

Community Panel on Dementia

Jennifer Purdy, PharmD, BCGP, BCACP
Clinical Pharmacist

Overview

- Aducanumab (Aduhelm)
- Psychotropic Medications (Antipsychotics)
- Comprehensive Medication Review and Geriatric Assessment

Aduhelm (aducanumab)

- First new medication for Alzheimer's in nearly 20 years
- Approved under an accelerated pathway using surrogate endpoints
- FDA review process is being criticized and investigated
- Approved only for Alzheimer's patients with mild cognitive impairment or mild dementia
- Adverse effects: brain microhemorrhages or edema (>10%) requires close monitoring with MRIs
- Expected to cost at least \$56,000/year

Psychotropic Medications

- Psychotropic medication classes: antidepressants, sleep aids, anti-anxiety medications, antipsychotics
- Antipsychotic medications: quetiapine, risperidone, aripiprazole, olanzapine, etc.
- Agitation, wandering, aggression, hallucinations
 - Distressing hallucinations or delusions
 - Pose a risk of harm to themselves or others
 - Reversible causes have been ruled out
 - Non-medication interventions tried (and continued)
 - Other medication classes tried where appropriate

Psychotropic Medications: Alternatives

- Non-medication interventions should be first!
 - Music, aroma, reminiscence, or pet therapy
 - Physical activity / exercise
 - Eliminating physical discomfort or boredom
 - Redirection, reduce excess stimulation
 - Keeping communication simple, supportive, positive
 - Simplify request, give instruction, demonstrate
 - Don't argue, reason, or confront



Psychotropic Medications: Antipsychotics

- Start low and go slow
- Stop if there is no benefit after 4 weeks (adequate dose trial)
- Attempt to stop / decrease dose by 3-4 months
- Know the risk
 - May cause weight gain, movement disorders, orthostatic hypotension, sedation, anticholinergic effects, QT prolongation, cardiovascular events (stroke)
 - Black box warning: “Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death.”

Comprehensive Medication Management

- Various terms: medication therapy management, comprehensive medication review
- You may be eligible through your insurance (Medicare Part D, Medicare Advantage)
- Review all your medications (prescription, OTC, herbal) for interactions and ways to **optimize** therapy
- Walk away with an up to date medication list and action plan



Components of the Geriatric Assessment

Our interdisciplinary team:

- Assessment Coordinator: Counselor
- RN
- Geriatrician, Nurse Practitioner
- Pharmacist
- Memory Care Navigator



As part of this comprehensive geriatric assessment, a medication review provides:

- Comprehensive review of all prescription AND over-the-counter medications and herbal remedies
- Education for patient and if present, family caregiver
- Recommendations to your provider, with a focus on de-prescribing
- Follow-up to assess changes in therapy, next steps



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Thank you!



