

Dementia Demystified

Session 1

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DTA GP Clinical Educators



Acknowledgements

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Dr Allan Shell (Dementia Collaborative Research Centre NSW)

Prof Andrew Robinson (School of Health Sciences UTAS, Wicking Dementia Research and Education Centre)

Dr Amanda Lo (Senior Lecturer, UTAS)

By attending this workshop the participant will be able to:

- Recognise features other than memory loss in people with dementia by applying the Domains Framework
- Apply the Domains, Stages, Inclusion and Exclusion Criteria Frameworks in assessing patients for a possible diagnosis of Alzheimer's
- Integrate cognitive assessment tools as part of the assessment of a person with possible dementia
- Access and appropriately integrate health pathways to improve patient outcomes

Take home messages

To begin with the end in mind

1. Dementia is more than a memory problem
2. Cognitive assessment tools are not diagnostic tests
3. In many situations, a person's GP is able to diagnose and initiate post diagnostic care for people living with dementia

Trigger warning



Language matters

Appropriate language must be:

- Accurate
- Respectful
- Inclusive
- Empowering
- Non-stigmatizing

<https://www.dementia.org.au/resources/dementia-language-guidelines>



RUG



\$549

PHONE SYSTEM



\$399

PENS



\$440

COFFEE MAKER



\$1,799

TV



\$1,199

NISSAN MICRA



\$19,721

TOTAL:

\$24,107

The easiest condition to diagnose ?

Bowel cancer

Breast cancer

Cerebrovascular disease

Chronic lung disease (COPD)

Dementia

Diabetes

Heart failure

Influenza and pneumonia

Ischaemic heart disease

Lung cancer

The hardest condition to diagnose?

Bowel cancer

Breast cancer

Cerebrovascular disease

Chronic lung disease (COPD)

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The easiest condition to manage?

Bowel cancer

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Chronic lung disease (COPD)

Dementia

Diabetes

Heart failure

Influenza and pneumonia

Ischaemic heart disease

Lung cancer

The leading cause of death?

Bowel cancer

Breast cancer

Cerebrovascular disease

Chronic lung disease (COPD)

Dementia

Diabetes

Heart failure

Influenza and pneumonia

Ischaemic heart disease

Lung cancer

Leading cause of death for women

1. **Dementia**
2. Ischaemic heart disease
3. Cerebrovascular disease
4. Chronic lung disease (COPD)
5. Lung cancer
6. Breast cancer
7. Bowel cancer
8. Influenza and pneumonia
9. Diabetes
10. Heart failure



Impact of dementia

- Leading cause of death and disability for women
- Second leading cause of death overall
- Leading cause of disability > over 65s
- Women are twice as likely to be diagnosed with dementia than men
- Women tend to be diagnosed later than men and have a faster trajectory
- Women do most of the care of people with dementia

What our research tells us



Defining Dementia

A progressive, global, life-limiting condition that involves generalised brain degeneration which effects people in different ways and has many different forms.

Defining Dementia

People **die** from dementia due to loss of brain function, which impacts body functions necessary to sustain life.

