

## *About the Presenters:*

### *Linda A. Gerdner PhD, RN*

**Linda A. Gerdner PhD, RN** is a consulting assistant professor at the Stanford Geriatric Education Center (Center for Education in Family and Community Medicine). She has dedicated her career to research related to the care of elders with dementia in an effort to improve their quality of life. She has published extensively in this area, receiving national and international awards for her contributions.

In 2001, Dr. Gerdner began focusing her research efforts on the perception and care of dementia within the Hmong-American community. To deepen her overall understanding of the Hmong culture, Dr. Gerdner traveled to northern Laos where she visited three Hmong villages in the rural province of Xieng Khouang. Dr. Gerdner is committed to assisting in the effort to promote culturally responsive care for elder Hmong living in America.

As a beginning effort she is the primary author of a bilingual illustrated book (*Grandfather's Story Cloth*) to promote understanding of Alzheimer's disease in Hmong American children and their family. The book has received numerous national and international awards.

## *About the Presenters:*



### **Xa Xiong, BA, DC, MD**

Family Practice

Email: kuvmdx@yahoo.com

#### BRIEF BIO:

Dr. Xa Xiong was born in Laos. After the fall of Laos, his family resettled in the Thai Refugee Camp in 1975 and immigrated to California in 1980. He graduated from Valley High School in 1986 and conferred a certificate as a Medical Assistant. He then further obtained his Bachelor of Arts degree majoring in Biology/Chemistry from Concordia University (Christ College) in 1991. From 1991-1994, he attended graduate school majoring in chiropractic medicine and completed his internship in chiropractic medicine from Los Angeles College of Chiropractic. Dr. Xiong was granted with the degree of Doctor of Chiropractic in 1994 and was acknowledged as the first Hmong Chiropractic Physician in the United States. He practiced Chiropractic medicine for nearly two years and then further pursued his medical career in 1997. He earned his Doctor of Medicine (MD) degree in the year 2000 from Spartan Health Sciences University, School of Medicine. Furthermore, in the summer of 2008, he completed his Family Practice Residency at the University of Wisconsin Fox Valley Family Medicine Program. Dr. Xiong practiced as a Family Physician at Aurora Health Care in Manitowoc from 2008 to the early part of 2010. Currently, he is practicing at Prevea St. Mary's Health Center in Green Bay, Wisconsin, where he provides medical services to people of all ages with emphasis in the elderly population.

Dr. Xiong is known as a co-author for a chapter book in which provides cultural information for health care providers working with Hmong clients experiencing dementia, known as "Ethnicity and the Dementias - Working with Hmong American Families". He is the founder of "Dr. Xa Xiong's Foundation: A Quest for Education" and developed the "educational cascade model" in 1996 to guide young students in developing their own pathway to fulfilling their dreams in modern day society. He has been invited as a keynote speaker for countless occasions ranging from graduations to college students at the universities. Many students have known Dr. Xiong as "an inspirational speaker". He served as a member of the Board of Directors for Hmong National Development, Inc. (HND) from 2005-2006. In 1997, Dr. Xiong was listed as one of the five accomplished Hmong Americans in the book of "The Hmong: Coming to America" by Kaarin Alisa. Both Dr. Xiong and his wife Choua Yang along with their five children are living in the city of Manitowoc, Wisconsin. He continues to inspiring young students to pursue in higher education, giving lectures on health education, bridging healthcare gap, and participating in community organizations to build a better future for the Hmong people.

# Perception and Care of Elder Hmong Americans with Dementia

Linda A. Gerdner Ph.D., R.N.



