

Understanding Alzheimer's Disease and Other Dementias

**Children, Families, Health, and Human
Services Interim Committee**

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**MONTANA
ALZHEIMER'S/DEMENTIA
WORKGROUP**

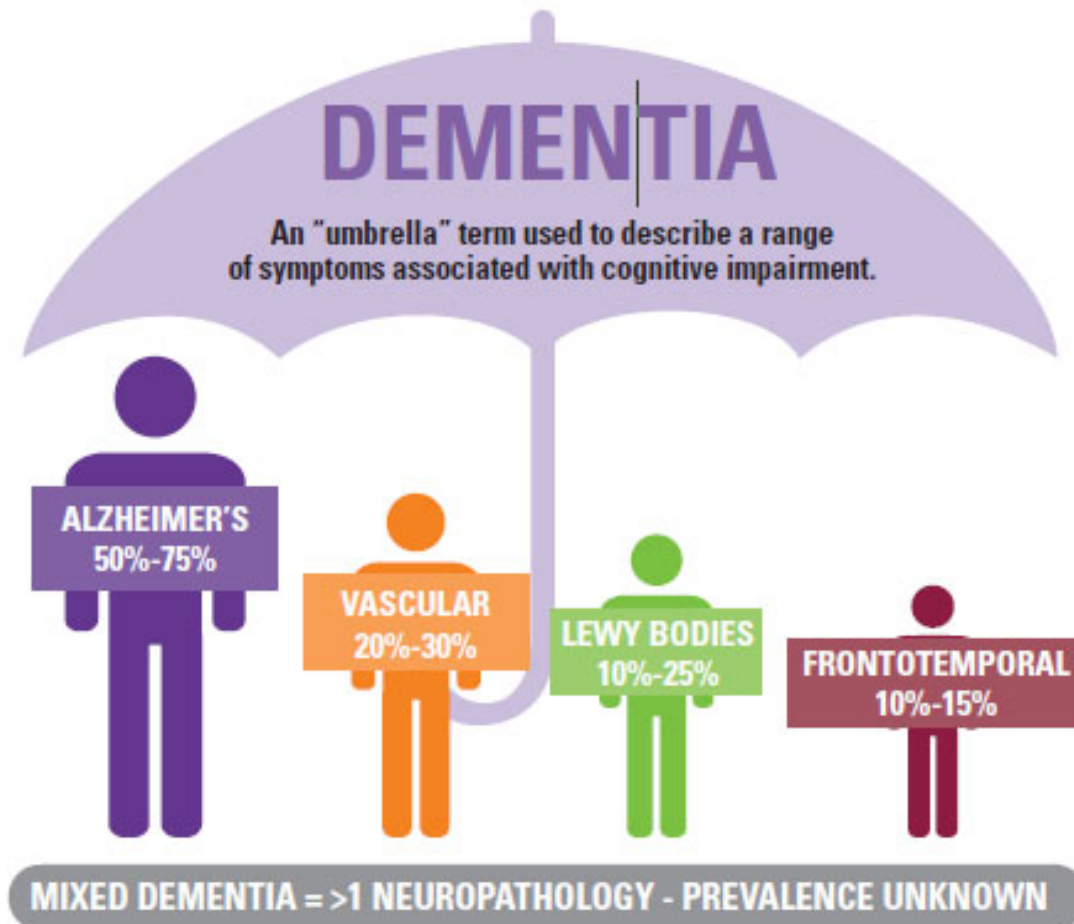
Goals for today

- What is dementia?
- What are the behavioral symptoms associated with dementia?
- What constitutes best practice management?
- How can we ensure best in Montana communities?

What is dementia?

- Not a specific disease, dementia is a group of conditions characterized by impairment of at least two brain functions, such as memory loss and judgment.
- Symptoms include forgetfulness, limited social skills, thinking abilities so impaired that it interferes with daily functioning, and behavioral issues (non-cognitive, neuropsychiatric).

Common Forms of Dementia



Montana Alzheimer's Statistics

- Currently 11% of our seniors have Alzheimer's disease - 22,000 individuals in 2020. By 2025 this number will reach 27,000
- 6th leading cause of death in Montana
- Caregiver burden
 - 16,000 caregivers provided
 - 24 million hours of unpaid care valued at
 - \$425 million

Dementia Challenges Our Communities

- It's common and costly
- It's underdiagnosed or not detected until later in the disease
- No prevention, cure, or effective treatment
- Affects not only the person with the disease but also family members and caregivers
- Comprehensive best practice management has the potential to sustain quality of life and prevent complications but:
 - Primary care providers responsible for management in care settings may not be comfortable making the diagnosis or managing some of the symptoms
 - Necessary local dementia-related community resources may be unavailable or difficult to identify
- Rural communities potentially have greater challenges due to lack of access to specialty or even primary care, and lack of community services and vast distance to specialty care

