

CMC01002: Dementia Awareness Training

CA Health Plan Compliance Training

May 2022



Introduction

In this training, you will learn:

Definitions, diagnoses, risk factors, warning signs, overview, symptoms and stages of dementia and its awareness.

Reversible and irreversible dementia, disease progression, treatment, including assessment tools.

Care management of members and caregivers dealing with dementia.

Support services and how to avoid caregiver burnout.



Definition

What is dementia?

Dementia is a general term for loss of memory and other mental abilities that are severe enough to interfere with daily life.

Dementia is caused by physical damages in the brain.



Dementia

Diagnosis:

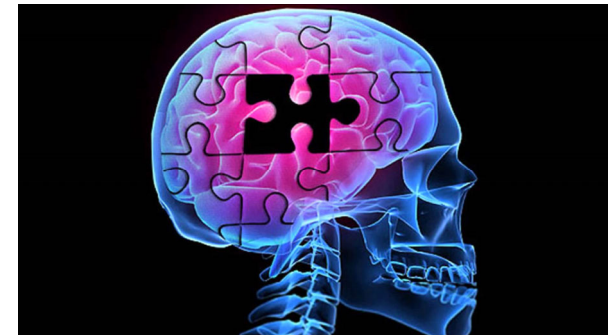
- ❑ Dementia is under-recognized by providers:
 - ❑ Only half of people receive a diagnosis.
 - ❑ Only half of those diagnosed get the diagnosis documented in their medical record.
 - ❑ This impacts care planning and disease management.
- ❑ Dementia diagnosis is often delayed on average by 6+ years after symptom onset.
 - ❑ Significant impairment in function may occur by the time it is recognized or documented.
 - ❑ Poor timing of diagnosis frequently occurs at time of crises, hospitalization, failure to thrive, urgent need for institutionalization.



Alzheimer's Disease (AD)

Most common form of dementia:

- ❑ Like dementia, AD is under-recognized by providers:
 - ❑ As such, clinical records may not reflect an AD diagnosis.
 - ❑ Millions are unaware they have dementia.
 - ❑ Lack of documented diagnosis in medical records.
- ❑ AD Diagnosis may be delayed up to 10 years from early symptom onset.
 - ❑ Significant impairment in function may occur by the time AD is recognized or documented.
 - ❑ Poor timing of diagnosis frequently occurs at time of crises, hospitalization, failure to thrive, urgent need for institutionalization.



Alzheimer's Disease (AD)

What is AD?

AD is a brain disease that causes a slow decline in memory, thinking and reasoning skills.

Several warning signs and symptoms exhibit AD or other dementia.



Signs and Symptoms

AD and Dementia, typical age-related changes:

Poor judgement / problem solving

- ❑ Making occasional errors when balancing a checkbook.

Changes in sleep and appetite

- ❑ People with AD or dementia do not need a special diet.
- ❑ As the disease progresses, loss of appetite and weight loss may become concerns.

Deterioration of self-care, hygiene

- ❑ AD and other forms of dementia often make performing **Activities of Daily Living (ADL)** difficult.
- ❑ Tasks may be done halfway, poorly, or not at all.

Getting lost in familiar locations

- ❑ Losing navigational skills or getting lost even in a familiar setting may provide some of the first indications of AD or other types of dementia.

Signs and Symptoms

AD and Dementia, typical age-related changes:

Difficulty performing familiar tasks, functional decline

- ❑ Occasionally needing help to use the settings on a microwave or to record a television show.

Impairment in speech / language

- ❑ Sometimes having trouble finding the right word.

Mood / person / behavior changes

- ❑ Developing very specific ways of doing things and becoming irritable when a routine is disrupted.

Memory loss / confusion

- ❑ Becoming easily distracted or having trouble remembering what you've just read, or the details of a conversation.

Signs and Symptoms

AD and Dementia, typical age-related changes:

Wandering

- ❑ A common behavior for those with dementia, that can cause great risk for the person, and is often the major priority and concern for caregivers.

