FREE WEBINAR
August 16, 2018
12 - 1:00 pm

Beyond Diagnosis: Rehabilitation Aspects in Dementia

Edward Ratner, MD, Associate Professor of Medicine, University of Minnesota; Associate Director for Education and Evaluation, Minneapolis VA Medical Center.

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Beyond Diagnostics: Rehabilitation Aspects in Dementia

Edward Ratner, MD

With the assistance of:
Jamie Starks, MD
Logan Cates, MA, CCC-SLP
Janelle Gustafson, CTRS and Casey Linstad, CTRS

08/16/2018 for MN Gerontological Society

Question 1.

• What of the following is the most valuable type of intervention for individuals with dementia (e.g. Alzheimer's Disease and related disorders)?

a) Health behavior management (diet, exercise, brain activities)
b) Medications
c) Rehabilitation therapies
d) Environmental changes
e) Caregiver support (e.g. day care, respite, coaching)
Grand Rounds Learning Objectives

- To be able to:
  - Utilize DSM-5 terminology to describe dementia and neurocognitive disorders (NCD)
  - Describe the goals of care for patients with major NCD
  - Explain the poor evidence to support efforts to prevent NCD or affect NCD with medications
  - Utilize rehabilitation therapists and their models of care for management of dementia.

Epidemiology of Dementia

https://www.alz.org/facts/overview.asp
Preventing Dementia

There is insufficient high-strength experimental evidence to justify a public health information campaign, per se, that would encourage adoption of specific interventions to prevent these conditions [dementia].

Leshner, A.I. et al, pg 7 (2017)
https://www.nap.edu/read/24782/chapter/1

Medications to Treat Dementia

Conclusions: An exhaustive review of the literature involving 142 studies demonstrated that cognitive enhancers in general have minimal effects on cognition according to minimally clinically important difference and global ratings....

Jl Am Ger. Soc. Sept 2017
While We Can’t Prevent or Medically Treat Dementia, We Can Make a Difference

- Using common terminology
- Sharing common goals
- Using rehabilitation principles and practice

Question 2

- What is the best medical term to describe the following case?
  87 y.o. woman with slowly but stepwise progressive memory impairment, word finding difficulty and loss of executive function. No longer able to cook or drive. History of atrial fibrillation. No focal weakness.
  a) Dementia
  b) Alzheimer’s Disease
  c) Multi-infarct dementia
  d) Mild neurocognitive disorder
  e) Major neurocognitive disorder
**Diagnostic Statistical Manual (DSM-5) Terminology for Neurocognitive Disorder**

**Mild neurocognitive disorder:**
- Decline in one or more cognitive domains that **does NOT interfere with independent functioning**
- Not due to delirium or other mental (psychiatric) disorder
- Similar to “**mild cognitive impairment**”

**Major neurocognitive disorder:**
- Decline in one or more cognitive domains that **interferes with independent functioning**
- Not due to delirium or other mental (psychiatric) disorder
- Similar to “**dementia**”

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**DSM-5 Updates – Neurocognitive Disorder**

- Broader definition than dementia
  - Increased emphasis on non-memory cognitive domains

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**DEMENTIA**

An “umbrella” term used to describe a range of symptoms associated with cognitive impairment.

- **ALZHEIMER’S** 50% - 75%
- **VASCULAR** 20% - 30%
- **LEWY BODY** 10% - 25%
- **FRONTOTEMPERAL** 10% - 15%

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**Goals of Care - Alzheimer’s Association:**

- Maintain quality of life
- Maximize function in daily activities
- Enhance cognition, mood and behavior
- Foster a safe environment
- Promote social engagement, as appropriate

Dementia Quality Measures – AAN/ APA

- Disclosure of Dementia Diagnosis
- Education and Support of Caregivers*
- Functional Status Assessment
- Screening and Management of Behavioral and Psychiatric Symptoms*
- Safety Concern Screening and Follow-up
- Driving Screening and Follow-up
- Advance Care Planning and Palliative Care Counseling*
- Pain Assessment and Follow-up
- Pharmacological Treatment

*VHA priorities


Question 3

Which best describes the role of rehab therapies (PT, OT, SLP, and RT) for those with dementia (major neurocognitive disorder)?

a. They are of no value since there will be no memory or carry over of therapy interventions
b. The can only be useful as part of assessment of severity, for care planning
c. They may be useful after an acute injury or illness to regain function
d. They are likely helpful to improve/maintain function, safety, or quality of life.
Cost Effectiveness of Occupational Therapy in Dementia

- Randomized controlled trial (N=135)
- Informal caregiver at least 1X/week
- Mild to moderate dementia
- 10 sessions over 5 weeks
- Significantly cost effective (when including ability of caregiver to remain at work)
- NNT-2.8

BMJ 2008;336:134
https://www.bmj.com/content/336/7636/134

Roles for PT/OT in Dementia

- Safety in home
- Safety with ambulation/transfers
- Adaptions for bathing/grooming/dressing
- Memory aides for:
  - cooking
  - shopping
  - medication management
  - scheduling / task management
Domains of Cognition

Language effects vary in timing and severity by disease

- Word finding
- Difficulty understanding complex or abstract info
- Excessive, extraneous, repetitive speech
Late Communication Changes in Dementia

• Perseveration
• Paucity of ideas
• Loss of focus
• Too fast, difficult to understand
• Echolalia
• Loss of speech

Why should we address communication?