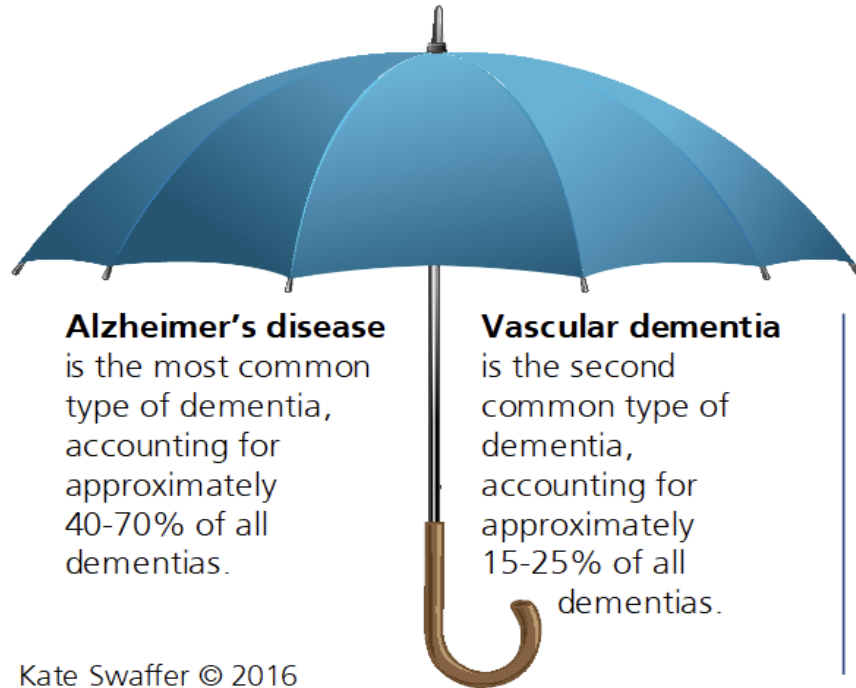


Why talk about dementia?

Dementia is:

- Under diagnosed
- Poorly understood
- Not just one person's disease
- A social and medical issue
- Has a trajectory that can assist better understanding and management
- Is a terminal illness

Dementia is an umbrella term that describes a collection of symptoms that are caused by disorders affecting the brain. It is not one specific disease. Dementia affects thinking, behaviour and the ability to perform every day tasks, and brain function is affected enough to interfere with the person's normal social or working life. The most common type of dementia is Alzheimer's disease.

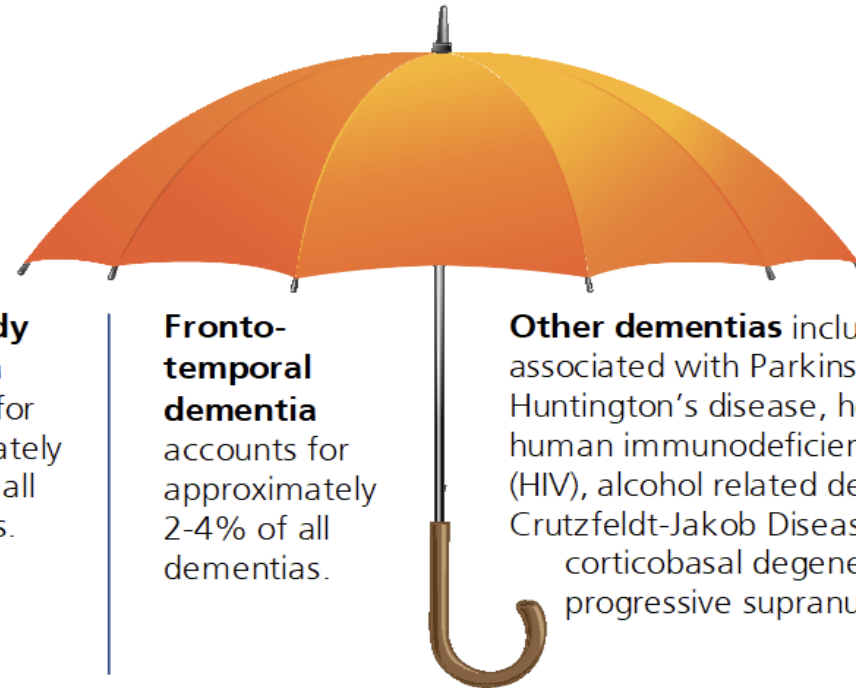


Kate Swaffer © 2016

Vascular dementia is the second common type of dementia, accounting for approximately 15-25% of all dementias.

Lewy body dementia accounts for approximately 2-20% of all dementias.

Fronto-temporal dementia accounts for approximately 2-4% of all dementias.



Normal age-related cognitive changes

- Most people
- Mild memory lapses/slower processing speeds
- No significant progression over time
- No functional impact
- Diagnosed – self awareness and observation



Mild Cognitive Impairment



- 800,000 - 1,000,000 in Australia
- Significant memory loss compared with peers
- Other areas of cognition can be affected
- May lead to some difficulties in more complex tasks
- Diagnosis – comprehensive assessment

“Cognition for monitoring”

- as up to 10 - 15% may progress to dementia each year

Domains of Dementia

1. Cognitive decline
2. Functional decline
3. Psychiatric symptoms
4. Behaviour changes
5. Physical decline

Stages of dementia

Stage 1: Still at home

- Short-term memory loss with repetitive questions
- Loss of interest in hobbies and previously enjoyable activities
- Impaired instrumental functions

