



Dementia Care Pathways in Primary Care:

from Screening to Care & Action

Presenter: Anna H. Chodos, MD, MPH





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- Consultant, advisor, or speaker for Novo Nordisk

Dementia Care Aware was established, funded and supported by the California Department of Health Care Services (DHCS) from 2022-2024. The contents of this webinar may not necessarily represent the official views or policies of the State of California.

Logistics

Please use the chat and Q&A functions to enter your questions throughout.

A recording and materials will be available on **dementiacareaware.org** at the end of this webinar.

CE/CME information will be available at the end of the hour.



Learning Objectives

At the end of this session, learners will be able to:

1. Describe key steps of a care pathway for dementia from early detection to care plan.
2. Identify 2 of the next steps after a positive screen.
3. List the 3 core criteria needed to make a dementia diagnosis.
4. Illustrate how a care pathway can be accomplished with a team approach.

Agenda

1. Review of the cognitive health assessment
2. Next steps after a positive screen
3. Taking action and care planning

Today's speakers



Anna Chodos, MD, MPH
Executive Director
Dementia Care Aware

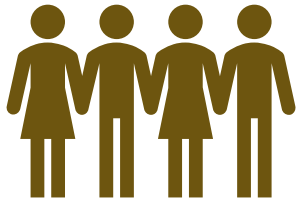


A pathway

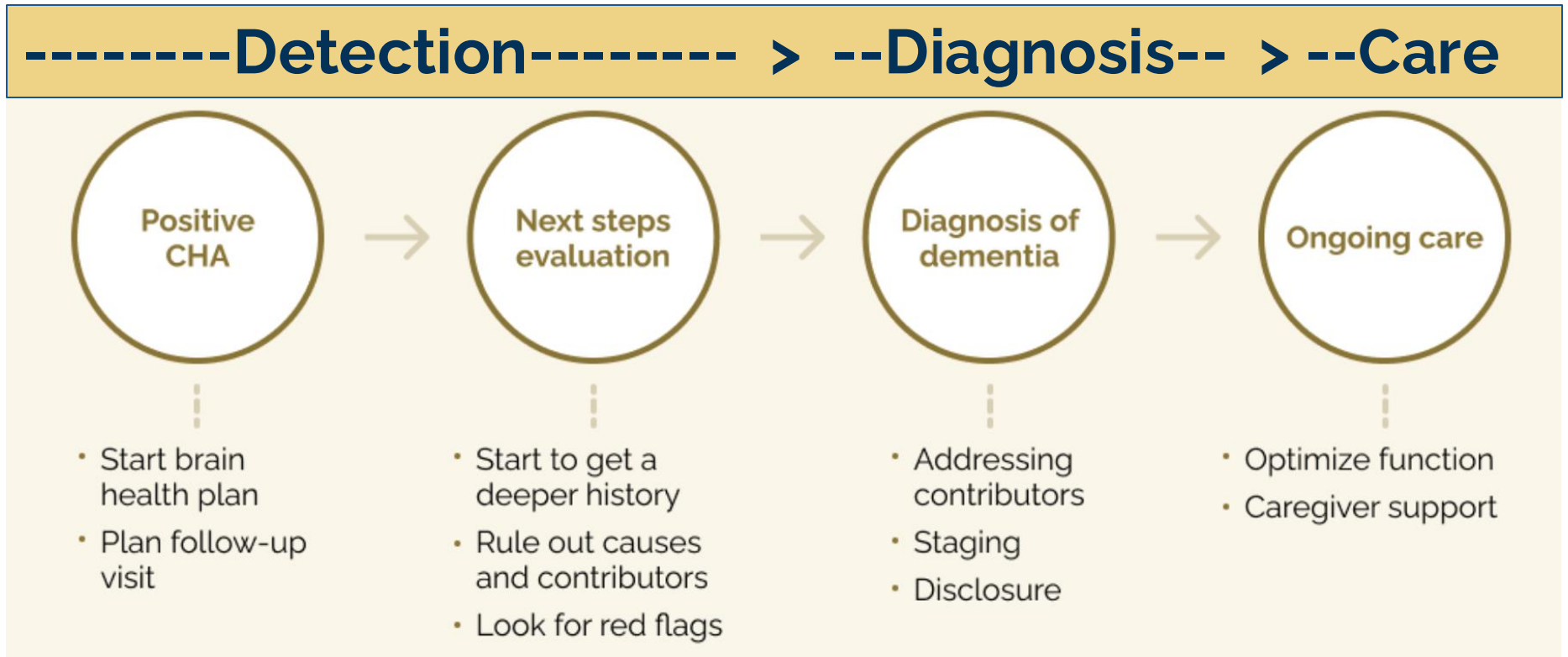


A pathway

Next steps after a positive screen: a care pathway



*Think about
your population
at risk and
screen.*



Begin~ Detection: the Cognitive Health Assessment

Screen patients older than age 65 annually (who don't have a pre-existing diagnosis of dementia)

Part 1



Take a Brief Patient History

Part 2



Use Screening Tools

Part 3

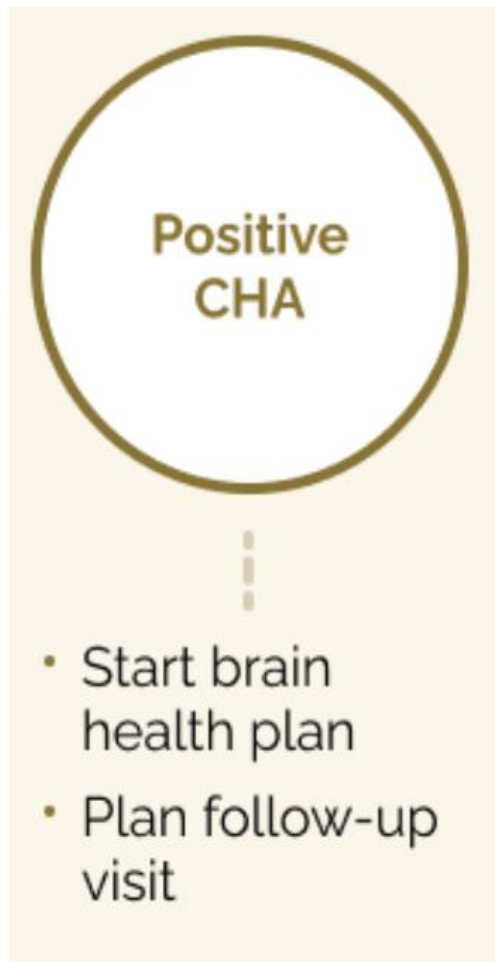


Document Care Partner Information

Tools for **screening**

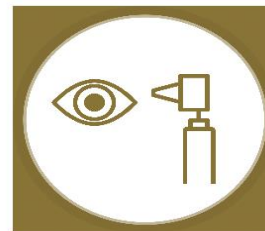
	Administered to the patient:	Administered to the care partner:
Cognitive Screening Tools	<p>GP-COG: Part 1: General Practitioner assessment of Cognition (for the patient)</p> <p>Mini-Cog</p>	<p>Short IQ-CODE: Short Informant Questionnaire on Cognitive Decline in the Elderly</p> <p>AD-8: Eight-Item Informant Interview to Differentiate Aging and Dementia</p>
Functional Screening Tools	<p>ADLs/IADLs: Activities of Daily Living and Instrumental Activities of Daily Living</p>	<p>GP-COG Part 2: General Practitioner Assessment of Cognition (for the informant)</p> <p>FAQ: Functional Activities Questionnaire</p>

