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Division of Geriatric Medicine and Palliative Care
BOLD PHCOE on EDD

Early Detection of Dementia: Overview and Resources for Providing Quality Care

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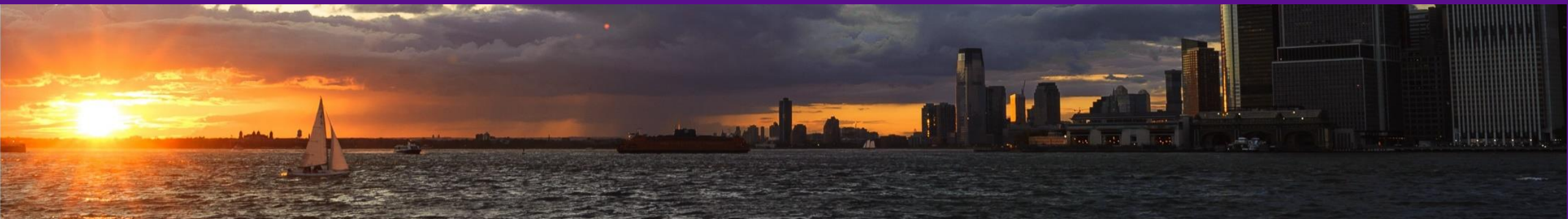

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Disclosures

Current Support:

- National Institutes of Health
- Veterans' Health Administration
- Centers for Disease Control and Prevention
- New York State Department of Health

No conflicts of interest to report

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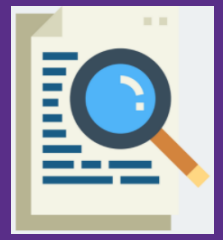
BOLD Public Health Center of Excellence on Early Detection of Dementia

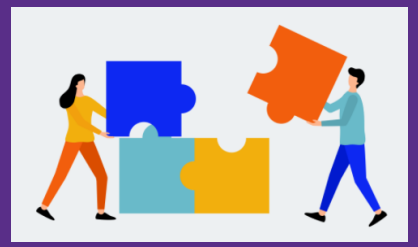
WHO WE ARE: A national resource for driving evidence-based public health strategies for early detection of dementia.

MISSION: Increase early detection of dementia nationwide.

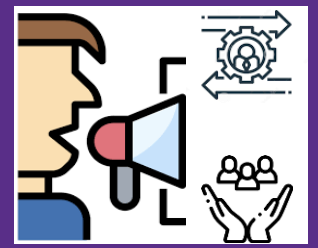
VISION: Better healthcare and well-being for older adults and their care partners through earlier detection of dementia.



Disseminate ways to improve detection



Co-create solutions with national partners



Promote change within stakeholder organizations nationwide

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Overview

- What is early detection and why it matters
- Resources for early detection of dementia
- Next steps in dementia care after early detection
- Additional Considerations – Q&A

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Why focus on increasing early detection of dementia?

