

Memory and Aging Center

Dementia Education, Support, and Non-Pharmacological Treatment Strategies

Osher Mini-Medical School May 14, 2019

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Objectives

- Describe the concept of person and family centered care in dementia
- Outline general goals of care by level of cognitive and functional abilities
- List common behavioral challenges and provide a framework for behavior symptom assessment & management
- Review concerns related to hospitalization in dementia
- Describe the Care Ecosystem as a model for dementia care
- List key resources available in San Francisco



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'If you've met one person with dementia, you've met one person with dementia"

--Unknown







Mild Cognitive Impairment

Health Promotion, Adaptation, & Coping Strategies

- Health Promotion
- Manage cardiovascular risk factors
- Avoid potentially harmful medications
- Use organization & reminder tools
- Stay socially & physically active

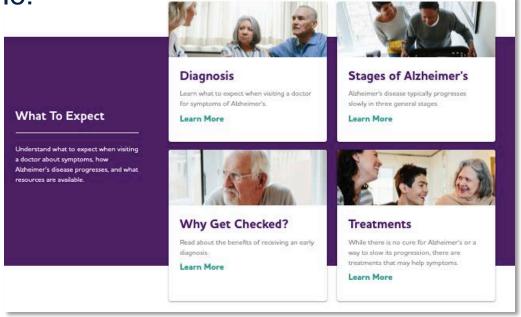




General Goals of Care—Early Stage

Education, Safety, & Health Promotion

- Learn about the disease & what to expect
- Discuss driving alternatives
- Retire weapons
- Promote a healthy lifestyle:
 - Mediterranean Diet
 - Exercise
 - Sleep
 - Social engagement





General Goals of Care—Early Stage

Doing What Matters Most

- Relationships
- Participation in research
- Peer support
- Advocacy
- Bucket list activities





General Goals of Care—Early Stage

Advance Care Planning

 Durable Power of Attorney for Health and Finances

 Financial and Long Term Care Planning

Discuss and document values and preferences

California Advance Health Care Directive This form lets you have a say about how you want to be treated it you get very sick. This form has 3 parts. It lets you: Part 1: Choose a health care ager A health care agent is a person who can make medical decisi if you are too sick to make the Part 2: Make your own her This form lets you choose , This way, those who co what you want If you It must be signe Fill out only the parts y You can fill , 2 witnesses need to sign YOUR NAME: https://prepareforyourcare.org/welcome https://theconversationproject.org

General Goals of Care—Middle Stage

Facilitate Function, Minimize Risks, Cope with Changes

- Minimize safety risks
- Adapt communication strategies
- Manage behavior symptoms
- Support functional strengths
- Provide structure and routine





General Goals of Care—Late Stage

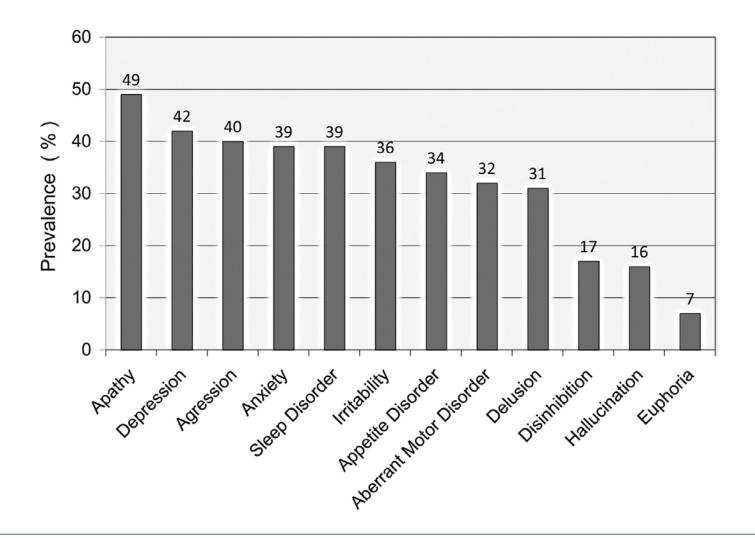
Comfort, Connection, Cope with Loss

- Weight loss
- Swallowing difficulty
- Limited communication
- Increased infections
- Immobility
- Grief and bereavement





Common Behavioral Symptoms





Is this Behavior "Normal" for Someone with Dementia?