## Background

- Ethnic minority from Southeast Asia
- Assisted U.S. effort during Vietnam War
- Communist takeover of Laos in 1975
- Fled to refugee camps in Thailand
- Began arriving in U.S. -- mid-1970s





## 2000 U.S. Census

- \*186,310 Hmong living in U.S. Believed to be a 50-60% under representation
- 97% increase since 1990
- 55.6% foreign born
- 2.8% were 65 years or older
- Of these elders 64.1% were unable to speak English (Lee et. Al., 2003)
- \*HND estimates 275,000

## Family Role / Decision Making

- Organized into an 18-clan structure
- Family is a sub-component
- Members have well-defined roles & responsibilities
- Patriarchal, strong family bonds based on interdependence
- Any life decision that affects one family member will have a direct / indirect impact on all
- Decisions made as a group under the leadership of eldest male
- Clan leader consulted only with unresolved dispute

## Spirituality

- Traditionally the Hmong practice animism and ancestor worship
- These beliefs are strongly intertwined with beliefs related to health and illness.
- Spiritual Illness / shaman
- Within this belief system some illness may have a biological cause / herb or organic substances

## Spiritual Beliefs

- Influenced by religious beliefs of dominant cultures in Laos, Thailand, US (Christianity, Buddhism)
- Animism / Ancestor Worship (estimated 70%)
- Self-identified Christians may retain traditional beliefs to varying degrees
- Spiritual status may change over time

## Heterogeneity

- Spiritual Beliefs
- Level of Education
- Ability to Speak English
- Country of Birth
- Degree of Acculturation

## Dementia in Hmong Elders

- Has been a neglected issue.
- Until recently little was know about the perception, prevalence, and preferred treatment.
- Important and timely issue

Volume 2, Edition 18 Thursday, August 11, 2005

# Hmong Today

The Nation's Hmong Newspaper XOV-XWM HMOOB

## Man Is Found After 21 Days



**Waa Lee, center in green shirt, is greeted Tuesday by his brother Chio Lee, right, and his sister-in-law Gally Lee, left, along with several dozen family members, friends and neighbors at his home near 23th Street and Carroll Boulevard. Waa was released from St. Nicholas Hospital for an hour to attend the party in his honor.**

**By Wanying Mousi/Hmong Today**

While there are mysteries yet to be solved, friends and family members are joyful that 67-year-old Waa Lee was found in relatively good shape after being missing for 21 days.

"We were starting to lose hope," Mai Lee, a cousin of the man, had told reporters upon his return. "There's been a lot of stress on the family. This news will put everyone's mind at ease."

According to family members, the return of Waa Lee is all the more miraculous because he suffers from mental disorders such as short-term memory loss, a lack of linguistic skills and the inability to use basic tools such as a telephone.

Authorities say Waa Lee had last been seen working on his fence in the backyard at 10 AM on July 19. Family members thought at first that other family members may have picked Waa Lee up, but after 7 PM that evening they reported him missing when he couldn't be located.

The Sherburne Press reported three days after Waa Lee's disappearance that a full search had been conducted.

**Waa Lee, continued on page 18**

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# Historical Context

## *Tem Toob*



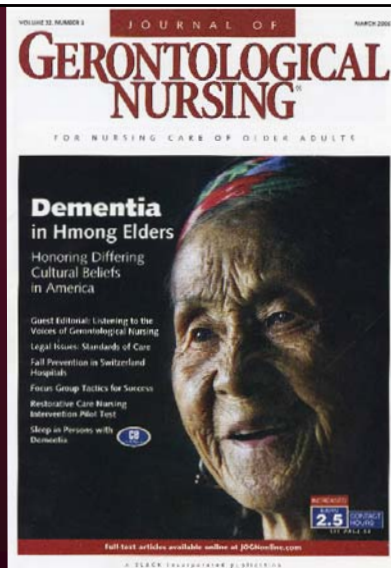
- *Ntoo laus ntoo khoob, neeg laus neeg tem toob* (Blia Lo, personal communication)
- Compares an elder who has memory impairment with a tree that has been hollowed with age

*Needlework: Mai Lee*

*Artist: Teng Xiong; Consultant: Sia Her Xiong;*







**Gardner, L. A., Xiong, S. V., & Cha, D. (2006).** Chronic confusion and memory impairment in Hmong elders: Honoring differing cultural beliefs in America. *Journal of Gerontological Nursing*, 32(3), 23-30.