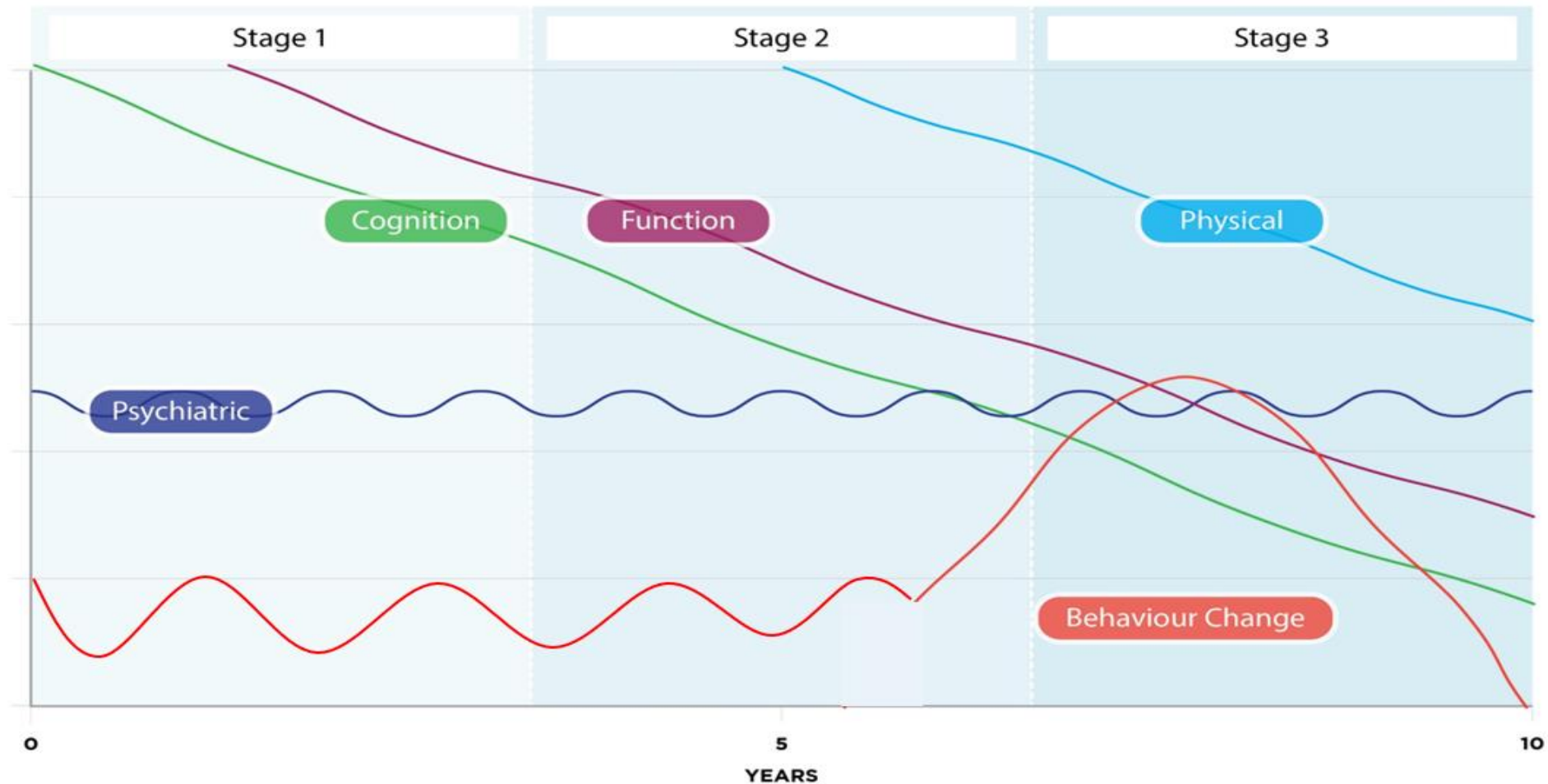
Stage 2: Escalating care needs, transitioning to 24 hour care

- Progression of cognitive deficits
- Declining function
- Behaviour changes

Stage 3: Diminishing quality of life

- Increasing loss of independence: dressing, feeding, bathing
- Responsive behaviours
- Physical decline

Stages and domains of Alzheimer's dementia



Barriers to timely diagnosis

People living with Dementia and their carers

Lack of
Information

Stigma



Lack of
diagnostic
test

Lack of access
to healthcare

Clinicians

Lack of post
diagnostic
support

Lack of
education on
Dementia



Lack of
diagnostic
pathway

Professional
Nihilism –
what's the
point?

