DEMENTIA SCREENING AND MANAGEMENT PRACTICES - THE IMPORTANCE OF INCLUDING CNAS

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Objectives

- Examine the importance of assessment screening, treatment, and best practice in care planning for the person with dementia.
- Evaluate management's value of the role of the CNA in the care of the person with a type of dementia.
- Apply principles of dignity in screening and management planning for best practice care development.

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What does the Future hold for the Care and Support of Persons Living with Dementia?

- How will we make a difference in the lives of those with a type of dementia?

- **Dementia** has ***major implications*** for health and care services.

- What do we know and what do we need to learn?

- **If it were me, how would I want to be treated? Make it care personal!**

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Goals in Care

- Provision of ***older adult person-centered and integrated care***
  - ***Improved recognition of the needs*** *of persons with dementia through* ***enhanced education for staff*** *and dementia-friendly environments – know who this person is…*

- <u>**Ensure**</u> there is a <u>**sustainable and appropriately trained health workforce**</u>
  - *Education in geriatrics and best practices*

- **Provision of dignity, respectful care to those in our care**
  - *Truly know the resident/person*

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Person-Centered Care

- Person-centered care is truly putting ***the PERSON first*** – including them with the plan of care; allowing them to be care partners

- Characteristics to understand
  - *Behaviors are a desire to communicate*
  - *We must maintain and uphold the value of the person*
  - *Promote positive health*
  - *All actions are meaningful*

- Core psychological needs must be met to provide quality care

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Person-Centered Care

- **Person-centered care respects** & **honors individual differences**

- Person-centered practice - **treating person as they want to be treated**

- Person-centered care offers person with dementia **choices within his/her ability to choose**

- Providing person-centered care means "*taking time* and *making effort*" needed to **know person as an individual** so that his/her unique individuality is honored

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So…What is Dementia?

- Decline of information processing abilities accompanied by changes in personality and behaviour
  - *Includes issues with memory, thinking speed, mental agility, language, understanding, judgement*

- Umbrella term referring to many different types of dementias

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Subtypes of Dementia

- Alzheimer’s Disease (AD)
- Vascular dementia (VaD)
- Mixed dementia (Alzheimer’s & Vascular)
- Fronto-temporal dementia
- Lewy-Body disease (LBD)
- Parkinson’s disease (PD)
- Huntington’s chorea
- Creutzfeldt-Jacob disease
- Alcohol induced
- Others

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General Stages of Dementia

Early

- Needs reminders
- Daily routines difficult
- Concentration is difficult

Middle

- Needs assistance with care
- May get lost easily
- Changes in personality

Late

- Severe confusion
- Needs hand on care for all personal care
- May not recognize self or family
- Chair to bedbound

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Screening Tools

- Mini-Cog Test
  - *Screening for Cognitive Impairment in Older Adults*
- General Practitioner Assessment of Cognition (GPCOG)
  - *Brief screening test includes nine items: (1) time orientation, clock drawing: (2) numbering and spacing as well as (3) placing hands correctly, (4) awareness of a current news event and recall of a name and an address ((5) first name, (6) last name, (7) number, (8) street, and (9) suburb).*
  - *Each correct answer is valid one point leading to a maximum score of 9 (fewer points indicate more impairment)*
- Memory Impairment Screen (MIS)
  - *4-minute, four-item, delayed free- and cued-recall test of memory impairment.*
  - *Give four words to recall; 2 points per word recalled without cues; 1 point for word recalled with cue; scoring – 5 to 8 points: no cognitive impairment; score of 4 or less possible impairment*

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Screening – Mini-Cog Test

Mini-Cog™

Contents

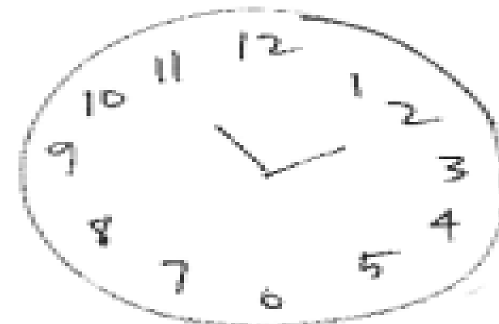
- Verbal Recall (3 points)
- Clock Draw (2 points)

Subject asked to recall 3 words
Leader, Season, Table +3

Advantages

- Quick (2-3 min)
- Easy
- High yield (executive fx, memory, visuospatial)

Subject asked to draw clock, set hands to 10 past 11 +2



Borson et al., 2000

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Scoring the Mini-Cog

- **Word Recall**: __ (0-3 points)
  - *1 point for each word spontaneously recalled without cueing*
- **Clock Draw**: __ (0 or 2 points)
  - *Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points*
- **Total Score:** __ (0-5 points)
  - *Total score = Word Recall score + Clock Draw score*
  - *A cut point of <3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status*