**Ethnographic study to systematically explore the impact of living in the U.S. on these traditional views**

## Methodology

- Focused ethnographic study involving 2.5 years of participant observation and in-depth interviews with Hmong American family caregivers, traditional healers, and community liaisons to explore:
- Perception & cause of chronic confusion / dementia
- Family caregiving experience
- Access and use of Western health care services
- Use of traditional healers.

## Setting

- St. Paul / Minneapolis, Minnesota (Hmong pop. 40,707). Largest enclave in U.S.
- Eau Claire, Wisconsin (Hmong pop. 1,920)

## Access and Recruitment

- Began by obtaining support from Hmong American leaders during the design of this study
- Study was publicly endorsed by Lao Family Community who also assisted with recruitment
- Research team included a Hmong nurse
- PI became immersed in the Hmong American community (community activities, family gatherings)

## Data Generation

- Interviews conducted at a time and location convenient to the participant
- Majority of interviews conducted in the Hmong language with assistance of a certified health care interpreter
- With permission all interviews were audio-taped.
- \$25 gift certificate for groceries at Hmong American grocery store.
- Extensive field notes

## Data Analysis

- Taped interviews transcribed
- Supplemented with field notes
- Data content analyzed using ethnographic analytic procedures described by Kirk & Miller (1986).
- Major categories identified

### Demographic Data

	Caregiver (n=15)	Community Leader (n=5)	Traditional Healer (n=5)
<b>Sex</b>			
Female	10	1	3
Male	5	4	2
<b>Age</b>			
Mean	56.1 yrs	63 yrs	75 yrs
Range	(24-87 yrs)	(34-92 yrs)	(55-85 yrs)
<b>Time in U.S.</b>			
Mean	23.5 yrs	22.3 yrs	20.6 yrs
Range	(9-30 yrs)	(14.27 yrs)	(11.25 yrs)
<b>Language of interview</b>			
Hmong	11	1	5
English	4	4	0
<b>Spiritual orientation</b>			
Animist/ancestor worship	11	2	5
Christian	4	2	0
Combination	0	1	0
<b>Education</b>			
No formal	10	3	5
High school	4	0	0
Technical college	0	1	0
College (4 years)	1	1	0

## Labeling Chronic Confusion

- Most used the term *tem toob*
- “When people get old there are so many things on their mind, [they] forget things. Too many things too focus on so their mind doesn’t work.”
- Only 6 reported receiving a dx. for this condition, with one adding, “buy many of us do not know what that [diagnostic term] means.”
- Dementia: “In America, they give this diagnosis [dementia] to crazy people, but I don’t think she is crazy - it is her memory. She doesn’t remember when she has eaten. She doesn’t remember what people have told her or what people have done for her - so her memory is not there,”

## Perceived Cause

- Traditional healers (i.e., shamans) attributed the elder’s condition to soul loss.
- Hmong Christian minister: “unfulfilled emotionally,” he added, “their spiritual side is empty so they have no hope for the future...the emotional effects the physical.”

## Spiritual Cause

1. "in the U.S. many elders live in loneliness...they getting sad and lonely - don't want to stay near this body anymore so that is why they wander around."
2. It was believed that an evil spirit may invade or attach itself to the person's body. More specifically, One shaman said said, "an evil spirit could block the elder's mind so that he or she doesn't know how to think clearly."
3. "Evil spirit takes the person's soul and tortures it, causing the person to become crazy and forgetful."