Next steps after a positive screen: a care pathway

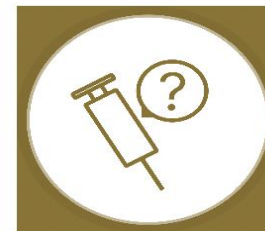


Don't wait to address brain health and symptoms. Start a brain health plan.

- Vision and hearing
- Reduce medications that affect cognition
- Encourage physical and social activity
- Address vascular risk factors: hypertension, diabetes, high LDL cholesterol



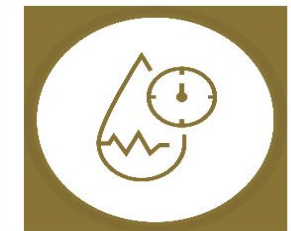
Hearing and vision



Review medications



Social and physical activity



Manage BP, diabetes, LDL

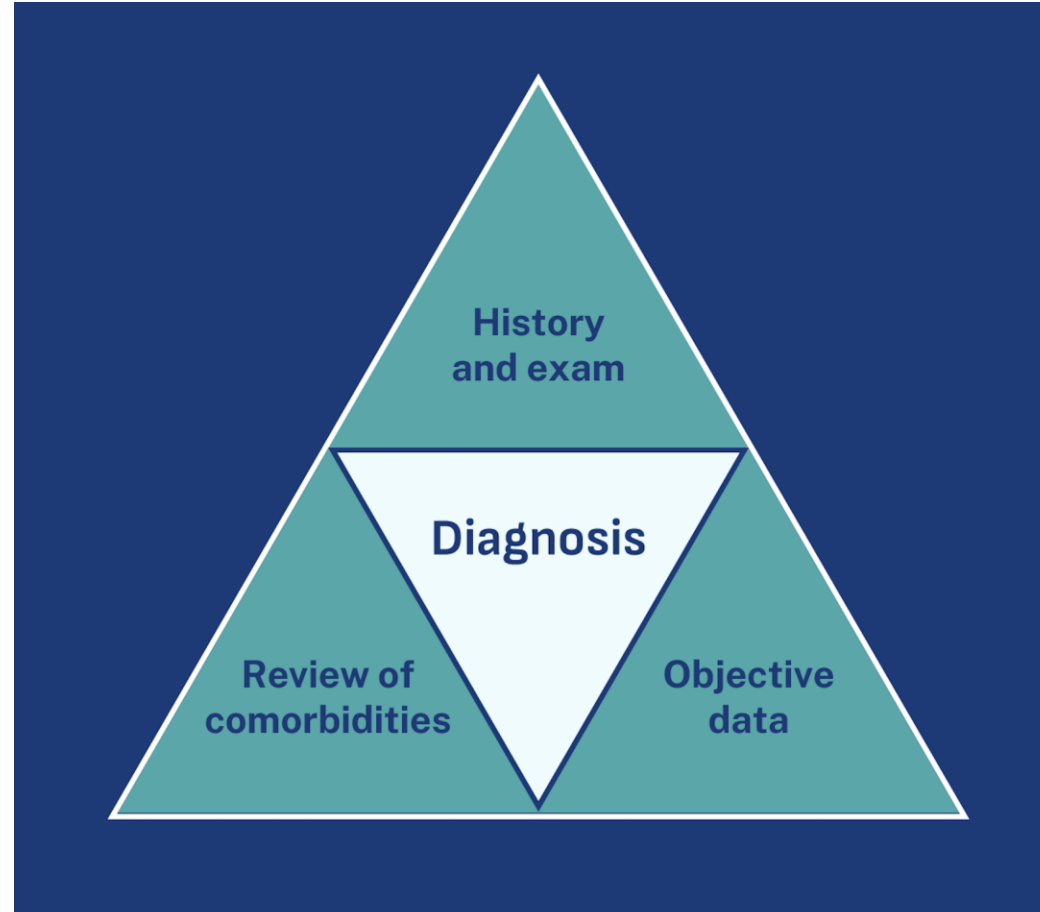
Medications that affect cognition

- **Benzodiazepines**
- Anti-cholinergics: **diphenhydramine**, hydroxyzine, chlorpheniramine
 - Including OTC combination meds- tylenol PM
- Sleep medications: Z-drugs
- Muscle relaxants (cyclobenzaprine, carisoprodol)
- Antispasmodics: **oxybutynin**, tolterodine
- TCA anti-depressants
- Anti-psychotics



Goal: Review “anti-cholinergic burden” in your patients, **ACBCALC.COM**

Next steps: the big picture on **cognition** and **function**



Next steps after a positive screen: cont to assess cognition & function



Next steps evaluation

- Start to get a deeper history
- Rule out causes and contributors
- Look for red flags

History:

1. Cognition:

- Ask questions about most or all cognitive domains.
- **Key information: trajectory of decline, severity of symptoms**

2. Function:

- How did they perform ADLs and IADLs a few years ago? Now?
- How might these changes be related to their cognitive decline?

