Dementia Q&A Panel

Joseph E. Gaugler, PhD
Robert L. Kane Endowed Chair in Long-Term Care & Aging
Director, Center for Healthy Aging and Innovation
Director, BOLD Public Health Center of Excellence on Dementia Caregiving
Land acknowledgment

The University of Minnesota Twin Cities is located on traditional, ancestral, and contemporary lands of Indigenous people. I acknowledge with gratitude the Land itself and the People. I take to heart and commit through action to learn and honor the traditional cultural Dakota Values: Courage, Wisdom, Respect and Generosity.
Dementia Q&A Panel
Have Questions About Dementia?
We will Try to Answer Them!

March 17, 2022 | 3:00–4:30pm CST | Zoom

Join an interdisciplinary panel in discussing and answering questions related to living with and caring for dementia, and the key issues that often come up.

Hosted by Dr. Joseph Gaugler, Robert L. Kane Endowed Chair in LTC and Aging at the University of Minnesota.

Register and submit questions at: https://bit.ly/DementiaQandA

Amy Busker
Geriatric Pharmacist

Jill Cigliana
Occupational Therapist

Robbin Frazier
Cultural Expert

Sara Ochoa
Physical Therapist

James Pacala
Family Physician and Geriatrician

Lucas Spaeth
Elder Law Attorney
Improving Antipsychotic Prescribing: Focus on Behavioral Symptoms in Dementia

Amy Busker, Pharm.D.,BCGP

3/17/22
Choosing Wisely (AGS recommendation):

Don’t use antipsychotics as the first choice to treat behavioral and psychological symptoms of dementia.

People with dementia often exhibit aggression, resistance to care and other challenging or disruptive behaviors. In such instances, antipsychotic medicines are often prescribed, but they provide limited and inconsistent benefits, while posing risks, including over sedation, cognitive worsening and increased likelihood of falls, strokes and mortality. Use of these drugs in patients with dementia should be limited to cases where non-pharmacologic measures have failed and patients pose an imminent threat to themselves or others. Identifying and addressing causes of behavior change can make drug treatment unnecessary.
 Approach to Managing Behavioral Symptoms of Dementia

- Identify and address cause of behavior change
  - Describe the behavior
  - Consider potential triggers and reversible causes
    - Environmental, physical problems/needs, medical, psychiatric, caregiver factors
  - Non-drug strategies first!
    - Treat physical/medical problems - ex, dehydration, infection, medication side effects, pain, insomnia, hunger, etc.
    - Clear communication, redirection, offer enjoyable/meaningful activities, day-to-day structure, person-centered care
  - Adjust caregiver approaches
  - Adapt/change environment
  - Music therapy, aromatherapy, massage, reminiscence therapy, etc.
When non-drug interventions have failed...

- Appropriate antipsychotic treatment targets:
  - Aggression, agitation, or psychotic symptoms
    - Causing severe distress
    - Risk of harm to self or others
- Shared decision making continues
  - Discuss overall goals, specific goals of treatment, risks and benefits
- Non-drug interventions continue
- Second generation antipsychotics preferable (ex. quetiapine, risperidone, etc.)
  - Start low, go slow! Use minimum effective dose
  - Monitor for effectiveness and adverse effects
  - Taper and discontinue if no benefit after 4 weeks
  - If adverse effect, weigh risk vs benefit; discontinuation may need to be considered
  - If adequate response, taper should be attempted within 4 months of treatment – monitor closely
Resources


• Fazio et al. What is Really Needed to Provide Effective, Person-Centered Care for Expressions of Dementia? Guidance from the Alzheimer’s Association Dementia Care Provider Roundtable. *JAMDA* 21, 2020, 1582-1586.


• SAMHSA, CMS, HRSA, ACL. Guidance on Inappropriate Use of Antipsychotics: Older Adults and People with Intellectual and Developmental Disabilities in Community Settings.

