



The Art of Medicine

Treating Dementia Without Pharmaceuticals

Dec. 1, 2020

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Potential Conflicts of Interest

Government sponsored research

ADNI (NIH)
CIMA-Q
CCNA

Immunotech – Immunocal – whey protein nutritional supplement

Tau Rx

methylene blue for AD (finished)

Goals

At the end of this workshop the participants will:

1. Feel comfortable counselling and following patients with minor neurocognitive disorders
2. Aware of caregiver and patient supports in community, familiar with First Link Program (Alzheimer Society)
3. Understand concept of ambiguous grief and impact on dementia care



Poll:

I am

family doctor

resident

allied health professional



Poll

I practice in (can choose > 1)

family medicine clinic

hospital

long term care

CLSC

home care

rehab



Poll

My practice is

urban

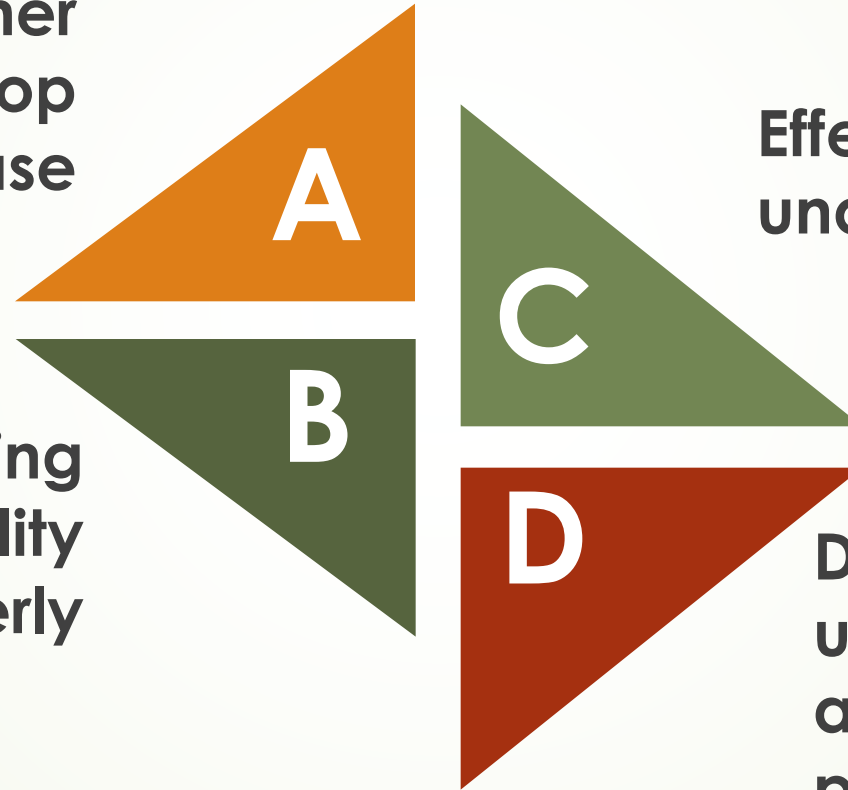
rural

Background

A Major Public Health Problem^{2,5,16}

**Nearly one baby boomer
in five will develop
Alzheimer's disease**

**Dementia is the leading
cause of disability
in elderly**



**Effects of dementia are
underestimated**

**Dementia remains poorly
understood by the public
and healthcare
professionals**



Overall Approach to care = Palliative Care

- no cure
- treatments of limited efficacy
- person/family centered
- focus on quality of life

Classification of Cognitive Impairment

	N	SCI	MCI	Dementia
complains of decreased memory	NO	YES	YES	YES/NO
performance on cognitive testing	N	N	↓	↓
effect on function	none	none	none/v-subtle but compensated	↓

Case 1 Ms. C.

67 y.o. ♀ widowed, retired, no children

PM Hx hypo T₄
OA

living in senior residence x 18 m – moved there secondary concerns ST memory (1-2 yrs)

- prepares own dosette via vials
- bills on automatic withdrawal
- drives, does groceries & cooks

Folstein 25/30 -1 date (Oct 19 – was 14th)
-1 floor (4th fl)
-2 serial 7's

MoCA 23/30 0/5 recall cueing 2/5 cat
3/5 mult choice



What is your diagnosis?

How would you counsel patient re her memory impairment?

What important (non-medical) issue needs to be addressed?



