Remember ~ 30% don't progress.
  Yet, most do have Alzheimer's. Be honest,
  also provide some reassurance.

Take Homes

- Focus on non-pharmacological approaches to behavioral symptoms.
- Antipsychotics can cause severe unnecessary sedation. Only use in very severe situations.
- Advance care planning early in disease: set DPOA/ proxy so that patient can identify an alternate to spouse while they can.

Next session

- Putting it all together.
- Review of the materials in place.
- Review of the Quick Text tools in place.
- Screen-share of the tools in your EHR.
- Value of making the diagnosis.

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Questions and Answers

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