Memory Care Home Solutions
Non-pharmacological Dementia Intervention at Home

Jill Cigliana, MSOT, OTR/L
Memory Care Home Solutions

• Community-based non-for-profit organization founded in 2002

• Mission:
  To extend and improve quality time at home for people living with dementia and their families
Behavioral Intervention Evidence Base

**Skills2Care**
Care partner training to manage behaviors and maximize function

**Tailored Activity Program**
Prescribed activities for people with dementia to decrease behavioral problems

**COPE**
Behavior
Function
Activity
Care partner well-being
Treat the Care Dyad

- Identify preserved strengths, roles, and routines
- Home and environmental Assessment
- Teach a problem solving approach

e.g., DiZazzo-Miller et al 2017; Gitlin, Cigiana, Cigiana, & Pappa, 2017; Gitlin & Hodgson, 2015; Gitlin & Rose, 2014; Gitlin et al., 2010., etc.
How to support aging in place with dementia?

Identify supports for person with dementia and care partner

◦ Family and Friends
◦ Alzheimer’s Association and Area Agency on Aging

Modify the home for safety and success with the daily routine

◦ Consider help for driving, meal prep, finances and medication management
◦ Clear clutter and reduce fall risks
◦ Ask your doctor for a referral to OT and PT

Connect to group and individualized evidence-based programs in your area

◦ Groups: Savvy Caregiver, Cognitive Stimulation Therapy, Powerful Tools, Support
◦ Individual: Skills2Care, REACH, Tailored Activity Program, COPE
When is it time to transition to residential care?

**Never???

- When there are family/friend care partners who have support PLUS formal supports including home health, palliative care, hospice, accessibility, paid in-home care, and equipment

**When the function and behaviors become too difficult for the care partner to manage

- Are both the person with dementia and care partner **safe**?
- Are both people comfortable with the care tasks, from a **dignity** perspective?
- Ask **formal supports** lacking?

**When the care partner has her/his own health issues or outside demands

- Mental health concerns – chronic stress
- Other family members who need care or work responsibilities
- Physical health limitations – arthritis, heart conditions, diabetes, etc..
We cannot change the PLWD, but we can change......

Our Approach

The Environment

Tasks and Activities
<table>
<thead>
<tr>
<th>Approach</th>
<th>Environment</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist from dominant side</td>
<td>Keep bathroom very warm</td>
<td>Keep body parts covered that aren’t being washed</td>
</tr>
<tr>
<td>Get low/eye level or below</td>
<td>Adaptive Equipment:</td>
<td>Move to bed bathing if the shower is not safe or is too upsetting</td>
</tr>
<tr>
<td>Hand under hand</td>
<td>• Shower chair or transfer bench</td>
<td>Do all set-up in advance to remain focused on the PLWD (products, extra</td>
</tr>
</tbody>
</table>
Join MCHS!

6 hours of Continuing Education in Dementia Best Practice

April 8, 2022

www.memorycarehs.org/ceu
Thank You!

QUESTIONS?

jcigliana@memorycarehs.org
www.memorycarehs.org
MN School of Public Health: Dementia Q&A Panel

Sara Ochoa, PT, MOMT, CLT
EXERCISE CONSIDERATIONS FOR ALL STAGES OF DEMENTIA

- Keep things moving and interesting
- Move in familiar and functional patterns
- Keep it simple
## TREATMENT INTERVENTIONS FOR THE DEMENTIA POPULATION: EARLY, MIDDLE AND LATE STAGES