Disorientation to time or place

- ❑ Getting confused about the day of the week but figuring it out later.

Diminished insight

- ❑ Making a bad decision once in a while.

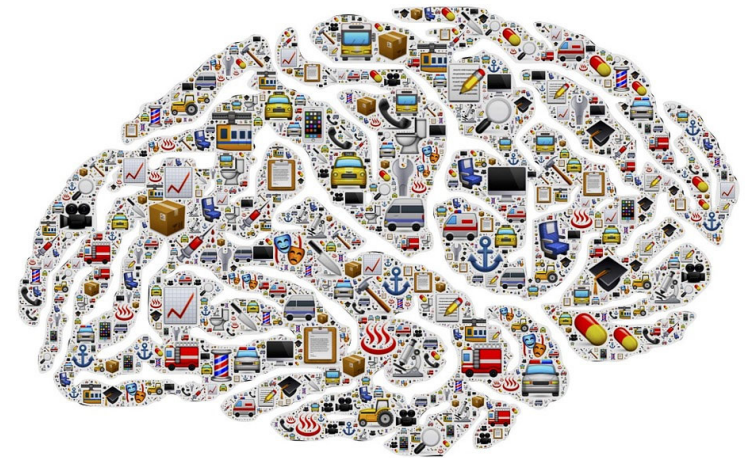
Trouble with time/sequence

- ❑ Occasionally forgetting an appointment or walking into a room and forgetting why you entered.

Signs and Symptoms

AD and Dementia:

- Memory loss that disrupts daily life.
- Confusion with time or place.
- Trouble understanding visual images and spatial relationships.
- Challenges in planning or solving problems.
- Difficulty completing familiar tasks at home, work, or at leisure.
- New problems with words in speaking or writing.
- Misplacing things and losing the ability to retrace steps.
- Withdrawal from work or social activities.
- Changes in mood and personality.



Risk Factors

3 Primary factors influencing onset of Dementia:

Genetics

Family history

Age



Types of Dementia

Reversible vs. Irreversible Dementia:

Reversible Dementia

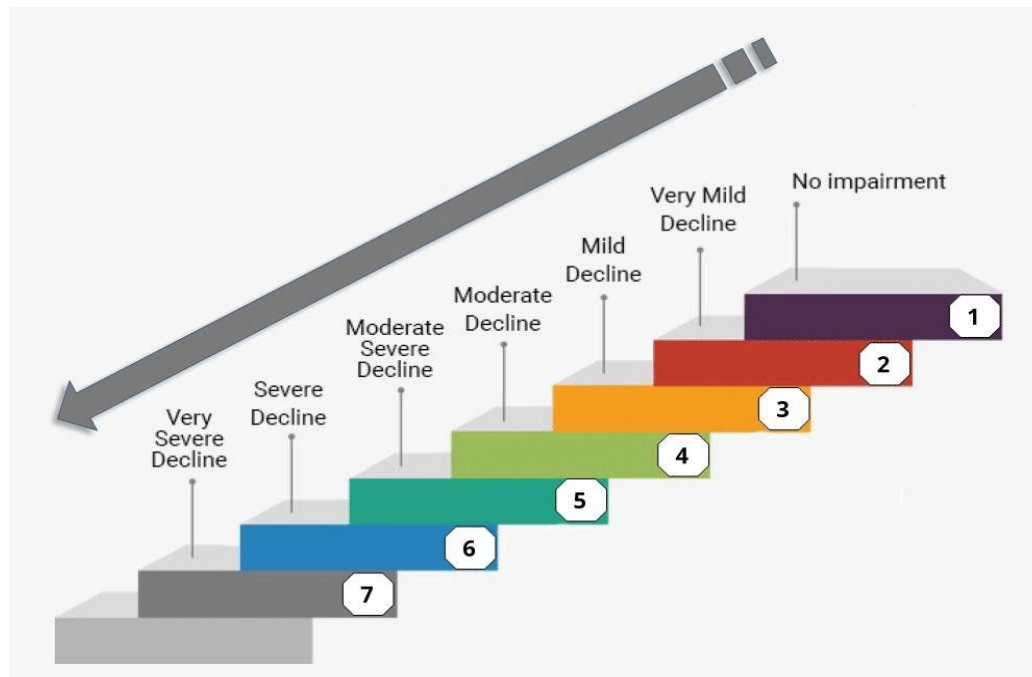
- Identifiable cause that can be partially or completely reversed.
- It is important to identify which kind of dementia someone has to know if it is reversible, along with other treatment measures to help improve a member's/caregiver's status.
- Brain changes associated with dementia involve abnormal protein deposits called "plaques" and "tangles" as well as nerve cell damage.