## Perceived Cause

- Majority of family caregivers attributed memory impairment to aging process.
- Majority of community liaisons identified stress as the cause

## Family/Clan Structure

Five concentric circles [beginning with a description of the inner circle & describing outward]

1. Nuclear family comprised of husband/wife  
(when woman marries joins husband clan)
2. Husband's family
3. Wife's family
4. Entire Clan
5. Hmong community as a whole

## Caregiving Structure

- Traditionally, the eldest Hmong son has primary responsibility for his aging parents, with his wife providing the actual hands-on care.
- Conflicts with this tradition are emerging due to changing roles and lifestyles of Hmong living in America.

## Caregiving Role

- Return of the love and care given by the elder
- Model of traditional values for younger generation.
- Overall, female caregivers were pleased to devote time and attention to care of a family member and took pride in this endeavor.
- More difficult for those who were forced to juggle a career outside of the home along with the role of traditional wife and mother.

## Ancestor Worship

Belief: Ancestral spirits continue to influence the lives of living family members.

For example, an elder must be cared for and respected during the final years of life to prevent harm from befalling the family when the elder dies and joins the ancestral spirits.



## Preferred Treatment

- Regardless of the personal beliefs of caregiver, traditional healers were sought when the elder retained beliefs of animism/ancestor worship.
- Shamanic healing ceremonies used to promote spiritual and family unity.
- The religious leader recommended that Christian Hmong seek spiritual assistance when initially confronted with memory impairment.
- Christian Hmong may use an adapted version of healing ceremony performed by a minister.
- Because the majority of family members viewed the elder's condition as a normal part of aging, they did not seek treatment from a physician, unless accompanied by a health crisis.



## Support Groups

- Local Chapter of the Alzheimer's Association was unsuccessful initiating a support group in the Hmong American Community
- One community member was puzzled as to why a family would seek the assistance of "strangers" to discuss such a sensitive issue.
- This is consistent with the perspective of a caregiver who emphasized, "you need to talk it over with someone in the family...you have to keep it in the family."
- Overall caregivers were selective about whom they chose to confide in regarding the elder's condition.

## Nursing Homes

1. Have Hmong speaking staff
2. Serve foods that are culturally appropriate
3. Be located in close proximity to family to allow frequent visits.
4. Provide flexibility with a friendly environment that is welcoming to families.
5. Allow residents to practice traditional ceremonies such as *hu plig* (soul calling) for those who retain animistic beliefs and prayer ceremonies for those who are Christian.

## Conclusions

- With an increase in life expectancy there is an increased risk for dementia
- Caregiving of elders with dementia is posing new challenges for the Hmong American community.
- Role of family/clan and spirituality are primary factors in determining care for Hmong elders with dementia.
- Roles of family/clan members are well-defined based on gender, generation, and kinship (Keown-Bomar, 2004).
- Specific to this study, these roles define caregiving responsibilities of elders with dementia and extend outward to the use of community services.
- Spiritual orientation influences perceived cause and health seeking behaviors.

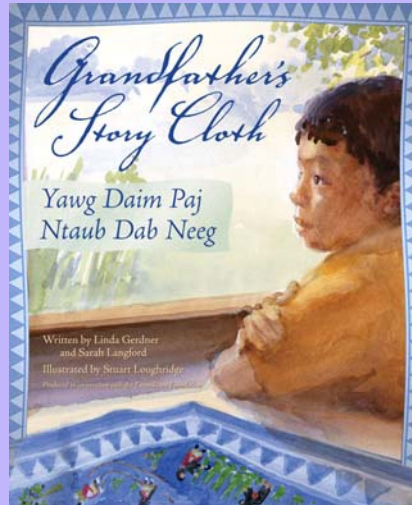
## Conclusions (cont'd)

- Study participants identified dementia as a “neglected issue within the Hmong community”.
- There is a critical need to develop culturally and linguistically appropriate family caregiver training program
- The Hmong community relies heavily on family and clan for support and information. Outreach efforts should include these authority figures.

