2017 Alzheimer’s Clinical Care Guidelines Update

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Roadmap for the Guideline Update

• Alzheimer’s Disease and Its Impact
• Evidence for Update
  – Government Policies
  – Practice Trends
• Clinical Care Guidelines
  – Assessment
  – Care Plan
  – Education and Support
  – Important Considerations
2017 Update

• Reflects new evidence, improved practice, and changes in law

• 4th edition of the California Alzheimer’s Clinical Care Guideline

• Designed with clinical providers in mind
  – You will see live links throughout the guideline.

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Alzheimer’s Disease and Its Impact

• Dementia is defined as memory loss and other impairments that interacts with daily life
• Alzheimer’s Disease is the most common form of dementia
  – 60-80% of dementia cases
  – 610,000 Californians impacted
• 5th leading cause of death in California

Who is Affected

• More women than men
  – Almost 2/3 of Americans with Alzheimer’s are women
  – More caregivers are women
• African Americans and Hispanics are more likely than whites to have dementia
  – 2x as many African Americans as whites
  – 1.5x as many Hispanics as whites
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New Government Policies

- Medicare Reimbursement
- Adoption of Physician Order for Life Sustaining Treatment (POLST)
- Social Security: Compassionate Allowance Benefit for Early-Onset Individuals (<65)
- Healthy Brain Initiative from the CDC
Medicare Reimbursement

• Centers for Medicare & Medicaid Services (CMS) now reimburses physicians for annual wellness visits every 12 months
  – Includes cognitive screen

• Medicare will pay for these services for patients with cognitive impairments:
  – Cognitive assessments
  – Functional assessments
  – Care planning

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Adoption of POLST

• POLST = Physician Order for Life Sustaining Treatment
• Gives patients more control over end-of-life care
  – Prevents unwanted treatments
  – Reduces patient and family suffering
• Ensures patient’s wishes are honored

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Social Security Compassionate Allowance

- Individuals under age 65 who are diagnosed with Alzheimer’s disease are eligible for Social Security compassionate allowance benefit
  - Minimal objective information provided by physician

Healthy Brain Initiative

- CDC strategy for state and national partnerships
- Emphasizes proven public health strategies such as:
  - Monitoring and evaluation
  - Education and training
  - Policy development
  - Workforce competencies

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Emerging Practice Trends

• Emphasis on Early Detection, Early Diagnosis and Mild Cognitive Impairment
• New Evidence about Antipsychotic Medications
• Gaps in Disclosure and Documentation
• Lifestyle Modifications
Early Detection, Early Diagnosis

- Mild cognitive impairment can cause changes noticed by patients or others, but not severe enough to interfere with daily life or independent function
- Focus on early interventions to delay onset and slow progression

New Evidence about Antipsychotic Medications

- (2005) FDA notified health care professionals that antipsychotics are associated with an increased risk of mortality in elderly patients treated for dementia-related psychosis
  - Additional evidence that this is true for both conventional and atypical antipsychotics
Gaps in Disclosure and Documentation

• Only 45% of patients billed for Alzheimer’s-related care were told of their disease by their doctor
• Overlooking or avoiding diagnosis impedes care and denies access to services
• Documenting diagnosis is critically important for patient-centered care

Lifestyle Modifications

• More evidence for lifestyle modification as the best protective strategies for the brain:
  – Strategies that guard against cardiovascular risk
    • Managing CV risk factors medically
    • Tobacco cessation
    • Weight management
    • Regular physical exercise
    • Diet, e.g. Mediterranean diet
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Alzheimer’s Clinical Care Guideline

- Assessment: Understand the Patient
- Care Plan: Beneficial Interventions
- Education and Support: Engage with the Community
- Important Considerations: Time Sensitive Issues

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Assessment: Assess the Patient Directly

• Confirm, disclose and document the diagnosis in the patient record
• Identify the patient’s culture, values, primary language, literacy level, and decision-making process.
• Identify the primary caregiver and assess the adequacy of family and other support systems
  -> include a caregiver assessment
Assessment

- A resource!