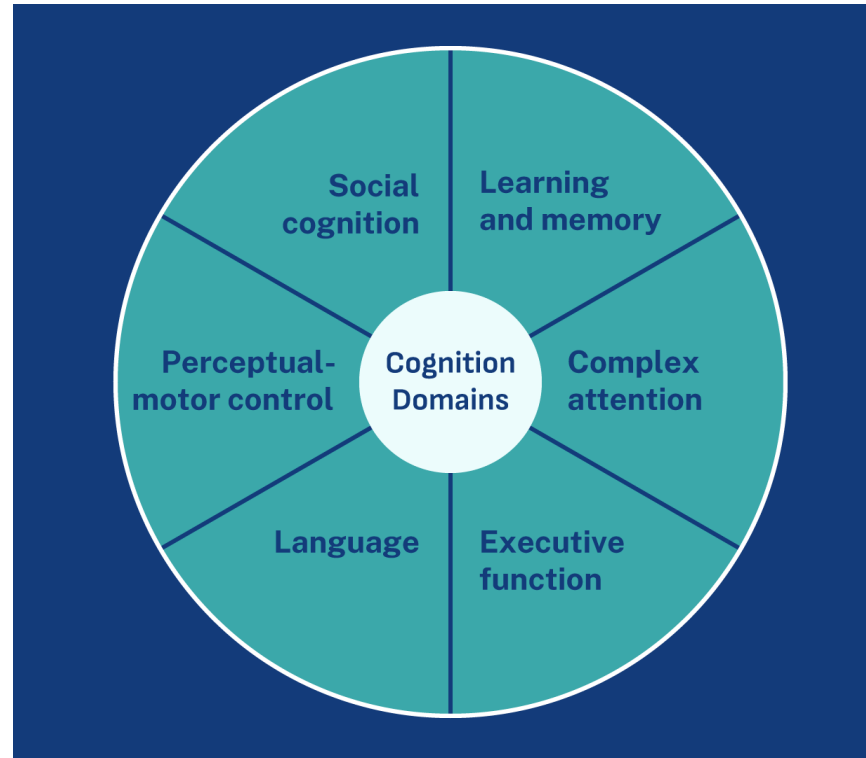
3. (1a, 2a?) Collateral:

- When possible, get an observer or informant's report on the person's cognition and function.

Exam:

- Physical exam looking for neurological findings, e.g. parkinsonism.
- Cognitive testing when appropriate.
 - Adapt your assessments and consider their background.

Reminder about asking about cognitive symptoms:



There is *more than 1* domain

Next steps after a positive screen: getting to a diagnosis



Next steps evaluation

- Start to get a deeper history
- Rule out causes and contributors
- Look for red flags

Rule out other causes and contributors:

Labs: B12, TSH, RPR, HIV

Imaging: Brain imaging

Comorbid conditions:

- Sleep apnea
- Substance use disorders
- Mental health conditions

Next steps after a positive screen: getting to a diagnosis



Next steps evaluation

- Start to get a deeper history
- Rule out causes and contributors
- Look for red flags

Objective data:

Labs: B12, TSH, RPR, HIV

Imaging: Brain imaging

Testing:

- Consider neuropsychological testing for certain people

Next steps after a positive screen: getting to a diagnosis



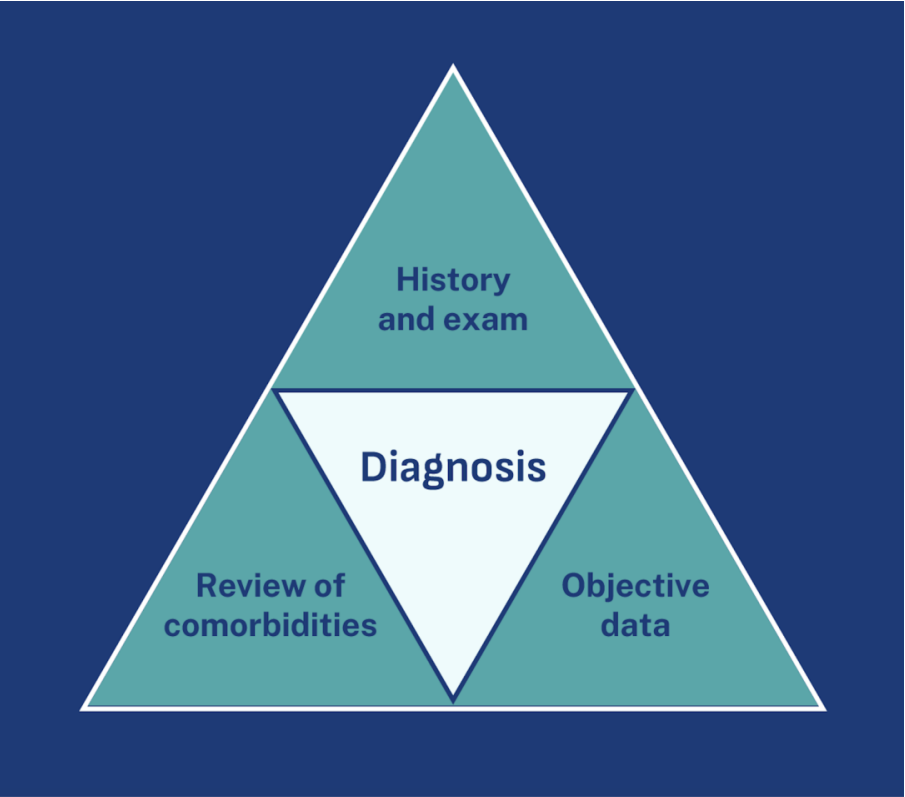
Next steps evaluation

- Start to get a deeper history
- Rule out causes and contributors
- Look for red flags

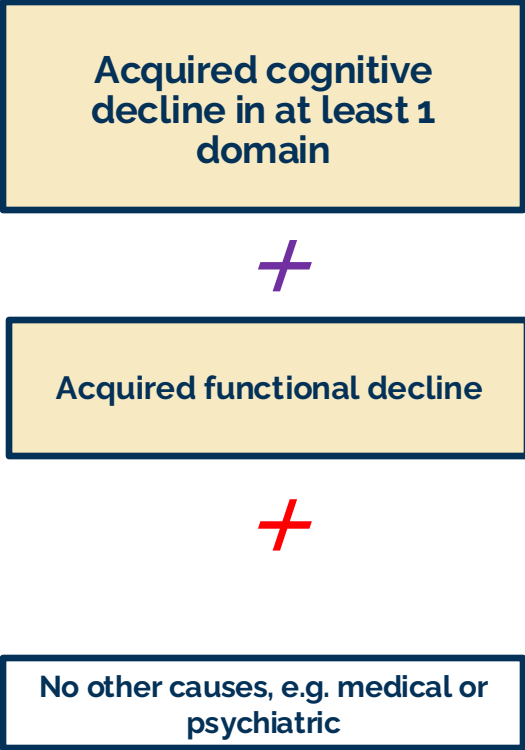
Keep in mind **red flags** that suggest a referral to neurology or geriatrics is urgently indicated.

- Rapid onset (<12 months)
- Comorbidities that elevate risk: history of cancer, HIV
- Focal neurological findings
- Severe behavior changes
- Parkinsonism
- On anti-coagulation
- History of fall

How can I get to a diagnosis?



