



A Busy Clinician's Guide to Seniors with Memory Loss

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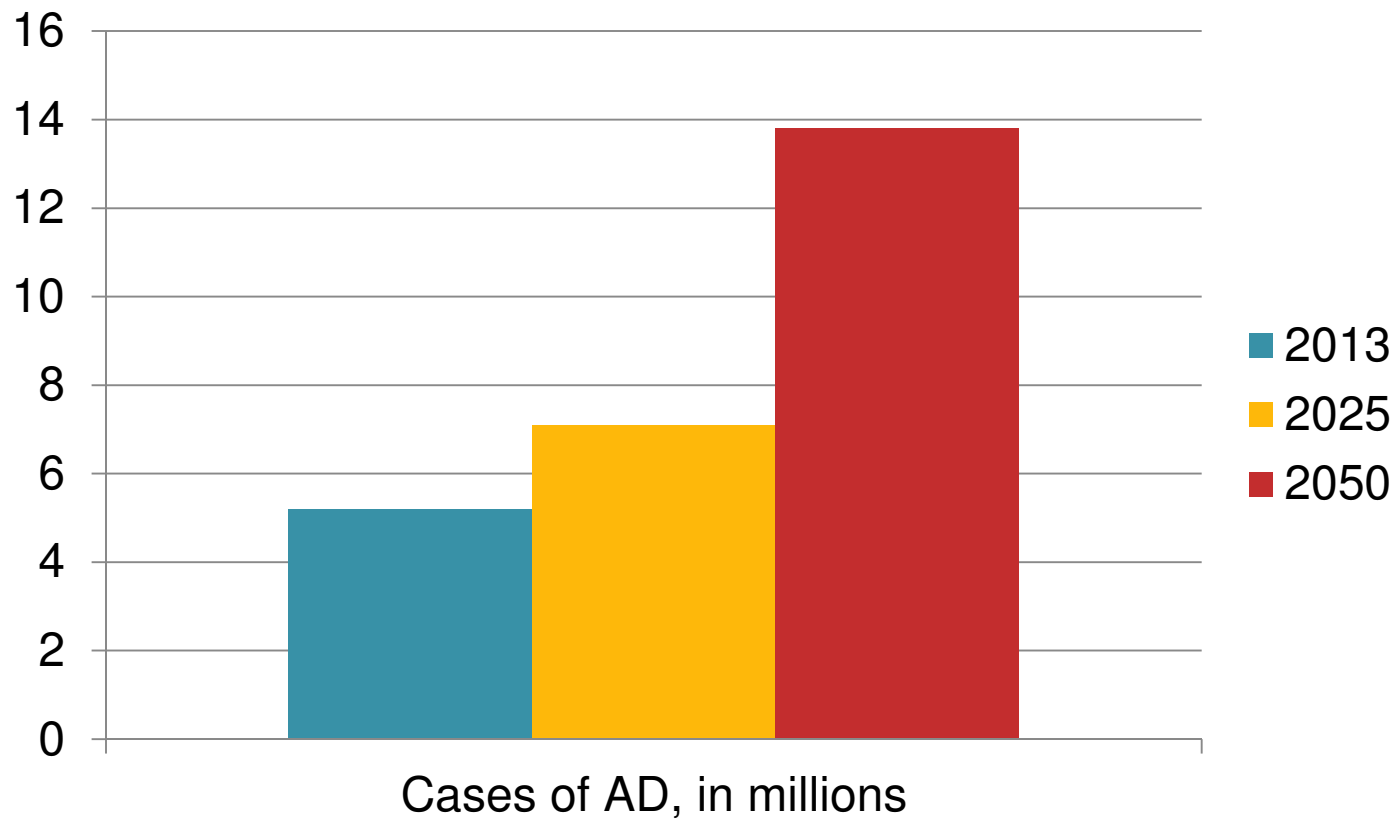




Significance

- Alzheimer's disease is the **sixth** leading cause of death in the United States.
- More than 5 million Americans are living with the disease
- In 2013, Alzheimer's will cost the nation \$203 billion. This number is expected to rise to \$1.2 trillion by 2050.

Alzheimer's Disease is the only cause of death among the top 10 without a way to prevent it, cure it, or even slow its progression.



www.alz.org



Why should we screen for dementia?

