Health Maintenance of the Dementia Patient

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Objectives

- To present an efficient and effective evaluation process for patients presenting with cognitive impairment
- To describe the unique characteristics of the most common causes of dementia.
- To describe both pharmacologic and non pharmacologic treatment options.
- To discuss on going care through the entire course of the illness and to describe effective means of caregiver support

Initial Evaluation

- Complete history and physical
- Mental Status Examination
- Lab work
- Central nervous visualization

Mnemonic

**DEMENTIAS**
- This is probably the most useful mnemonic in geriatrics. It is certainly useful to evaluate cognitive decline, but it can be used more broadly for differential diagnoses in other settings.

DEMENTIAS

- Drugs
- Emotional problems
- Metabolic disorders
- Endocrine disorders
- Nutritional disorders and degenerative neurologic disease
DEMENTIAS (cont.)

Trauma, tumor
Ischemia, inflammation, infection
Arrhythmia, anemia, autoimmune
Sensory, social, spiritual isolation

Diagnostic Accuracy

- With the aforementioned workup and consideration of the DEMENTIAS mnemonic, the experienced clinician can make an accurate diagnosis greater than 90% of the time.

Most Common Causes of Dementia

- Alzheimer’s disease
- Diffuse Lewy Body Disease
- Frontotemporal Dementia
- Vascular Dementia
- Normal Pressure Hydrocephalus

World Wide

- These five diagnoses make up 95% of the cases of dementia throughout the industrialized world

5 Goals

1. To make sure the patient is safe and happy
2. To make an accurate diagnosis
3. To answer all questions from patient and caregivers.
4. To initiate the best treatment
5. To help patient and caregivers plan for the future so that the patient is always safe and happy

Alzheimer’s Disease

- The first sign is often a change in mood
- Short term memory is impaired early
- Aphasia
- Apraxia
- Agnosia
- Impaired executive functioning
Pharmacologic Treatment
- Memantine
- Acetylcholinesterase inhibitor (donepezil, rivastigmine, galantamine)

Diffuse Lewy Body Disease
- Cognitive decline
- Soft Parkinsonian signs
- Visual hallucinations
- Waxing and waning status
- Autonomic instability

Pharmacologic Treatment
- Rivastigmine patch
- Memantine
- Treatment of comorbidities

Vascular Dementia
- Functional cognitive impairment that involves memory and two or more cognitive domains.
- Documented cerebrovascular disease
- Often associated with an abrupt and stepwise decline.

Treatment of Vad
- Address vascular risk factors
- Consider appropriate anticoagulation
- Consider memantine and acetylcholinesterase inhibitors because of frequent overlap of AD and vascular pathology.

Frontotemporal Dementia
- Behavioral subtype
- Primary progressive aphasia
- Semantic dementia
- FTD associated with motor neuron disease
FTD
- Insight is growing regarding basic pathophysiology
- Felt to be a heterogeneous group of diseases

Treatment for FTD
- Some evidence of galantamine usefulness in PPA
- Small amount of anecdotal evidence for memantine in behavioral subtype
- Aggressive management of psychiatric complications and family support

Normal Pressure Hydrocephalus
- Gait abnormality
- Urinary incontinence
- Cognitive impairment

NPH Treatment
- Shunting

Keys to Optimal Aging
- Socialization
- Use of talents for self and others
- Rest one day per week
- Have a good health care team
- Nothing in excess
- Avoid accidents on the road and in the home
- Stress management
- Exercise
- Practice brain wellness
- Optimize one's spiritual life

Brain Wellness
- Mediterranean type diet
- Stress reduction
- Sleep hygiene
- Socialization
- Physical exercise
- Cognitive training
- Meditation
**Screening**

- Always weigh the risks and benefits
- What will be done with the findings?
- Family and patient preferences
- If life expectancy is 10 years consider screening

**Immunizations**

- Influenza
- Pneumococcal
- DTap
- Zoster

**Osteoporosis**

- Epidemic numbers with catastrophic burden of fractures
- With appropriate diagnosis, screening, and intervention we can prevent a very high percentage of breaks

**Osteoporosis**

- Get a DEXA, score risk using the FRAX tool
- Measure calcium, vitamin D level, and parathyroid hormone level.
- Normalize calcium, vitamin D, and parathyroid levels
- Utilize antiresorptive therapy with bisphosphonates or prolia
- Consider forteo

**Ongoing Care**

- Give strong consideration to indefinite continuation of memantine and acetylcholinesterase inhibition for AD, DLBD, and Vad. These do not cure the underlying illness, but do help prevent and palliate the neuropsychiatric complications of dementia

**Ongoing Care**

- Regular scheduled office visits
- Easy access to acute care
Palliative Care
- As time goes on, supportive care becomes more important than aggressive screening and intervention.

Hospice Care
- When an individual has 6 months or less to live, this can be an invaluable service.
- The emphasis on care shifts to supportive care and comfort addressing all aspects of the patient's situation.
- Additionally, supportive services for the family are available.

Caregiver Support
- A wise saying in Geriatrics is "When a diagnosis of dementia is made, the family becomes your patient."
- Caregiving demands regarding dementia patients can be enormous. Often immediate assistance is needed.
- Fortunately there are many resources available in our society.

Caregiver Support Resources
- Alzheimer's Association
- Aging Resources
- Medicare funded home health agencies
- Privately funded organizations providing supportive services
- Hospital based social services
- County home health nursing

Caregiver Support
- It is important for the physician to encourage caregivers to enlist these various agencies as well as support from family and friends.
- A shared burden can be amazingly lighter!!
- Caregivers should be encouraged to try to follow the same keys to optimal aging and brain wellness.

Planning for the Future
- End of life decisions
- Financial matters
- Power of Attorney
- Conservatorship
- Guardianship
- Living wills
- A family care conference with patient, family, physician, and social service can be remarkably helpful