Dementia

- Gradual onset, in months to years
- Slow, steady progression
- Existing medications have limited effect on behavioral symptoms

Delirium

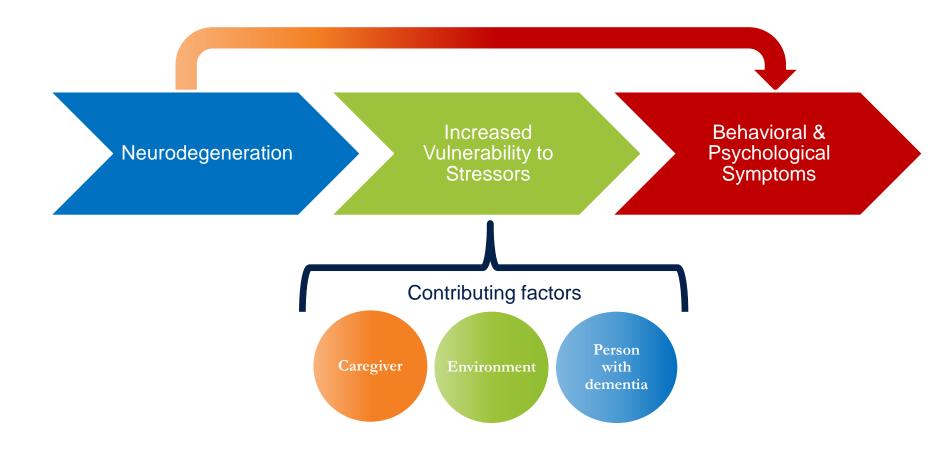
- Sudden onset, in hours to days
- Fluctuates throughout the day
- Behavioral symptoms usually improve after underlying cause is treated







Understanding Behavior Symptoms



Managing Behavioral Symptoms



Describe the situation and how the behavior unfolded



nvestigate (caregiver, environment, person with dementia)



Create a Plan (information, support, and resources)



Evaluate within a specific time frame



Comment from Caregiver

My husband is following me around everywhere I go. Even to the bathroom. He wants to be next to me every second of the day. I can't get anything done!





Person with Dementia

- Started gradually 6 months ago
- Feels distressed when wife leaves the house
- Never left home alone

Caregiver

- Knows this is a common symptom of AD
- Worries about getting paperwork done
- Not distressed and no safety risks

Environment

- Live together in older home
- Very little outside help or respite
- Have a few friends that help sometimes

Q Investigate

Person with Dementia

- Anxiety is a common symptom of AD
- Needs attention and needs to feel secure
- Wife is "anchor"

Caregiver

- Relaxed, affectionate, uses humor
- Always puts her husband's needs first
- Getting behind on important paperwork

Environment

- Home office with doors to do paperwork
- Like watching TV and socializing
- Have a handheld timer

Person with Dementia

- Talk with doctor or pharmacist about medication for anxiety
- Consider using a reward

Caregiver

- Provide information about shadowing
- Encourage attending a support group
- Get more regular respite

Environment

- Take 30min to do paperwork in closed office
- Set up snack, TV, have a friend visit
- Use handheld timer if PWD can track time

Evaluate

- What worked well, what didn't work, and why?
- Were there any unintended consequences or side effects?
- Are the goals realistic?
- Are there any barriers to trying new strategies?



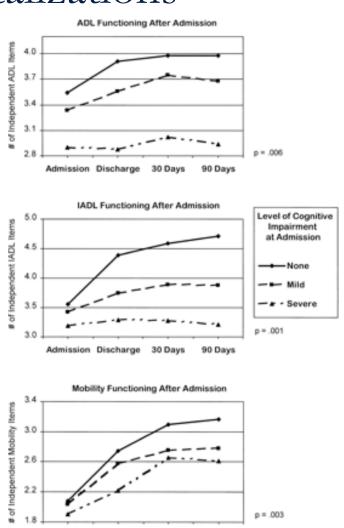
"Galen's Mother"

Hitting and pinching



Reasons to Avoid Hospitalizations

 Cognitive impairment was associated with significant decline in function and mobility 90 days after hospitalization



Admission Discharge 30 Days



Hospital care can lead to poor outcomes

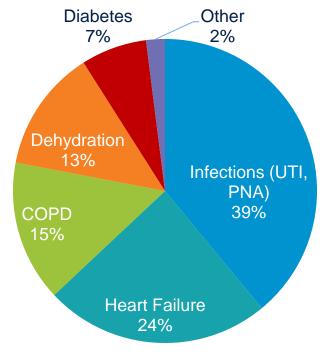
- Polypharmacy
- Undernutrition and dehydration
- Increased dependence—institutional focus on safety and efficiency
- Institutionalization—discharge planning is often delayed and focused on freeing up a hospital bed as soon as possible





Reasons for Hospitalizations in Dementia

Analysis of frequency of potentially avoidable hospitalizations among Medicare beneficiaries with Alzheimer's Disease and Related Dementias in 2013 (280,547 patients, 369,165 hospitalizations)



Lin P. J., et. al. Alzheimer's Dementia (2017).