<table>
<thead>
<tr>
<th>Physical Therapy</th>
<th>Early Stage Dementia</th>
<th>Middle Stage Dementia</th>
<th>Late Stage Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DISCIPLINE</strong></td>
<td><strong>Alten Level 4</strong></td>
<td><strong>Alten Level 3</strong></td>
<td><strong>Alten Level 2</strong></td>
</tr>
<tr>
<td><strong>SPECIFIC</strong></td>
<td><strong>TREATMENT</strong></td>
<td><strong>INTERVENTION</strong></td>
<td></td>
</tr>
<tr>
<td><strong>INTRODUCTION</strong></td>
<td><strong>Needs structure and routine for increased safety and independence.</strong></td>
<td><strong>Needs to have activities adapted to poor attention span and direction following abilities. Several short 15 minute sessions during the day work best.</strong></td>
<td><strong>Dynamic balance to include gait training, reciprocal movements, and turning. Sitting balance to improve trunk control. Lower extremity weight bearing activities to improve/maintain pivot transfer abilities. Assisted ambulation with low 2s. Restorative ambulation or obstacle course with high 2s.</strong></td>
</tr>
<tr>
<td><strong>Assistive devices:</strong></td>
<td><strong>High 4’s can learn to use a new device, low 4’s can only use if was part of prior pattern.</strong></td>
<td><strong>Assistive devices if not used in prior pattern is unable to learn to use new device.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Falls balance:</strong></td>
<td><strong>Falls/balance: work on anterior weight shift and dynamic balance activities outside base of support for early falls prevention.</strong></td>
<td><strong>Falls/balance: intense work on anterior weight shift and dynamic balance outside base of support for falls prevention.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Gait training:</strong></td>
<td><strong>Gait training: resistive walking with theraband or weights, combine various sensory conditions, obstacle course, changes in cadence to stop/start as needed.</strong></td>
<td><strong>Gait Training: resistive walking, combine various sensory conditions, be aware of cognitive tunnel vision 14” in front of face, obstacle course, changes in cadence and stop/start as cues.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Therapeutic exercise:</strong></td>
<td><strong>Therapeutic exercise: open chain (MME’s having patterns continue) and closed chain (marching, knee bends, weight shifting).</strong></td>
<td><strong>Therapeutic exercise: open chain exercise may be too difficult, closed chain exercises such as marching, knee bends and weight shifting work better.</strong></td>
<td></td>
</tr>
</tbody>
</table>
TEEPAA SNOW: THE LIVING GEMS

The LIVING GEMS

The 21st-century approach recognizes the dynamic nature of the human brain and its abilities. Unlike other cognitive models, TEEPAA SNOW acknowledges that everyone's abilities can change for the better! TEEPAA SNOW is based on current research, brain science, and understanding the concept of neuroplasticity. TEEPAA SNOW is designed to help brain injury survivors and their families understand and enhance their brain's capacity to adapt and improve.

SAPPHIRE - True Blue - Optimistic, Faithful, Reliable
- Trust in self, personal preferences remain basically the same
- Can be flexible in thinking and adaptations to new perspectives
- Streamlines edge-activated Vagal Nervous System back to SAPPHIRE with relief
- Able to express and live personal needs through effective expressions
- Prone to optimism and sees the world as safe
- Can work in the feedback with others
- Prefers to believe in synchronicity
- Aging doesn't change abilities by processing sound, non-affectional processing sound

AMBER - Caught in a Moment of Time - Golden Retrieval
- Focuses on immediate needs to satisfy desires and time to resist what is disliked
- Environment can drive actions and emotions, without sensory awareness
- Visual abilities are limited to seeing in pieces or parts not the whole picture
- Small changes in environment may be very confusing or require significant adaptations
- Windows of intermittent activity, may be very confusing or require significant adaptations
- Can be increased at times in the setting and influenced through visual and auditory descriptors

DIAMOND - Pure and Sharp - Reaches and Analyze
- Triggers many ideas, behavior, and perspective can shift dramatically
- Focuses on taking in and understanding changes, understanding by complex issues
- Helps develop emotional needs through emotional intelligence
- Tolerance for change in environment, builds awareness through learning
- Tends to be more sensitive to sound, non-affectional processing sound

RUBY - Deep and Shiny in Color - Often Stop Seeing What Is Possible
- Better at making up one's mind, when you can't get what you need
- Need a lot of time to process
- In the context of instant reactions, they may be very confusing or require significant adaptations
- Can be increased at times in the setting and influenced through visual and auditory descriptors

