UVM Project ECHO: Home Alone with Dementia: Behaviors to Be Concerned About October 21, 2021

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ECHO Director:      Elizabeth Cote
Series Faculty:    John Coffin, MSW
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                   Tiffany Smith, MA, CRTS, CDP
                   Lori McKenna, MSW, LICSW
                   Jackie Rogers, PhD
                   Zail S. Berry, MD, MPH
                   Doug Franzoni, PharmD, BCGP
                   Michael LaMantia, MD (UVM Geriatric Services)
                   Amelia Gennari, MD (UVM Geriatric Services)
RECORDING OF SESSION TO BEGIN
Agenda

- Introductions
- Objectives
- Didactic Presentation (~20-30 min)
- Case presentation
  - Clarifying questions
  - Participants – then faculty panel
- Discussion
- Recommendations
- Summary
- Closing Announcements
  - Submission of new cases
  - Completion of evaluations
Series Objectives

Learning objectives for this ECHO series include being able to:

- Describe current standard of care for diagnosis, treatment, and care of patients with cognitive impairment, Alzheimer’s disease (AD), and dementias – evidence-based review and approaches.
- Name non-pharmacological resources for family caregivers including caregiver supports and assistance in management of caregiver stress.
- List pharmacologic approaches to sleep and behavioral issues.
- Discuss side effects of pharmacologic approaches to sleep and behavioral issues.
- Identify Vermont-specific rules regarding driving and guardianship.
CME Disclosures

University of Vermont (UVM) Office of Continuing Medical and Interprofessional Education (CMIE) is approved as a provider of Continuing Medical Education (CME) by the ACCME. UVM designates this internet live activity for a maximum of 1.5 AMA PRA Category 1 Credits. Participants should claim only the credit commensurate with the extent of their participation in the activity.

Interest Disclosures:

• As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCMIE is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.
Home Alone with Dementia: Behaviors to Be Concerned About

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I have no conflicts to disclose
Home Alone with Dementia: Behaviors to Be Concerned About

Session Objectives

Participant will:

1. Name methods to get an informant interview to aid in the diagnosis of dementia for a person living alone with cognitive impairment (PLACI).

2. List behaviors and warning signs to document when caring for a person living alone with cognitive impairment (PLACI).

3. Name resources to assist the PLACI to “age in place” until this is no longer possible.
Overview and Concerns about PLACI – people living alone with cognitive impairments

In the US, of those living in the community with dementia, approximately 26% live alone. (Alzheimer’s Assoc, 2019).

Health services are less utilized by PLACI in the US compared to other countries and major gaps exist (Rosenwhohl-Mack et al, 2021).

- Paranoia/Resistance to help
- Falls/Accidents/Fire
- Financial Abuse
- Driving Impairment
- Food Insecurity
- Medication mistakes
- Weather Events
Getting a Diagnosis is the Most Important Intervention

• Is the person acutely ill, causing cognitive impairment? This must be ruled out.

• What is their relationship with a primary care provider? Are there office staff members with a good rapport with this patient?
Why Early Diagnosis is Most Important

- Rule out and treat reversible causes
- Medication for slowing Alzheimer’s Disease works best in early stages (Cholinesterase inhibitors, antidepressants)
- Allows time for future care planning
- Support in the home will improve the possibility of “aging in place”
- Caregiver information and support can be provided if a caregiver can be identified
Informants and Informant Interview

- Regarding Dementia, HIPAA allows clinicians to share information “directly relevant to the involvement of a spouse, family member, friend, or other person identified by that patient.” The key is that the person must be identified by the patient, and the patient also has the power to denote that certain people are not to receive information or make decisions, (Theiss, MA, 2016)

- During the COVID-19 pandemic, government agencies have issued an emergency waiver to suspend the requirement of Health Insurance Portability and Accountability Act (HIPAA) compliance and have allowed permission to use popular applications for video chats, such as Apple FaceTime and Facebook Messenger video chat, which are not HIPAA compliant, (Wright and Caudill, 2020)
Informants and Informant Interview

• HIPAA rules and confidentiality “Who can I talk to in case you have forgotten to tell me something important?”

• Are family/friends/neighbors involved?

• Can nursing or social work staff do the informant interview? [http://go.uvm.edu/dementiasmartphraselInstructions](http://go.uvm.edu/dementiasmartphraselInstructions)

And instructions at: [https://streaming.uvm.edu/media/private/videos/IS8Qgaf/](https://streaming.uvm.edu/media/private/videos/IS8Qgaf/)

Palumbo, Rambur and Vautier, (2020)
Mild Behavioral Impairment (MBI) Emergent Dementia??