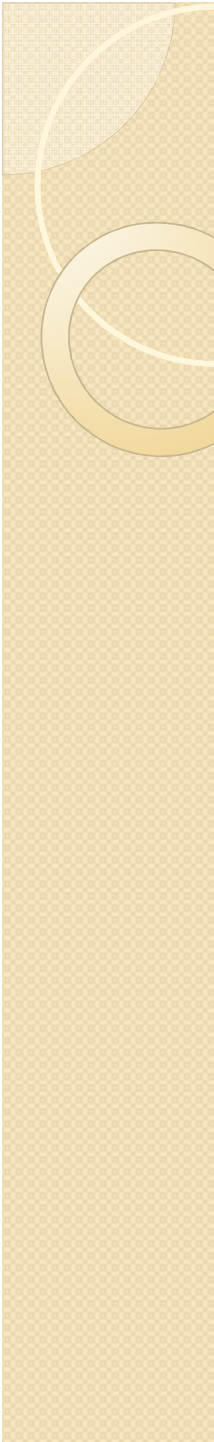
(actually a complicated question...)

- USPSTF finds insufficient evidence to recommend routine screening for dementia *(update 2013)*
- But “clinicians should remain alert to early signs or symptoms of cognitive impairment and evaluate their pts as appropriate”
 - Ann Int Med 2013; 159:601-612



Medicare Annual Wellness Visit

- Effective January 2011
- Not commonly used (yet)
- **CMS requires cognitive assessment** but does not recommend one specific tool
- Alzheimer's Ass'n recommends a brief structured assessment with Mini-Cog, GPCOG, or MIS (and informant interview if available)
- www.alz.org/HGPS
 - Accessed 12/3/13



The thing to remember with dementia pts...

- Do pts with dementia fail to report their symptoms?
 - FREQUENTLY!
- Do pts with dementia look impaired?
 - RARELY!
- Do families think “just normal aging”?
 - ALL THE TIME!
- **We need to screen all older patients !**

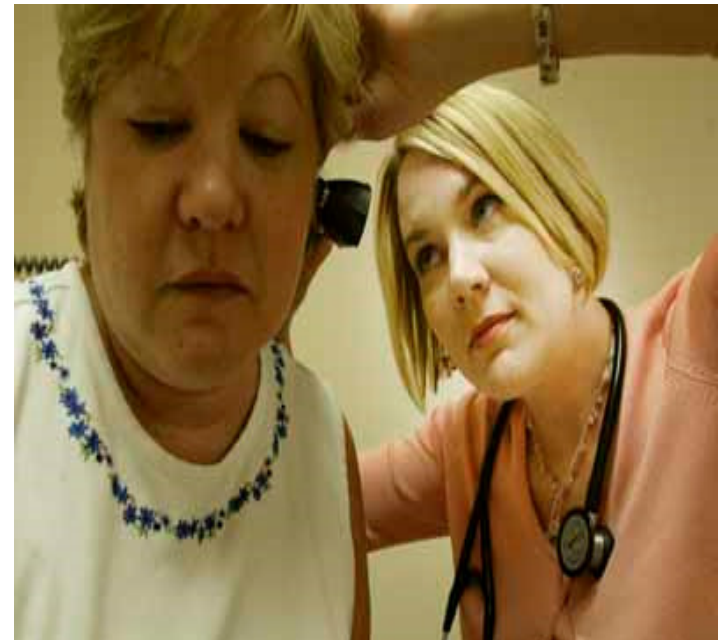


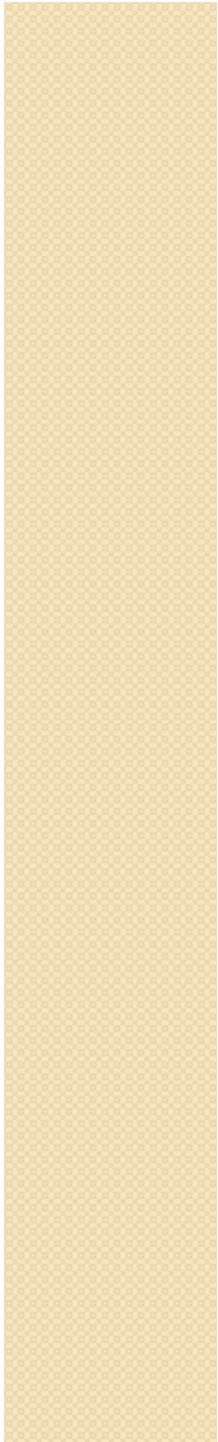
Why screen? “Can’t cure it”...

- Dementia is a chronic disease like diabetes or heart failure
 - Can’t cure those either...
- Early detection can lead to
 - More effective treatment
 - Less isolation and inactivity
 - Family assistance
 - Recognition of driving issues
 - Timely placement

Barriers to Performing the Mental Status Exam in the Office

- Time constraints
- Lack of confidence in own skills, or tests' sensitivity
- Fear of offending patient by asking mental status questions





Limitations of the MMSE

- 10-15 minutes to administer
- Language and cultural content
(e.g. *no ifs, ands, or buts*)
- Highly educated individuals can score 28/30 or higher and still have dementia
- Does not assess executive function and so can miss frontotemporal dementia
- Copywritten!