DSM V definition





Pause for questions

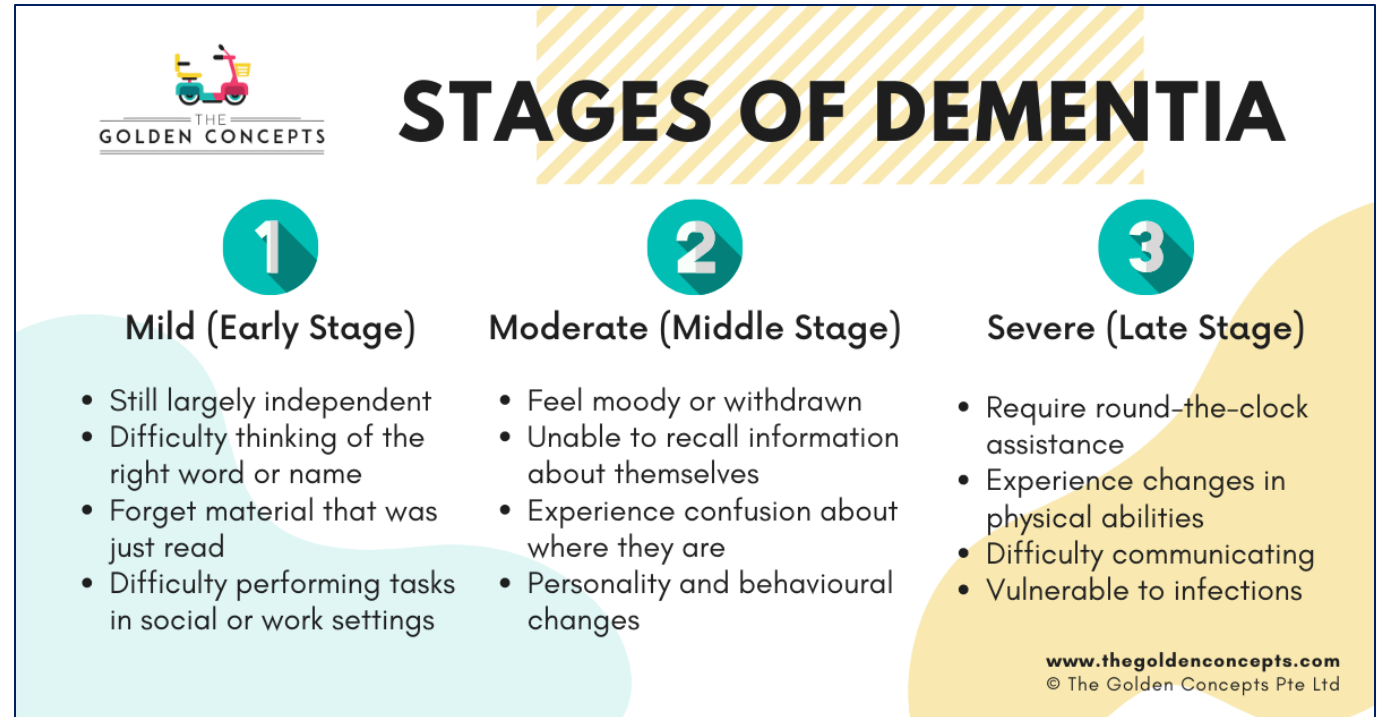
I feel they meet the criteria for dementia, so now...



A word about staging

- Roughly you can group people into mild, moderate, or severe
- Increasingly clinicians are using scales: CDRS, FAST, etc.
- Basic idea: you can index based on function

Example of more clinically based staging



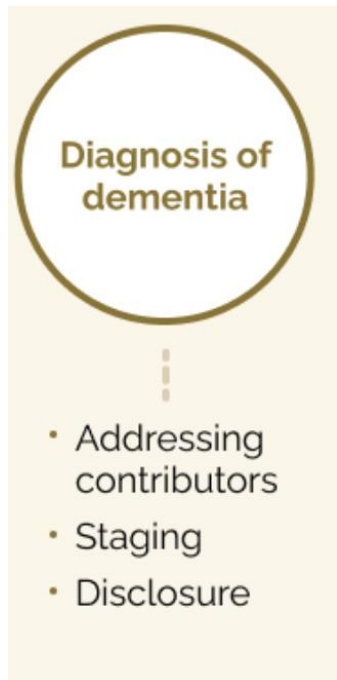
Mild: some IADL impairment

Moderate: most IADLs are impaired, starting to have ADLs impaired

Severe: most or all ADLs impaired

Communicating the diagnosis

- Disclosing is a key aspect of screening, diagnosis, and care planning.



- **Share information.**

- What have you learned so far?
- Consider preparing by also determining the patient's stage and communicating that.
- ***Communicate your diagnosis*** and it's ok to use or incorporate terminology they use, but if possible be clear about the diagnosis you have come to: "We evaluated your memory loss and with the information on how you are doing with regard to your memory and day-to-day activities, we can say that you have what we call 'dementia'."

- **Review next steps and your recommendations.**

- Patients and caregivers often report that they do not get a lot of time to discuss the diagnosis but rather get "diagnosed and adios".
- Focus on a brain health plan, caregiver assessment, and any dementia-specific next steps, e.g. if you plan to trial a medication.
- The more we can give time for conversation and planning next steps, the better.

Leave time for questions from your patient and their care partner.





