DEMENTIA SCREENING AND MANAGEMENT PRACTICES - THE IMPORTANCE OF INCLUDING CNAS

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Disclosure

- The author of this program declares no real or perceived conflicts of interest that relate to this educational event.

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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.
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!
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...

■ **Ensure** there is a *sustainable and appropriately trained health workforce*
  - *Education in geriatrics and best practices*

■ Provision of dignity, respectful care to those in our care
  - *Truly know the resident/person*
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
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
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
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
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
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
Screening – Mini-Cog Test

**Mini-Cog™**

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

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

Subject asked to recall 3 words:
- Leader, Season, Table

Subject asked to draw clock, set hands to 10 past 11.

Barson et al., 2000
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
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
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 educate 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
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
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!
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.
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.
iSupport

iSupport
For Dementia

Do you care for a family member with memory problems or dementia? That can be difficult, stressful, and exhausting.
iSupport helps to provide good care and to take care of yourself.

Start the online programme iSupport for free

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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**
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
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
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
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)*
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
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
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
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**
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
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
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
Maintaining Dignity

- Dementia is secondary to the person it affects
- This is a PERSON first!
- The person no longer has control of reasoning, speech, memory
- **Words** that are **undignified**
  - 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.
  - **Right**: Mom, tell Tom how much you enjoyed raising your five children.
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.
Dignity is:
“The quality of being Worthy of esteem or respect.”
they may forget what you said but they will not forget how you made them feel.

carl w. buechner

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Thank You Very Much For Your Time, Attention, And Interest
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