Integrated Care Training Program

UW Psychiatry & Behavioral Sciences

Date

Geriatric Psychiatry Consultation

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Speaker Disclosures

- I have no relevant conflict of interest disclosures.

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Learning Objectives

- Approach to common conditions
  - Cognitive impairment
  - Dementia related Behavioral Symptoms
  - Depression
- Setting Specific Features
  - Clinic
  - Nursing Home

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Settings

- HMC Senior Care Clinic – 20 yrs
  - Social Worker
  - Clinical Pharmacist
  - Nutritionist
  - (Falls Clinic; Memory and Brain Wellness Clinic)
- Community Nursing Home – 23 yrs
  - Social Worker
  - Pharmacy consultant
  - PT, OT

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Cognitive Impairment

- Cognitive Aging

- *"A process of gradual, ongoing, yet highly variable changes in cognitive functions that occur as people get older"*

  -Not a disease

  -Occurs in everyone

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Recommendations to Reduce Cognitive Decline

- – Be physically active
- – Treat cardiovascular diseases like hypertension, and reduce risk factors like smoking, poorly controlled diabetes
- – Review health and medications with health professional
- – Be socially and intellectually engaged
- – Get adequate sleep

- (Brain Healthy Diet)

Cognitive Aging
Institute of Medicine Report-2015

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DSM 5
Neuro-Cognitive Disorder Criteria

Decline in One or More Cognitive Domains

-History

-MOCA vs MMSE vs RUDAS

Impaired Functioning

-History

-IADL clinic checklist

Not Exclusively in Delirium

-History

-Basic Lab workup

(Volumetric Brain MRI)

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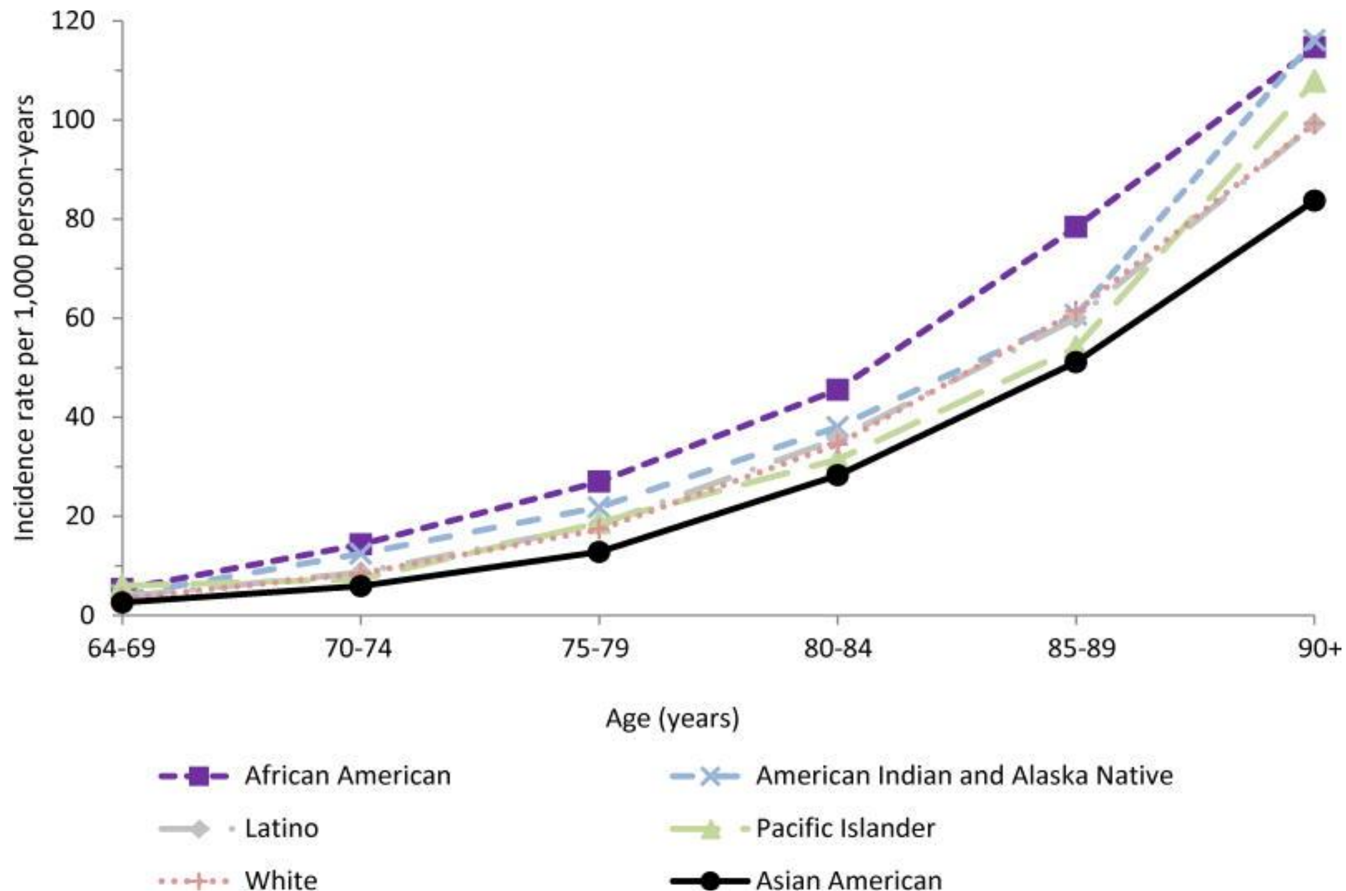
Dementia Incidence Rates by Age and Race-Ethnicity