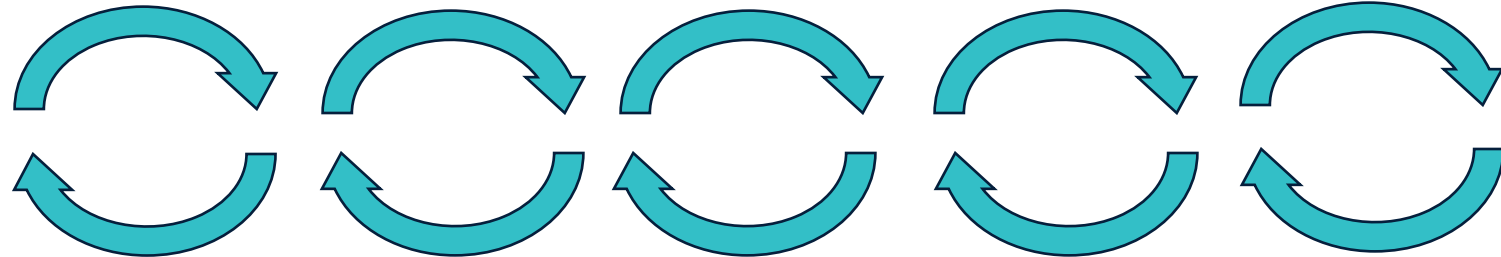
Care plan

Starting an active care plan

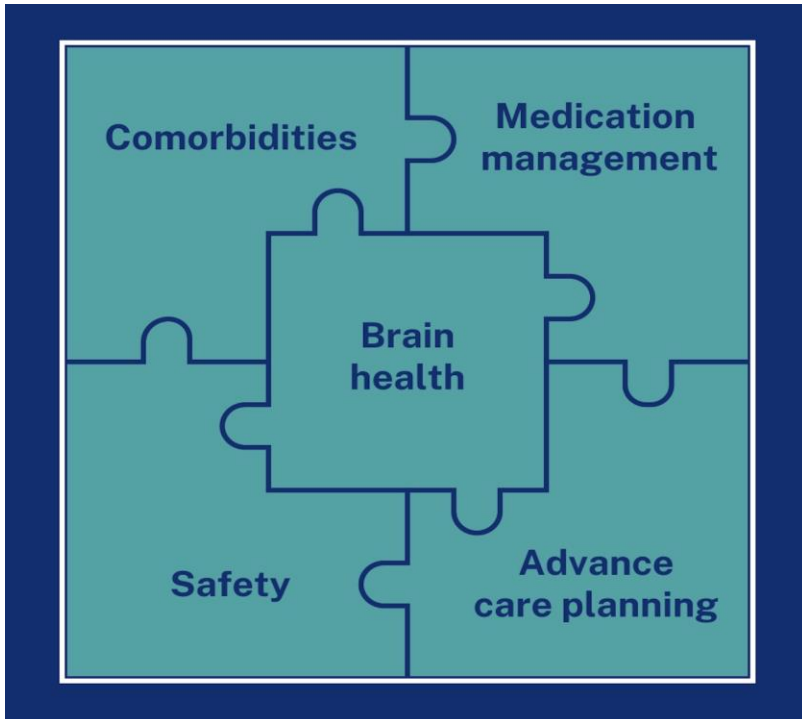


Principles:

- Involve care partners and address their needs*
- Focusing on optimizing function and cognition by assessing these symptoms and identifying ways to address them
- Make **an action plan** for all the ways dementia affects your patient's quality of life



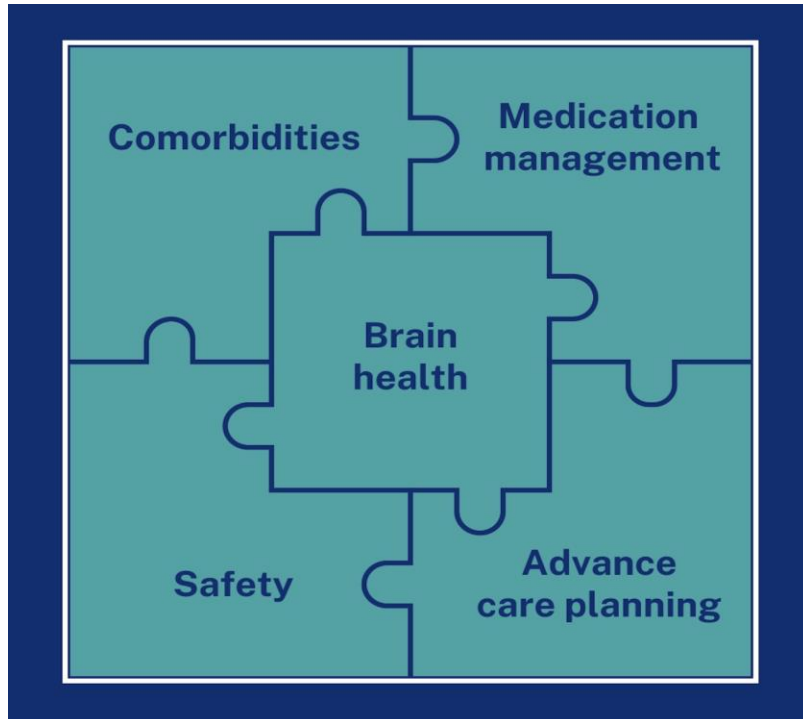
Active care plan



General principles:

- Involve care partners and address their needs
- Focusing on optimizing function and cognition
- Constant reassessment and addressing symptoms

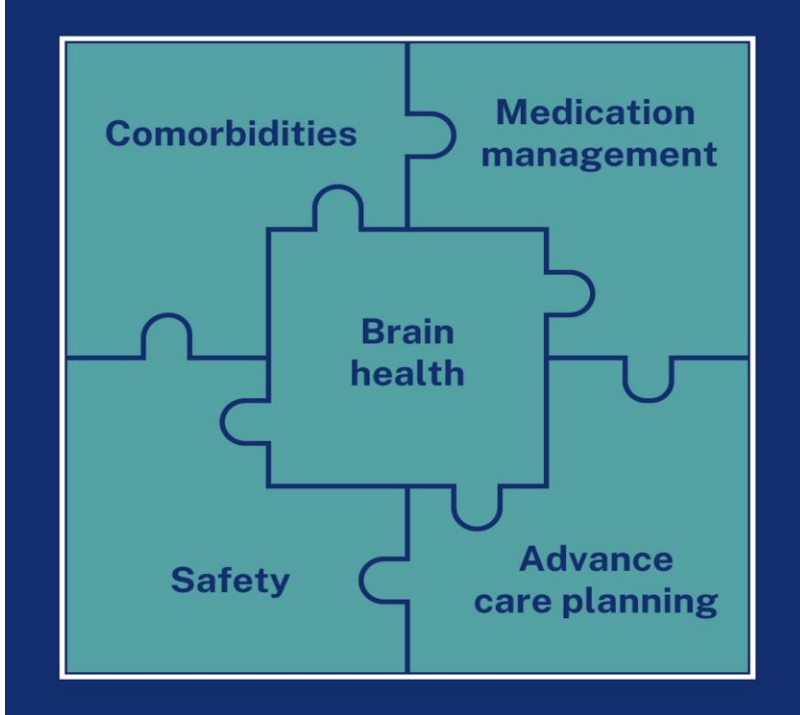
Active care plan



Brain health:

- Continue core interventions
- If using dementia medications, assess their impact and utility during follow-up visits
- As symptoms evolve and change, address them and connect patients and caregivers to resources
 - Behavior management is an important issue in most patients, find organizations that can support them and their care partner
Prior webinars address this topic.

