About the Presenters:

Dr. Arnel Joaquin, MD

Dr. Arnel Joaquin graduated from the University of the Philippines College of Medicine in 1989. He completed his internal medicine residency at Wayne State University in Detroit MI and a 2-year geriatric fellowship at UCLA. He has been in academic medicine since 1995 and was program director and chief of the geriatric program at Drew University in Los Angeles. He has trained more than 40 geriatric fellows over a span of more than 10 years. Majority of these fellows belong to the minority group and are practicing in their own community. Dr. Joaquin was a recipient of the Geriatric Training for Physicians, Dentists and Behavioral and Mental Health workers given by HRSA.

Currently Dr. Joaquin works for the State of California Department of Corrections and Rehabilitation. He maintains his academic appointment at Drew University and UCLA and sits in the Continuing Medical Education Committee at Drew University. He also has a part time private practice in geriatrics and internal medicine.

Melen McBride, PhD, RN, FGSA

Dr. Melen McBride, SGEC Associate Director Emerita, is a clinical nurse specialist in gerontology and geriatrics. In 1991, after a two-year Robert Wood Johnson Post-Doctoral Clinical Fellowship at UCSF, she joined SGEC and pursued a career in multidisciplinary academic training and research focusing on ethnogeriatrics.

She develops, teaches, and evaluates curricula and educational resources, including applications of internet-based educational technology. Her research activities focus on health promotion, management of chronic illness, health literacy, caregiving, disaster preparedness, education technology, and evaluation. She is widely published and is active with numerous professional groups in the aging network.

She is currently conducting evaluation research of a community-based health promotion program for healthy older Filipino Americans with diabetes and hypertension and is providing clinical and research consultation services to minority entrepreneurs for product testing of an electronic health monitoring system that has a motivational game and social support component. When Dr. McBride officially retired in 2005, she described the next phase of her career as a “re-threading” process – an opportunity to weave her expertise into new areas of ethnogeriatrics.

HANDOUT; Case Studies
Please read before the webinar session.

Assessment of Dementia and Caregiving for Filipino Elders
Webinar Series No. 5, May 12, 2010

PRESENTERS:
Arnel Joaquin, MD
UCLA and Drew University Schools of Medicine

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Stanford Geriatric Education Center

CASE STUDY # 1

Mrs. R.A. came to the US in her 50s to work for a clothing company. She was a college graduate with 2 children and had recently been separated from her husband. She worked until the age of 65 and was able to retire comfortably with her pension and social security benefits. She had managed to petition her children to the US, and she lived in her own apartment in a senior housing in San Francisco. She was independent, and for a while, gave financial support to her 2 children who had to establish themselves as new immigrants in the US.

Five years after her retirement, she started to complain about break-ins in her apartment. She would be missing items in her cupboard that she was sure were there. The complaints were taken seriously for months, and Mrs. R.A. ended up putting up to 5 double locks on her door.

This started to concern her children as she would not be able to get out quickly in an emergency situation. Furthermore, her claims of break-ins have started to become unrealistic as she would claim that her picture frames have been moved to a different location.

Throughout this ordeal, Mrs. R.A. maintained her ADLs, able to still use the public transportation. She repeatedly rejected the notion that the break-ins were just her imagination.

After a few more months, it was decided that she would need to live with her daughter and her husband. At this time there was some safety concerns as she was getting more anxious.

Mrs. R.A. stayed for several years with her daughter. There were some minor issues with her husband but nothing that wouldn't be overcome. Mrs. R.A. had a serious fall from tripping on speaker wires that were unsafely setup in the living room, and she sustained laceration on her forehead.

She started to lose her recent memory. She was not able to recognize people that she had met within the last 5-10 years. She started to lose appetite, and this caused her to go back and forth to the clinic and hospital over the next several months.

In the last 2 years of her life, she was only able to recognize her children. She was not able to communicate her needs well, and she was incontinent. She was placed in a nursing institution, where she eventually passed away.

CASE STUDY #2

Ms. R.G. came to the US in her late 60s after being petitioned by her children. She has hypertension and diabetes. Two years after arriving to the US, she suffered a stroke and was temporarily paralyzed on the right side of her body. She recovered her strength fully after rehabilitation

She stayed with her 3 children for weeks at a time in rotation. She developed several medical complaints and was becoming a source of stress for her children, who all had active employment. She also started to have memory problems, and sometimes leaving the gas stove on when she was left by herself.

Over the next several months she continued to have more serious mental lapses. She would also be hospitalized for complaints of chest pains. Eventually, because of the need to have constant supervision, her children placed her in a nursing home.

Mrs. R.G. was still able to recognize her family and she was not happy at all being in the nursing home. However, she had multiple behavioral issues by this time that it was not possible to handle her in any of her children's homes.