What individuals with dementia and families want and need

- Proactive comprehensive best practice management that includes:
 - Prepared, compassionate primary care providers and healthcare facilities
 - Early screening and disease detection
 - Clear diagnosis
 - High quality care coordination and management across the disease trajectory
- Opportunity to participate in planning and decision making
- Accessible, affordable community services and resources

Best Practice Dementia Care

- Person-centered care
- Detection and diagnosis
- Assessment and care planning
- Medical management
- Information, education, and support
- Trained staffing
- Supportive and therapeutic environments
- Transitions and coordination of services
- Ongoing care for behavioral and psychological symptoms of dementia, and support for activities of daily living

Behavioral Symptoms of Dementia

Aggressive

Verbal

- Screaming
- Cursing

Physical

- Hitting
- Biting
- Kicking
- Scratching
- Grabbing

Can occur between PLWD and

- Family caregivers
- Professional caregivers
- Another resident in care facility or community

Can lead to

- Caregiver stress
- Psychiatric placement, short or long term

Nonaggressive

Verbal

- Repetitive questioning
- Complaining

Physical

- Wandering and pacing
- Taking other people's belongings
- Resistance to care
- Intrusiveness

Mood

- Agitation/Anxiety/Irritability
- Depressive symptoms
- Anger outbursts

Thought and perception

- Delusions
- Hallucinations
- Paranoia

Vegetative

- Sleep disturbance
- Sexual disinhibition

Behavioral Symptoms of Dementia

Prevalence and Consequences

Prevalence

- One or more symptoms in 60 to 90 percent of persons living with dementia (PLWD) and can occur throughout the course of dementia
- Commonly peak in late afternoon or evening (“sundowning”)
- May be underreported by PLWD and families
- Results from underlying irreversible brain damage in relation to social and physical environment

Effect on function and placement if not effectively treated

- Leads to greater functional and cognitive impairment
- Leads to caregiver “burnout” and loss of empathy
- Often accelerate or lead to nursing home placement
- May place themselves and others in danger
- Lead to acute hospitalization and long-term institutional placement in psychiatric facility due to uncontrolled aggression and safety concerns

Behavior Management Recommendations

- Identify behavioral symptoms early – Screening by providers
- Assess for underlying causes
 - Identify precipitating factors, the “triggers”
 - Rule out and treat medical causes or superimposed delirium (confusion), vision/hearing loss
- Person-centered Nonpharmacologic approaches
 - Sensory practices (e.g., aromatherapy, massage, bright light therapy)
 - Psychosocial practices (e.g., validation, reminiscence, music, pet therapies, meaningful activities)
 - Structured protocols (bathing, mouth care)
 - Therapeutic environment (simplified, calm, free from clutter and distractions, well-lit)
- Pharmacologic choices
 - Antidementia drugs (memory agents)
 - Antidepressants
 - Antipsychotics, usually reserved for severe or refractory symptoms

Strategies to Avoid Involuntary Commitment

Educate and Train Care Teams

- How to approach and interact with a PLWD (dementia care principles)
- How to recognize behavioral symptoms, their triggers, and strategies to alleviate them
- How to effectively implement nonpharmacologic interventions or treatments

Provide Psychiatric Backup (in person or via telehealth) when needed

- PLWD
- Caregivers – family and professional
- Health care providers and care team

Create Supportive or Alternative Living Situations

- Decrease environmental stress (Progressively Lowered Stress Threshold model)
- Humanize long-term care facilities
 - Decentralize care into separate self-contained, more homelike units, dementia special care units
 - Professionally develop therapeutic nonpharmacologic activities, e.g., protocol driven
- Ensure care team has the skillset to care for the residents

Thank you!



Distinguishing Alzheimer's from other Types of Dementia

Dementia Type	Prominent Clinical Features
Alzheimer's disease Decline: Gradual	<u>Cognitive issues</u> : Memory loss and impaired learning early in the disease, time/space and language deficits in moderate to severe stage of disease, Behavior issues : Apathy, delusions, agitation, wandering <u>Motor issues</u> : Gait and swallowing problems later in disease
Frontal temporal Decline: Gradual	<u>Cognitive issues</u> : Loss of word memory and word finding, grammar and comprehension problems. Difficulty speaking, planning, and organizing Behavior issues : Personality change, disinhibition, compulsive behavior, lack of empathy <u>Motor issues</u> : May have Parkinson-like motor problems
Lewy body Decline: Gradual	<u>Cognitive issues</u> : Fluctuating cognition, changes in attention, planning and organizing, judgment Behavior issues : visual hallucinations, delusions, REM sleep problems <u>Motor issues</u> : Parkinson-like motor problems early in disease
Vascular Decline: Stepwise	<u>Cognitive and motor</u> deficits based on extent and location of stroke(s) or vascular event. Memory loss is usually secondary to impairments in planning and organizing and judgment. Behavior issues : Personality and mood changes