

## A Busy Clinician's Guide to Seniors with Memory Loss

Victoria Braund MD FACP CMD

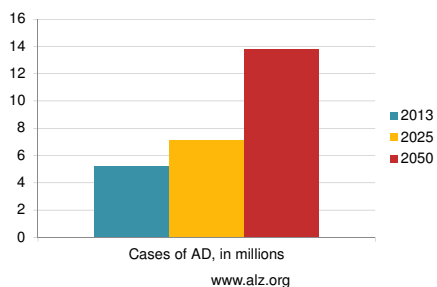
Division of Geriatrics.  
NorthShore University  
HealthSystem



## 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.



## 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](http://www.alz.org/HGPS)

• Accessed 12/3/13

## The thing to remember with dementia pts...

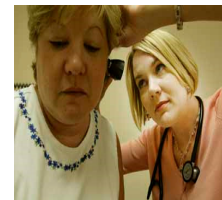
- Do pts with dementia fail to report their symptoms?
  - FREQUENTLY!
- Do pts with dementia look impaired?
  - RARELY!
- Do families think "just normal aging"?
  - ALL THE TIME!
- **We need to screen all older patients !**

## 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!



Folstein MF et al, *J Psychiatr Res.* 1975; 12:189-98.

## Here is something better: The Mini-Cog!

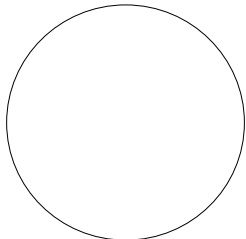
- The Mini-Cog is 3 words, a clock-drawing test (CDT), and the 3 word recall test
- The three words tests memory
- The CDT tests executive functioning
- Takes 2-3 minutes
- Detects mild dementia
- Less language/culture/education bias

## Clock Drawing Test

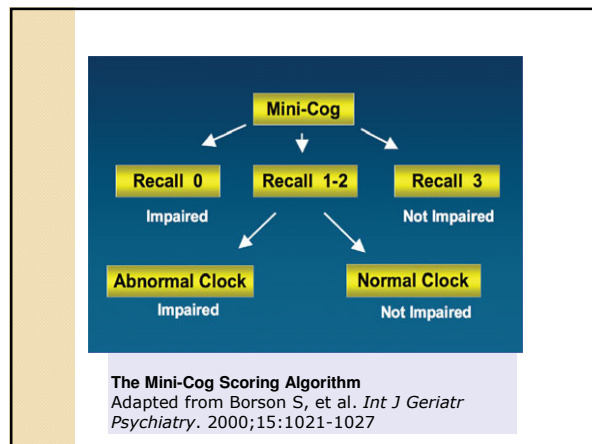
- Simple but useful
- Tests both sides of the brain
- Not dependent on verbal skills
- Non-threatening to patients

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_ Examiner: \_\_\_\_\_ JNCF

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: \_\_\_\_\_



### 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.

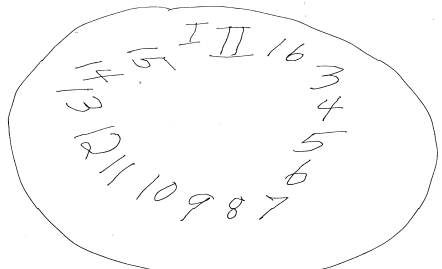
### Wanna get fancy? Add "Animal Naming"

- "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.



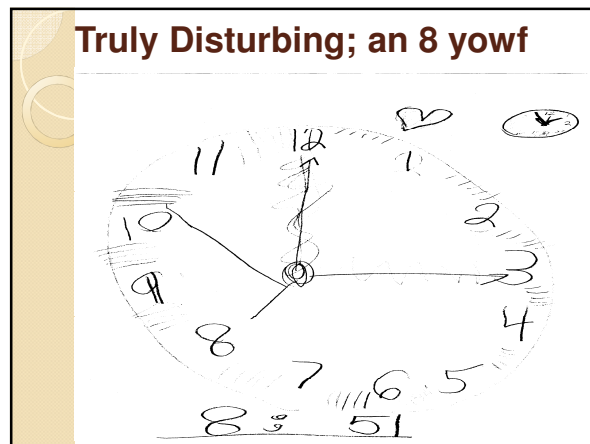
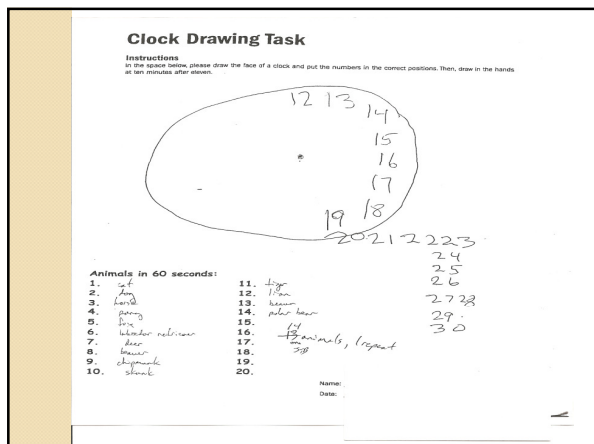
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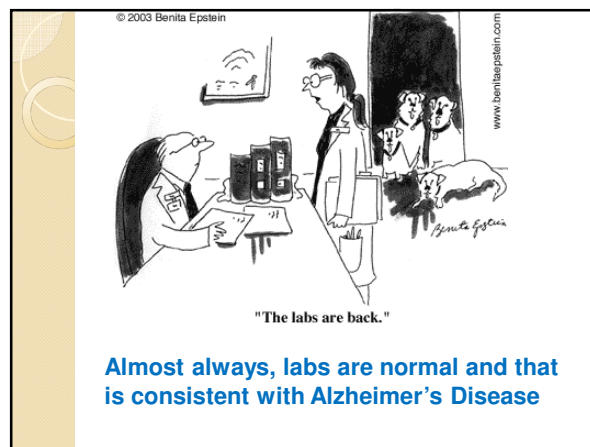
Animals in 60"  
 dog  
 lion  
 zebra  
 cat  
 cow  
 horse  
 sheep

mmse 22

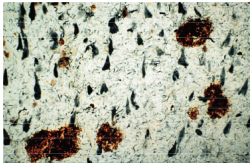


### The Dementia Workup

- 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



### Making the Diagnosis of AD!



- History: Slowly progressive
- Age is #1 risk factor
  - At age 90, there is a 50:50 change 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](http://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!  
[vbraud@northshore.org](mailto:vbraud@northshore.org)