Mild Cognitive Impairment

-importance of accurate and timely diagnosis

rule out disorders of attention/concentration

review medications

rule out occult diseases

think of obstructive sleep apnea

review legal issues (will, mandate in case of incapacity)



Mild Cognitive Impairment

-Prognostic Indicators

-disorientation to date (use judgement)

-clock drawing

-response to cueing for recall



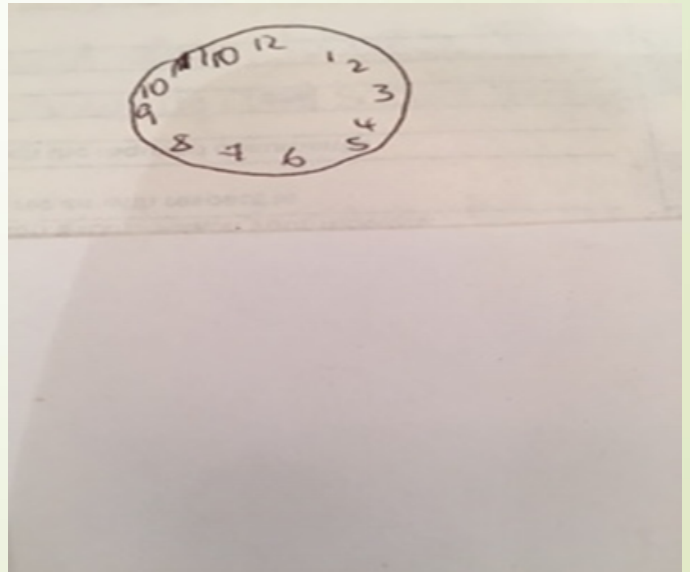
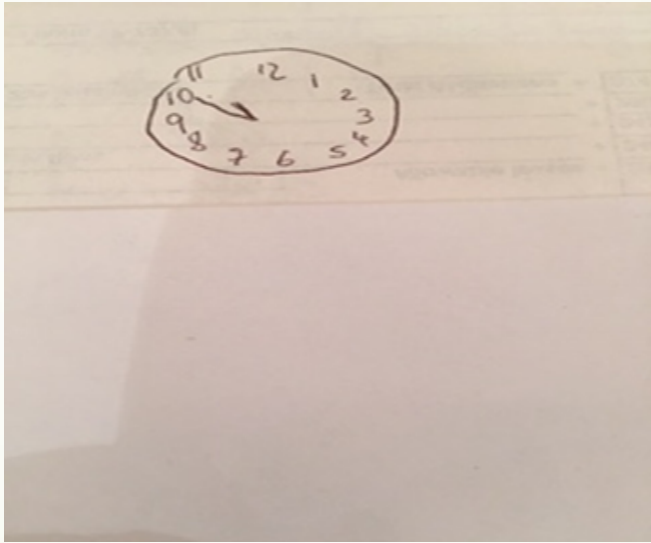
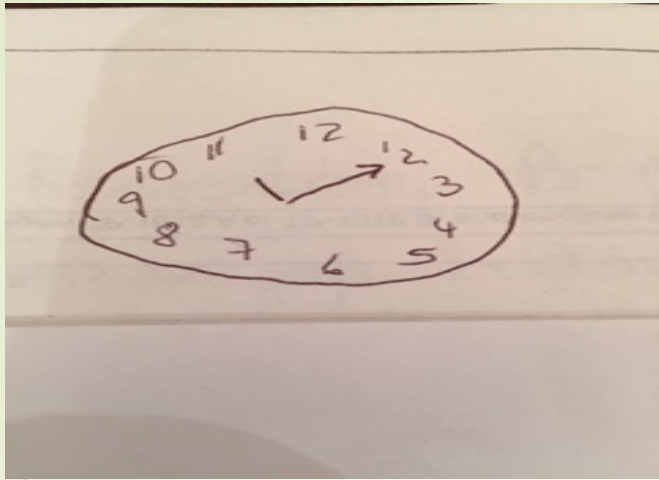


Poll

I know why I ask patients to draw the hands on the clock to 10 past 11, 5 past 4 etc.

yes

no





Recommendations for MCI

- increase physical + leisure activities
- increase mentally stimulating activities
- healthy food choices
- good sleep
- lower stress
- avoid alcohol, tobacco, sleeping meds, recreational drugs
- community and social engagement



Following People with MCI

Education

understand diagnosis, future implications

increased risk delirium

functional or cognitive decline trigger request for re-evaluation

Re-evaluate

function, cognition Q9-12 months



Case 2.