Consequences of not making a timely diagnosis of dementia....

Consequences of not making a timely diagnosis of dementia...

- Failure to intervene symptomatically
- Failure to provide assistance for functional problems
- Missed opportunities
 - Medications and other interventions to slow progression
 - Power of Attorney
 - Will
 - Alternate decision maker
 - Advance Care Planning
 - Planning for future needs
- Dangerous decision making
- Impact on families, misunderstanding

How do we diagnose dementia?

The diagnosis of dementia is based on

- History - 80%
- Examination - 10%
- Investigation - 10%

Framework for diagnosis of Alzheimer's and Vascular Dementia

Four Inclusion Criteria:

1. Gradual onset of poor memory
2. Worsening of memory problem
3. Failure of function
4. Cortical dysfunction – dysphasia, agnosia, dyspraxia
(for vascular dementia, add neuro sign or CT evidence of vascular incidents)

Framework for diagnosis of Alzheimer's and Vascular Dementia

Three Exclusion Criteria:

1. Delirium
2. Other organic cause (including drugs)
3. Psychiatric illness

Let's meet Anna

Anna is 75

She lives alone

Attends with daughter, Sophie, for her
fluvax

PMH- Hypertension, OA knee

Meds- Perindopril, Panadol osteo



Anna visits her GP for a flu vaccine



Taking a history and consent for collaborative history

- Which Inclusion Criteria were demonstrated
- What techniques did the doctor use to help identify these issues?
- What else do you think the doctor did well?
- What could he have done differently?

Anna visits her GP for a flu vaccine



Taking a history and consent for collaborative history

- Which Inclusion Criteria were demonstrated
- What techniques did the doctor use to help identify these issues?
- What else do you think the doctor did well?
- What could he have done differently?

Physical examination and office tests

5 things you would do as part of examination of patient like Anna

Physical examination and office tests

- Weight
- Temperature
- BP/Pulse
- Focused neurological examination
- Urinalysis
- Consider ECG
- Cognitive assessment tools

Cognitive assessment tools for dementia

MINI MENTAL STATE EXAMINATION (MMSE)

MINI MENTAL STATE EXAM
Please name the:
Year?
Season?
Date?
Day of Week?
Month?
Orientation to time /5

Where are we?
State?
City?
Suburb?
Hospital?
Floor/Ward?
Orientation to place /5

"I am now going to test your memory"
Name 3 objects. Ask them to repeat all 3.
1 Point for each object remembered. Repeat until learnt all 3 so that recall can be tested.
Registration /3
of trials

"Please repeat the 3 objects I asked you to remember" Recall /5

"Please name these objects"
Point to a wristwatch and a pencil Naming /2

"Please repeat the following phrase"
"No ifs, ands or buts" Repetition /1

"Please follow this command"
"Take this paper in your right hand, fold it in half and place it in your lap" Complex command /3

Please read and obey the following command
CLOSE YOUR EYES

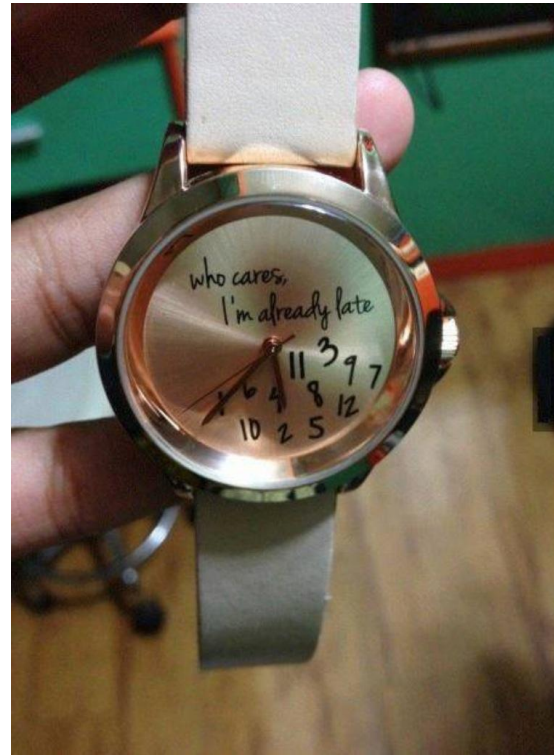
"Please write a sentence"
Must have a noun, verb and make sense