Here is something better: The Mini-Cog!

- The Mini-Cog is 3 words, a clock-drawing test (CDT), and the 3 word recall test
- The three words tests memory
- The CDT tests executive functioning

- Takes 2-3 minutes
- Detects mild dementia
- Less language/culture/education bias

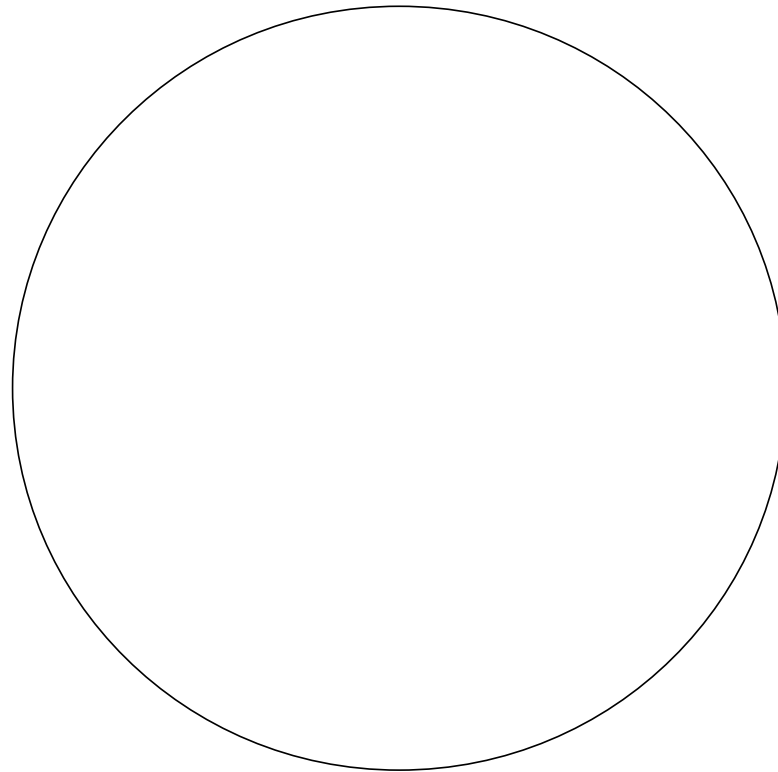


Clock Drawing Test

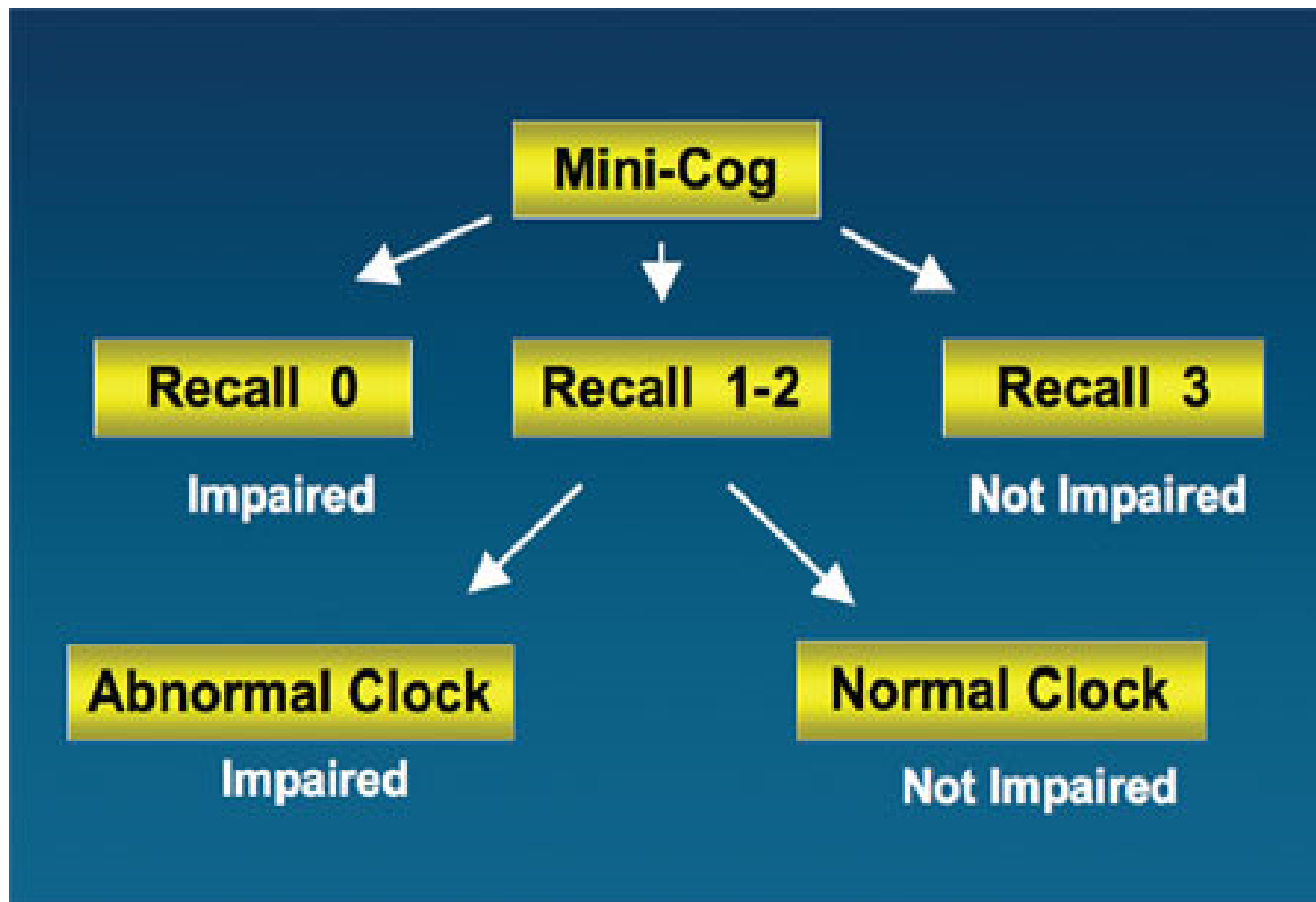
- Simple but useful
- Tests both sides of the brain
- Not dependent on verbal skills
- Non-threatening to patients

Patient Name: _____ DOB: _____
Today's Date _____ Examiner: _____ ENC#: _____

1. **Remember these 3 words:** _____, _____, _____.
2. **Put the numbers on the clock and set the hands to ten after eleven.**



3. **Word Recall:** 1 2 3
4. **CDT:** N Abn
5. Interpretation _____



The Mini-Cog Scoring Algorithm

Adapted from Borson S, et al. *Int J Geriatr Psychiatry*. 2000;15:1021-1027



Does the Mini-Cog work?

- The Mini-Cog was significantly ($P < 0.001$) better than PCPs in recognizing the early stages of dementia.
- The Mini-Cog was better ($P < 0.01$) than PCPs in detecting dementia among minority patients, English as second language, or low levels of education.
- Mini-Cog's performance ranged from 85% to 100% across the spectrum of dementia diagnoses, possibly because the Mini-Cog includes a screen for executive dysfunction as well as memory.

Wanna get fancy?

Add “Animal Naming”

- “Name as many animals as you can in 60 seconds.”
- Animal Naming < 14 in 60 seconds is impaired
- Wisconsin Alzheimer’s Institute (WAI) found a sensitivity of 85% and specificity of 88% for this score
- *Table. Wisconsin Dementia Research Consortium Study Animal Naming Results*