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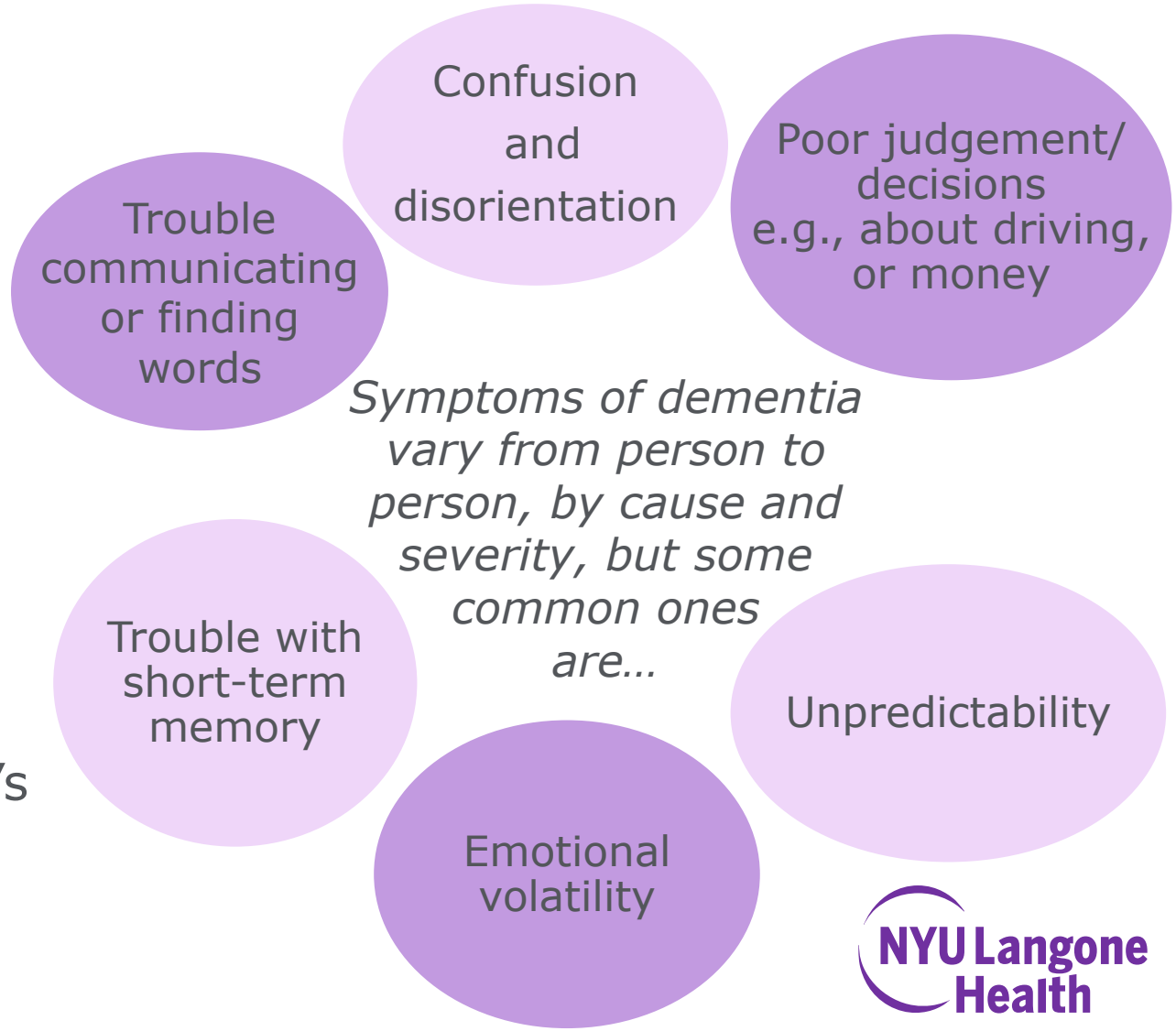
Defining Dementia – Common sense

- A decline in cognitive abilities severe enough to affect everyday function – especially memory, planning, understanding, decision-making, self-and social awareness
- Caused by brain disease (neurodegeneration) or injury
- The most disabling condition of older people
- Often a "silent partner" in health care and community settings
- Can be present for several years before it's recognized



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"Early" Detection

"Early" too often means any detection

- Persons who are impacted already know → suffer in silence
- Families misinterpret symptoms → become frustrated, leads to negatively spiraling relationships
- Care partners without support → endure isolation
- Detection means identifying the problem → *Anyone* can detect, health care professionals diagnose

Without detection, people…

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What Does Early Detection of Dementia Mean?

- Recognizing cognitive impairment when present, was absent before and limits everyday function and **before a crisis occurs**
- The goal of dementia detection is much more than making a diagnosis…
  - The goal of detection is about finding a way to engage persons living with dementia and their families in a journey of better understanding, better support and better care.

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Why is early detection important?

- Many people at risk for AD/ADRD, families, and professionals, agree: detecting cognitive impairment at milder stages allows time to adjust and prepare for the future
  - Most people can be active in planning their own care*
  - But currently ~50% are diagnosed at moderate or severe stages
- Early detection opens the door to the right care, if…
  - Everyone's prepared
  - Access is equitable

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*Bosisio F, Sterie AC, Rubli Truchard E, Jox RJ. Implementing advance care planning in early dementia care: results and insights from a pilot interventional trial. BMC Geriatr. 2021 Oct 19;21(1):573. doi: 10.1186/s12877-021-02529-8. PMID: 34666711

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Our Center's Approach to Advancing Early Detection of Dementia

We don't rely on broad, "one-size-fits-all" messaging that isn't necessarily in service of eliminating detection disparities in your communities, and won't work for you and the communities you serve