"Please copy the following drawing"
1 point each for the last 3 commands /5

24-30-normal range
18-23-moderate cognitive impairment
0-17-marked cognitive impairment

TOTAL /30

100 in sevens"
and Calculation /5



Medical & Science

KICA

means

Kimberley Indigenous Cognitive Assessment

by acronymsandstuff.com

Remote
Urban

R U D A S

R owland
U niversal
Dementia
A ssessment
S cale

A Multicultural Cognitive Assessment Scale

Administration and Scoring Guide

NSW HEALTH

TICS Telephone Interview for Cognitive Status

Professional Manual

Jesse Brandt, PhD
Marshall F. Folstein, MD

P4R Psychological Resources



GPCOG



MoCA

MONTREAL
COGNITIVE ASSESSMENT

What investigations to do?

5 investigations that you might do for someone like Anna
(clue – this is to identify reversible causes of cognitive decline)

Investigations

Routine investigations

- Haematology – FBC/ESR/CRP
- Biochemistry- EUC, LFT, Calcium, Glucose
- TFT
- Vit B12, folate
- CT Brain without contrast

Recommended or if indicated investigations

- Fasting lipids
- Urine MCS
- ECG
- CXR
- Syphilis
- HIV

Anna and Sophie return

- Examination normal for age
- Blood tests and CT brain normal for age
- MMSE score 23
- Dysphasia and agnosia present
- Geriatric depression score normal



Anna met the Four Inclusion Criteria for a diagnosis of Alzheimer's Dementia

Four Inclusion Criteria:

1. Gradual onset of poor memory – **memory poorer than previously**
2. Worsening of memory problem – **increasingly forgetful, getting worse**
3. Failure of function – **gardening, cooking, socialising**
4. Cortical dysfunction – **dysphasia, agnosia, dyspraxia**

Anna had none of the Exclusion Criteria

Three Exclusion Criteria:

1. Delirium
2. Other organic cause and /or drugs
3. Psychiatric illness

Who's confident that Anna has dementia ?

1. Very confident
2. Somewhat confident
3. Not confident at all

Take home messages

To end with the beginning in mind

1. Dementia is more than a memory problem
2. Cognitive assessment tools are not diagnostic tests
3. In many situations, a person's GP is able to diagnose and initiate post diagnostic care for people living with dementia

GP dementia resource hub

Easy access to dementia courses, resources and links



Includes:

- Dementia in Practice podcast episodes
- Online courses for GPs – from 40mins to 4hrs
- Downloadable GP resources – Management plans and Supervisor teaching plans
- GP related events
- GP workshops
- Links to other helpful websites

Visit <https://dta.com.au/general-practitioners/>

Dementia in Practice podcast

- A **podcast** made by GPs for GPs and others interested in learning more about dementia



Selection of Season One & Two episodes:

- Life with dementia: A first-hand account
- Healthy ageing and dementia: How to recognise the difference
- Diagnosing dementia in general practice: A stepwise approach
- A carer's story: When dementia comes home
- The healthy brain check: Reducing risk factors for dementia
- Dementia and multicultural communities: Dementia doesn't discriminate
- Dementia at the end of life: A person centred approach
- Driving and dementia: Who's in the driver's seat
- Looking at residential aged care: Living the best life possible
- Sleep Matters

New series coming soon



<https://dta.com.au/gp/#podcast>

Optional CPD Activities



Includes:

- Driving Assessment
 - Identifying mild cognitive impairment
 - Implementing a brain check
-
- Self Reporting
 - Email j.vibert@latrobe.edu.au

Next session

Wednesday 6 September 7.00pm