Irreversible Dementia

- Identifiable cause dementia cannot be reversed.
- May know cause of dementia, but unable to reverse the process causing it.
- AD accounts for a majority of dementia cases (about 60-80% of cases).
 - AD can progress over a long period of time and can be confused with other conditions until properly diagnosed.

Stages of Dementia

There are 7 stages of Dementia as defined by the Alzheimer's Association:



Stages of Dementia

AD and Dementia:

- ❑ It is important to assess the stage of dementia in order to anticipate caregiver burnout and provide support services for the caregiver as well.
- ❑ This is usually necessary starting stage 4 (preventive) and ongoing through the progression of the condition.
- ❑ Connect with caregiver community resources.



Dementia Diagnostic Tools & Progression

Medical History and Physical (H&P) can include:

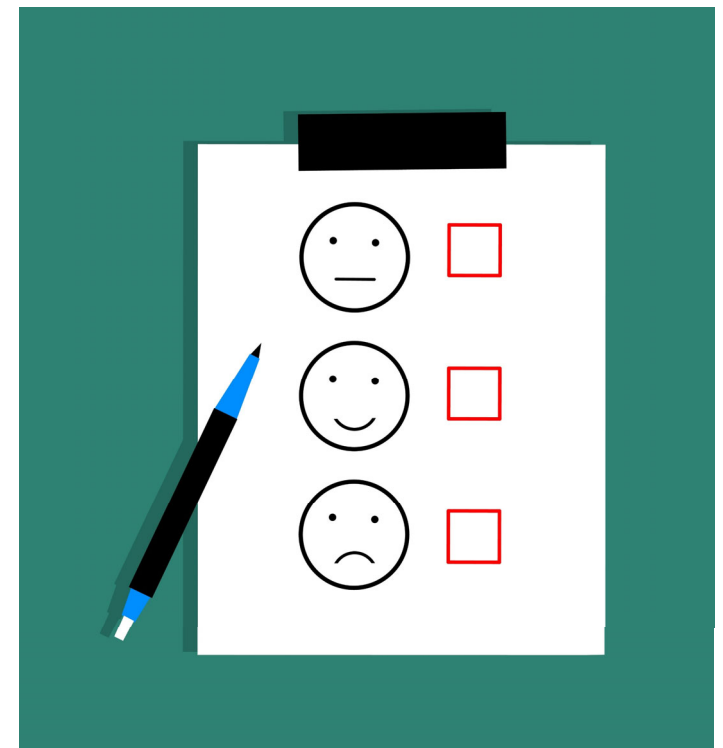
- Physical/neurological exam by primary care or neurology to exclude reversible and irreversible dementias.
- Brain imaging which may require authorization:
 - MRI, for exclusion.
 - PET scan, fMRI, perfusion MRI and SPECT-may reveal hypo perfusion of hippocampus and other areas of brain.
 - Amyloid PET (negative scan makes AD unlikely)
- Standardized Mini-Mental Status Exam (MMSE)
 - ≤ 30 = Maximum score
 - 20-26 = Mild dementia, some functional dependency
 - 10-20 = Moderate dementia, more immediate dependency
 - <10 = Severe dementia, often total dependence and need for constant supervision