- We aim to **co-build strategies** that can be culturally adapted by each partner
- Our priority is to **amplify and disseminate** your efforts on the ground (e.g., partner spotlights, webinars, newsletters, + preferred channels of communication for the communities you serve)

➢ **Will this encourage clinical adoption?**

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Our strategies for effective communication include:

- Being prepared to have effective, productive conversations – having simple encouraging statements as openers

  – knowing that detecting a problem is just the beginning
- Understanding the role of screening tests and when they can be helpful
- Having a clear understanding of cognitive impairment and the elements of a dementia diagnosis
- Recognizing that everyone plays an important role

➢ **Will this encourage clinical adoption?**

- Supporting dementia detection as part of routine clinical strategy

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Detection Strategies

Screening

- We screen when we lack other information and want to identify those with increased risk
- Screening involves tests and questions about function that indicate a greater probability of the condition we are concerned about
- There are two types of screening
  - Performance-based testing
  - Functional-based interviews
- Performance-based testing use specific cognitive tests
- Functional-based interviews focus on activities that are dependent on memory or other thinking

Other methods of detection

Screening is what we do in the absence of other information indicating that there is a problem

We screen a population to find those at risk who may benefit from further evaluation

People “self-screen” when they exhibit behaviors that raise concerns – sometimes referred to as “red flags”

- Unexplained “confusion”
- Change in personality
- Poor self care
- Lost in familiar places
- Financial errors

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This process matters…

- The search for a best test has led to the notion of "toolkits".
- We have one but…this is not about having the best tools because detection is a journey, a process that must unfold over time. Tools are momentary and identify risk. We strive to ensure that a relationship is in place:
  - ✓ *Between those of us who are concerned about another and those of us who have someone else concerned about us.*
    - ❖ To encourage better conversations
    - ❖ To support a process of ongoing care

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Why is this not a routine clinical strategy?

Fear

of offending, harming our relationship, feeling stupid

Misunderstanding

the ‘why’, the ‘how’, the ‘what’, and the ‘who’

Lack of preparation

who’s trained for this, anyway?

No one’s looking

– no accepted quality standards for dementia detection or care

Feeling powerless

not realizing how much it helps everyone when dementia is finally talked about

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Resources for Early Detection of Dementia

- Examples from the field
- BOLD EDD Toolkit for Health System Providers

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Many organizations,
departments (local, county, and state)
have embraced and are engaged in
achieving better dementia detection and
care

Exemplars

Maine

Georgia

Georgia

Extending Their Reach Through Telemedicine

Telehealth Pilot Project

- GA DPH initiated telehealth pilot project in 2003; formal network buildout in 2012; Statewide connectivity in 2016
- GDPH partnered with local health departments to pilot a project linking patients in rural counties to providers and specialists
- Specialists conduct telemedicine visits via tablets
- These visits are focused on arriving at a diagnosis of cognitive condition

Project Extension for Community Healthcare Outcomes

- Telementoring program to strengthen provider workforce; Initiated in 2019

Maine

FQHC-BOLD partnership

- Maine BOLD, HealthReach FQHC Network, and NYU BOLD Center co-developed and provided trainings
  - Topics include:
    - **How to have these conversations**
    - **How to initiate a care plan**
      - **Three patient cases (non-pharmacological management)**
    - **How to make a diagnosis**

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Partner Activities: Key Strategies

Public – Academic Partnerships leverage mutually needed resources

- Telehealth – addressing issues reach and scalability (equity)
- Project ECHO – broad educational reach (equity)
- Annual wellness visits
- Webinars
- Website resources