Mrs. T

67 y.o. ♀ referred for memory issues at work

- founder of successful family business 50+ employees
- forgets phone #, names, location of objects (keys, documents)
- forgets steps/ingredients when cooking
- husband not too worried, "it's due to aging"
- patient stressed, anxious, worried people will notice



MMSE 28/30

recall 1/3

MoCA 27/30

recall 2/5



Further Investigations

Neuropsychological testing

- mild anxiety
- minimum depression
- v low scores: auditory + visual immediate and delayed memory
- reported work-related anxiety may increase cognitive complaints and difficulties



Further investigations

CT head: no bleed, no infarct, no hydrocephalus

¹⁸F FDG PET: moderate R parietal R temporal hypometabolism, mild reduction in posterior cingulate metabolism

Imp: asymmetric variant of Alzheimer's



Poll

Does Mrs. T meet criteria for diagnosis of dementia?

yes

no



Would you feel comfortable giving Mrs. T her diagnosis?

yes

no



Would you feel comfortable counselling Mrs. T regarding work cessation?

yes

no



Moderate Dementia Mrs. R

Mr. R's concerns #1

“she is increasingly angry, argumentative and aggressive, swears often”



Moderate Dementia Mrs. R

Mr. R's concerns #2

“she often doesn't make it to the bathroom on time,
frequent accidents, also happens in the middle of the night,
I find random puddles in the house”



Moderate Dementia Mrs. R

Mr. R's concerns #3

“She constantly talks to complete strangers, telling them her life story. She also says inappropriate things.”



Moderate Dementia Mrs. R

Mr. R's concerns #4

“ She is very insecure and always looking for me to the point that I can't even go to the bathroom. She gets into a panic when she doesn't see me.”



Moderate Dementia Mrs. R

Mr. R's concerns #5

"She has very long hours of sleep, 12+ hours per day. Everyday she refuses to get out of bed."



Poll

Are any of Mr. R's concerns a target for drug therapy?

yes

no



I am familiar with the concept of ambiguous grief.

yes

no





The Role of Grief in Dementia

Patient with dementia

e.g. diagnosis
work cessation
driving cessation

Family caregivers

-ambiguous grief



Ambiguous Grief

- present in all family caregivers
- person with dementia is physically present but psychologically absent
- multiple losses
 - dreams, future expectations
 - partner/confidant
 - shared roles & responsibilities
 - progressive declines
- makes coping more difficult
- may intensify on achievement of “milestones”



Grief After Death

- clearly know person is gone
- support++ from family & friends
- eventual closure through grieving process

Grief with Ambiguous Loss of Dementia

- some aspects of the person are gone but others remain
- loss of marital relationship
- often family stress & conflicts
- friends +/- support/recognition
- limbo of uncertainty
- can't fully grieve/resolve (anticipation of future losses)




Strategies for Caregivers with Ambiguous Loss

- try to focus on remaining abilities
- acknowledge their grief, sense of loss
 - empathic listening
 - comfort
 - reassurance
- look for ways to meaningfully connect
 - www.Alzheimer.ca/communication
- encourage participation counselling/support group through Alzheimer Society
FIRST LINK PROGRAM



Responsive Behaviours in Dementia

- agitation
 - aggression
 - wandering
 - restlessness
 - hallucination
 - paranoia
 - making noises
 - withdrawn
- 



Responsive Behaviours

Triggers to Think About

-distress


-pain

-loneliness

-frustration

-boredom

-unmet needs (thirst, hunger)

