INTACT

INDIANS TRANSFORMING
ALZHEIMER'S CARE TRAINING

# Follow-up Meeting #1

WORKING TOGETHER FOR HEALTH EQUITY

IREACH

INSTITUTE FOR RESEARCH AND EDUCATION
TO ADVANCE COMMUNITY HEALTH

# 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 |
|---|---|---|

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**Note: The following changes are <u>normal</u> 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.

Adapted from 10 Warning Signs of Alzheimer's: https://www.alz.org/alzheimers-dementia/10_signs

**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).

BMJ. 2017;357:j2353

# 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

Ann Intern Med. 2019;171(5)

# Enter MoCA results in EHR

# Now a spot for this in your EHR

**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!

Neurology 2005:65:559

# 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) | | |

Neurology 2005; 65(4) p. 559-64

# 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

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**NAME OF TOOL:  "Cognition - Newly Diagnosed Checklist"**

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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.)

Community Resources  Clinical Tools

## 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

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https://ireach.wsu.edu/near/intact-ctwc/

# Plan today

Recap/ overview

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Driving and dementia

How are things going?

# Plan today

Recap/ overview

Your questions

Driving and dementia

# 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

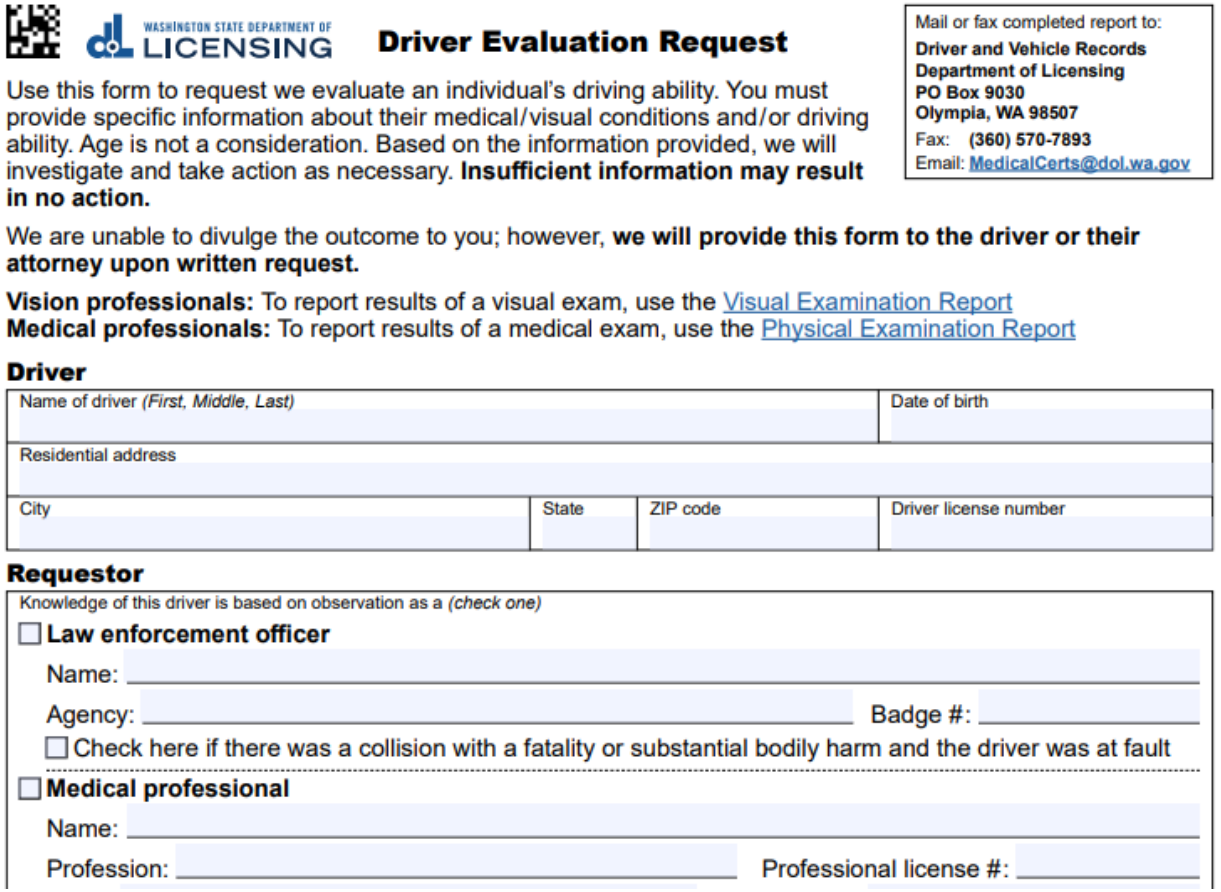
# Driving:  Stepwise Approach

- 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:**

Easy to fill out form in the state of Washington.

DOL will require them to pass a driving test.



WASHINGTON STATE DEPARTMENT OF LICENSING

**Driver Evaluation Request**

Mail or fax completed report to:
**Driver and Vehicle Records**
**Department of Licensing**
**PO Box 9030**
**Olympia, WA 98507**
Fax: **(360) 570-7893**
Email: MedicalCerts@dol.wa.gov

Use this form to request we evaluate an individual's driving ability. You must provide specific information about their medical/visual conditions and/or driving ability. Age is not a consideration. Based on the information provided, we will investigate and take action as necessary. **Insufficient information may result in no action.**

We are unable to divulge the outcome to you; however, **we will provide this form to the driver or their attorney upon written request.**

**Vision professionals:** To report results of a visual exam, use the Visual Examination Report
**Medical professionals:** To report results of a medical exam, use the Physical Examination Report

**Driver**

| Name of driver *(First, Middle, Last)* | | | Date of birth |
|---|---|---|---|
| Residential address | | | |
| City | State | ZIP code | Driver license number |

**Requestor**

Knowledge of this driver is based on observation as a *(check one)*

☐ **Law enforcement officer**
Name: _____
Agency: _____ Badge #: _____
☐ Check here if there was a collision with a fatality or substantial bodily harm and the driver was at fault

☐ **Medical professional**
Name: _____
Profession: _____ Professional license #: _____

https://dol.wa.gov/driver-licenses-and-permits/driver-safety/report-unsafe-drivers

# 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.

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# Questions and Answers

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