Linking public health – community resources

- Outreach
- Dementia-informed community services

Toolkit for Health Systems

bolddementiadetection.org/resources/#toolkit

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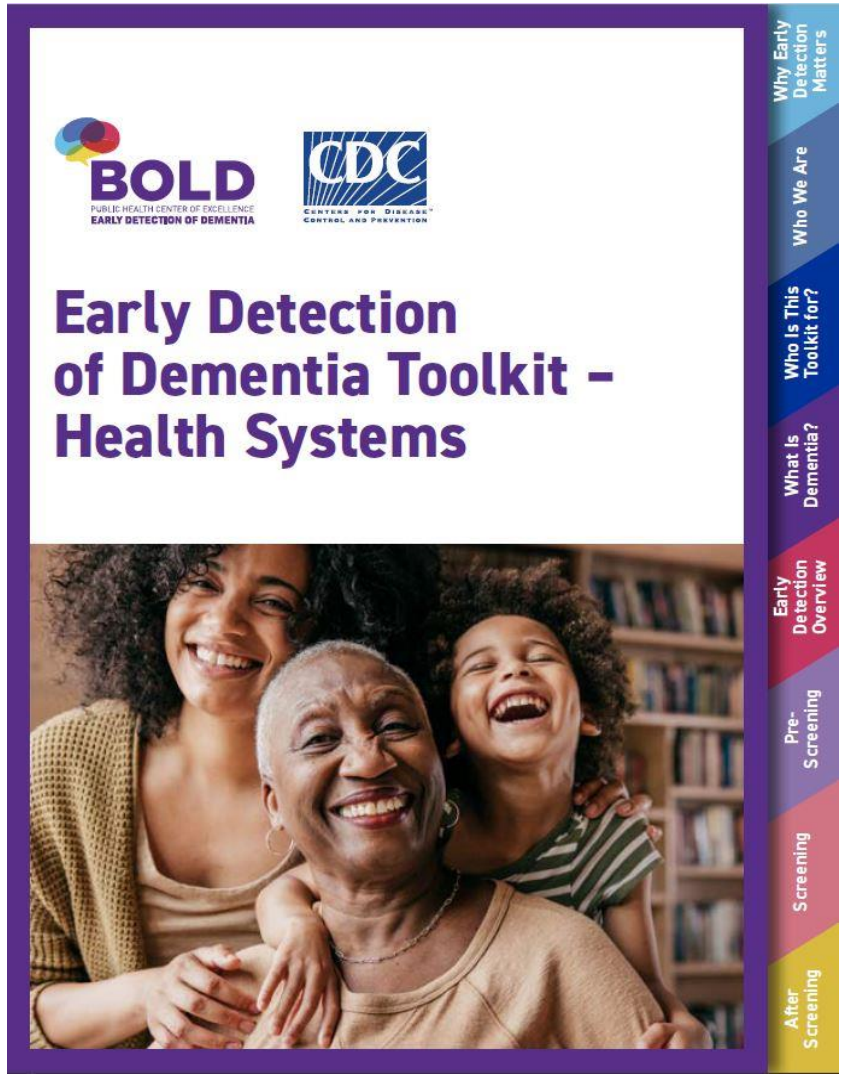