## Reference

- Gerdner, L. A.** , Tripp-Reimer, T., & Yang, D. (2008). Perception and care of elder Hmong Americans with chronic confusion or tem toob. *Hallym International Journal of Aging*, 10 (2), 111-138

Gerdner, L. A., & Langford, S. (2008). *Grandfather's Story Cloth / Yawg Daim Paj Ntaub Dab Neeg* (Bilingual: English/Hmong). Walnut Creek, CA: Shen's Books. ISBN# 978-1-885008-34-3





ASSESSMENT OF DEMENTIA AND CAREGIVING  
FOR HMONG AMERICAN ELDERS

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Xa Xiong, BA, DC, MD  
PREVEA Health

A Webinar Series  
Stanford Geriatric Education Center  
April 14, 2010



ASSESSMENT OF DEMENTIA AND CAREGIVING  
FOR HMONG AMERICAN ELDERS

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Hmong means being “free”.



## ASSESSMENT OF DEMENTIA AND CAREGIVING FOR HMONG AMERICAN ELDERS

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### o Case Example and Discussion

- Mrs. Y is an 84 year old, Asian female woman who lives with her son, daughter-in-law, and five grand children. She was brought into the clinic by her son because of her confusion, memory loss, moodiness, and communicative difficulties for the past two years. The son states "my mother has been like this and I am ashamed to take my mother out to the public place because they might think that she is crazy and I may lose face". "We had done everything we could at home but nothings had helped". "We had tried Hmong traditional treatment modalities, herbs, shamanism, and magic healing". Patient has not seen a physician for the past two years.

Her past medical history includes hypertension, "mini stroke X2", osteoarthritis of lumbar spine, and history of chronic gastritis. Current medications; traditional herbs and Aspirin 81 mg daily.

P.E.: VS: Within normal range.  
General: Alert, oriented X1, NAD. HEENT: WNL. CV: WNL.  
LUNGS: WNL. PSYCHIATRIC EVAL: Disoriented to time, place, and trouble remembering her own son.  
Hmong Mini-Mental Exam: 5/24 (Normal >20/24)



## Chronology of Hmong History

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- o (From Paoze Thao, Mong Education at the Crossroads. New York: University Press of America, 1999, p. 28).
  - 2700 B.C.: The Hmong occupy the Yellow River region of China
  - 206 B.C. - 220 A.D.: The Hmong were forced out to the Kansu region of China as a political buffer by the Chou Dynasty.
  - 618 A.D.: The Tang Dynasty reconquered the Hmong territories in present-day China.
  - 907 A.D.: Sung Dynasty
  - 1360-1644 A.D.: Ming Dynasty
  - 1644-1911 A.D.: Manchu Dynasty
  - 1810-1820 A.D.: Many Hmong migrate out of China to Laos by way of Vietnam, Burma, and Thailand.
  - 1917-1922: The Mad War (Rog Phimbab) led by Pa Chay against the French.
  - 1941-1945: World War II (Known to the Hmong as Rog Yivpoos - the "Japanese War")
  - 1946: The Beginning of the Cold War.
  - 1963-1975: The Vietnam War and the U.S. Secret Army in Laos.



## ASSESSMENT OF DEMENTIA AND CAREGIVING FOR HMONG AMERICAN ELDERS

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### **1963-1975: The Vietnam War and the U.S. Secret Army in Laos.**

- Hmong – recruited by the United States Central Intelligence Agency (CIA):
  - Monitored the Ho Chi Ming Trail (the route used by the North Vietnamese soldiers to transport ammunition to invade South Vietnam)
  - Gathered intelligence information for the CIA.
  - Rescued U.S. air pilots whose aircraft had been shot down.
  - As many as 20,000 Hmong were killed while serving America and died at a rate ten times that of the American soldiers (Hamilton-Merritt, 1993; Quincy, 1995).