Active care plan

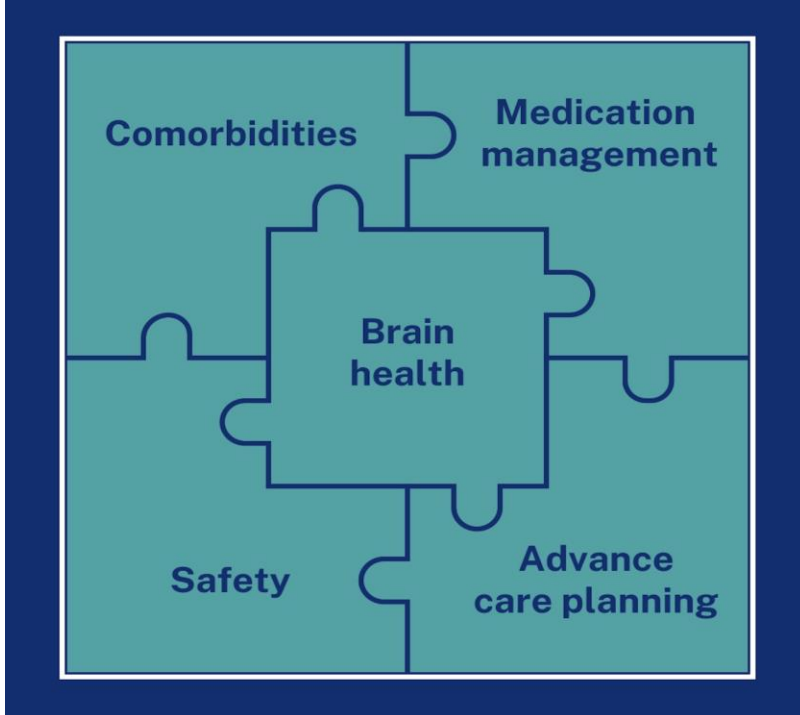


Medication management:

- Continue to address medications to optimize them to minimize potential side effects:
 - Sedative-hypnotics
 - Medications with anti-cholinergic properties

ACBCalc.com

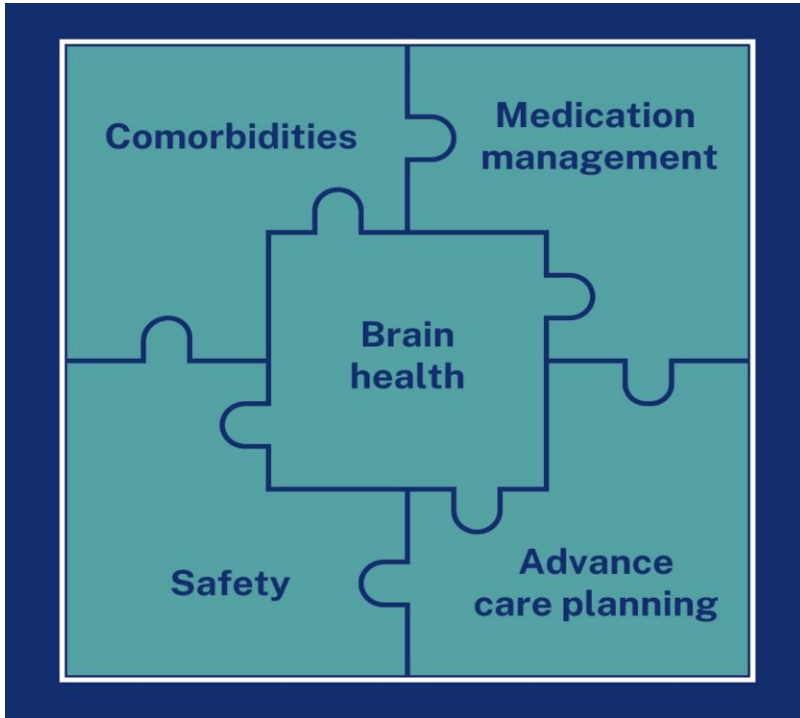
Active care plan



Advance Care Planning:

- Establishing Advance Directives, Durable Powers of Attorney, etc.
 - *Prepareforyourcare.org*
 - *Planforclarity.org*

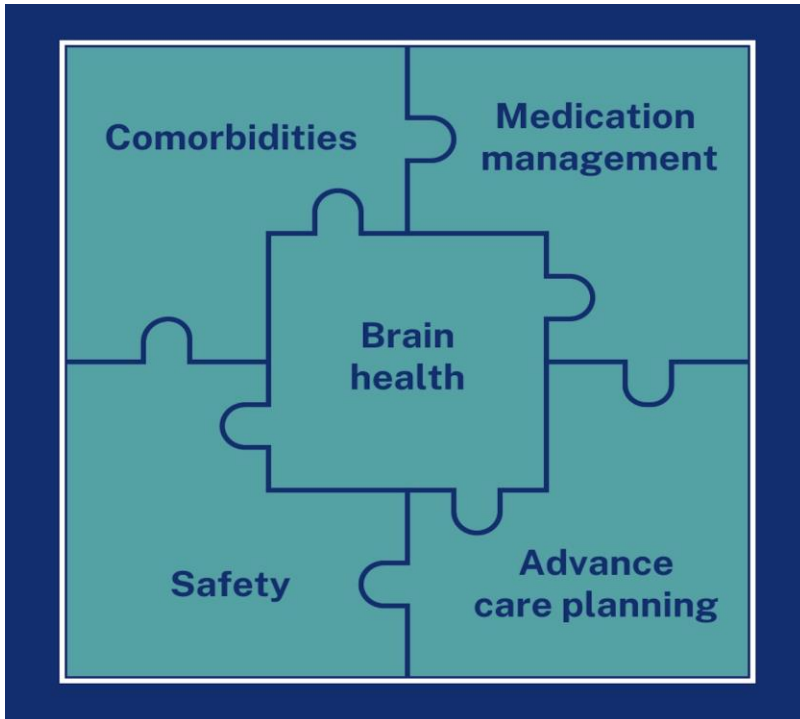
Active care plan



Safety:

- People living with dementia are high-risk for financial and other types of elder abuse
- Home and physical safety

Active care plan



Comorbidities:

- Address comorbidities that may make dementia symptoms worse, e.g. substance use, sleep apnea
- Optimize care plans for existing comorbidities taking dementia into consideration:
 - E.g. simplify goals and medication regimens for diabetes

Active care plan: consider the care partner

Dementia Care Aware's resources page



bpc.cargiving.org

The screenshot shows the homepage of bpc.cargiving.org. At the top, it says "best programs for caregiving" with the tagline "guiding you to proven support for dementia care". There are dropdown menus for "Caregivers" and "Professionals". Below this is a navigation bar that says "A partnership between Benjamin Rose Institute on Aging and Family Caregiver Alliance". The main heading is "Find top-rated dementia caregiving programs near you." Below this is a welcome message: "Welcome! Best Programs for Caregiving is a free online directory of proven support programs for family and friend caregivers of individuals living with dementia. Whether you are a caregiver yourself or a professional whose organization serves dementia caregivers, you can use this tool to find and compare evidence-based programs from across the country that address caregivers' unique challenges and concerns. Choose a pathway below to access the database and get started." There are two main content blocks: "Dementia Care Programs for Family Caregivers" and "Dementia Care Program Info for Program Providers". Each block has a collage of images showing caregivers and a central icon of hands holding a heart. Below each block is a short description of the service.

best programs for **caregiving** | *guiding you to proven support for dementia care*

Caregivers ▾ Professionals ▾

A partnership between Benjamin Rose Institute on Aging and Family Caregiver Alliance

Find top-rated dementia caregiving programs near you.