TABLE OF CONTENTS

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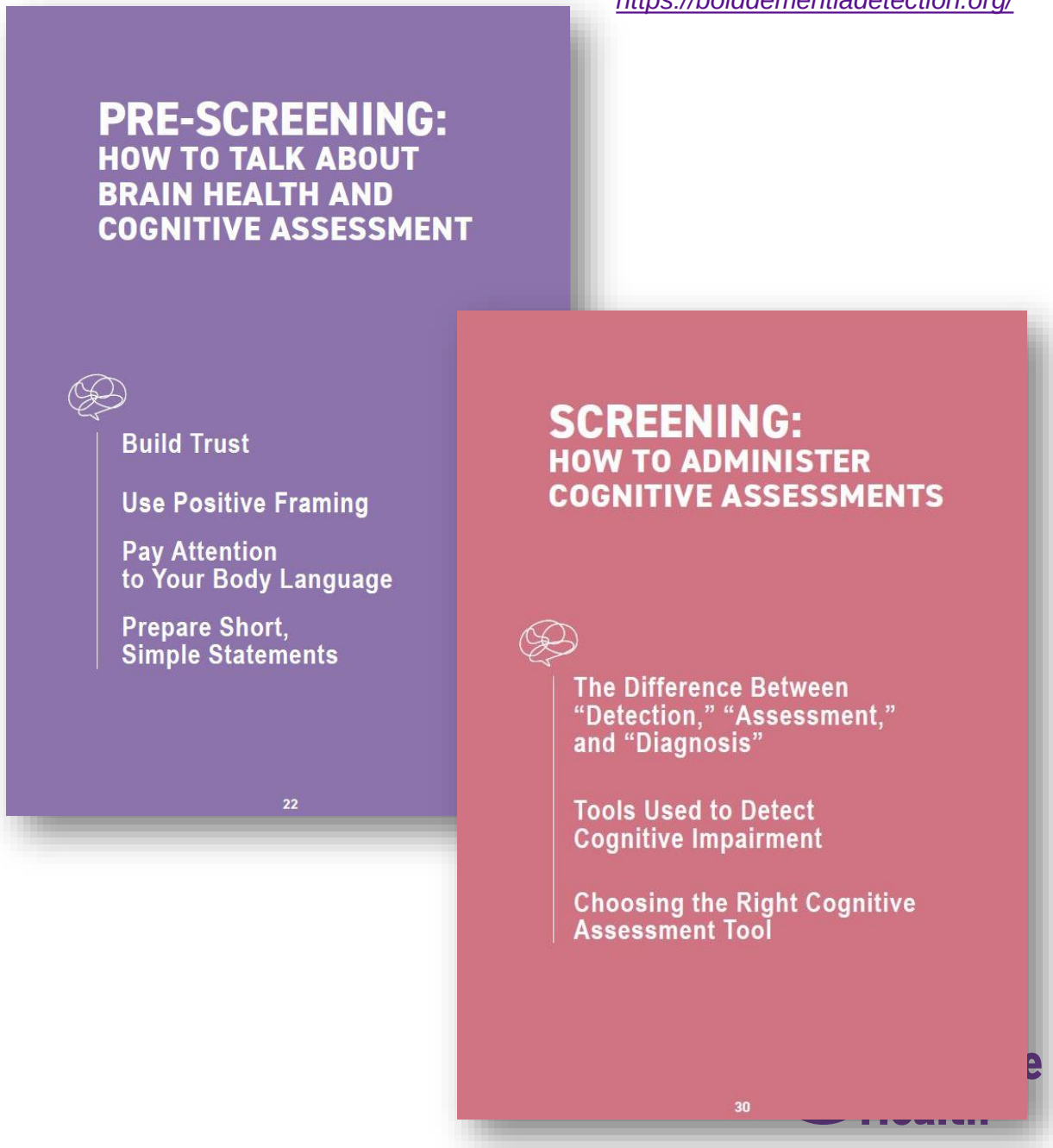
Preparing for cognitive screening is as important as screening itself



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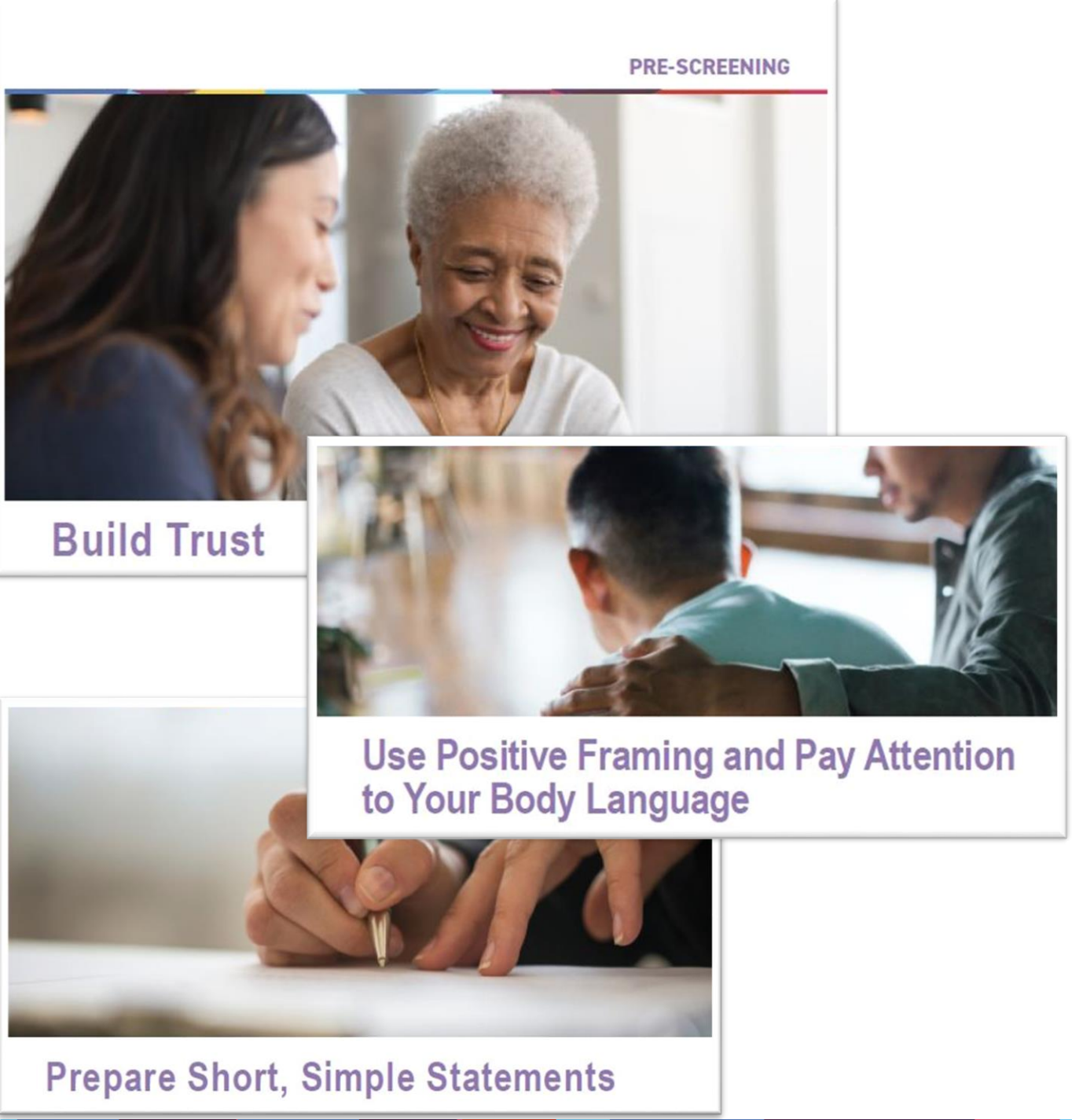