EMERALD - Growing on the Path - Forever - Naturally Renewal
- Can be very long and independent of a limited amount of change in quality
- Uses in many small details until the parts are broken down by higher perspective
- Understanding and understanding of language is significant for effective communication
- Physical inability to do simple tasks, provides the opportunity to learn
- Tends to be more sensitive to sound, non-affectional processing sound

PEARL - White - Purely, Simplicity, and Natural
- Multi-level qualities cognitive, emotional, social, and physical
- Pavlovian structure, although direct capabilities are minimal
- Understanding of basic things in relation and simple to play
- In sleep, if not concerned by others we can treat and treat sleep
- Changes in the brain are common, weight loss, immobilization, and non-surgical intervention
- Caregivers benefit from learning the art of listening rather than simply giving

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EXERCISE CONSIDERATIONS: EARLY STAGE

Consider environment, work at edge of public space

Characteristics:
- Oriented to person, place and routine/structure
- 3-4 step instructions
- Poor safety awareness
- Likes gestures and exuberance/

Exercise ideas:
- Balance tasks like reaching for familiar objects while standing on foam pad or dyna disc
- Walking with ankle weights or weighted vest – consider obstacle course work
- Stop/Start cadence on cue
- Any motion with a familiar pattern like clapping, catch, marching
**EXERCISE CONSIDERATIONS: MIDDLE STAGE**

**Characteristics**
- Needs lots of positive reinforcement
- Poor attention span, catches some words you are saying
- If assistive device was not used in prior pattern, may be very difficult to learn
- Demonstrate desired task at arms length directly in front of person

**Exercise ideas**
- Balance tasks like reaching for familiar objects, change base of support
- Walking with ankle weights or weighted vest – consider music to assist with cadence and engagement
- Focus on standing and wt shift tasks like marching, knee bends and standing working multiple directions
- Bed mobility tasks like rolling side to side and getting up safely – can add arm weights or ankle weights to increase the challenge.

Poor awareness of lower half of their body
EXERCISE CONSIDERATIONS: LATE STAGE

Characteristics

Present with postural insecurity – fear of falling

Becomes agitated if hurried

Cognitive processing is 2-3x slower

Wanders and likes to follow people

Exercise ideas

Balance tasks seated with feet supported – reaching and moving items across body

May require hand hold assist to ambulate – hand under/over

Focus on trunk control tasks; consider using large physioball

Use persons name frequently and demonstrate with exaggerated movements

Go slow and watch for discomfort
Monitor environment

Consider visual field 12-14 inches in front of face

Be expressive (facial, gestures and tone)

Positive Experience

Use simple 2-3 word phrases

Be patient with delayed responses

Keep exercises familiar and functional
Thank you
Center for Healthy Aging and Innovation (CHAI)

Three themes will be addressed:

Culture Considerations when addressing memory and dementia concerns

Communications - when, why, who, what

Resources - national, local and culturally specific

Speaker:

Robbin Frazier, CHAI - Associate Director of Equity and Community Engagement frazi248@umn.edu | 763-360-7582
Cultural Considerations when Addressing Concerns

My grandfather seems less like the man I spent my summers visiting and shared time with at African American Episcopal church. After not seeing him for two years during the COVID-19 pandemic I was stunned by the changes. When I try to discuss my concerns, everyone ignores me! Why?

- **Stigma**
  - Lack of access to information
  - ADRD association with mental health, myths and taboos often not viewed like a chronic disease

- **Shame**
  - Distrust of some health providers
  - Diagnosis triggers immediate loss of independence
  - Expect to be viewed by the lens of the disease

- **Silence**
  - Keep information within the family
  - Value, pride and emphasis on individual strength
  - Spirituality plays a large role
  - Lack of cure makes talking about it unnecessary
Communications

After speaking with my siblings, we all agree there are red flags with my father’s memory and behavior. We have safety concerns about dents in the car bumper, a water shut office notice, and well-done steaks from our chef. When should we say something? How do we talk to Mom and Dad?