• Basic human need – Quality of Life
  – Express wants, needs, and concerns
  – Maintain social connections
  – Preserve our sense of identity

• Impairments in communication lead to:
  – Loss of function
  – Depression, anxiety, withdrawal
  – Caregiver stress -> catastrophic reactions
Managing Communication Changes—Partner-Based Strategies

- Face the person directly
- Call them by name
- Keep information short and concrete
- Repeat key words
- Slow down your speech, allow the other person enough time to process information
- Have individual repeat information back to you
- Ask clarifying questions
- Avoid vague language
- Minimize use of questions
- Avoid correcting and quizzing

*Whenever possible, keep things positive—feelings are more important than facts!*

Communication Examples

**Healthy Aging**

“What do you want for dinner?”

“Hey, good to see you! Let’s get to work. We’re doing some mat work today, so grab a foam roller and I’ll meet you over there in a couple.”

“I know we got you going on Lexapro last time—is that working out, or are you having side effects? Sleepiness, nausea, dry mouth, poor sleep, anything like that?”

**Person with Dementia**

“We can have pot roast or spaghetti. You can choose one.”

“Hi Tom, my name is Jeff. I am a physical therapist. We work on exercises to help with your knee pain. Here is a foam roller. You can follow me.”

“You are on a medication called Lexapro. It helps with your mood. Sometimes it can have side effects. I will list a side effect. You tell me if you have it. Do you have dry mouth?”
Communication Aids

Cognitive Interventions—Early Stage

- Self-assertiveness training
- Stress/fatigue management
- Activity planning and organization
- Breaking down complex tasks
- Internal and external memory strategy training
Cognitive Interventions—Middle Stages

- Caregiver training
- Modify strategies implemented during early stages
- Visual supports to aid communication, memory, or attention
- Visual reminders to reduce repetitive questions/anxious behaviors

Cognitive Interventions—Mid to Late Stages

- Memory books
- Basic visual communication boards
- Orientation aids
- Visual schedules
- Staff and caregiver training
- Environmental modifications
Cognitive Interventions—Mid to Late Stages

The main idea:

Even though cognitive and communication skills will inevitably continue to decline, we can use various tools and strategies to maintain independence in valued activities for as long as possible.
Medicare, Rehab and Dementia

- Medicare is required to cover needed skilled therapy services (in all settings) to maintain function

- Plans for or evidence of improvement in function is NOT necessary

- [https://www.cms.gov/Center/Special-Topic/Jimmo-Center.html](https://www.cms.gov/Center/Special-Topic/Jimmo-Center.html)

Importance of Leisure Activities

- Leisure time is a very important part of a person’s life.
- Bring about purpose and pleasure.
- Solitary or social
- Physical, cognitive, social, emotional and/or spiritual in nature.
- Stimulate all five of our senses.
Assessing Leisure Interests

- Life history
- Family & Friends, Children
- Reminiscing, looking through pictures, videos
- Music and TV preferences
- Religious practice
- Exploring leisure. New activities vs. familiar.

Person Centered Activities

- Fun and fulfilling
- Individually tailored
- It is important to focus on enjoying the process, not achieving an outcome!
Considerations for Leisure Participation

- Voluntary vs. Initiated by others
- Don’t assume they can’t do it
- Environment
- Vulnerable to accident/injury
- Sense of responsibility
- Focus on one thing at a time.
- Use assistive devices
- “Think outside the box”

Leisure in the Community

Local community resources
- Senior centers
- Community education
- Transportation services
- Caregiver support groups
- Wellness programs
- Arts & music
- Sporting events
- Religious programs
Examples of Minnesota Arts Programs

• Dance - https://kairosalive.org/

• Museum tours - MIA and Walker

• Visual arts and poetry - http://www.compas.org/artful-aging/

• Singing - https://givingvoicechorus.org/

• General Information: http://www.artsagemn.org/resources/

Get Some Fresh Air

• Get outside!
• Walking can be very therapeutic.
• Draw attention to the beauty and novelty of your surroundings as you walk.
• Visit favorite destinations
• Be aware of endurance levels, pacing and fatigue.
Other Rehab Team Members

- Social worker
- Psychologist
- Vocational counselor
- Rehab technologist and engineer
- Home remodeler
- Nursing specialists
- Chaplain

Summary

- Cognitive impairment is common and complex
- Key goals in dementia care are achieved through rehabilitation
- Referral of patients with dementia rehabilitation therapists is frequently valuable
- Applying rehab principles is appropriate for all caregivers
NEXT WEBINAR
September 18, 2018
noon - 1:00 pm

Youth Movements Against Alzheimer’s