CASE STUDY #3

Mrs. R.J. had migrated to the US more than 25 years ago after she was petitioned by her daughter. She took care of her grandchildren and was very independent for the most part of her life in the US. 7 years ago she suffered a stroke and was unable to ambulate by herself since then. She is aphasic, but appears to have maintained her mentation.

She stayed in her daughter's home. Her daughter hired help during the day so she could go to work. During the evening her daughter would be the one to take care of her needs. This went on for a couple of years. 5 years ago, her daughter decided to put her in a nursing home as she had become more fragile.

This stay at the nursing home did not last long as Mrs. R.J. deteriorated physically and mentally. The daughter claimed that her mother was just left in bed most of the day, allowing her to be deconditioned. When she took her out of the nursing home, she had sacral decubitus ulcers and was bed and wheelchair bound.

Mrs. R.J. now stays with her daughter with full time caregiver around the clock. She takes on some caregiving on some of her days off and gives the primary caregiver respite.

Assessment of Dementia and Caregiving for Filipino Elders

Webinar Series No. 5, May 12, 2010

Arnel Joaquin, MD, Diplomate in Internal Medicine & Geriatrics
UCLA, & Charles Drew University, Schools of Medicine

Melen McBride, PhD, RN, FGSA
Stanford Geriatric Education Center

OBJECTIVES

Know and understand:

- Older Filipino Americans related to demography, incidence of dementia, and cultural context of assessment of dementia and caregiving.
- The risks for and causes of dementia, with emphasis on Filipino elders' cultural beliefs and practices.
- Evaluation of Filipino elders with dementia.
- How to plan culturally sensitive behavioral and pharmacologic treatment strategies to minimize the personal, social, and financial impacts.
- How to refer elders and caregivers to culturally appropriate community resources.

TOPICS TO COVER

- Demography, immigration history, cultural values, beliefs, and practices, perceptions of dementia.
- Risk factors, protective factors, and perceptions of dementia
- Culturally sensitive assessment, differential diagnosis, and management
- Filipino family, decision making, and caregiving patterns
- Tips for practitioners and community resources
- Case Vignettes

Background
Who are the Filipino Americans?

- Ancestral land - Southeast Pacific Rim
- 7200 + islands (115,707 sq m)
- Tribal society of distinct island people
- Mixed genetic/cultural heritage - Malayan, Muslim, Chinese, Spanish, Euro-Western
- 8 major languages;
  80+ ethnic languages
- Multi-level acculturation (De LA Cruz, 1998)

Background ~ Immigration History

- 1572-1898 – Philippines a colony of Spain; 1565-1815 – Spanish-Mexican or Manila-Acapulco galleon trade; 1763 first permanent settlement in Louisiana bayous; 1898 – US acquired the colony after the Spanish-American war
- 1903 – 1933 – US "nationals" until 1934 Tydings MCDuffie Act change their status to "aliens", scholars, farm workers, fisheries, domestics, US Navy stewards, kitchen staff
- 1945-1965 – citizenship for WWII veterans, "brown brothers", War Brides Act, Exchange Visitor Program, cold war recruitment to US Armed Forces, farm workers
- 1965 – opened immigration quota, professionals, family reunification, citizenship amendment to Immigration Act for WWII veterans, Marcos regime
- 1980's – post-martial law

McBride, 2001

Background ~ Demography

- Second largest population of older Asian Americans; 55% (age 55+); 20.6% (age 65+)
- 90.4% of 65+ group are foreign born
- 17% linguistically isolated
- 29.4% with less than 9th grade education
- 18% still working
- 8.4% live in poverty
- 7,000 out of 29,350 remaining WWII veterans in 2003, from an est. 175,00 eligible

US Census, 2000; McBride, 2006

Older Filipino Americans

- Age in place
  - laborers, contract workers, war brides, professionals, students, second generation
- Followers of adult children
- Young-old part of the 1960's "Philippine brain drain"
- Refugees from the Marcos regime
- World War II Veterans
- Visitors

Historical Trauma

- Oldest-old experienced blatant discrimination
- Young-old grew up aware of social inequities
- WWWII Survivors of Bataan March

Issues in Assessment of Dementia

- Prevalence and Perceptions of Dementia
- Early Diagnosis: Attitudes and Communication Issues
- Clinical Assessment Tools and their Effectiveness

Literature

- Most studies are done in Caucasian, African American and Hispanic population
- Caution should be used when generalizing for Asian Americans
- Filipino Americans may have some unique characteristics
  - Studies have shown Filipinos have high prevalence of low HDL due to increase cholesteryl ester transfer protein activity (Sy, et al 2007)
  - Low HDL level is associated with vascular dementia (Zuliani, et al 2010)