Assessment

- Goal - explore every possible cause; ID potentially reversible primary or contributing causes
  - *No singular test/no single comprehensive evidence-based tool*

- **Medical history**, Physical and Neurological **Examinations; Lab tests**

- **Brain imaging:** CT, MRI, PET scans (to identify changes in brain structure or size indicative of Alzheimer's or other issues)

- **Neuropsychological testing – important part of assessment**

- **Caregiver/Partner Assessment** – they are part of the plan

Treatments Options

- **Cholinesterase inhibitors** –safe and well tolerated
  - ***Aricept*** *(donepezil) – tablet, dispersible tablet*
    - Start at 5mg QHS increase to 10mg QHS after 4-6 weeks; 23 mg QHS after at least 3 months of 10 mg. (moderate to severe)
  - ***Exelon*** *(Rivastigmine) – capsule, oral solution, transdermal patch*
    - Start 1.5mg BID for 2 weeks -increase to 3mg BID for 2 weeks, then 4.5 mg fro 2 weeks, then 6 mg BID
    - Patch strengths – starting dose 4.6 mg/24 hour after 4 weeks increase to 9.5 mg/24 hours; 13.3 mg/24 hours (moderate to severe)
  - ***Razadyne*** *(galantamine) – tablet, extended-release capsule, oral solution*
    - Start 4mg BID 4-6 weeks, then increase to 8mg BID for 4-6 weeks, then increase to 12mg BID

- **N-methyl D-aspartate (NMDA) antagonist** – safe and well tolerated
  - ***Namenda*** *(memantine)*
    - Start at 7mg QD increase by 7mg each week to achieve 28mg daily in a four week period
- NAMZARIC – combination of Aricept and Namenda

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Goals of Treatment

- ***Will not cure dementia***: the medications *may* make difference in day-to-day living, functioning

- **May slow to stabilize** disease process – Can improve **quality of life**
  - *Cognitive*
  - *Functional*
  - *Behavioral*
  - *Stress on caregivers/partners*

- **Allows** for long-term care **planning**

Nonpharmacologic Interventions

- Consistent Environment – predictable routines
- Activity therapy - Meaningful activities appropriate to stage of illness
- Exercise therapy
- Music therapy
- Pet therapy

- ***Repeat, reassure, redirect*** to modify behavior –**avoid confrontations**

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Can a Person with Dementia Live Well?

- “That was a wonderful feeling: to know that there were people, in the right area, who absolutely cared for you.” (person with dementia)

- ‘The caregivers do the best they can, but they have to be in and out in 20 minutes, which doesn’t really leave any time to do things properly.’ (care partner)

- ‘Would not recommend this facility to those with dementia, as staff would sometimes see residents as a bit of a nuisance.’ (care partner)

- **YES, They Can Live Well if we understand this disease process and the person! And treat them like a person with the dignity they deserve. And <u>educate</u> those caring for the person with dementia!**

Fundamentals for Effective Care

- **Assessment of person/resident's abilities**; care planning & provision; strategies for addressing behavioral & communication changes; environment that fosters community – include their Life Story!

- **Each person is unique**, having a different constellation of abilities & need for support, which **change over time as the disease progresses**

- Staff can determine how best to serve each person/resident by **knowing as much as possible about each resident's life story, preferences & abilities.**

- Good dementia care involves using information about resident to **develop "person-centered" strategies**, which are designed to ensure that services are tailored to each individual's circumstances

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Goals for Effective Care

- Provision of **person-centered dementia care** based on thorough knowledge of person/resident & their abilities and needs

- Staff and available family act as **"care partners"** with residents, working with residents (the person) to achieve optimal functioning & highest quality of life – they need education also.

- Staff should use **flexible, problem-solving approach to care** designed to prevent problems before they occur by shifting care strategies to **meet changing conditions**

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Considerations for Best Practice Care

- **From the person with the disease's perspective:** it may seem like strangers are going through their clothes, forcing them to undress, taking them to frightening places

- Agitation, catastrophic reactions, withdrawn behaviors, emotional distress, isolation happens – **don't make it worse**; Stay calm and assuring for person – allow them to deescalate don't force them to do things they do not want to do

- It is **abusive to challenge the person's reality** and precipitate a catastrophic reaction

- Chair tray or lap buddy may result in extreme agitation

- When person can't verbalize pain – agitation can occur!