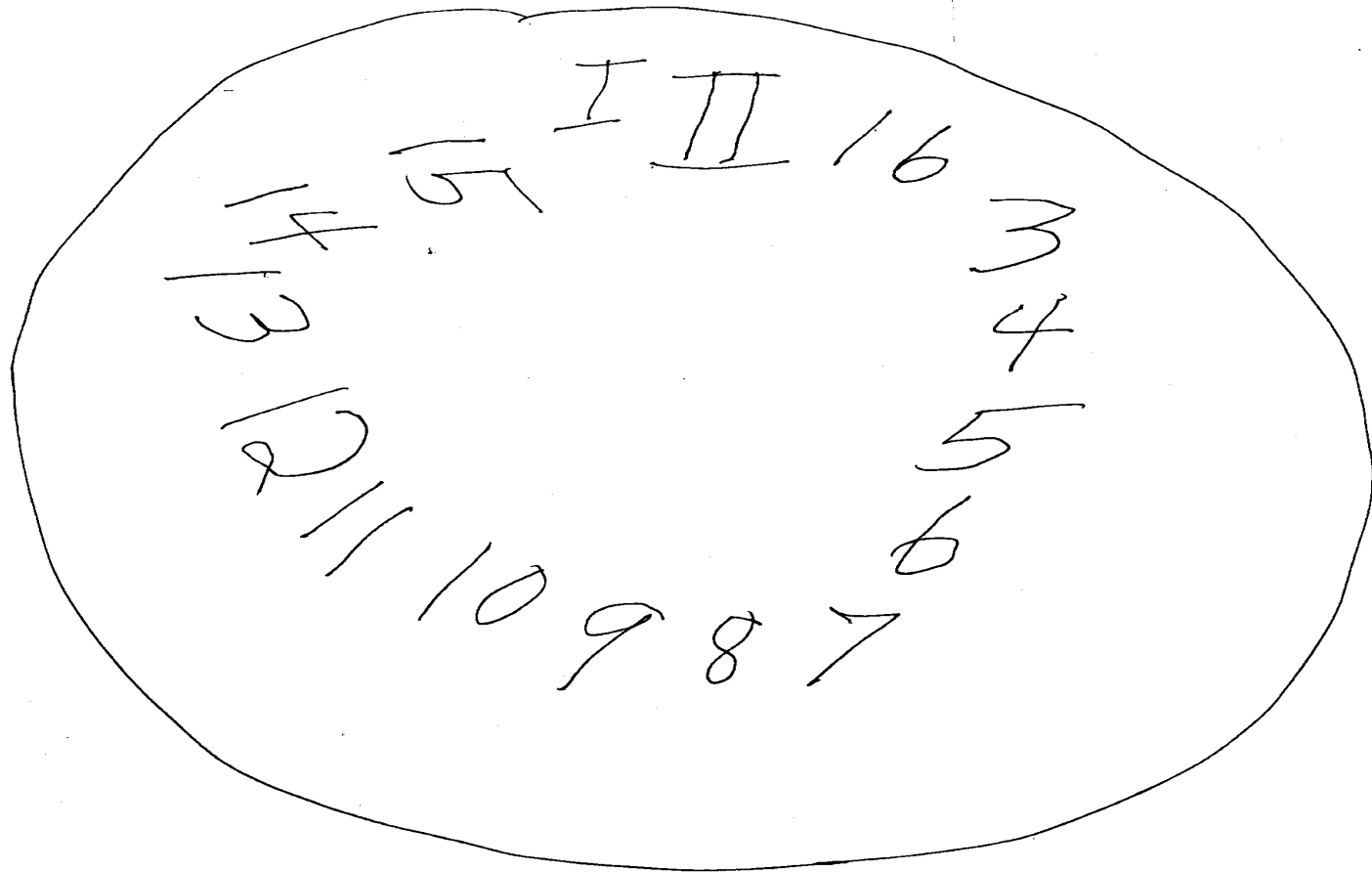
Diagnostic Group	Abnormal <14	Normal > 14
Normal Cognition	12%	88%
Alzheimer’s Disease	85%	15%
Other Dementia	85%	15%

CLOCK DRAWING TASK

INSTRUCTIONS:

In the space below, please draw the face of a clock and put the numbers in the correct positions.

Now, draw in the hands at ten minutes after eleven.

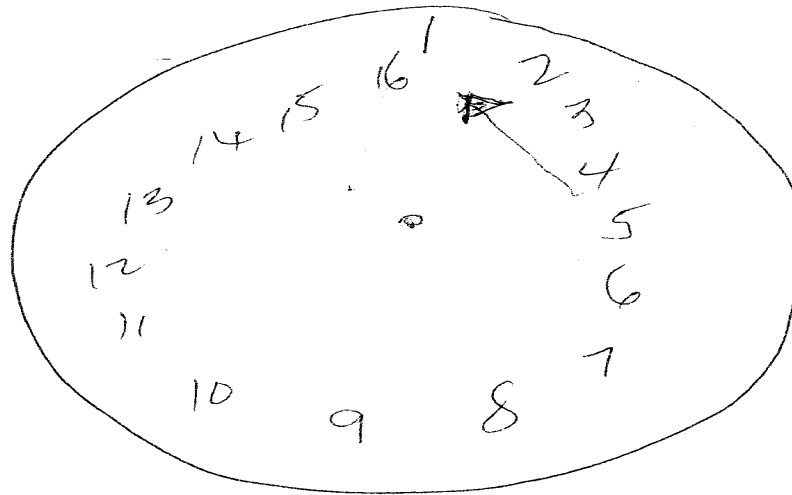


CLOCK DRAWING TASK

INSTRUCTIONS:

In the space below, please draw the face of a clock and put the numbers in the correct positions.

Now, draw in the hands at ten minutes after eleven.