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Dementia and Spirituality



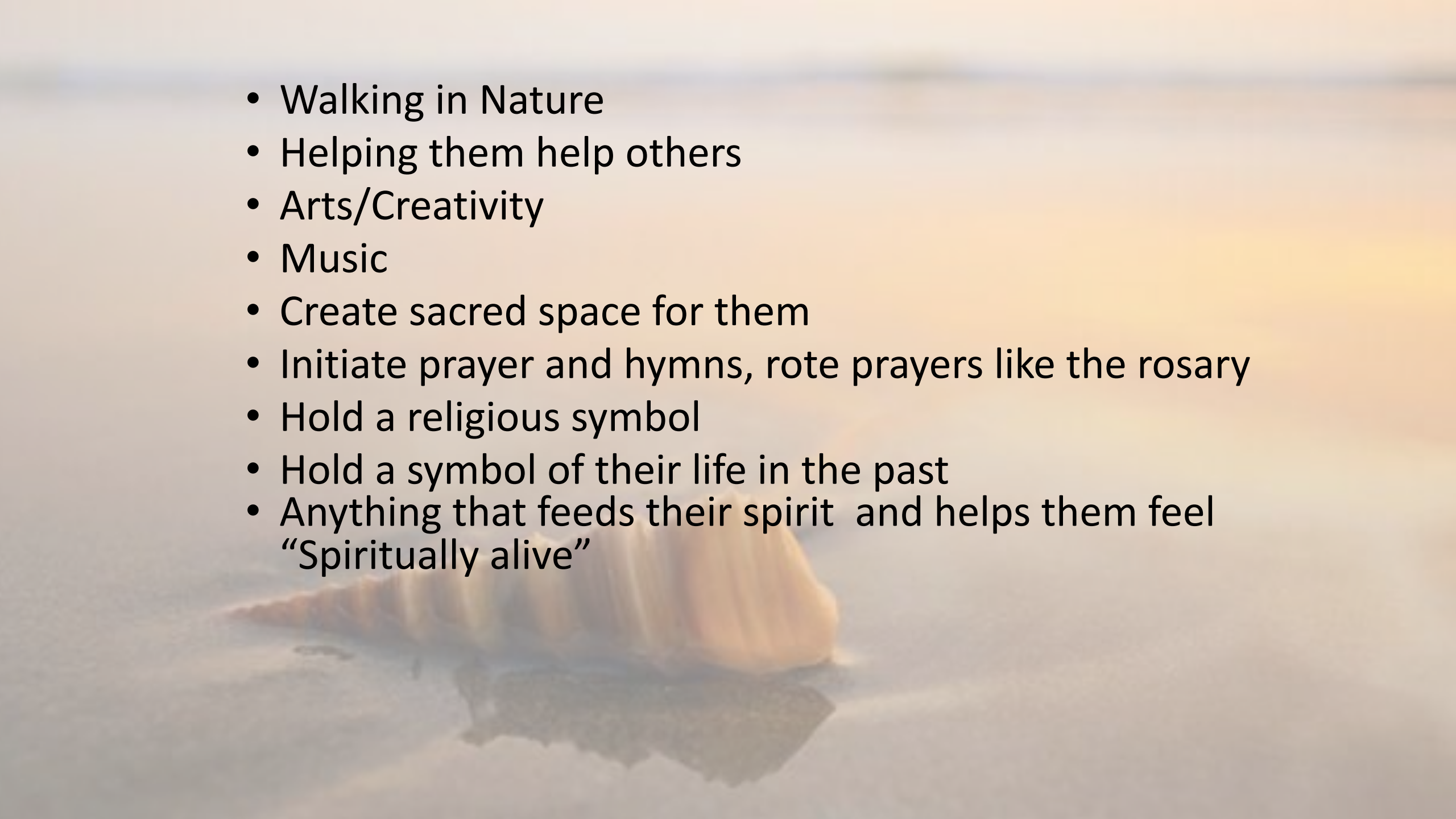
“It can be a positive journey. It appears that the **spiritual being** remains true to the end and does not degenerate in the same way as the brain. So I can still show love and care.”

Jennifer Bute, a person living with dementia, in her book:

“Dementia from the Inside:

A Doctor’s Personal Journey of Hope.”



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- Walking in Nature
 - Helping them help others
 - Arts/Creativity
 - Music
 - Create sacred space for them
 - Initiate prayer and hymns, rote prayers like the rosary
 - Hold a religious symbol
 - Hold a symbol of their life in the past
 - Anything that feeds their spirit and helps them feel “Spiritually alive”

When attending church becomes too difficult:

- Ask pastor and church for support
- Consider a weekday service with a smaller crowd
- Streamed service
- “Dementia Friendly” Service
- Sit in the quiet space of the church and pray the “Our Father” with them.



Christine Bryden wrote:

“We can connect spirit-to-spirit, even at the last stages... As our cognition fades and our emotions flatten, our spirituality can flourish as an important source of identity.”





Reasons Caregivers often feel guilt:

- Having fun
- Having negative emotions
- Not being perfect caregivers
- Getting help
- And more.....

What to do about Caregiver guilt:

- Acknowledge the feeling of guilt
- Join a support group
- Give yourself some grace
- Take care of yourself
- Check your expectations against reality
- Remind yourself of the positives

A photograph of a beach at sunset. The sun is low on the horizon, creating a bright glow and reflecting on the water. The sky is filled with soft, colorful clouds. In the foreground, a series of footprints are visible in the sand, leading towards the water. The overall mood is contemplative and serene.

Dementia

End of Life

Get your things in order:

- Complete “Advanced Directives” for each of you.
- Complete the POST (Physicians Order Scope of Service) form.
- Decide upon after death arrangements.
- Write your obituaries.
- Preplan with a Funeral Home.