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Model the Way with the CNA

- Empower the CNA to do the best through education

- Inspire and share the vision with the CNA

- Certified Nursing Assistants (CNAs) need to possess exceptional clinical skills and in-depth knowledge and a desire to positively influence the lives of others
  - *How do we help them achieve this???*

- CNAs play a significant role in person/resident's day to day life/experiences
  - *First to notice subtle changes in the resident's condition*

- Educating with specific knowledge is crucial to resident safety

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Education – The Way to Improve Care

- **Awareness and skills needed** – must provide with best practice education to empower to do a good job

- Through **increased knowledge** of disease process
  - *CNAs can recognize symptoms immediately and any change in their residents' health status – reporting appropriately*

- **Needs assessment** of CNA's knowledge base can provide insight of their education needs
  - *Provision of class sessions with cumulative assessment can benefit all and empower through job satisfaction*

Caregivers – Most Valuable Resource for Persons with Dementia

- An informed/educated and effective workforce– **KEY** to Success
- Educate **All health and social care staff** involved in care of persons who may have dementia
  - *Educate in best practices for greatest quality of care*
- To be achieved by effective basic training and continuous professional and vocational development in dementia.

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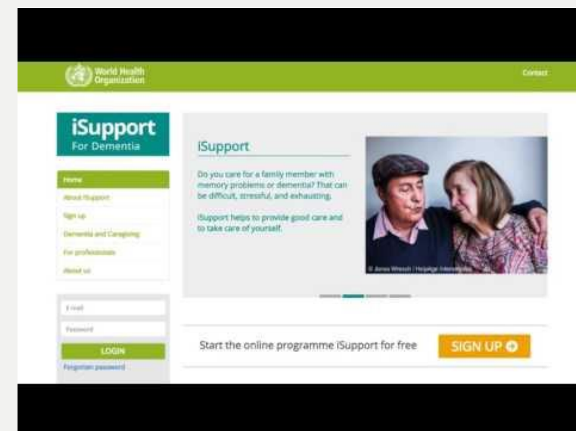
Our Caregivers (Nurses, CNAs, Social Workers, all Staff)

- Caregiving for persons with dementia can take a heavy physical and emotional toll on all.

- WHO (World Health Organization) has launched iSupport, a new online training and support program

- iSupport helps caregivers understand the impact of dementia, deal with challenging behavior, provide good care, and how to take care of themselves.



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iSupport

Need-Driven Dementia-Compromised Behavior Model

- **Views the person with dementia** as ***experiencing an unmet need*** or goal that **results in need-driven behaviors** such as aggression, wandering, problematic vocalizations, passive behaviors

- **Disruptive behavior** - term that reflects the caregiver's view more than the cognitively-impaired (CI) person's perspective in a situation

- *Challenging for the best*

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Understanding Behaviors

- **Understand that behavior** is usually form of communication & often **represents unmet need**

- **Recognize that person's sense of appropriate behavior** may be influenced by **cultural background**
  - *Example: cultural background may influence behavior related to gender roles, eye contact, & personal space*

- Discover effective responses to behaviors that may be perceived as "challenging"

- Factors that Cause & Contribute to Dementia Behaviors:
  - *Medical, Psychological, Environmental, other factors*

- Remember that even if the aggression seems personal or intentional, **it is because of the illness**

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Aggressive Behavior

- Aggressive behavior - a known symptom of dementia
- Can be scary and upsetting when it is out of character
- Seeing the person's personality change is distressing; can be more upsetting effect of dementia than memory loss
- Most common form of aggression: shouting, screaming or using offensive language, calling out for someone, shouting the same word or repetitive screaming
- Causes:
  - *fear or humiliation*
  - *frustration with a situation*
  - *depression*
  - *no other way to express themselves*
  - *loss of judgement*
  - *loss of inhibitions and self-control*

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Drug Treatment for Dementia-related Behavior

- *Only in extreme circumstances* – when the person's behavior is harmful to themselves or others, and all methods of calming them have been tried –medication may be prescribed

- Work to understand the *cause* of this behavior

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Medical/Health Causes of Behavioral Changes

- *Disturbances that are **new, acute in onset, or evolving rapidly** most often due to **medical condition or medication toxicity***

- *An isolated behavioral disturbance in person with dementia can be sole presenting symptom of **acute conditions:***
  - Pneumonia, UTI, arthritis, pain, angina, constipation, dehydration, delirium, hunger, tiredness, sensory impairment, hypoxia, or uncontrolled diabetes

- ***Medication toxicity** can present as behavioral symptoms alone (medication side effects, withdrawal)*

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A Word about Delirium

- An acute, complex disorder requiring immediate intervention to prevent permanent brain damage and health risks including death.

- Under-recognized disorder and underdiagnosed!