Animals in 60"

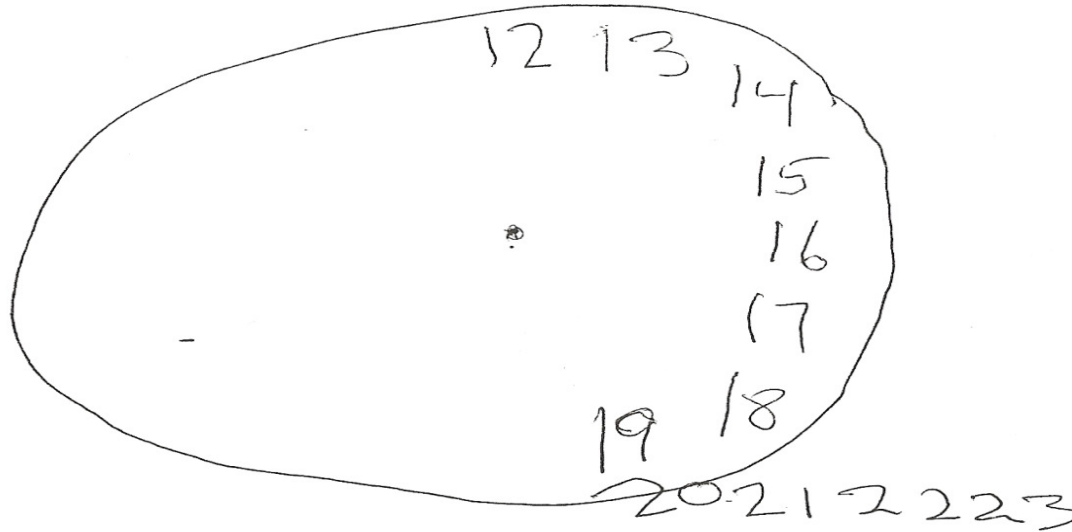
dog
lion
zebra
Cat - prompt 30"
cow
horse
sheep

mmse 22

Clock Drawing Task

Instructions

In the space below, please draw the face of a clock and put the numbers in the correct positions. Then, draw in the hands at ten minutes after eleven.



Animals in 60 seconds:

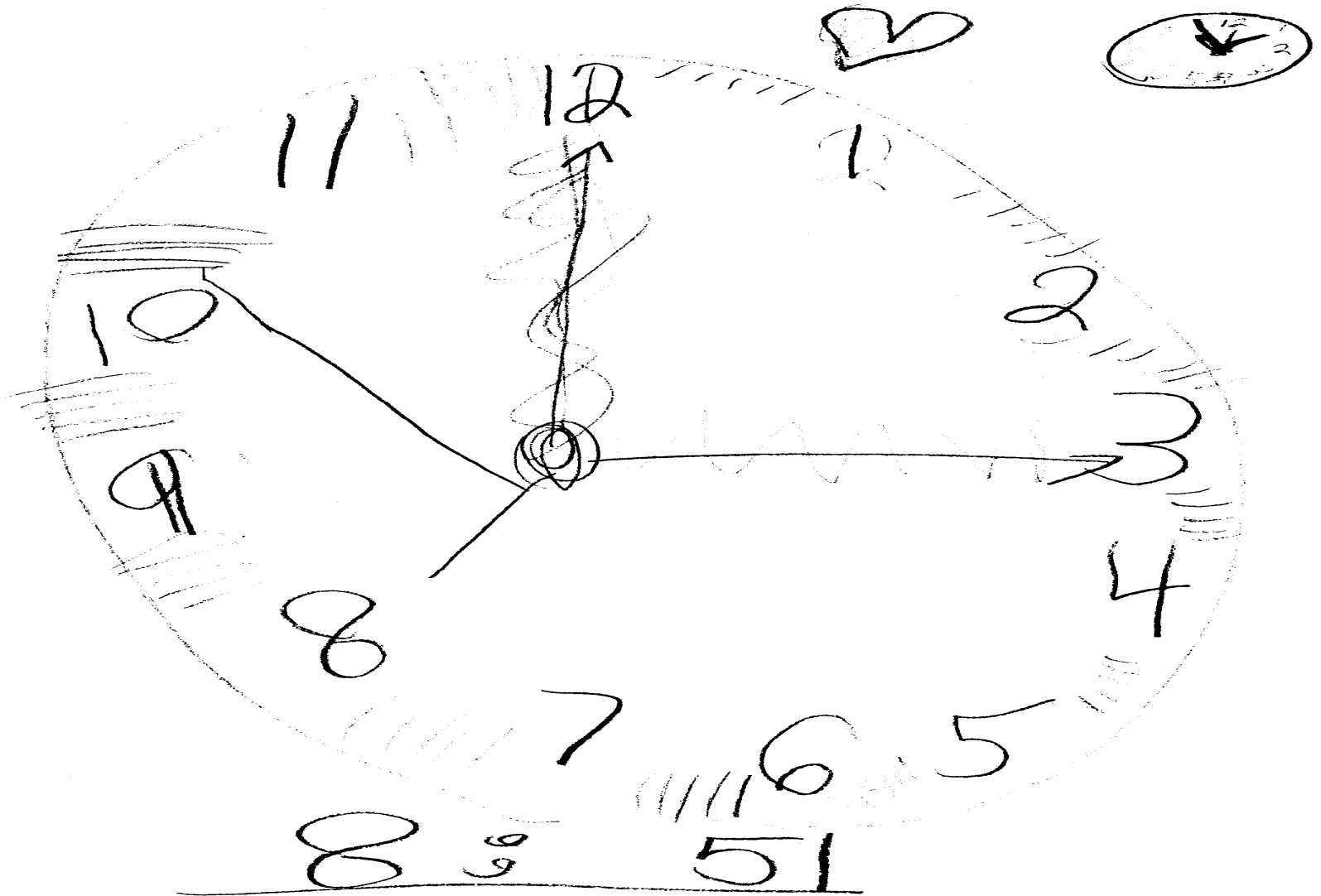
- | | |
|-----------------------|------------------------------------|
| 1. cat | 11. tiger |
| 2. dog | 12. lion |
| 3. horse | 13. beaver |
| 4. pony | 14. polar bear |
| 5. fox | 15. ¹⁴ |
| 6. labrador retriever | 16. 13 animals, (repeat |
| 7. deer | 17. _{one} |
| 8. beaver | 18. SB |
| 9. chipmunk | 19. |
| 10. skunk | 20. |