Hospice

Best to get them the last months, rather than just the last week or last days of your loved one with dementia's life. (Although they are good for the last week too!)

Decisions along the way in this final stage

- Antibiotics
- Feeding tubes
- IV Hydration
- Whether to be transferred to a hospital
- Whether to have procedures or treatments
- CPR

Decisions along the way in this final stage

Not offering tube feeding, antibiotics, CPR is not the same thing as Euthanasia. It is supporting the person's dignity and comfort and letting the disease take its natural course.

The Last Days

And Beyond



Final stages:

- Unable to move around well
- Unable to speak or make oneself understood.
- May sleep most of the time.
- Need help with most activities of daily living
- Difficulty eating

For any intervention or treatment ask

- How will this help?
- Will this treatment improve my loved one's condition or comfort?
- If so, how long will the treatment benefit them?
- Will the treatment create physical or emotional burdens?
- What are the risks or possible discomforts?
- Will this improve the Quality of their life?
- Can this be done at home, in their familiar surroundings, or do they need to go to hospital or physician's office?

Caring for those with Dementia

Dr. Jacquelyn Fox OTR/L OTD

Occupational Therapist- Patriots Colony at Williamsburg



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Today's Content

Facilitating Activities of Daily Living
(ADLs)

Communication Tips

Support Services & Home Modifications



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How do we help people with dementia every day feel useful and successful during ADLs?

- Provide choices
- Connect on an emotional level
- Use prompts, pictures, and written notes
- Tap into long term memory stories (reminiscing)
- Guide through activity, describe what is happening, or about to happen
- Provide extra time
- Work to understand their cognitive decline on a scale
 - Functional Assessment staging Scale