Welcome! Best Programs for Caregiving is a free online directory of proven support programs for family and friend caregivers of individuals living with dementia. Whether you are a caregiver yourself or a professional whose organization serves dementia caregivers, you can use this tool to find and compare evidence-based programs from across the country that address caregivers' unique challenges and concerns. Choose a pathway below to access the database and get started.


Dementia Care Programs for Family Caregivers

BPC helps caregivers find and connect with the right support:

Dementia Care Program Info for Program Providers


BPC helps professionals support more caregivers:

More training available!




Next Steps After a Positive Cognitive Health Assessment


49% Resume ▶

 3 modules

Course Handout: Next Steps After a Positive CHA

160% 1 / 3

 University of California San Francisco

 DEMENTIA Care Aware

Next Steps After a Positive Screen

Introduction

Dementia, a syndrome that's defined in the DSM V, is a new ("acquired")

Go to past webinars: *December 2022*

Toolkits Available



Assessment of Cognitive Complaints Toolkit

for Alzheimer's Disease

California Department of Public Health

 **ALZHEIMER'S** Project
San Diego unites for a cure and care

**Physician Guidelines for the
Screening, Evaluation, and Management of
Alzheimer's Disease and Related Dementias**

sdalzheimersproject.org

championsforhealth.org/alzheimers/

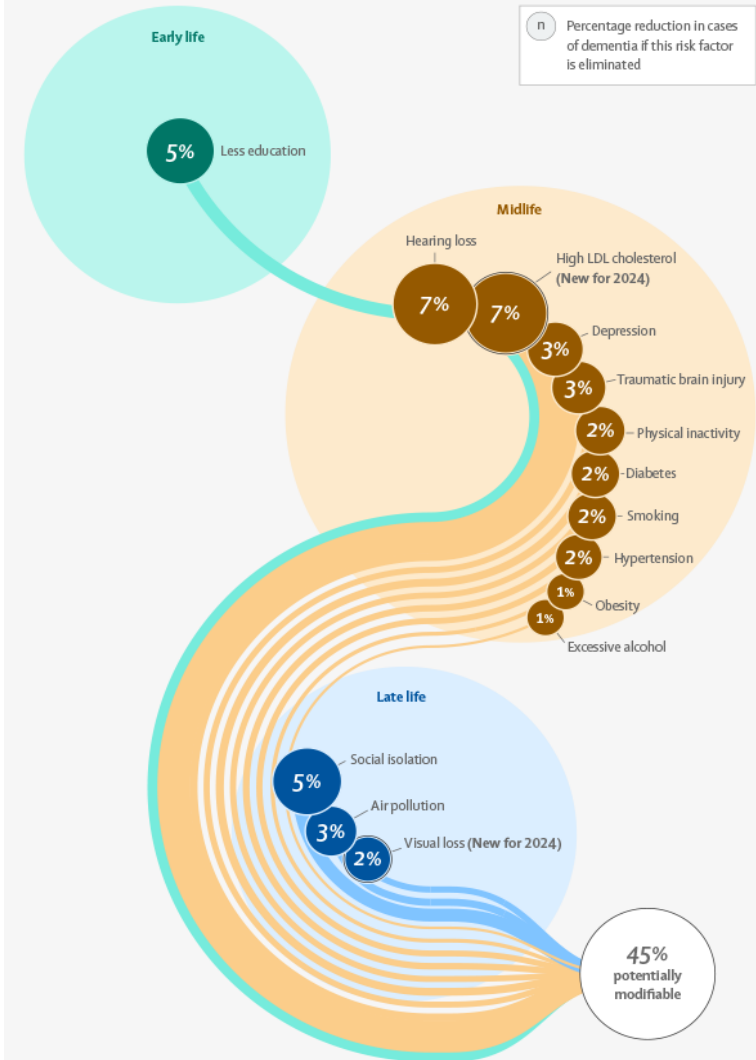
Take Home Points

- 40% of risks factors for developing dementia (*or making it worse*) are modifiable
- Knowing if there is a cognitive or functional decline steers your care for all other conditions.
- You can start a brain health plan at the very earliest signs, in addition to treating any medical or psychiatric causes of symptoms.