Dementia in the Philippines

- 11.5% prevalence in 60-69 years old
- Over 15.6% beyond 70 years old
- Establishment of Dementia care facilities is slow

Marasigan, 2009

Philippine Top 10 Causes of Mortality

(WHO 2002)

- Lower respiratory infection
- **Ischemic heart disease**
- Tuberculosis
- **Hypertensive Heart Disease**
- Perinatal conditions
- **Cerebrovascular disease**
- Violence
- Diarrheal diseases
- **Diabetes Mellitus**
- COPD

For the 2004 U.S. Top Ten, AD is #7

Life Expectancy of Filipinos in Philippines (WHO, 2006)

- Life expectancy = 68 years
  - Male = 65
  - Female = 72
- Expected to increase

Demography of Alzheimer's Disease, 2010

- 5.3 million in U.S. currently
- California has almost half a million
- $172B annual cost
- 10.9M unpaid caregivers
- 14-16 million in U.S. by 2050
- 1 in 10 persons aged 65+ and nearly half of those aged 85+ have AD
- Life expectancy of 8-10 years after symptoms begin

2010 Alzheimer's Disease Facts and Figures

Undiagnosed Mild and Moderate Dementia in Primary Care Settings

- 50-66% of patients with dementia
- majority were mild to moderate

Alzheimer's Disease: Risk Factors for Older Filipinos

- Age
- Family history
- Head injury
- Fewer years of education
- Access and utilization of health care

Dementia: Protective Factors for Older Filipinos

- Education
- Living Arrangement
- Family Support
- Family Income

Western Model of Care

- Based in institutions
- Expensive, not feasible in many underdeveloped countries
- Culturally unacceptable

Home-Based Model of Care

- Least costly, culturally more acceptable for Filipino Americans
- Provides training to caregivers
- Provides support for family caregivers
- 46% of caregivers in the US are in the 50-64 age group

Assessment: History (1 of 3)

Ask both the patient & a reliable informant about the patient's:

- Current condition
- Medical history
- Current medications & medication history
- Patterns of alcohol use or abuse
- Living arrangements

Boustani, et., al, 2003

Assessment: Physical (2 of 3)

Examine:

- Neurologic status
- Mental status
- Functional status

Include:

- Quantified screens for cognition
  - e.g., Folstein's MMSE, Mini-Cog
- Neuropsychologic testing

Assessment: Laboratory (3 of 3)

Laboratory tests should include:

- Complete blood cell count
- Blood chemistries
- Liver function tests
- Serologic tests for:

  Syphilis, TSH, Vitamin B_{12} level

Case Discussions

For more details on the cases,
refer to webinar handout

Case Study #1 (1 of 2)

Mrs. R.A.. college educated and separated immigrated at age 50; petitioned her 2 children while working for a clothing company; retired at age 65 on pension and social security; at age 70, began to complain about missing things and break-ins leading to multiple locks on her door; children became concerned for her safety in an emergency; Mrs. R.A. remained mobile using public transportation and insists break-ins are real; daughter and husband took her into their home;

Case Study #1 (2 of 2) continued)

A few years later, she tripped over speaker wires, fell, and had laceration on forehead; began to lose memory and appetite; clinic visits and hospitalization increased, 2 years before her death, she did not recognize her children, unable to communicate well, and became incontinent; she died in a nursing home.

Case Study # 2

Mrs. R.G., petitioned by her children; immigrated in her late 60s; had hypertension and diabetes; 2 years later had a stroke with right side hemiplegia; fully recovered after rehabilitation; rotated living with 3 adult children; developed more medical problems including memory changes; employed children became stressed over safety issues; R.G.'s decline in mental function, hospitalized due to chest pains, and need for constant supervision led to nursing home placement; still able to recognize her children, she was unhappy with situation; developed behavioral issues that return to children's home was not possible.

Case # 3

Mrs. R.J. immigrated to help raise her daughter's children; had a stroke 7 years ago, has aphasia and appear to be cognitively functional; daytime caregiver was hired; daughter was caregiver after work hours; 2 yrs later, daughter placed Mrs. RJ in nursing home due to frailty; her condition deteriorated; had pressure sores and was wheelchair bound when daughter took her home; paid fulltime, 24-hour caregiver is now providing care; on her days off, daughter provides respite to primary caregiver.