## ASSESSMENT OF DEMENTIA AND CAREGIVING FOR HMONG AMERICAN ELDERS

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### **Family/Clan Structure**

- Hmong are organized into an 18 patrilineal clan structure;
  - Chang, Chue, Cheng, Fang, Her Hang, Khang, Kong, Kue, Lee, Lor, Moua, Pha, Thao, Vang, Vue, Xiong, and Yang.
  - Membership into a clan is achieved by birth.
  - Exogamy marriage
  - Elders within the family are highly respected and sought after for wisdom acquired over a long life.
  - It is recognized that any life event or decision that affects one family member will systemically have a direct or indirect impact on all of its members.
  - Therefore, decisions are made as a group under the leadership of the eldest male.
  - The clan leader is consulted when there is an unresolved dispute.
  - Health care providers must be cognizant of the decision-making structure preferred by the elder and his/her family.
  - By tradition, the eldest married son has the primary responsibility for the care of his aging parents, with his wife providing the actual hands-on-care.

## ASSESSMENT OF DEMENTIA AND CAREGIVING FOR HMONG AMERICAN ELDERS

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### Spirituality

- Animism
- Ancestor worship
- Multiple souls
- Traditionally, believe that these souls must remain in harmony to sustain health and wellness.
- The seriousness of the illness – determines by the number of souls that are lost.
- Spiritual illness – treated with traditional healer –Shaman (txiv neeb) or a practitioner of magic healing (kawv koob)
- Acknowledgement some illness may have a physiological cause.
- Physiological illness – traditionally treat with herbs or other organic remedies as prescribed by a Hmong herbal medicine expert (kws tshuaj)
- Influence by religious beliefs; converted to Christianity

## ASSESSMENT OF DEMENTIA AND CAREGIVING FOR HMONG AMERICAN ELDERS

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### Language

- Multi-tonal and has two dialects: White Hmong (Hmoob Dawb) and Green Hmong (Hmoob Ntsuab or Hmoob Leeg)







## ASSESSMENT OF DEMENTIA AND CAREGIVING FOR HMONG AMERICAN ELDERS

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### Perceptions and Care of Persons with Dementia

- No word that directly translates to the meaning of dementia
- *“Tem toob”* – used to describe an elder with severe memory impairment and chronic confusion.
- *“As a tree ages, it has holes. A person who ages becomes forgetful. An old tree is hollow. An old person has memory loss or impairment.”*
- No statistics documented the prevalence of dementia in the Hmong American population.
- Community leaders identified chronic confusion as a neglected health concern in Hmong elders.
- Negative stigma to elders and extend to the entire family, not just the individual
- To maintain the elder’s dignity and respect within the community, family members may postpone or avoid seeking help from persons outside of the family



## ASSESSMENT OF DEMENTIA AND CAREGIVING FOR HMONG AMERICAN ELDERS

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- Western Medicine
  - Research – the majority of Hmong Americans do not see the value of seeking western medicine for treatment of elders with memory problems and chronic confusion
  - Overall, elder Hmong-Americans usually limit their use of medical care to emergency situations
  - This has led to the lack of available information regarding the prevalence of dementia within the Hmong community
  - Compounded by a lack of available assessment tools that are linguistically and cultural appropriate for the assessment of cognitive impairment in Hmong elders.
  - Adapted version of the Mini-Mental State Exam (Folstein, McHugh, 1975)/Coleman & Xiong 4/2003 Version.
  - Dartmouth Coop

Patient (Tus Neeg Kho Mob) \_\_\_\_\_  
 Examiner (Tus Neeg Kuaj) \_\_\_\_\_  
 Date (Hhub Tim) \_\_\_\_\_