Awareness of Dementia Diagnosis

- Medicare and National Health &Aging Study
  - Medicare claims record vs
  - Pt or proxy reporting MD told of dx
- Results
- N= 1, 038 unweighted with dementia criteria
  - 41% diagnosed and aware of dx from MD
  - 19% diagnosed but unaware of dx from MD
  - 40% not diagnosed, not aware

  Non-whites more likely unaware, not diagnosed

Amjod, H et al Poster abstract
Alzheimer's and Dementia J, July, 2017

Types of Neuro-Cognitive Disorder

- Alzheimer’s Disease
- Vascular
- Lewy-Body/Parkinson’s
- Fronto-temporal
  - Behavioral Variant
  - Primary Progressive Aphasia(Semantic)

Diagnosing Behavioral Symptoms

- Physically Aggressive Behavior
- Physically Non-Aggressive Behavior
- Verbally Aggressive Behavior
- Verbally Non-Aggressive Behavior
- Wandering
- Hiding/Hoarding

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Behavioral Symptom Treatment

- Nonpharmacological
  - Structured Activities
  - Supervision
  - Needs approach(food, drink, toileting, pain relief, decreased stimulation)
- Pharmacological (Recurrent, severe Sxs)
  - SSRI
  - Antipsychotics
  - Prazosin
  - Benzodiazepines

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Depression

- Uncomplicated Depression
  - Start low, go slow, go all the way
- Complicated
  - Newly diagnosed dementia
    - Treat depression first
    - Then start AChE Inhibitor/Memantine
  - Grief/Bereavement
    - Supportive therapy if early, mild severity
    - Antidepressant if prolonged or severe
  - Unresponsive/Refractory
    - Augment vs Switch
    - Augmentation: Antidepressant vs Antipsychotic

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Takeaways

Communicate Dementia Diagnoses

Complete Antidepressant Trials

Most families don't fear antipsychotics for dementia behaviors as much as the providers and literature

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Questions and Discussion

- Ask questions in the chat or unmute yourself

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Resources

- AIMS Center office hours
- UW PACC
- Psychiatry Consultation Line
  - (877) 927-7924
- Partnership Access Line (PAL)
  - (866) 599-7257
- PAL for Moms
  - (877) 725-4666
- UW TBI-BH ECHO

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Registration

- If you have not yet registered, please email uwictp@uw.edu and we will send you a link

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