"Identification and management of behavior issues in persons with dementia: Practical strategies for primary care"

Natividad Medical Center CME Committee Disclosure Statements:
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About the Presenter
Dr. Ladson Hinton is a board-certified geriatric psychiatrist, clinical researcher, and social scientist. He received his M.D. from Tulane University and completed his psychiatric residency at UC San Francisco. He also received postdoctoral training in the Robert Wood Johnson Clinical Scholars Program at UC San Francisco and in the National Institute of Mental Health (NIMH) Clinically-relevant Medical Anthropology Program at Harvard Medical School. He is currently the principal investigator for an NIMH study entitled “Reducing Disparities in Depression Care for Ethnically Diverse Older Men” and directs the Education Core for the National Institute on Aging (NIA)-funded UC Davis Alzheimer’s Disease Center. He is the past recipient of a career development award from the NIA. Prior to coming to UC Davis, Dr. Hinton served on the faculty at Harvard Medical School.

Overview of talk
- Overview of dementia behavioral symptoms
- Assessment approach
- Management issues
- New tool for cultural assessment: Cultural Formulation Interview for DSM5
Criteria for Dementia

- Cognitive and behavioral change in 2 or more domains
- Memory, visuospatial, language, executive functioning, personality and behavior
- Functional decline secondary to cognitive changes
- Decline from previous level of functioning
- Not explained by delirium of major psychiatric disorder

National Institute on Aging and Alzheimer’s Association April, 2011.

Range of cognitive ability

Dementia behavioral symptoms

- Diverse and include depression, anxiety, agitation, hallucinations, aggression, insomnia, irritability, disinhibition, repetitive behaviors etc.
- Common and recurrent
- Many adverse consequences
- Understudied in minority elderly

‘Normal Aging’ MCI Dementia
Model of behavioral symptoms

- **PSYCHOLOGICAL** e.g. unmet needs, personality etc
- **BIOLOGICAL** e.g. brain changes, medical issues
- **ENVIRONMENT** e.g. social, material

Tip of the iceberg

Consequences of untreated behavioral problems

- Excess disability
- Elevated caregiver depression and burden
- Increased service utilization
- Increased risk of institutionalization
- Lower quality of life
- Risk of harm to person or others
Evidence of Racial and Ethnic Disparities for Dementia Behavioral Symptoms

- Higher burden of neuropsychiatric symptoms in ethnic minority populations in the community
- Disparities in caregiver distress, particularly Latinos
- Ethnic minority may be diagnosed at a later stage
- Disparities in access/quality of care for dementia
  - Minority elderly less likely to receive cholinesterase inhibitors

Neuropsychiatric symptoms in elderly with dementia across 3 epi studies
Caregiver report of neuropsychiatric symptom disclosure to physician & perceived need for help

Hinton et al. Clinical Gerontologist, 2006

Unmet needs for dementia behavioral sx (n = 38)

<table>
<thead>
<tr>
<th>Categories of unmet need</th>
<th>Frequency (%)</th>
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<tr>
<td>Counseling and information</td>
<td>26 (68.4%)</td>
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<tr>
<td>In-home help</td>
<td>8 (21.1%)</td>
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<td>Improved access to health care</td>
<td>2 (5.3%)</td>
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<tr>
<td>Medications</td>
<td>1 (2.6%)</td>
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<tr>
<td>Other</td>
<td>1 (2.6%)</td>
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Hinton et al., Clinical Gerontologist 2006

Assessment

- Identification
- Sociocultural assessment
- Medical evaluation
- Caregiver needs
Step 1: Identification

- What is the behavior(s)?
- Move beyond abstract descriptions
- When and where does behavior occur?
- How concerning and serious is the problem?
- Is it dangerous?
- How often does it occur?
- Objective assessment using standardized instruments
- NPI

Step 2: Sociocultural assessment

- Systematic assessment of the meaning and context of behavioral problems
- Idioms
- Explanatory models
- Patterns of help-seeking
- Values related to caregiving and eldercare
- Expectations and availability of family support
- Sources of family stress/conflict
Explanatory models of dementia in a multi-ethnic sample

- Spirit possession
- Moral failure
- Nerves
- Loneliness
- Excessive worry
- Normal aging
- Alzheimers
- Genetic Mini-strokes
- Brain disease
- Dementia


Association between caregiver ethnicity and dementia model

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<th>AA</th>
<th>Asian</th>
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Hinton et al, JAGS, 2005

Causal attributions for behavioral changes

- Alzheimer's disease or a related dementia
  - I think it's the dementia & nothing else
  - It's a result of the stroke.
- Physical: Physical disease or health conditions other than dementia
  - It's because of the seizures.
  - It's the diabetes
- Mental: Mental illness or emotional states other than dementia
  - I think it's mood changes
  - Los cocones
- Aging: Old age or growing older
  - It's age
  - I say he is still old.
- Interpersonal
  - Loneliness
  - It's because of the kids.
- Personality
  - He is stubborn and argumentative like always
  - That's her personality

Hinton et al. ADAD 2009
Sub-study of Vietnamese caregivers: Religious and spiritual influences

- Hinton et al, Hallym International Journal on Aging, 2009
- A qualitative study of Vietnamese caregivers
- Spirituality/religion are prominent themes
- Impact for aspects of caregiver experience
  - Meaning of illness
  - Motivation for caregiving
  - Meaning of caregiver suffering