Dementia Diagnostic Tools & Progression

Dementia progression may occur as:

- ❑ Not always linear.
 - ❑ MMSE may decrease 3-5 points yearly
 - ❑ A small percentage of patients (<10%) have greater decline
 - ❑ Survival after diagnosis is 3-8 years due to advanced debilitation through malnutrition, dehydration and infection.
- ❑ Other tools used include:
 - ❑ Complex Care Case Management (CCM) Assessment of cognitive status using:
 - ❑ AD8
 - ❑ PH-Q2
 - ❑ PH-Q9

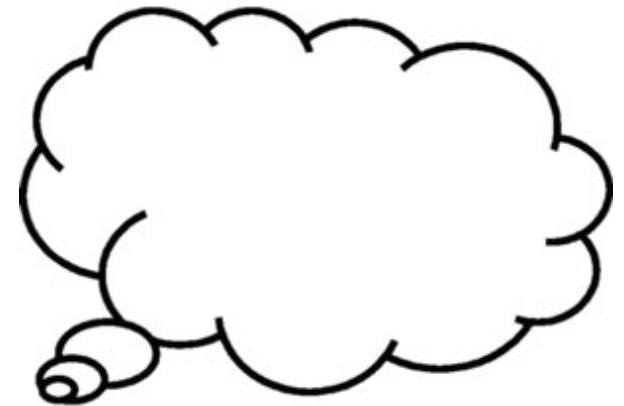


Functional Impact of Dementia

Memory Impairment:

- ❑ Memory impairment is an essential feature of dementia. The earliest manifestation is episodic memory loss that starts with the loss of memory of facts and events, particularly specific events, and their contexts.
- ❑ Memory impairment is divided among two categories, “Early Changes” and “Late Changes.”

Early Changes	Late Changes
<ul style="list-style-type: none">❑ Confusion❑ Difficulty with concentration❑ Difficulty with language❑ Difficulty with complex tasks❑ Lost in familiar places (wandering)❑ Sleep problems	<ul style="list-style-type: none">❑ Requiring help with basic tasks❑ Increased anger or hostility❑ Aggressive or very passive behavior❑ Hallucinations or delusions❑ Disorientation❑ Incontinence❑ Anorexia



Functional Impact of Dementia

Episodic Memory:

- ❑ The memories of what you ate for breakfast, your first day of college, and your cousin's wedding are examples of episodic memory.
- ❑ Episodic memory is one of two types of declarative memory.
 - ❑ Declarative memory is a type of long-term memory that refers to facts, data, or events that can be recalled at will.

Immediate Recall

- ❑ What you ate for breakfast

Memory of Recent Events

- ❑ Cousin's wedding

Memory of Distant Events

- ❑ First day of college

Case Management of Dementia

Care Management may involve:

- Care coordination with PCP and specialists
- Durable medical equipment (cane, walker, incontinence supplies, etc.)
- Physical/Occupational therapy
- Caregiver assessment support
- Patient supervision for safety
- Long term care
- Treatment may involve medications such as:
 - Cholinesterase inhibitors: Aricept, Exelon, Cognex, etc.
 - NMDA receptor antagonists: Namenda



Assessment of Dementia & Caregiver Roadmap

Follow the policy and procedure for assessment of dementia:

- If AD score is >4 , cognitive capacity may be compromised.
- Coordinate care with PCP.
- Anticipate potential further decline and focus on assessing for potential caregiver's burnout.
- Refer member and caregiver for further support:
 - Refer caregiver to community resources as well as to alzgl.org, 1-844-HELP-ALZ for additional support services and caregiver training.
- Caregiver assessment:
 - Use the Benjamin Rose Institute Caregiver Straight Instrument for assessing the caregiver's capacity or potential burnout to support the member.



Optum

Optum is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other brand or product names are the property of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

© 2022 Optum, Inc. All rights reserved.