
Information for Behavioral Health Providers in Primary Care

Dementia

What Is Dementia?

- Dementia refers to any condition where there is a progressive loss of memory and changes in at least 2 of the following areas:
 - Language
 - Perception
 - Organization
 - Reasoning
 - Judgment
- All dementias cause progressive decline in a person's cognitive abilities (thinking) and function. In order to be diagnosed with dementia, there must be a significant decline in the person's social or occupational functioning.
- Age is the strongest risk factor for dementia, but dementia is NOT a normal part of aging. It is estimated that approximately 10% of all people over 65 have dementia. That means 90% do not have dementia.
- It is normal to experience a mild decline in one's memory with aging, but this decline does not interfere with day-to-day functioning.
- Alzheimer's disease is the most common form of dementia and accounts for 50 to 80% of all dementia cases.

What are the Facts?

- 5.2 million Americans have Alzheimer's disease.
- After diagnosis, most people with Alzheimer's disease live for 4 to 8 years. There is a large range in this length of time, and some people live for 20 years with the disease. We cannot predict how long an individual patient will live with the disease.
- Alzheimer's disease is the 6th leading cause of death in the United States.
- Memory, organization and planning deficits can lead to problems with taking medications. This may decrease the person's ability to manage his or her other medical conditions early in the Alzheimer's disease process.
- Only 25 to 40% of moderate stage dementia is recognized in primary care.

What Can Cause Dementia?

- *Alzheimer's disease*: The most common cause of dementia is associated with microscopic changes in the brain long before the beginning of memory loss. Two abnormal structures, plaque and tangles,

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are produced in far greater numbers in the brains of patients than in the brains of older adults without Alzheimer's disease. Alzheimer's disease causes gradual changes that may be hard to detect at first.

- *Vascular Dementia*: The second most common cause of dementia is caused by damage to the blood circulation in the brain. This damage can result either from blockage as caused by strokes, "mini-strokes" and/or hypertension. Any disease process that affects the vascular system in the body can affect the vascular system in the brain so cardiac conditions and disorders such as diabetes can be related to Vascular Dementia.
- *Less Common Causes*: Other disease that cause dementia can include (but are not limited to) Pick's Disease (also called Frontal Lobe Dementia or Frontotemporal Dementia), Parkinson's disease, and Lewy-Body Dementia.
- *Alcohol-Related Dementia*: Long-term alcoholism can result in a lasting dementia that may be caused by vitamin deficiency (Korsakoff's syndrome), direct damage to the brain cells, and vascular damage.
- *Multiple Causes*: It is possible for people to have more than one type of disease causing the changes in their abilities. For example, a person who has Alzheimer's may also have mini-strokes causing vascular damage and further deterioration of their abilities.

What Can Be Done About It?

- Medications used to treat dementia do not alter the course of the underlying disease process. They can be used to help treat the symptoms and may delay nursing home placement.
- Family support and education can improve the quality of life for both the patient and the family caregiver, delay nursing home placement, and decrease the costs of care for the patient.
- All aspects of the patient's life and medical care need to be considered. For example, providers need to help the patient and family consider:
 - Should the patient be driving?
 - Who should monitor or administer the patient's medications?
 - Are some of the patient's medications likely to worsen memory function?
 - Is the patient capable of managing his or her own funds?
 - Is the patient capable of taking care of activities of daily living such as grooming, bathing, cooking and eating?
 - Does the patient need supervised living arrangements?

What Is My Role As A Primary Care Behavioral Health Provider?

- *Support recognition of dementia in Primary Care*: You should consider the possibility of dementia in older patients presenting to you in the primary care setting. Depression, for example, is associated with dementia in older adults. You should be familiar with warning signs for dementia: http://www.prevention.va.gov/docs/0514_VANCP_Dementia_Fact_F.pdf
- *Support diagnosis*: You may be asked to help the PCP determine whether a patient has dementia. Your role should include use of a brief mental status measure. One example is the Mini-Cog which is very brief and well-validated. A list of VA approved brief mental status measures is available: <http://vaww.mentalhealth.va.gov/mmse.asp>.
- *Talk to the family*: Whenever possible it is essential to get the Veteran's permission to talk to his or her family about how he has been functioning. Most people with dementia lose the ability to assess their own abilities early in the disease process. A knowledgeable informant is essential. The AD8