- 24
- 25
- 26
- 27 28
- 29
- 30

Name: _____

Date: _____

Truly Disturbing; an 8 yowf





The Dementia Workup

- Physical exam
 - Look at the gait, neuro exam
 - Neuro exam normal in Alz Dis
- Blood work
 - Thyroid, B12, chemistry panel, UA, CBC
- CT or MRI (with and without) of the brain
- Medication review
 - Adherence, OTCs (e.g. diphenhydramine ☹)
- Alcohol intake review
- Sleep

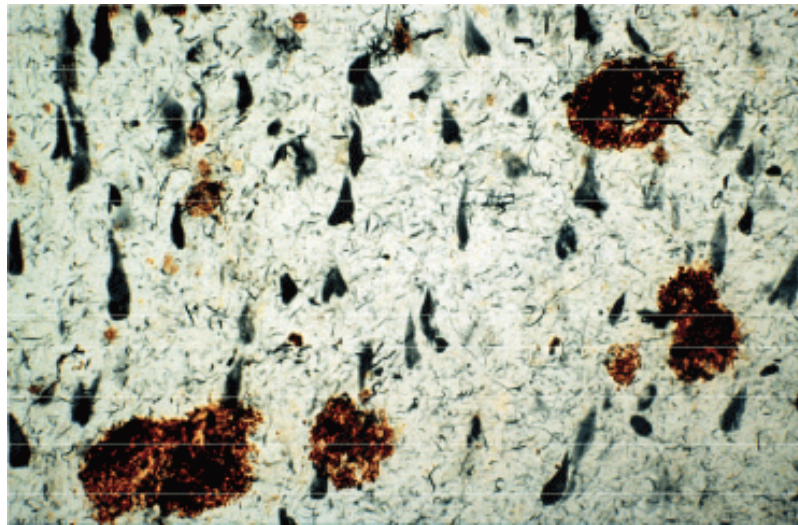
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"The labs are back."

Almost always, labs are normal and that is consistent with Alzheimer's Disease

Making the Diagnosis of AD!



- **History: Slowly progressive**
- **Age is #1 risk factor**
 - **At age 90, there is a 50:50 chance of AD**
- **No movement disorders**
- **No offending meds**



When the screening test is abnormal!

- Further evaluation is needed to make a definitive diagnosis
 - Formal neuropsych testing?
 - Cognitive neurologist?
 - Geriatrics?
- It takes a village:
 - Social Work
 - Alzheimer's Association
 - www.alz.org
 - Community Resources
 - local Senior Center



Pharmacologic Management: Acetylcholinesterase Inhibitors:

- Donepezil (Aricept[®]), galantamine (Razadyne[®]), rivastigmine (Exelon[®])
- All are FDA approved for Alz Dis
- Rivastigmine is approved for dementia in Parkinson's
 - Use the patch not the pills
- These are not curative; only delay disease progression



Memantine (Namenda[®])

- Therapy for mod-severe Alz Dis
- Can be used as monotherapy or as an add-on
- Relatively few side effects
- May see some dizziness or increased confusion
- **Decrease dose with renal insufficiency!!**

A last resort...