MBI Criteria – Change in behavior or personality with onset after 50 years and persists for > 6 months

5 Domains
- IDL/ADL function maintained
- Impaired social, interpersonal or workplace functioning
- Dementia not present
- Not due to "typical" psychiatric disorder, medical illness, or substance abuse

Drive & Motivation
Mood & Affect
Impulse control
Social Appropriateness
Thought & perception
Mild Behavioral Impairment (MBI) + Subjective Cognitive Decline (SCD) = Emergent Dementia (Ismail et al 2021)

N= 2,769
MBI+SCD+ 30% decline in 3 years.
This is another way to identify patients at high risk for dementia.
Medications

Cholinergic Esterase Inhibitors -
Donepezil (Aricept); Galantamine (Razadyne ER);
Rivastigmine (Exelon Patch)

• Caution use with heart block, bradycardia, asthma or other pulmonary disease
• Side Effects: Bradycardia, diarrhea, dizziness, headache, nausea, vomiting, fatigue, vivid dreams or nightmares, leg cramps. Rare – seizure, syncope.

NMDA receptor antagonist (Memantine Namenda)
• Advantage – May lower GI symptoms of the Cholinergic Esterase Inhibitors.
• Side effects - Dizziness, headache, confusion, constipation. Rare – seizure.

Antidepressants to rule out depression as a cause of cognitive decline
Possible Behaviors as Disease Progresses:

(MCI or Mild AD
MMSE EXAM 28-25
VT Mini Cog - Borderline)

- Forgotten appointments
- Depression – social withdrawal
- Anxiety
- May have driving impairment
- Agitation with family or other concerned friends or professionals
- Misplacing things around the house
- Missed Bills
Possible Behaviors as Disease Progresses: Middle Stage

MMSE 25-20 out of 30, VT Mini Cog - Fail

- Impaired judgment
- Withdrawal from family or social activities
- Changes in mood and personality
- Grooming or hygiene issues
- Problems with IADLS
- Driving Difficulty (getting lost)
- Inability to cook or prepare food
- Sundown Syndrome
Possible Behaviors as Disease Progresses

Middle Stage Dementia (MMSE under 20)

- Poor judgement and decision making
- Inability to use phone or appliances
- Wandering
- Inappropriate dress for weather
- Problems with ADLs
- Delusions/hallucinations
- Sleep disturbance

NEEDS SUPERVISION
Starting the Conversation

When someone is showing signs of dementia, it’s time to talk. Often, conversations with someone about dementia and changing behaviors can be challenging and uncomfortable. The key is being prepared.

**General tips:**
- Sooner is better than later — don’t wait for a crisis
- Document the changes you see in the person’s behavior/appearance on each visit
- Use language that is most comfortable for them (Memory problems rather than Alzheimer’s at first)
- Provide explanations in writing

**Tips for family members talking to the person with memory loss:**
- Suggest Medicare’s Annual Wellness exam.
- Pair doctor visit with enjoyable outing
- Use reasoning that makes sense (ex: “the doctor needs to see you before refilling your prescription”). (Alzheimers.net)

When Does a Behavior Become a “Problem”?

Behaviors may be problematic when they are a health or safety risk for the person with dementia or for the people around them.

*If a behavior is not a health or safety risk, then it may not be a problem at this time. (ex: rummaging, pacing).

Decide if the behavior needs to be addressed right away. If there is a risk of immediate danger then it requires an immediate response.

Immediate risks include:

• Person has hit or verbally abused someone

• Person is doing something potentially dangerous to themselves or others

• Person is doing something illegal
Expanding the Network of Support

• Understand the impact of caregiving, and the need for increased support as memory loss progresses
• Introduce more support early, and slowly
• Encourage family, friends and neighbors to assist
• Use community resources:
  • Office on Aging
  • Adult day health programming
  • Veteran’s services
  • Transportation services
  • SASH
  • Support groups
  • Church groups
  • Paid home maker or LNA
Providing a Safer Environment in the Home

Environment support: lighting, use of contrasting colors, Life Line®, Safe Return®, Care Trak®, stove precautions.

Retirement from driving: OT/PT driver assessment, phase out, or remove/disable car.