\*MINI-MENTAL STATE\*\*

Maximum score	Score (Feem)	Orientation
5	( )	What is the (year) (season) (date) (day) (month)? Xyoo no yog xyoo dab tsi, lub caij dab tsi, hhub dab tsi, hli dab tsi?
3	( )	Where are we: (state) (town) (building)? Peb nyob qhov twg: lub xeev dab tsi, lub zos dab tsi, lub tsev twg?
		Registration
3	( )	Name 3 objects: 1 second to say each. Then ask the patient all 3 after you have said them. Give 1 point for each correct answer. Then repeat them until he learns all 3. Count trials and record. Trials _____
		Attention and Calculation
3	( )	Serial 3s. 1 point for each correct answer.
		Recall
3	( )	Ask for the 3 objects repeated above. Give 1 point for each correct.
		Language
7	( )	Name a pencil, and watch (2 points) Repeat the following "Tsis yog, thiab, los tab sis." (1 point) Follow a 3-stage command: "Take a paper in your right hand, fold it in half, and put in on the floor" (3 points) Copy design (1 point)
Total score _____		
ASSESS level of consciousness along a continuum _____		
		Alert      Drowsy      Stupor      Coma

\*Adapted from Folstein, M.F., Folstein, S.E., and McHugh, P.R.: "Mini-mental state," a practical method for grading the cognitive state of patients for the clinician, J. Psychiatry, Res. 12:189-198, 1975, Pergamon Press, Ltd.  
 \*\*Coleman/Xiong 04/2003



## ASSESSMENT OF DEMENTIA AND CAREGIVING FOR HMONG AMERICAN ELDERS

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- Western Medicine
  - Multiple causes and risk factors associated with dementia
  - Vascular dementia is seen in about 20% of persons with dementia, a series of transient ischemic attacks (TIAs)
  - Hypertension – primary risk factor for vascular dementia
  - Disturbances in memory and cognition may be due to other factors such as DEPRESSION, as seen in Depressive Pseudo-Dementia
  - Hmong elders have a high rate of depression due to earlier loss, trauma, and difficulties in adapting to life in Americans



## ASSESSMENT OF DEMENTIA AND CAREGIVING FOR HMONG AMERICAN ELDERS

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- Spiritual Healers
  - Some believe that *tem toob* (memory impairment) has a spiritual cause
  - A shaman may be called upon to perform a traditional healing ceremony (*ua need kho*)
  - Traditional healing ceremony – the shaman enters a trance enabling him/her to travel to “the other world” to negotiate for the return of the afflicted person’s lost or abducted soul.
  - The negotiation process involves burning incenses and spirit money and usually an animal sacrifice
  - The shaman will loosely tie a red or red/white entwined string around the neck, wrist, or ankle of the afflicted person
  - The entwined string is to protect the soul from evil spirits and secure the soul to the body



## ASSESSMENT OF DEMENTIA AND CAREGIVING FOR HMONG AMERICAN ELDERS

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- Herbalists
  - Medicine woman (*poj txhawj maub chauj*)
  - Grow medicinal herbs in the back yard
  - Fresh herbs (*tshuaj ntsuab*)
  - Dried roots (*tshuaj qhuav*)
  - Other organic substances (dried animal parts, rhinoceros bones/skin/dried blood)

## ASSESSMENT OF DEMENTIA AND CAREGIVING FOR HMONG AMERICAN ELDERS

### Perceptions and Care of Persons with Dementia

- Other Traditional Treatment Modalities
  - Cupping (txhuav) – alleviate swelling and pain
  - Vigorous massage (zaws hno) – inhibiting chemical that causes irritation to the stomach lining and promotes peristalsis, in treating upset stomach
  - Silver spoon rubbing (dia kav) – treating variety of febrile illnesses as well as stress related
  - Pinching (baws) – treating headaches
  - Massage (zuaj) – treating stress related symptoms such as headaches, muscle aches and pain
- **Causes bruising of the skin and may be misinterpreted as dependent adult abuse**

### Treatments: Summary

○ Western Medicine: **US Food/Drug Administration (FDA) has not approved any drug specifically for dementia, except the cholinesterase inhibitors.**