Vietnamese Religious/Spiritual Complex in Relationship to Caregiving (Hinton et al, 2009)

Step 3: Evaluate triggers

- Many possible triggers of behavioral problems
  - Interpersonal
  - Medical
  - Cognitive impairments
  - Psychiatric illness
  - Sensory impairment
  - Environmental (e.g., stimulation)
  - Stress/internal tension
Common medical triggers
- Delirium
- Medication side effect
- Pain
- Infection
  - e.g. UTI, pneumonia
- Metabolic imbalance
  - e.g. hypoglycemia
- Stroke

Other contributors
- Sensory/perceptual changes
  - (e.g., visual deficits; hearing deficits)
- Cognitive deterioration
  - (e.g., language, memory, praxis)
- Psychiatric syndromes
  - depression
  - anxiety
  - psychosis - hallucinations or delusions
  - mania

Caregiver assessment
- Genogram
- How is caregiving distributed in the family?
- Elicit family/caregiver needs
- Address safety and nutritional issues
- Quality of family supports
- Assess caregiving stress and burden
Managing behavioral symptoms
- Develop an action plan tailored to patient/family
- Multi-component approach
- Family/caregiver education & referral
- Address triggers
- Nonpharmacological approaches
- Pharmacological approaches

To treat or not to treat?
Mild <---------Moderate ----------> Severe
- Low CR/CG distress → High CR/CG distress
- Low risk of harm → High risk of harm
- Low environment impact → High disruption
- Low impact CR QOL → High impact CR QOL

Treatment considerations:
- Underlying med/medical/drug cause → treat
  - Mild: monitor or multi-component nonpharm rx
  - Moderate: nonpharm, possible drug or specialty referral
  - Severe: nonpharm + drug, referral, in-patient

ACTION PLAN
- Identify specific behavioral target
- Specify goals
- Multi-component approach
- Track progress over time
  - Review with patient/caregiver
  - Document in progress notes
Non-pharmacological approaches

- Caregiver focused
  - Education about behavioral problems
  - Enhance caregiver skills (e.g. communication)
  - Connect with community resources
  - Reduce caregiver distress
- Patient focused
  - Regular routines
  - Exercise
  - Music, aroma therapy
  - Cognitive stimulation
  - Improve level of stimulation

Fotonovela on Behavioral Problems
(Alzheimer’s Association Grant, D. Gallagher-Thompson, PI)

Websites/Resources

- National Alzheimer’s Association
  - www.alz.org
- Family Caregiver Alliance:
  - www.caregiver.org/caregiver/asp/home.jsp
- ADEAR
  - www.nia.nih.gov/Alzheimers
- California State Department of Public Health
  - www.cdph.ca.gov/programs/alzheimers/
- 2008 California AD Guidelines
Community resources
- Local Alzheimer’s Association
- Information & referrals
- Safe Return Program
- Support groups
- Adult day health
- Caregiver resource center

Pharmacological treatments
- Cognitive enhancers
- Psychotropics used when other approaches fail or behavior is severe - - use is “off-label”
- In general: use for short-term stabilization
- Types of psychotropic medications
  - Antidepressants
  - Atypical antipsychotics
  - Anxiolytics
  - Mood stabilizers

DSM5 Cultural Formulation
A tool for cultural assessment and management in dementia
DSM5 Cultural Formulation
- Cultural formulation (CF) developed for DSM4 and revised for DSM-5
- CFI is a structured interview to systematically gather information for CF
  - Open-ended questions, 15-20 minutes
  - Field-tested, to be published in 2013
  - Additional: Informant version of CFI and supplementary modules to amplify
- Developed by DSM5 CF Committee

CFI: a promising dementia cultural assessment tool
- Systematic assessment of cultural factors
- Can be used to assess specific behavioral problems in dementia
- Allows collection key idioms, explanatory models, patterns of care seeking etc..
- Caregiver friendly informant version
- Clinician can use entire CFI or parts

Domains covered in CFI
- Cultural definition of the problem
- Cultural perceptions of the cause, stressors/supports, cultural identity
- Cultural factors affecting self-coping, past help-seeking, perceived barriers
- Cultural factors affecting current help-seeking including preferences, clinician-patient relationship
Supplementary modules

- Questions to amplify domains in CFI
- Explanatory model
- Questions to address specific populations
- Can be administered with the CFI or later
- Not yet field-tested

Caregiving supplementary module

- This module aims to explore the nature and cultural context of caregiving, and the social support and stresses in the patients' immediate environment from the perspective of the caregiver.
- Domains
  - Nature of relationship
  - Caregiving activities and related cultural perceptions
  - Social context of caregiving
  - Clinical support for caregiving

Q & A

- We now have some time to answer your questions. If you have any questions, please use the “Chat” feature located on the right side of your screen. Please send your chat to everyone if possible.
- After the Q and A, we would like to ask each of the participants to answer the short evaluation questionnaire.

Please complete our short survey. We appreciate your feedback. 

NOTE: Continuing Education Participants must complete a final survey in order to receive CEU/CME credit.
Final Question
Thank You for Participating!

Reminder: Please complete our short survey. We appreciate your feedback.

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