Delivering evidence-based treatment to extend and improve quality time at home for people living with dementia and their families

JILL CIGLIANA, MSOT, OTR/L
PROGRAM DIRECTOR

www.memorycarehs.org
Medications are not the magic solution.

Non-drug dementia interventions are effective and beneficial

Persons living with dementia & their families still need:
- Methods to prevent and reduce behaviors
- Strategies to live as safely and independently as possible

Evidence shows that non-pharmacological interventions:
- Reduce intensity and frequency of difficult dementia behavioral symptoms
- Improve well-being for both persons living with dementia & care partners

(Gitlin et al., 2010)
Evidence-Based Dementia Treatment

**CARE OF OLDER PERSONS IN THEIR ENVIRONMENT (COPE)**

**NEW WAYS FOR BETTER DAYS (TAILORED ACTIVITY PROGRAM)**

**DELIVERED BY ALLIED HEALTH PROFESSIONALS:**

**Occupational Therapists**
- Assess preserved cognitive abilities
- Identify needed level of support and maximize function of person with dementia
- Build caregiving skills with care partners
- Prescribe activities and strategies to reduce behavioral symptoms

**Clinical Social Workers**
- Assess mental health of people with dementia and care partners
- Provide dementia education for families
- Link with resources and plan for the future
- Deliver therapeutic counseling

www.Drexel.edu
www.Jefferson.edu
We cannot change dementia, but we can change......

CARE APPROACH  THE ENVIRONMENT  TASK/ACTIVITY

(Fazio, et al., 2020)
The Dementia Q&A Panel
June 29, 2021

• John A. Kantke, Attorney at Law

Estate & Elder Law Services (E&ELS), Volunteers of America Minnesota
Legal Capacity

• Questions from attendees:
  • “I would love to hear more about how capacity can vary by subject, time of day, etc--and how prof can 'meet people where they at’”
  • “How is it determined when someone with power of attorney can make decisions?”
• Attendee questions bring up two different times when it may be necessary to determine legal capacity:
  • Legal capacity at the time a legal document is signed
  • Legal capacity at the time a legal document is used

• Incapacity Planning:
  • Power of Attorney
  • Health Care Directive
  • Release of Information
  • Trust
  • Etc.
Legal Capacity is Situational

- Attorneys can independently determine the legal capacity of their own clients.
- A diagnosis (dementia, etc.) alone does not equal legal incapacity.
- Capacity must be analyzed in the context of the specific task at hand:
  - The capacity to do…?
- The client needs to understand the general concept and purpose of the legal document.
- The client does not necessarily need to be able to understand every clause of the legal document.
- Legal capacity requires that the client know what they are signing in that moment. It does not require recollection later.
- Consider:
  - Are answers to questions consistent?
  - Are answers to questions appropriate?
## Incapacity Timeline

<table>
<thead>
<tr>
<th></th>
<th>BEFORE Incapacity</th>
<th>AFTER Incapacity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FINANCIAL</strong></td>
<td>Power of Attorney: appoints “attorney-in-fact” to make financial decisions.</td>
<td>Conservatorship: Judge appoints “conservator” to manage finances under Court supervision.</td>
</tr>
<tr>
<td><strong>MEDICAL</strong></td>
<td>Health Care Directive: appoints “health care agent” to make medical decisions</td>
<td>Guardianship: Judge declares incompetence and appoints “guardian” to manage health under Court supervision.</td>
</tr>
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## Incapacity Timeline

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</tbody>
</table>
1ST WEDNESDAYS
GUARDIANSHIP INFORMATION CLINIC
Drop in during clinic hours to meet with our social workers or attorney for educational information and to get their questions answered in real time: no appointments, no voice mail, no phone tag, just direct access to our social service and legal team members!
Contact: cesdm@voamn.org
GUARDIANSHIP INFORMATION LINE
952-945-4174
1-844-333-1748
cesdm@voamn.org
# Distinguishing Dementias

<table>
<thead>
<tr>
<th>Dementia Type</th>
<th>Memory Deficit</th>
<th>Rapid Course</th>
<th>%</th>
<th>Δ In Personality</th>
<th>Hallucinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>AD</td>
<td>++</td>
<td>-</td>
<td>60-80</td>
<td>+/-</td>
<td>+/-</td>
</tr>
<tr>
<td>Vascular</td>
<td>++</td>
<td>-</td>
<td>10-20</td>
<td>+/-</td>
<td>+/-</td>
</tr>
<tr>
<td>Lewy Body</td>
<td>++</td>
<td>-/+</td>
<td>15</td>
<td>+/-/--</td>
<td>+</td>
</tr>
<tr>
<td>Fronto-temporal</td>
<td>-</td>
<td>+</td>
<td>5</td>
<td>++</td>
<td>+/-</td>
</tr>
</tbody>
</table>
Medicines That May Complicate Thinking

- Anticholinergics
  - Antihistamines (Diphenhydramine, Hydroxyzine)
  - Tricyclic Antidepressants (Amitriptyline, Nortriptyline)
  - G.I./urinary antispasmodics (Dicyclomine, Oxybutynin, Tolterodine)
  - Anti-emetics (Prochlorperazine, Promethazine)
  - Muscle Relaxants (Cyclobenzaprine)
  - Anticholinergic Anti-PD agents (Benztropine, Trihexyphenidyl)
- Benzodiazepines (Lorazepam, Diazepam)
- Non-benzodiazepine, benzo-receptor agonists (Zolpidem)
- Opioids (Oxycodone, Morphine)
Inviting and Reinventing Purpose

Understand what matters most
Ask for their help
Involve friends/family
Play to their interests/hobbies
Listen

Allison Gustavson, DPT, PhD | Allison.Gustavson@va.gov
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CARE APPROACH

THE ENVIRONMENT

TASK/ACTIVITY

(Fazio, et al., 2020)