

Finding Balance in the Early Stages of a Dementia Disorder: Strength-Based Interventions

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Today, many medical providers are reluctant to detect and diagnose dementia-spectrum disorders due to lack of treatments to cure these diseases. However, numerous psychosocial interventions and care practices successfully address prevention – not of the dementia disease – but of the predictable course of dementia for the person with early-stage dementia (PEwD) and the care partner. This presentation will provide an overview of the needs of the PEwD and their care partners, and some of the current evidence-based and validated early-stage interventions.

Learning Objectives:

- **Participants will understand the difference between detection and diagnosis of dementia disorders.**
- **Participants will learn the predictable course of dementia and caregiving for someone with a progressive dementia and their primary care partner.**
- **Participants will learn psychosocial interventions and care practices to address prevention of the “expected” negative outcomes, in order to adjust and live well with a progressive dementia diagnosis.**

Improving Outcomes in Dementia Care



Detection:

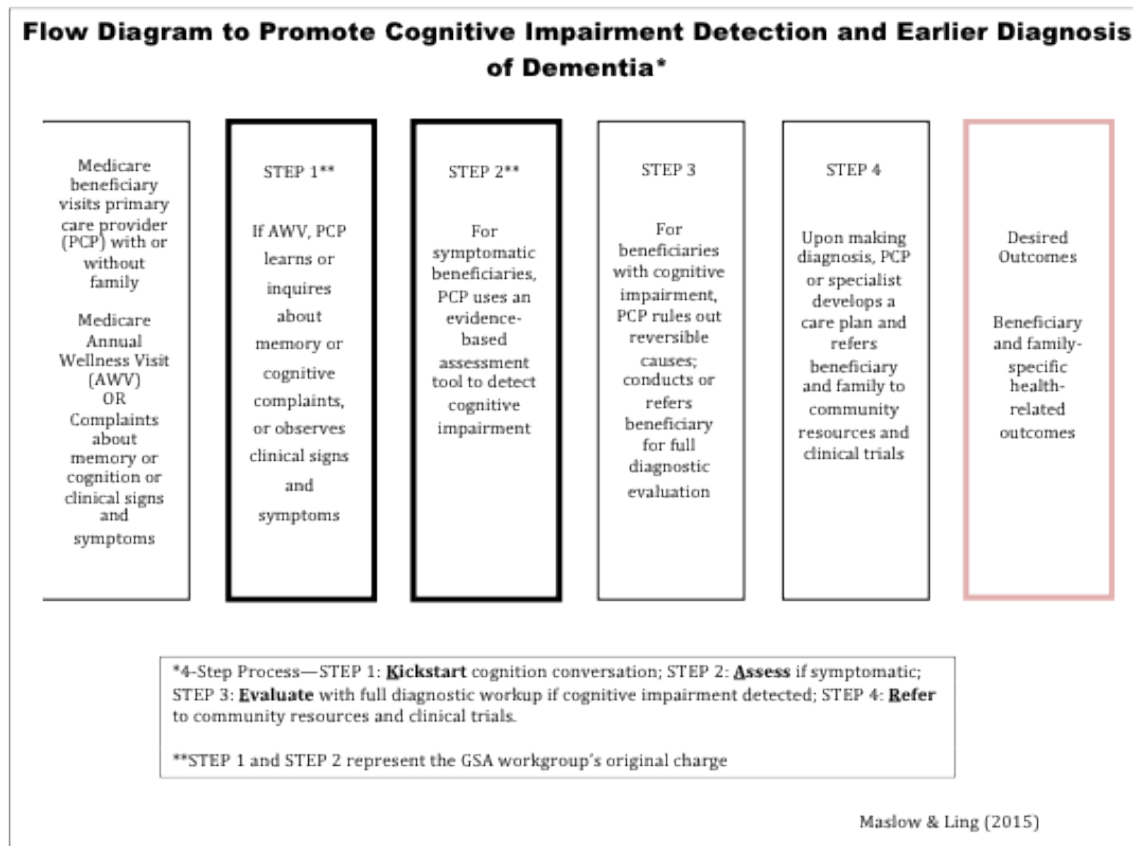
- Individuals, family and friends, and their health care providers need to recognize the warning signs of cognitive impairment.
- Professionals learn or inquire about memory or cognitive complaints, or observe clinical signs and symptoms.
- Professionals screen for cognitive impairment, and recommend referrals for diagnostic evaluation
- Once warning signs are noticed, early diagnosis is the standard of quality care.

Diagnosis:

- Primary Care Providers or Specialists provide dementia work-up: history from patient and family member, cognitive exam (e.g., neuropsychological evaluation), laboratory work, may include neuroimaging.