Alzheimer’s Association’s
Cognitive Assessment Toolkit


Assessment: Monitor and Reassess Changes Part 1

- Upon sudden changes or decline and at least annually, conduct and document:
  - Ability to manage daily functions, finances, and medications
    - Feeding, bathing, dressing, mobility, toileting, continence (Activities of Daily Living)
  - Cognitive status
    - Use a tool!
  - Comorbid medical conditions
Assessment: Monitor and Reassess Changes Part 2

- Emotional, behavioral, and/or mood symptoms
- Medications, both prescription and non-prescription
- Adequacy of home environment
  - Safety
  - Care needs
  - Abuse and/or neglect

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Care Plan: Disease Management

- Discuss the progression and stages of the disease
- Evaluate and manage comorbidities
- Consider use of cholinesterase inhibitors, N-Methyl-D-aspartate antagonist, and other medications, if clinically indicated
- Refer to community resources

Care Plan: Emotional, Behavioral, Mood Symptoms

- First consider non-pharmacologic approaches
  - Counseling, environmental modification, task simplification, activities
- Consult with or refer to mental health professionals if needed
- IF non-pharmacological approaches prove unsuccessful, THEN use medications targeted to specific emotions, behaviors or moods, if clinically indicated
Care Plan: Emotional, Behavioral, Mood Symptoms

➔ Educate and connect caregivers to resources on nonpharmacologic approaches

Care Plan: Safety Issues

• Discuss driving, wandering, firearms, fire hazards
• Recommend medical identification for patients who wander
  – www.medicalert.org
Care Plan: Goals of Care

• Explore preferred intensity of care to include palliative care and end-of-life options such as hospice
• Provide education on advance health care directives, Do Not Resuscitate Orders, POLST, Durable Power of Attorney and other documents

Care Plan: Healthy Living

• Promote healthy living:
  – discuss evidence in support of modifiable risk factors
  – e.g., regular physical activity and diet/nutrition
• If interested, advise of opportunities to participate in research

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Education and Support

• Involve the patient directly in care planning, treatment decisions and referrals
• Suggest appropriate home and community-based programs as needed
• Link the patient and caregiver to support organizations for culturally appropriate educational materials and referrals

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Education and Support

• For statewide patient and family resources, link to: California Department of Public Health, Alzheimer’s Disease Program (916) 552-9900
• Check for local services in your area

www.cdph.ca.gov/programs/Alzheimers/Pages/default.aspx

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Important Considerations

• Time Sensitive Issues
  – Advance Planning
  – Capacity Evaluations
  – Elder Abuse
  – Driving
  – Eligibility for Benefits

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Time Sensitive Issues

• Advance Planning
  – Discuss the importance of basic legal and financial planning as part of the care plan and refer for assistance

http://www.211california.org
Time Sensitive Issues

- Assess the patient’s decision-making capacity and determine whether a legal surrogate has been or can be identified
- Consider literacy, language and culture in assessing capacity

Elder Abuse
- Types of abuse: physical, financial, sexual, neglect, isolation, abandonment and/or abduction
- Monitor for evidence of abuse
- Report all suspicions of abuse to Adult Protective Services, Long-Term Care Ombudsman or the local police department, as required by law
Time Sensitive Issues

• Driving
  – Report diagnosis of Alzheimer’s disease in accordance with California law
  – To your county health department
    https://www.cdph.ca.gov/pubsforms/forms/CtrIdForms/cdph110c.pdf

Time Sensitive Issues

• Eligibility for Benefits
  – Patients diagnosed with early-onset Alzheimer’s disease may be eligible for Social Security compassionate allowance
  – Other benefits may include Department of Veterans Affairs or long-term care insurance coverage under existing policies
Thank you!

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For more information contact: OAC@ucsf.edu

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