Injury-related hospitalizations

- Falls were the cause of injury in 90% of injury-related hospitalizations among older adults with dementia
- Injuries:
 - Hip fracture and head injuries were more common in people with dementia
 - Upper limb fractures were <u>less</u> common in people with dementia



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Behavior-related hospitalizations

- Caregiver distress due to psychotic symptoms of dementia
 → increased ED visits and hospitalizations
- Psychotic symptoms alone in the advanced stage of dementia → fewer ED visits



https://pixabay.com/en/stress-man-hand-face-old-voltage-111426/



Avoiding unnecessary hospitalizations

- ✓ Improve management of co-morbid illnesses
- Simplify medications
- Prevent injuries due to falls and burns
- Teach caregivers about modifiable risk factors for common infections and conditions (UTI, PNA, dehydration, constipation, diarrhea, pain)
- Train caregivers to monitor and report early signs of delirium or clinical deterioration
- ✓ Provide 24/7 access to telephone nurse triage
- Facilitate advance care planning and revisit goals of care discussions as the person's condition changes



Care Ecosystem Model for Dementia Care



- Provide personalized information
- Provide emotional support and encouragement
- Connect with health programs and community services
- Assist with care coordination



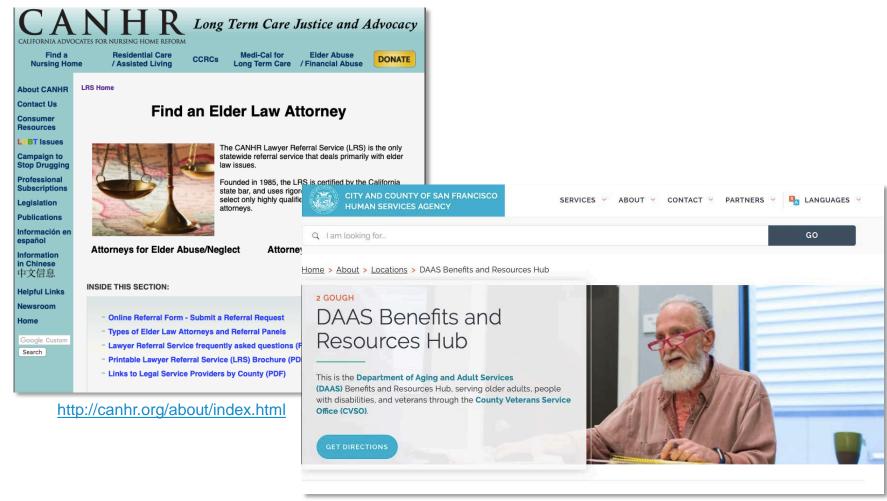
Recognizing & Supporting Family Caregivers

- Family caregiving is an urgent public policy issue
 - The state of family caregiving for older adults in the U.S. is concerning
 - We cannot assume that family caregivers will continue to be available without more support
 - Care must be familycentered and include the family caregiver





Resources in San Francisco



https://www.sfhsa.org/about/locations/2-gough-service-center-seniors-adults-disabilities-and-veterans



Resources in San Francisco

Bay Area Caregiver Resource Center

Printer-friendly version

Caregiving is Challenging — We're Here to Help

When you're caring for a chronically ill family member or friend, it's easy to forget to take care of yourself. Since the late 1970s Family Caregiver Alliance/Bay Area Caregiver Resource Center has recognized the unique needs of family caregivers. We offer free and low-cost services in the greater San Francisco Bay Area to help you provide the best possible care to your loved one, while also focusing on your own health and well being.

It is neither selfish nor a sign of weakness to need support and information to help you provide care. When you contact Family Caregiver Alliance (FCA), a staff member will speak with you about your caregiving situation. You can also ask to meet with an FCA Family Consultant for a caregiver assessment and care planning session. FCA assists caregivers as long as needed. FCA is a nonprofit organization serving all income levels.

If you are providing care to an adult with a chronic, disabling condition in the San Francisco Bay Area, please join FCA CareJourney or email **/call FCA today.

(415) 434-3388 | (800) 445-8106 | info@caregiver.org™



https://www.caregiver.org/bay-area-caregiver-resource-center



https://www.communityresourcefinder.org



Resources in San Francisco Adult Day Programs