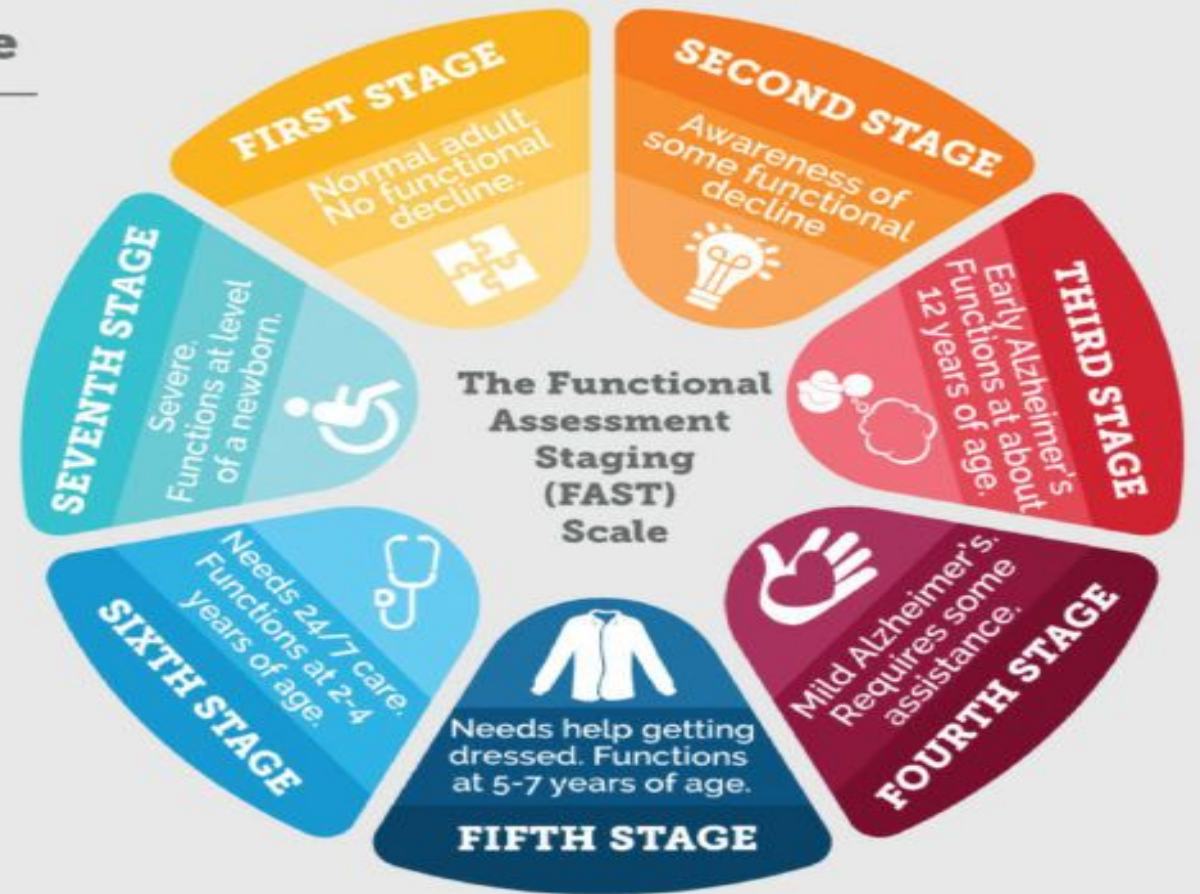


Functional Assessment Staging Scale

The Stages of Alzheimer's Disease

To better understand how Alzheimer's disease affects the Hypothalamus and other regions of the brain, it's helpful to first have an understanding of the seven primary stages of this progressive disease.

The FAST scale was developed at the New York University Medical Center's Aging and Dementia Research Center.



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Communication Strategies

Sensory needs

- Auditory: volume, speed, personal hearing devices, (pocket talker), reduce noise distractions
- Body position: at eye level, not over head, close enough so they can see your facial expression in center of their vision, check your own body language

Detective Skills

- Check basic needs (toileting, hunger, thirst and temperature)
- Learn about things that calmed and soothed them at different parts of their life

Avoid Elder Speak

- No honey, sweetie, dear, love or use of pronouns “we” and “our”

(Alzheimer's Association, 2021, NCCDP 2018, Schempp Ed. 2011)

Pitfalls of Avoid

Don't ask short term memory questions

Dont ground them in reality

Don't argue with them

*They may not always remember what you said,
but how you made them feel!!!!*



(Schempp Ed. 2011)

Communication to Redirect

- Distractions/redirecting
- Validating their experience/truth/feelings
- Prevention
- Apologize
- Simplify

If theses don't work, step away and try again as if nothing happened.

(NCCDP 2018)

When to bring in Services & Home Modifications

Often Prompted by



Multiple Hospitalizations



Safety in Environment



Incontinence

Supports can be in the home and outside the home

In home Support

In home Support

- Home health therapy (short term option)
- Private Duty Aids
- Environmental Modifications
- Durable Medical Equipment (DEM)



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Environmental Modifications and DEM

Environmental Modifications



Durable Medical Equipment



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Services Outside the Home

- Assisted Living
- Memory Care
- Adult Day services
- Long term Care



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Summary

Improving communication is a process

**Home Modifications can
improve safety in the home**

**They will remember how you made them feel,
over what you said**

Thank You!

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Questions?

Jacquelyn Fox

Occupational Therapist - Patriots Colony at
Williamsburg

Jacquelyn.Fox@rivhs.com



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Do you **CARE** for someone
with *memory loss?*

Care to Plan is an online care planning tool
that helps families managing memory loss
identify and access supportive services
recommended for them.

You may qualify for a **NEW** research study.

1-888-597-0828

senior.carenav@rivhs.com



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Care to Plan: What to Expect

Participants will be asked to:

- Complete an initial survey
- Either review the Care to Plan tool with Senior Care Navigation or receive usual care
- Complete follow-up surveys after three and six months
- You may also be asked to participate in a phone interview about your experiences using Care to Plan at the end of the study
- Receive \$75-100 compensation for your time/participation

Care to Plan:

Would you like to help test this resource?

- If interested, contact Riverside Senior Care Navigation:
 - 1-888-597-0828
 - Email: senior.carenav@rivhs.com

Please complete the webinar evaluation

Thank you for attending!

Joe Gaugler, PhD
School of Public Health
Minneapolis, MN 55455
Phone: 612-626-2485

<https://www.sph.umn.edu/research/projects/rlk/>

Christy Jensen, PhD
Director, Health Services Research
Williamsburg, VA 23185
Phone: 757-220-4751

www.riversideonline.com/cealh



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