- Cholinesterase inhibitors – Tacrine (Cognes), donepezil (Aricept), rivastigmine (Exelon), galantamine/galanthamine (Reminyl)
- Antidepressants/anxiolytics – Fluoxetine (Prozac), sertraline (Zolft), paroxetine (Paxil), citalpram (Celexa)
- Antipsychotics – Haloperidol (Haldol), risperidone (Risperdal), quetiapine (Seroquel), olanzapine (Zyprexa), ziprasidone (Geodon)
- Anticonvulsants – Valproic acid (Depakote), carbamazepine (Tegretol), gabapentin (Neurontin), lamotrigine (Lamictal)
- **\*\*Frequently use medication**

○ Traditional Medicine: **Non-specific**

- Spiritual Healing
  - Shaman - Txiv Neeb - ua neeb kho
  - Magic healer – ua khawv koob kho
- Praying
- Herbal remedies: fresh herbs (tshuaj ntsuab), dried roots (tshuaj qhuav), and other organic substances (dried animal parts, rhinoceros bones/skin/dried blood, etc)
- Other traditional treatment modalities:
  - Cupping (txhuav)
  - Needle pricking (zaws hno)
  - Silver spoon rubbing (dia kav)
  - Pinching (baws)
  - Massage therapy (zuaj ib ce)



## ASSESSMENT OF DEMENTIA AND CAREGIVING FOR HMONG AMERICAN ELDERS

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### Recommendation: Establishing Rapport and Trust

- **A professional Hmong medical interpreter or a cultural broker.**
- Avoid discussing important topics (e.g. care issues) with the patient alone.
- Identify a family member and/or a clan leader of the patient.
- Organize a family conference that includes an invitation to the clan leader.
- Discuss the important topics (e.g., pathological process of the disease, prognosis, and treatment plans) in a culturally and linguistically sensitive manner. Be forthright and avoid using dogmatic statements when discussing the prognosis.
- Offer to include the clan leader in the decision-making process.
- Be supportive of the family/clan leader wishes.

Gerdner, L, Xiong, X and Yang, D, "Working with Hmong American Families", Ethnicity in Dementia edited by Gwen Yeo and Delores Gallagher-Thompson, soon to be published this fall of 2006.



## ASSESSMENT OF DEMENTIA AND CAREGIVING FOR HMONG AMERICAN ELDERS

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### Discussion: Patient.

- I. Values, Ethics and Theoretical Perspectives:  
Better understanding of Hmong history and cultural perceptions toward Dementia
- II. Assessment:  
A good history  
Mini-Mental State Examination  
[Hmong Adapted Mini-Mental State Exam Version: 5/24](#)  
Dartmouth Coop
- III. Intervention:  
See Treatments Slide  
Intense counseling (family)  
Power Attorney for Health Care
- IV. Aging Services and Programs:  
Local Aging Services and programs  
Kajsiab House – Madison, WI Hmong Elder Mental Health – Appleton, WI



## ASSESSMENT OF DEMENTIA AND CAREGIVING FOR HMONG AMERICAN ELDERS

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- Even though you may not be able to speak the Hmong language, it may be helpful to learn a few simple phrases such as:

“Hello” (*Nyob zoo*)

“Thank you” (*Ua ntsaug*)

“See you later” (*Sib tshiv dua*).



## ASSESSMENT OF DEMENTIA AND CAREGIVING FOR HMONG AMERICAN ELDERS

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Gerdner, L, Xiong, X and Yang, D, “*Working with Hmong American Families*”, *Ethnicity in Dementia* edited by Gwen Yeo and Delores Gallagher-Thompson, soon to be published this fall of 2006.

Paoze Thao, *Mong Education at the Crossroads*. New York: University Press of America, 1999, p. 28

## Topics Include:

Part I: Risk of Dementia

Part II: Assessment of Dementia in Diverse Populations

Part III: Treatment and Management of Dementia

Part IV: Working With Families  
(14 chapters featuring diverse populations)

Part V: Community Partnerships for Support of Ethnic Elders and Families

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# *Ethnicity and the Dementias*

*Second Edition*



*Edited by  
Gwen Yeo and Dolores Gallagher-Thompson*