Pre-Screening

- Prepare with an attitude of respect
- Start the conversation – rapport is the foundation. “Tell me how you are.”
- Create time and space, build a positive framework, and know what to say.
- Use short, simple statements – they ease fear and worry.
- Develop a plan together – “Let’s decide next steps.”

The “best” tool for you is the one that best fits your setting, staff, and workflows

For many organizations, a simple tool is sufficient to detect clinically important cognitive impairment and help decide on what services an individual and family may need.

In-person assessments can use the Mini-Cog and remote assessments can use the AD8; both take about 3 minutes to administer.

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Some Screening Tools

Performance-based screening tools

- Mini-Cog
- Saint Louis University Mental Status Examination (SLUMS)
- Clock Drawing Test (CDT)

Function-based screening tools

- 8-Item Informant Interview (AD8)
- Quick Dementia Rating System (QDRS)
- Functional Activities Questionnaire (FAQ)
- Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE)

Table: Features of some selected screening tools

MINI-COG

Promoted by:
- ☑ American Geriatrics Society
- ☑ Gerontological Society of America
- ☑ U.S. Preventive Services Task Force

Purpose of tool	Training requirements
Detection of cognitive impairment	10 minutes, individual or group, or Mini-Cog video (www.actonalz.org)
Where to find it	**Strengths**
https://Mini-Cog.com	Includes memory test and clock drawing. Brief, relatively free of bias due to language or education constraints, easy to use in non-specialist settings. Explicit rules for administration and scoring embedded in test form. Free.
Who can administer this tool?	**Limitations**
Can be administered by non-clinicians with minimal training	Patients without regular exposure to analog clocks, or limited experience with drawing or writing, or those with low levels of educational attainment may find this challenging even if they don't have dementia. Memory threshold score compensates for this limitation.
Time needed to administer tool	**Other considerations**
Up to 3 minutes	Versions under development for patients unfamiliar with analog clocks.
Who is this tool intended for ?	**Language or cultural adaptations ?**
Patient	Available in multiple languages