Black box warning!!!



Primary Care Issues in Patients With Dementia

- **Minimize sensory deprivation**
 - Cataract surgery?
 - Hearing aids?
- **Wellness issues**
 - Immunizations
 - DEXA scan, ? Mammograms
- **Treat intercurrent illnesses**, esp. UTI/ CAP
 - Which may present with delirium!
- **Watch weight**
 - A marker of nutrition as well as living situation



Primary Care Issues in Patients With Dementia

- **Ask about sleep**
 - Review sleep hygiene
 - Consider trazodone or melatonin or mirtazapine (Remeron)
- **Ask about incontinence**
 - Toileting program
 - Urogyne or urology evaluation
 - Be careful with cholinergic meds!
 - Limited efficacy
 - They are “anti-Aricept”!



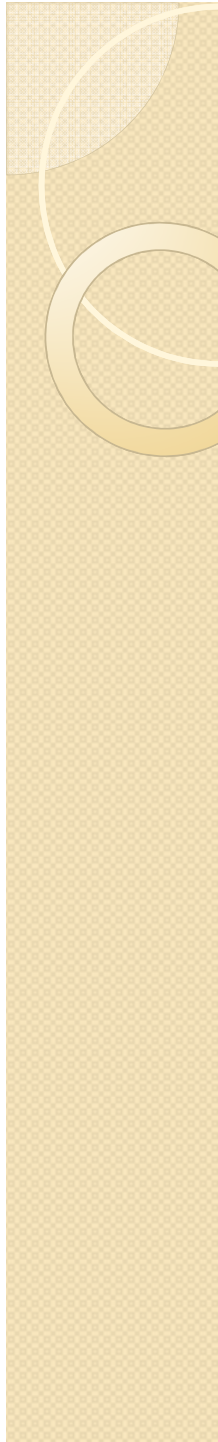
Caregivers

- “These diseases affect caregivers more than the patients”
- Caregivers tend to be:
 - female (70+%)
 - elderly (spouses)
 - or sandwich generation (daughters, dtrs-in-law)
 - emotionally, financially, physically vulnerable
- Ask ‘em how they’re doing! (Burden Interview)
- Provide and encourage resources and respite

Primary Care Issues in Patients With Dementia, cont'd

- **Brown Bag Medication review**
 - May be the most important thing you do!!
 - Aim for once daily or BID meds
 - Pill box! A big one?
 - No “PM” products → dry eyes, dry mouth, constipation, urinary retention and confusion





Dr Vicki's First Rule of Geriatrics

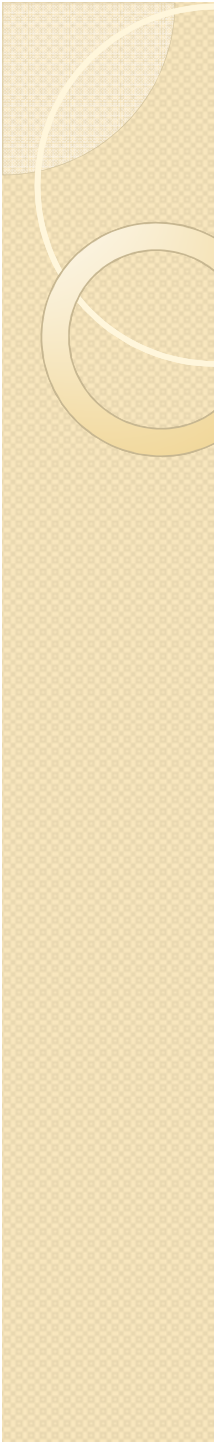
- If a bad thing is happening to a patient, a drug did it til proven otherwise
- Remember, these folks have old kidneys, livers, brains



Do the Brown Bag Test!



- Go through
 - the medicine cabinets
 - Bedside tables
 - Kitchen table
 - Cupboards
 - If you dare, the **Purse!**



Primary Care Issues in Patients With Dementia, cont'd

- Plan on seeing these patients every 3-4 months
 - Better than getting BOMBED once a year...
- Have resources in your office
 - Local senior centers
 - alz.org website
 - Adult day care programs
 - Community-based social workers

Thank you!



*Feel free to contact me for questions!
vbraund@northshore.org*