- Assess the situation
- Start the Conversation
  - Who should participate in the conversation to discuss concerns?
  - What is the best time and place to have this conversation?
  - How will you approach the conversation?
- Discuss seeing the doctor together
- Prepare for the doctor’s visits
- Expectations - multiple conversations and doctors visits

Source: alz.org  For Caregiver Resources: Call the Alzheimer’s Association 24/7 Hotline 1-800-272-3900
Conversation Examples

When you’ve noticed a change in someone else:

- I’ve noticed [blank] in you, and I’m concerned. Have you noticed it? Are you worried?
- How have you been feeling lately? You haven’t seemed like yourself.
- I noticed you [specific example], and it worried me. Has anything else like that happened?

Try the following if you’ve noticed changes in yourself:

- Many people find it helpful to bring a trusted friend or family member to the medical evaluation.
- I think it would give me peace of mind to see a doctor and find out what’s going on. Would you be willing to go with me for support?

Source: alz.org   Caregiver Resources: Call the Alzheimer’s Association 24/7 Hotline 1-800-272-3900
Conversation Examples

Discuss the doctor’s visit:

- There are lots of things that could be causing these changes, and dementia may or may not be one of them. Let’s see if the doctor can help us figure out what’s going on.
- The sooner we know what’s causing these problems, the sooner we can address them.
- I think it would give us both peace of mind if we talked with a doctor.

Reach out for help: You’re not alone on the journey

- National Resources
- State and Local Resources
- Culturally Specific Resources

Source: alz.org  Caregiver Resources: Call the Alzheimer’s Association 24/7 Hotline 1-800-272-3900
Caregiving: Resources

Centro Tyron Guzman (612) 874-1412
www.centromn.org
Latine Adults & Aging Services

amazinggracechorus@gmail.com &
www.facebook.com/gracechorusstpaul

alterdementia.com
Caregiving Resources

University of Minnesota, School of Public Health & Center for Health Aging and Innovation

- [https://www.sph.umn.edu/research/centers/chai/](https://www.sph.umn.edu/research/centers/chai/)
- [Caring for People with Memory Loss](https://www.sph.umn.edu/research/centers/chai/caregiving-resources) annual conference June 4, 2022
- Caring for People with Memory Loss library [Conference Virtual Library](https://www.sph.umn.edu/research/centers/chai/caregiving-resources)

Additional resources:

- [Nine steps](https://www.sph.umn.edu/research/centers/chai/caregiving-resources) to respite for Caregivers
- Us Against Alzheimer’s [caregiver resources](https://www.sph.umn.edu/research/centers/chai/caregiving-resources)
- Family Caregiving for Diverse Elders [resource hub](https://www.sph.umn.edu/research/centers/chai/caregiving-resources)
- Family Caregiver Alliance [connecting caregivers](https://www.sph.umn.edu/research/centers/chai/caregiving-resources)
- National Adult Day Services Association providing [caregiver support](https://www.sph.umn.edu/research/centers/chai/caregiving-resources)
- US Aging leaders in [aging well at home](https://www.sph.umn.edu/research/centers/chai/caregiving-resources)
- [Caregiving in a Diverse American](https://www.sph.umn.edu/research/centers/chai/caregiving-resources): beginning to understand the systemic challenges facing family caregivers
Caregiving Resources

Alzheimer’s Association

- Education 10 warning signs, care consultations, difficult conversations, preparing for the doctor’s visit, Caregivers for [www.alz.org](http://www.alz.org)

Minnesota Board on Aging - Trellis and MN Area Agencies on Aging

- [https://trellisconnects.org](https://trellisconnects.org)
- Minnesota's Senior LinkAge Line® (1-800-333-2433)
- Disability Linkage Line® (1-866-333-2466)
- Veterans Linkage Line™ (1-888-Linkvet)
- Dementia Friends Minnesota [https://actonalz.org/dementia-friends](https://actonalz.org/dementia-friends)
Please complete the webinar evaluation

Thank you for attending!

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

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