Early Diagnosis: Challenges in Older Filipino Patient

- Functional changes
- Common practices in the utilization of health care
- Family values
  - respect for elder
  - authority of elder
- Decision making
  - family involvement
  - role of physician

TREATMENT & MANAGEMENT

Primary goals: to enhance quality of life & maximize functional performance by improving cognition, mood, and behavior

- Non-pharmacologic
- Pharmacologic
- Specific symptom management
- Resources

Non-Pharmacologic

- Cognitive enhancement
- Individual and group therapy
- Regular appointments
- Communication with family caregivers
- Environmental modification
- Attention to safety

Pharmacologic

- Cholinesterase inhibitors: donepezil, rivastigmine, galantamine, memantine
- Other cognitive enhancers: NSAIDs, ginkgo biloba, vitamin E
- Antidepressants
- Antipsychotics

RESOURCES FOR MANAGING DEMENTIA (1 of 2)

- **Specialist referral to:**
  - geriatric psychiatrist
  - neurologist
  - neuropsychologist
- Social worker
- Physical therapist
- Nurse
- Geriatric Team, if available

RESOURCES FOR MANAGING DEMENTIA (2 of 2)

- Attorney for will, conservatorship, estate planning
- Community: neighbors & friends, aging & mental health networks, adult day care, respite care, home-health agency
- Organizations: Alzheimer's Association, Area Agencies on Aging, Councils on Aging
- Services: Meals-on-Wheels, senior citizen centers

Caregiving

Working with Family Caregivers

- Perceptions of, and attitudes toward caregiving
- Patterns of caregiving
- Helpful tips for providers

Perceptions of Dementia and Attitudes

- Expected with age
- “God’s will”, punishment, or evil spirit
- “Alzheimer’s disease” used as general term for dementia
- Forgetfulness, being picky, and wandering explained as “too much going on in the brain”
- Stigma and shame
- Prefer trusted family member or friend
- Psychiatric care for “crazy”
- Expensive health care

McBride, 2006, McBride, et;, al, 2006

Filipino Family : A Cultural Definition

- Ancestors
- Grandparents
- Parents
- Siblings, grandchildren
- Aunts, Uncles, Cousins
- Kins (in-laws; godparents)
- Benefactors (priest, RN, MD, etc)

Medina, 1991

Caring for Elders

- Often a norm for the Filipino family
- Based on familial and societal obligations
- Integrated into the family life cycle
- Keep problems in family

Caring for Elders

Should children be taught to care for elder?

Young, middle-aged, and older group said “Yes”.

However, middle-age group added they do not expect to live with children but expect them to ensure that their needs are met adequately.

Superio, 1993

Caregiving Patterns

- *Kayahin na natin* - rely on ourselves
- *Maghanap ng paraan* – search for a strategy
- *Tingnan natin* – see how it goes
- *Magbisita* – visit family
- *Magkuha ng bantay* – get trusted companion
- *Umuwi na* – return to homeland

McBride, 2006

Decision Making

- Family involved in process
- May defer to clinician's authority out of respect.
- Indirect, gradual, gentle process to provide information may help focus on clinical information.
- Level of health literacy and comprehension influence involvement.
- Support from spiritual adviser (priest, minister, nun, etc)
- Traditional beliefs - reciprocity, sacrifice, suffering (Galang, 1995)

Trends in the Filipino Community

- More are choosing to live apart from family
- Older person decides to go back to homeland
- Retires to the Philippines and creates housing and aging services
- Young-old and boomers in bi-modal living arrangement.
- Next generation's use of communication technology and Internet network

Community Resources

- Alzheimer's Association of the Philippines email: secretariat@alzphilippines.com
- Family Caregiver Alliance – email: info@caregiver.org; www.caregiver.org
- The Filipino American Service Group – email: FASGI@fasgi.or; www.fasgi.org
- Kalusugan Wellness Center – www.webkalusugan.org
- National Alliance to Nurture the Aged and Youth (NANAY) – www.nanay.com

Tips for Health Care Providers

- Identify family decision maker and spokesperson.
- Determine level of health literacy.
- Support prayer sessions, healer's ceremonies, or religious rituals.
- Communicate using words of concern and respect.
- Allow ample time to decide on advance directive and "no code".
- Consider referral to spiritual adviser – priest, minister, nun, etc

Writing Exercise

Write down everything that comes to your mind when you think of older Filipino Americans, including experiences you have had working with this population. Once you have finished, examine your list for stereotypes or judgmental attitudes. Think about ways in which stereotypes might affect your future work with this population.

Conclusion and Recommendations

- **Community outreach and education through**
  1. Filipino-focused nonprofit service organizations
  2. civic, social, church-based, and professional groups
  3. Filipino media, radio, and TV
  4. artists and performers – theatre, music, visual art
  5. school-based programs

Conclusion and Recommendations

- **Gaps in Research**
  - Early diagnosis
  - Standardization of screening tools
  - Basic demographic data
  - Clinical trials – pharmacologic and behavioral interventions
  - Response to treatment
  - Caregiving models and family dynamics
  - Caregiver access and use of resources
  - Trans-Pacific long distance caregiving

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Thank you for your participation.

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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

Preview Available at: amazon.com