Do not leave unsupervised. (may-be video monitoring, adult day programs, increase caregivers in the home, Meals on Wheels)

Medication administration support – reminder call, pill box supervision or dispenser.
An example of the contents of a “smartphrase” that can be used to guide dementia diagnosis note in an electronic medical record can be found at http://go.uvm.edu/dementiasmartphraseInstructions for its use can be found at https://streaming.uvm.edu/media/private/videos/IS8Qgaf
Discussion and Q & A

Questions???
3. “Podcast: How Dementia Care Integrates Formal and Informal Care Services," Health Affairs Podcast, September 28, 2021. DOI: 10.1377/hp20210914.291497
Cases/HIPAA

DO NOT INCLUDE:

• Names
• Address
• DOB
• Phone/Fax #
• Email address
• Social Security #
• Medical Record #

The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.
Case Presentation Format

Case presentation from a participant (a real-world case, from the field)
Then
Clarifying questions about the case from group to case presenter
Then
Ideas, suggestions, recommendations from participants
Then
Ideas, suggestions, recommendations from ECHO faculty team
Then
Additional discussion, if any (All)
Then
Summary of case discussion
(course co-directors: Mary Val Palumbo, DNP, APRN, GNP-BC and John Steele Taylor MD)
• RECORDING TO BE STOPPED FOR CASE PRESENTATION
Questions and Discussion from the group....
Prep for Next Session

Prior to each session, if you have specific questions for our faculty expert(s), please let us know and we will pass along ahead of time.

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<th><strong>DATES</strong></th>
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<td>Sep 16</td>
<td>TeleECHO Session 1</td>
<td>Importance of Early Evaluation of Cognitive Complaints (John Taylor, MD, UVMMC Memory Program Co-Director)</td>
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<td>Oct 21</td>
<td>TeleECHO Session 2</td>
<td>Living Alone with Dementia – Challenges for PC teams (Mary Val Palumbo, DNP, APRN, GNP-BC, UVMMC Memory Program)</td>
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<td>Nov 18</td>
<td>TeleECHO Session 3</td>
<td>Care Giver Supports &amp; Services (Emily Vivyan, MSW, Alzheimer’s Association)</td>
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<td>Dementia and Driving (Heather Zuk, OTR, CDRS, CDI, UVMMC Driver Rehab)</td>
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<td>Jan 20</td>
<td>TeleECHO Session 5</td>
<td>Community Programming for People With Dementia and Care Partners (Tiffany Smith, MA, CRTS, CDP, Program Administrator State Unit on Aging)</td>
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<td>Feb 17</td>
<td>TeleECHO Session 6</td>
<td>Non-pharmacological approaches to behavioral issues for caregivers (Lori McKenna, MSW, LICSW, UVMMC Memory Program)</td>
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<td>Mar 17</td>
<td>TeleECHO Session 7</td>
<td>Legal Issues of Guardianship, Competency and Power of Attorney (Jackie Rogers, PhD, DAIL Public Guardian Program)</td>
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<td>Apr 21</td>
<td>TeleECHO Session 8</td>
<td>End Of Life Planning and Palliative Care (Zail S. Berry, MD, MPH, UVMMC Geriatrics)</td>
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<td>May 19</td>
<td>TeleECHO Session 9</td>
<td>Managing Behavioral Issues and Sleep – Pharmacological Approaches (Doug Franzoni, PharmD, BCGP, Meds To Beds Supervisor, UVMMC Outpatient Pharmacy, Geriatric Consultant Pharmacist)</td>
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Dementia Clinical Consults
45 min slots available
2nd and 4th Wednesdays
2-4 PM

Sign up at: https://www.signupgenius.com/go/5080B4AACAE2FA6FC1-corner

For Primary Care and other healthcare providers.

Or Email: Mary.Palumbo@med.uvm.edu

Online Learning via Vermont Health Learn
(CMEs at your own pace)

Additional Resources for Dementia Education for Primary Care Teams

TRAINING OPPORTUNITY TO BECOME A FACILITATOR OF THE CARERS PROGRAM

• **Who:** Trainees must be social workers or mental health clinicians. Groups are facilitated by two clinicians and at least one should be licensed. (Licensed social workers/mental health clinicians may bill insurance when conducting these groups).

• **What:** To become a CARERS facilitator, one must successfully complete a 3.5 day training program.

• **When:** November 12-16. (full day, times TBA) November 17 (half day, time TBA)

• **Where:** November 12 (remote only); November 15-17: in-person at the University of Vermont College of Medicine.

• **Cost:** To achieve the goal of increasing dementia care for family caregivers in VT: full scholarships will be available ($3000) for a limited time. This will include on-going mentoring/supervision at select times during mentees first therapy groups.

• **Registration:** Please register by October 22, 2021.

• **Contact:** Lisa K. Lax, LICSW, EdD or Lori P. McKenna, LICSW

• (802) 847-1111 Lisa.Lax@uvmhealth.org Lori.McKenna@uvmhealth.org
Conclusion

• Slides are posted at www.vtahec.org

• Volunteers to present cases (this is key to the Project ECHO model)
  • Please submit cases to Mary.Palumbo@med.uvm.edu

• Please complete evaluation survey after each session

• Once your completed evaluation is submitted, CE information will be emailed to you.

• Please contact us with any questions, concerns, or suggestions
  • Mary.Palumbo@med.uvm.edu
  • Elizabeth.Cote@uvm.edu