- Note: *Delirium and Dementia* – different disorders – ***both cause confusion***! But it is *HOW* the confusion develops –
  - *Suddenly=Delirium*
  - *Slowly=Dementia*

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Common Causes associated with Delirium

- Metabolic disturbances
- Vitamin deficiencies (B12, folate)
- Thyroid dysfunction
- Infections
- Depression
- Drug-related effect
- Pain
- Fluid and electrolyte disorder
- Hypovolemia
- Hypoxia
- Cerebrovascular inflammation
- Brain lesions
- Hydrocephalus

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Psychological Causes of Behavioral Changes

- ***Depression:*** *observe for any mood or behavioral change*
- ***Hallucinations:*** *more common - seeing or hearing things*
- ***Delusions:*** *common – paranoia, suspiciousness*
- ***Sundowning:*** *increased agitation and activity occurring in late afternoon/early evening*

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Environmental Causes of Behavioral Changes

- ***Life stressor*** *(e.g., death of a spouse or other family member)*
- ***Change to daylight savings*** *time or travel across time zones*
- ***New routine, new caregivers, or new roommate***
- ***Noise Level/Overstimulation*** *(e.g., too much noise, crowded rooms, close contact with too many people)*
- ***Lack of social stimulation/Understimulation*** *(e.g., relative absence of people, spending much time alone, use of television as a companion, ensure age-related & appropriate to the group)*
- ***Disruptive behavior of other persons***

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Other Causes to Consider of Behavioral Changes

- ***Staff:*** *tone of voice, approach, body language, poor verbal and/or non-verbal communication*
- ***Inflexible routines:*** *toileting, bathing, bedtime*
- ***Task oriented care:*** *lack of person-centered care, not knowing the person*
- ***Other Residents/Persons:*** *do others trigger behaviors*
- ***Continuity of staff:*** *therapeutic relationships, team continuity*

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Communication: Learning the Language

- Use a step by step approach
  - *Simple verbal cues*
  - ***Positive facial expressions***
  - *Body language*
  - ***Gentle guiding***
  - *Lots of **positive re-enforcement***

- The person will have difficulty understanding/processing what is said – and to be understood by others

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Suggestive Help Tips for Success

- Be patient and supportive
  - *Listen and try to understand – be careful not to interrupt*
- Avoid correcting or criticizing
  - *Listen and try to find meaning; repeat for clarification*
- Don't argue
  - *This makes things worse; often heightens agitation*
- Offer a guess
  - *Be careful not to cause unnecessary frustration*
- Encourage communication
  - *If you don't understand, ask them to point or gesture*
- Limit distractions
  - *Quiet places support focus*
- Focus on feelings, not facts
  - *Look for feelings*

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Maintaining Dignity

- ***Dementia is secondary to the person it affects***
- <u>This is a PERSON first!</u>
- The person no longer has control of reasoning, speech, memory
- <u>*Words*</u> that are <u>*undignified*</u>
  - *Avoid use - Diaper, bib, potty, etc.*
  - *Use words that were used as part of their life before dementia*
- Tone of Voice
  - *Don't be condescending, disrespectful, or make person feel like a child*
- Communication
  - ***Wrong**: Mom, tell Tom how many children you have.*
  - *<u>Right</u>: Mom, tell Tom how much you enjoyed raising your five children.*

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Dignity Principles for the Person with Dementia

- ***Zero tolerance of all forms of abuse***
- Support the person with the same respect you would want for yourself or a member of your family.
- Treat each person as an individual by offering a personalized service (Person-Centered).
- Enable the person to maintain the maximum possible level of independence, choice and control.
- Listen and support the person to express their needs and wants.
- Respect person's privacy.
- Ensure that the person feels able to complain without fear of retribution.
- Engage with family members and caregivers as care partners.
- Assist the person to maintain confidence and a positive self-esteem.
- Act to alleviate the person's loneliness and isolation.

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Dignity is:
“The quality of being Worthy of esteem or respect.”

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they may forget what you said but they will not forget how you made them feel.

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Dank u wel
Asante
Ar kun
Děkuji
Shukriya
Merci
Obrigado
Cám ơn

Thank You

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References

- https://www.jointcommission.org/assets/1/18/JCP0114_Memory_Care_NCC.pdf
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2935906/
- https://hhs.texas.gov/sites/default/files//documents/doing-business-with-hhs/provider-portal/QMP/ebbp-dementia.pdf
- https://kateswaffer.com/2014/06/02/10-dignity-in-care-principles/
- https://www.england.nhs.uk/wp-content/uploads/2015/01/dementia-diag-mng-ab-pt.pdf
- http://www.who.int/mediacentre/factsheets/fs404/en/
- http://www.garn-network.org/documents/26.FRAILTY-JAMDA-Cesari.pdf

References

- https://www.isupportfordementia.org/en
- https://www.alz.co.uk/adi/pdf/helpforcarepartners.pdf
- http://www.alz.org/documents_custom/141209-CognitiveAssessmentToo-kit-final.pdf
- http://www.who.int/mental_health/neurology/dementia/isupport/en/

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