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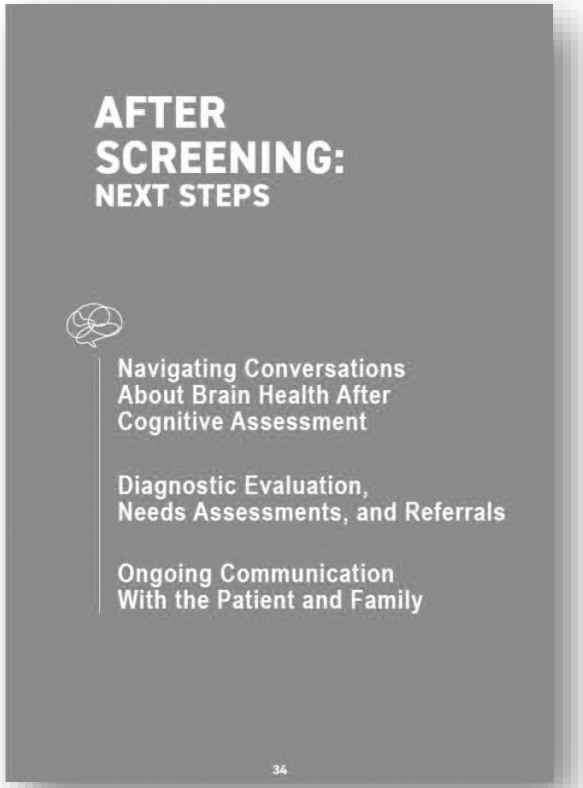
What should happen after detection?

Ensure continuity – provide helpful explanations



- **Primary care clinicians can:**
- Explain what screening results mean (and don't)
- Do a basic diagnostic evaluation
- Explain the results
- Bring the conversation into life context
- Refer to specialists in unusual/challenging situations

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Next Steps in Dementia Care after Early Detection

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Diagnostic Elements Revisited

- Evidence of cognitive decline in one or more cognitive domains
- Objectively measured when possible, corroborated by someone who knows this person well.
- This decline has a time course of months to years, not days to weeks
- This decline has also led to impairment in one's ability to conduct their daily activities at home or at work
- Diagnosis does not require use of head CT or MRI or other biomarkers

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No-Crisis Care Plan

Remember the three B's*

- Brain (cognitive and emotional well-being)
- Body (other health conditions, physical function)
- Buddies (family , friends, other supports)
    - o The 3 Bs intersect with one another, don't they?
    - o What did we leave out? (bank, buildings-environment)
    - o You don't have to do everything or all at once
        - – these problems have been present for a while
        - – it will never be perfect

* Adapted from Soo Borson's 6-part model

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Brain

Brain – care plan to support the brain

- Ability to communicate (eyes, ears)
- Sleep – enough? Right kind?
- Diet – promotes well-being, nutrients
- Social stimulation (buddies)
- Exercise – walking, stationary bike, tai chi, yoga, stretching, resistance
- Replicating former occupation (mailman who walks, grounds keeper who gardens)
- Restoring personal agency (decisions, modeling respect, listening)
- Mobilize buddies – monitor mood

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Body

Body – chronic comorbidities and function

- medication simplification
- harmful meds
- pain limiting
- exercise/activity
- environment scan to protect and support the body (falls, etc.)

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Buddies

Buddies – who can help (what support do they need—referrals)

- who wants to help
- what help is needed
- what are the capabilities of those who might help
- who can be social
- who can accommodate a creative connection
- who can accompany to visit

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No-Crisis Care Plan – Key Safety Concerns

Remember the three B's*

- Brain (cognitive and emotional well-being)
- Body (other health conditions, physical function)
- Buddies (family , friends, other supports)

- Is s/he depressed (suicidality)? –– Brain
- Any medications that might cause harm? –– Body
- Any risk for falls or other injury? (Driving, Guns) –– Body
- Is s/he living alone? Can we mobilize family friends? –– Buddies

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Medication Considerations

Cognitive therapies

Acetylcholinesterase inhibitors (Donepezil, Rivastigmine)

- More appropriate for target symptoms
- Have a plan to stop (taper)
- Caution! weight loss, bradycardia, incontinence
- Give at night

Anti-amyloid (MABs) – stay tuned

Antidepressants

SSRIs, SNRIs (Sertraline, Duloxetine)

- Depression common
- Paradoxical/undesired effects

Antipsychotics

Caution!

Atypicals (Quetiapine, Risperidone)

- Reserved for severe symptoms
- Behavioral strategies harder to implement, often better

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Conclusion – Q&A

- Care never stops with diagnosis – this is only the beginning
- Use a structure like the three Bs – can help reduce complexity and increase comprehensiveness
- Use this one or create your own
- Medications are more often the source of unwanted behaviors, far less likely the answer for behavioral challenges
- Ensuring a relationship, establishing continuity and team care are keys to success
- Care plans are never ”one and done” always iterative, additive and evolve over time.

There is no PERFECT, only GOOD

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