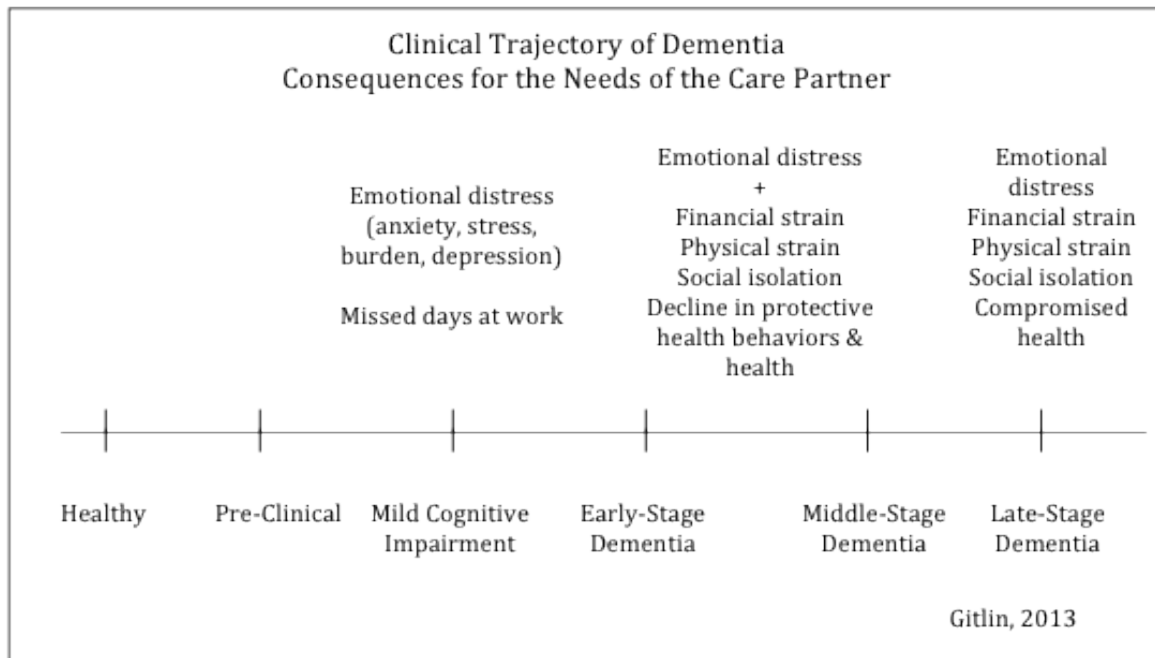
Treatments and Care Practices:

- Engage individual/family member/other care team members
- Address all health concerns, preferences, available supports, advance care planning, implement evidence-based treatments and care practices.



GSA multi-stakeholder Workgroup on Cognitive Impairment Detection and Earlier Diagnosis findings included:

- Upon diagnosis, the physician should initiate a care plan that includes:
 1. How comorbidities will be medically managed (e.g., diabetes or other chronic illnesses).
 2. How progression of dementia-related neuropsychiatric symptoms (e.g. cognitive impairments, depression, and anxiety) will be monitored.
 3. How community resource referrals will be made.
- Specific referrals should include the local Area Agency on Aging, local Alzheimer's Association Chapter, and if appropriate, other disease-specific organizations (e.g. Parkinson's disease, Lewy-Body, Frontotemporal Degeneration...).



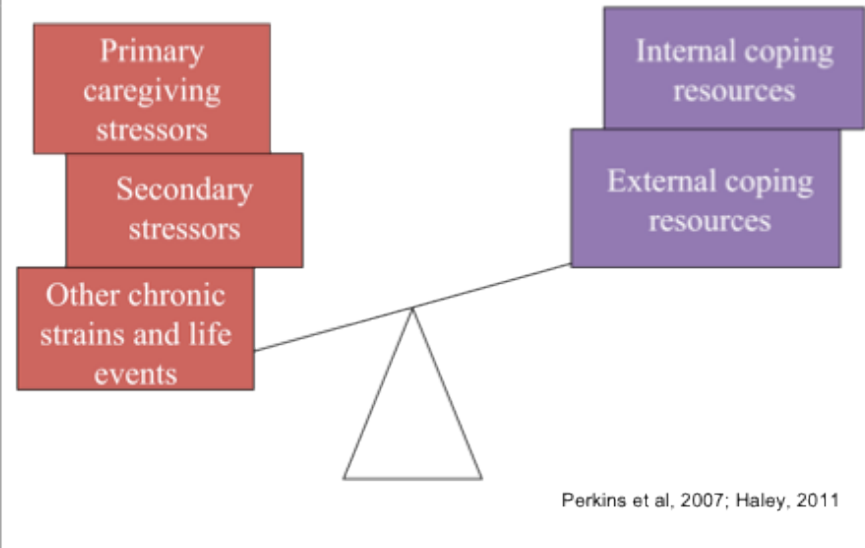
Example Needs and Stressors for the PEwD (Bass et al, 2014):