The Lancet, Vol. 404, No. 10452; Published: July 31, 2024

Risk factors for dementia — 2024 update

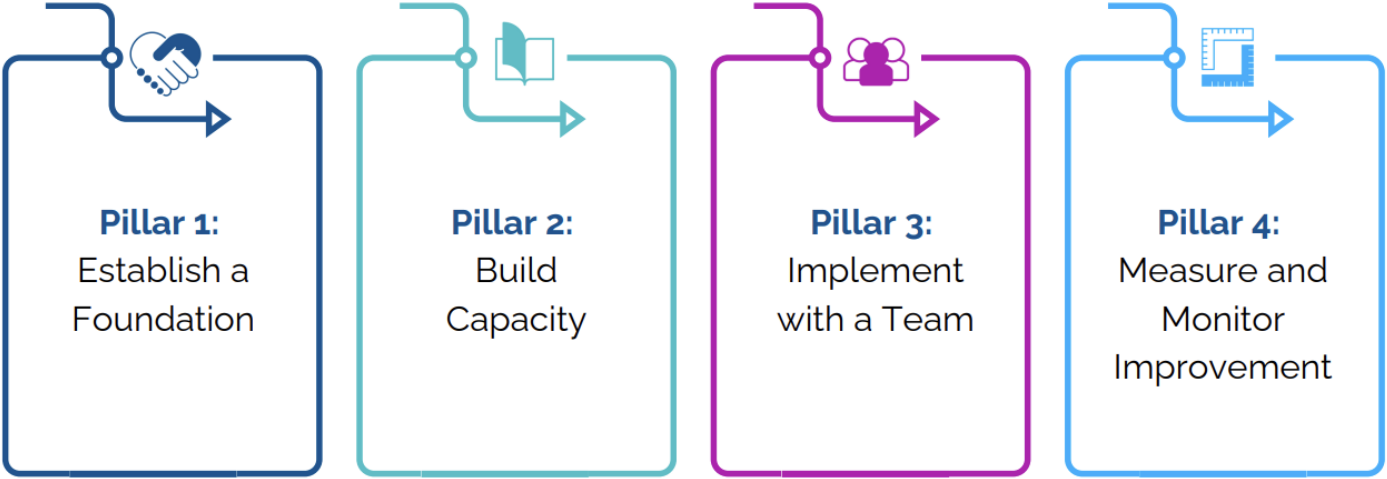
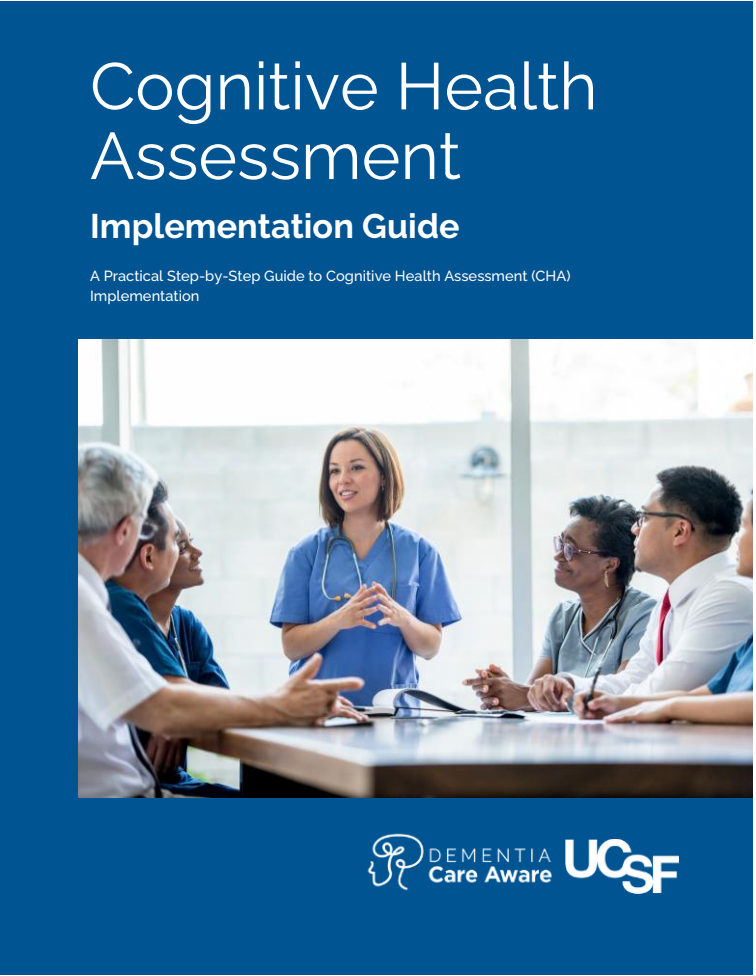
The 2024 update to the standing Lancet Commission on dementia prevention, intervention, and care adds two new risk factors (high LDL cholesterol and vision loss) and indicates that nearly half of all dementia cases worldwide could be prevented or delayed by addressing 14 modifiable risk factors.

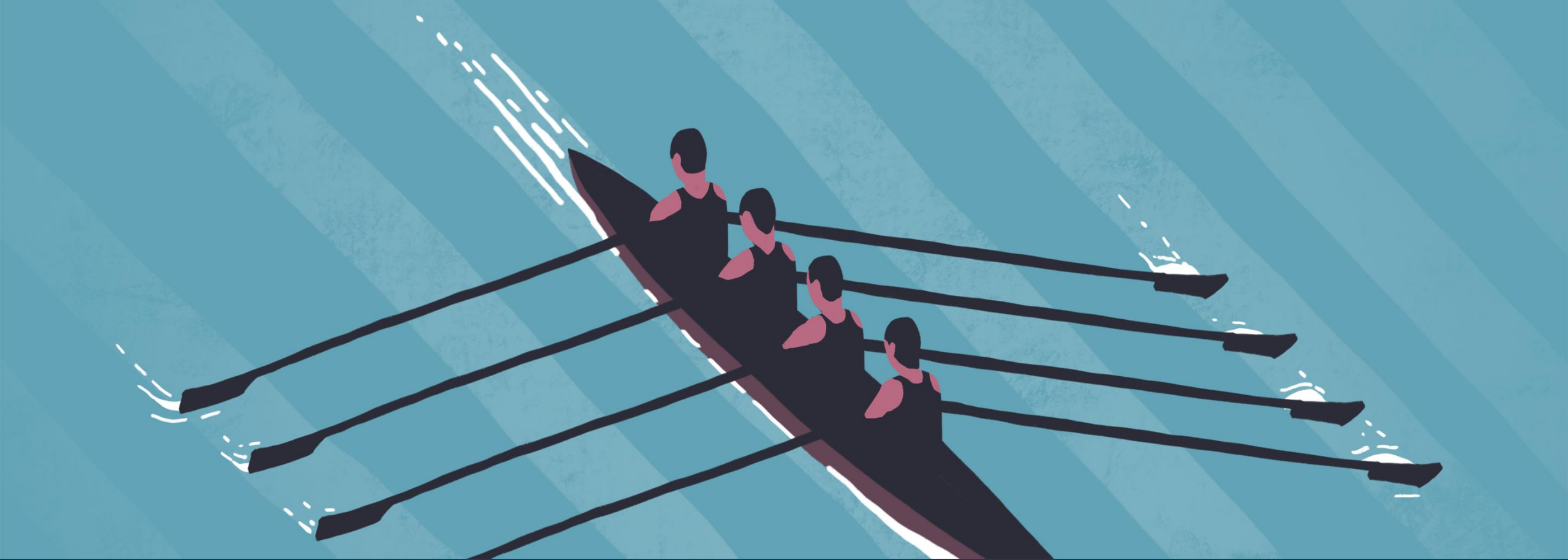


Read the full commission update at [thelancet.com/commissions/dementia-prevention-intervention-care](https://www.thelancet.com/commissions/dementia-prevention-intervention-care)

Livingston G, Huntley J, Liu KY, et al. Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. *The Lancet* 2024; published online July 31. [https://doi.org/10.1016/S0140-6736\(24\)01296-0](https://doi.org/10.1016/S0140-6736(24)01296-0).

Next steps after a positive screen: implementation resources





Thank you!
Q & A

Training and support for providers and clinics



Education and Training:

- Core: CHA training
- More on-line training modules
- Bi-Monthly Webinars and Podcasts



Warmline:

1-800-933-1789

- A provider support and consultation service staffed by Dementia Care Aware experts



Practice change support:

- UCLA Alzheimer's and Dementia Care program
- Alzheimer's Association Health Systems team
- Implementation guide

dementiacareaware.org

DCA@ucsf.edu