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.

Why should we screen for dementia? (actually a complicated question…)
- USPSTF finds insufficient evidence to recommended 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”

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 structures assessment with Mini-Cog, GPCOG, or MIS (and informant interview if available)
  - [www.alz.org/HCPS](http://www.alz.org/HCPS)
  - 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!

Do pts with dementia look impaired?

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

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.”

<table>
<thead>
<tr>
<th>Diagnostic Group</th>
<th>Abnormal &lt;14</th>
<th>Normal &gt;14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Cognition</td>
<td>12%</td>
<td>88%</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>85%</td>
<td>15%</td>
</tr>
<tr>
<td>Other Dementia</td>
<td>85%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Table. Wisconsin Dementia Research Consortium Study Animal Naming Results
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 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

Truly Disturbing; an 8 yowf

Almost always, labs are normal and that is consistent with Alzheimer’s Disease
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-Arsect!"

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 till 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!

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