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is a helpful tool to use when talking to a family informant.

http://alzheimer.wustl.edu/About_Us/PDFs/AD8form2005.pdf

- *Be familiar with criteria for use of dementia medications:* The PCP may decide to prescribe a medication for dementia. Guidelines for these medications can be found on the Pharmacy Benefits Management webpage (<http://www.pbm.va.gov/CriteriaForUse.aspx>). See Cholinesterase Inhibitors and Memantine. These medications require the assessment of the patient's functional status. You can support the PCP's assessment by being familiar with common functional assessment tools such as the FAST:
[http://vaww.national.cmop.va.gov/PBM/Clinical%20Guidance/Drug%20Monitoring/Functional%20Assessment%20Staging%20\(FAST\)%207.31.08.doc](http://vaww.national.cmop.va.gov/PBM/Clinical%20Guidance/Drug%20Monitoring/Functional%20Assessment%20Staging%20(FAST)%207.31.08.doc).
- *Know your system's resources for dementia:* Specialists in dementia care may be available in your system in Geriatrics, Neurology, Psychology (Geropsychology and/or Neuropsychology), or Geriatric Psychiatry. When the diagnosis is uncertain, the patient will need a more thorough evaluation from one of these specialists or from your local Memory Clinic or Geriatric and Evaluation Clinic (GEM). After diagnosis, Veterans and families may benefit from VA services such as Adult Day Health Care (ADHC), care management, respite programs and Home Based Primary Care (HBPC).
- *Know your caregiver resources:* Caring for a patient with dementia is a challenge and can be costly in terms of the caregiver's physical and mental health. Family caregivers will need on-going support. All VAMCs now have a Caregiver Support Coordinator who can be located via the VA Caregiver Support Webpage (<http://www.caregiver.va.gov/>). There is also a national hotline: 1-855-260-3274. Outside the VA, families can find a wealth of information and support at their local chapter of the Alzheimer's Association. The Alzheimer's Association has support for people with any type of dementia, not just Alzheimer's disease, so all families should be encouraged to find out more about these resources. (<http://www.alz.org>)

What If It Is Not Dementia?

- Some older adults with depression present with concerns about memory and concentration. Consider screening for mood disorders or other mental health concerns.
- Some patients will meet criteria for Mild Cognitive Impairment (MCI). They have minor changes in memory or other cognitive abilities in the absence of a functional decline. Patients with MCI are at elevated risk for dementia. They should be re-assessed in 6 months to 1 year.
- Many older adults would like to know how to prevent dementia. While no one knows how to prevent the formation of plaques and tangles, maintaining good heart and vascular health can be beneficial. Older adults can consider the following suggestions to maintain their health:
 - *Regular physical exercise:* Moderate exercise at least 3 times per week is recommended to maintain a healthy heart. The patient should talk to their medical provider about what level of exercise is appropriate.
 - *Social activity:* People who maintain social connections are less likely to be diagnosed with dementia. Older adults can consider maintaining social events at least once per week.
 - *Mental activity:* People who keep mentally active are also less likely to be diagnosed with dementia. Older adults can consider ways of getting "cognitive exercise". They should seek out mental stimulation that is enjoyable as they will be more likely to maintain that activity. The mental activity should engage their brain in a challenging way, such as learning a new language, practicing an instrument or engaging in challenging puzzles.
 - *Managing health conditions:* Older adults that would like to maintain a healthy brain should consider their medical conditions. For example, it is important to attend to diabetes or hypertension management to avoid vascular problems.

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- *Maintaining a healthy weight:* Concern about memory can help to motivate older adults eat a healthy diet and to engage in a weight loss program.

References

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http://www.nia.nih.gov/NR/rdonlyres/63B5A29C-F943-4DB7-91B4-0296772973F3/0/PreventAlzBkletBLU_042909.pdf *Can Alzheimer's Disease Be Prevented?*

<http://www.alz.org>

The Alzheimer's Association is a national nonprofit organization dedicated to eliminating Alzheimer's disease through research, supporting all people affected by the disease and promoting brain health. They support caregivers and patients through consultation and support groups. There are local chapters across the country.

http://www.alz.org/documents_custom/2011_Facts_Figures_Fact_Sheet.pdf

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