- Unmet Needs
 - limited understanding of dementia
 - inability to adapt daily tasks to accommodate cognitive changes
 - limited financial and legal planning
 - problems organizing family care; concerns about future living arrangements
 - limited emotional support
 - difficulty taking medications properly
- Embarrassment about memory problems and being unclear on how and when to tell others about the diagnosis
- Social isolation associated with changing social skills
- Relationship strain and feelings of resentment, anger and mistrust toward their care partner(s).
- Depression and anxiety

Example Needs and Stressors for the Care Partner (Bass et al, 2013):

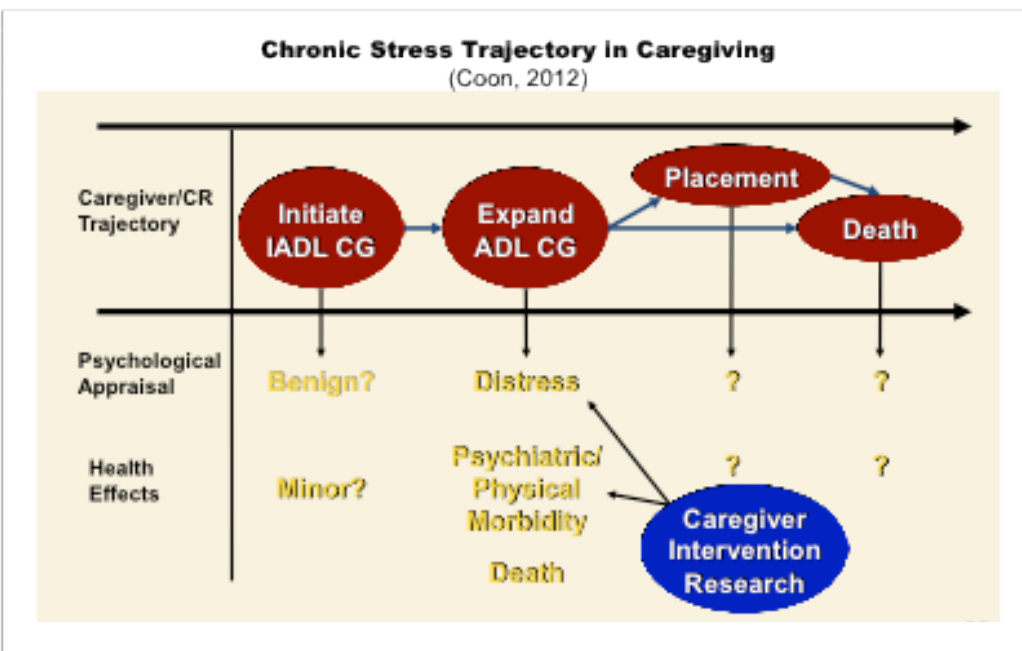
- Unmet Needs
 - limited understanding of dementia
 - limited understanding of care tasks
 - limited financial and legal planning
 - problems organizing family care and difficulty finding/understanding services
 - limited emotional support
 - difficulty with medications and medical follow-up
- Caregiver strains such as the desire to be free of caregiving situations, physical health decline and relationship strain
- Depression and anxiety

Caregiving: A Balancing Act



Caregiving and the Stress Process (Haley, 2011):

- Primary stressors – daily care
- Secondary stressors – things that happen because of the primary stressors “spillover effects”
- Contextual stressors – snowstorm that causes a power outage, economic downturn causes decreased investment income, long-time physician retires.
- Stress appraisal – subjective mental or emotional strain experienced by the care partner.
- Psychosocial resources: Internal (knowledge, coping skills, personality, spirituality) and External (social support, financial stability, available services)





TRANSLATING INNOVATION TO IMPACT:

Evidence-based interventions to support people with Alzheimer's disease
and their caregivers at home and in the community

A White Paper

September 2012



(Maslow, 2012)

Without detection and diagnosis, people with dementia and their families are not likely to be informed about or referred for:

- Information about the condition
- Evidence-based treatments and care practices that may benefit them.

Evidence-Based Treatments and Care Practices:

- In **Randomized Clinical Trials** (RCTs) completed since 1993, a total of 44 non-drug treatments and care practices have shown positive results.
- More are currently being developed and studied.
- It is not true that there are no known treatments and care practices for individuals with Alzheimer's disease and their care partners.

“If these interventions were drugs, it is hard to believe that they would not be on the fast track to approval. The magnitude of benefit and quality of evidence supporting these interventions considerably exceed those of currently approved pharmacological therapies for dementia.” (Covinsky & Johnson, 2006)

Example Programs:

Behavioral Treatment of Depression in Dementia

Reducing Disability in Alzheimer's Disease (RDAD)

Translation Studies:

- Studies to see if treatments and care practices that showed positive results in clinical trials would show the same results in the 'real' world.
- Can these evidence-based treatments and care practices help diverse groups of individuals when provided by a variety of agencies and service providers?

Example Program:

Minnesota Family Workshop ⇒ Savvy Caregiver

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