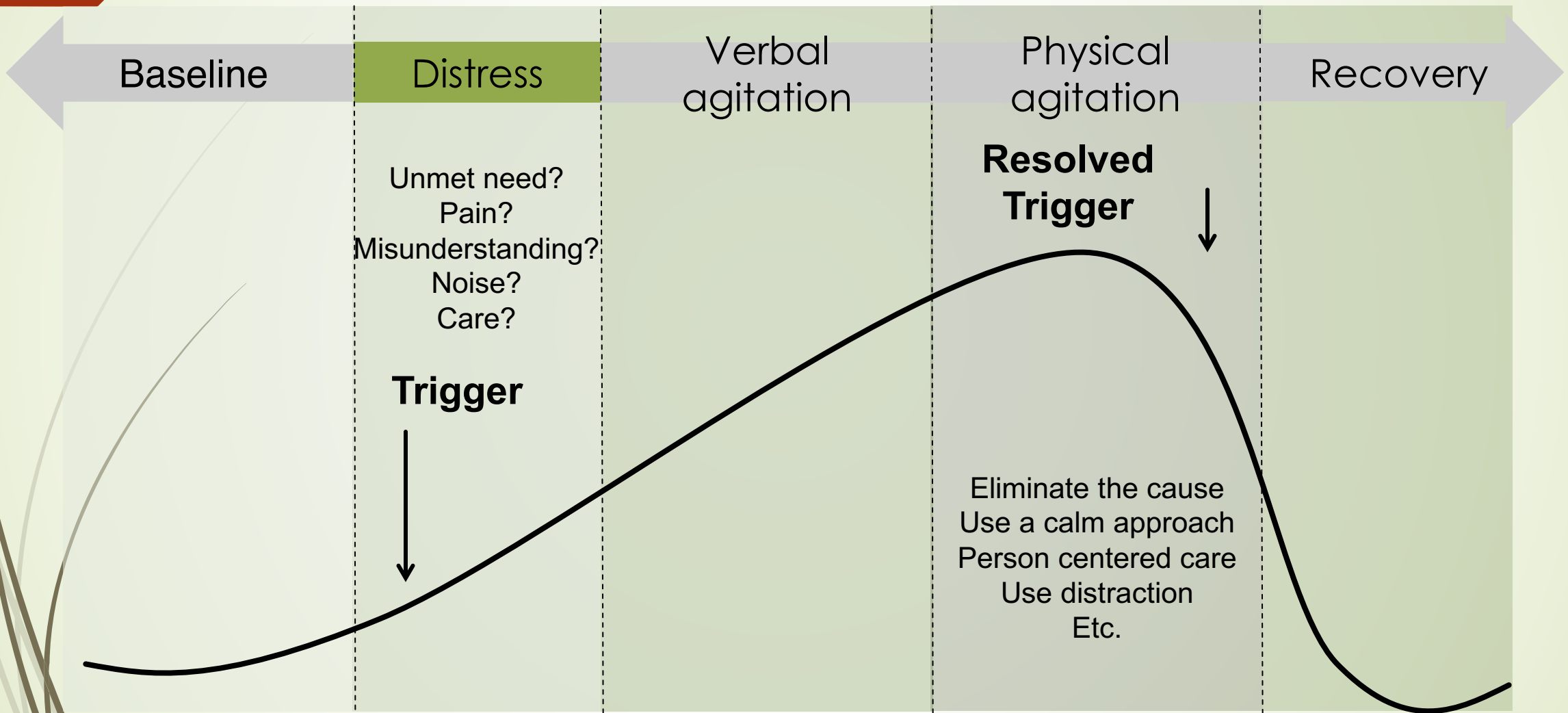




Responsive Behaviours

- Is behaviour upsetting or risky?
- full medical assessment (UTI, constipation, depression)
- consider correction sensory impairment
- look for patterns

BPSD usually response to a trigger



Non-pharmacological treatment^{12,17,18}

- **Sensorial interventions**

- Music therapy
- Aromatherapy
- Therapeutic touch

- **Structured activities**

- Handicrafts
- Horticulture and gardening
- Art-therapy
- Occupational therapy (e.g., baking, folding laundry)
- Reminiscence (e.g., personhood)
- Cognitive stimulation (e.g., orientation to reality, board games, casse-têtes, etc.)

- **Exercises and physical activities**

- **Social stimulation**

- Personal contacts
- Zootherapy
- Stimulated social contacts (e.g., family pictures, videos, audio recordings)

- **Environmental stimulation**

- Access to outdoor gardens
- Familiar environments
- Development of spatial landmarks
- Installation of visual barriers

- **Behaviour approach**

- Comfort-stimulation-distraction



Refusal Management

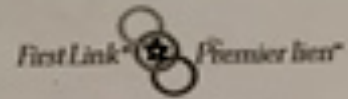
<u>S</u> STOP	<u>T</u> THINK	<u>O</u> OBSERVE	<u>P</u> PLAN
What you are doing	Undivided attention	Look for cues	When to resume care
Just wait	Why is this happening?	Reflect on self	Modify approach

& GO



COVID -19 PANDEMIC

- social isolation, stress
- fear of accepting home care
- fear of institutionalization
- day centres, in-person support groups closed
- decreased accessibility, increased wait time for home care services
- decreased medical availability

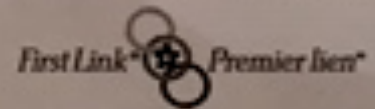


Alzheimer Society of Montreal
4000 Avenue Jean-Jacques
Montreal, Quebec H3T 1Y2
Tel: 514-393-8868 Fax: 514-393-8770
E-Mail: info@alzheimermontreal.ca
Website: www.alzheimer-montreal.ca
Charitable registration number: 9706 104 0000

Working together to link individuals and families affected by Alzheimer's disease and other dementias to a community of learning, services and support.	Please refer _____ to First Link*.
	Diagnosis (e.g., AD, VaD): _____
	Approximate date of diagnosis: _____
	Contact person: _____ <i>(Please attach full name)</i>
	Relationship to the person with dementia: _____
	Phone: _____ May leave message? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address: _____ <i>(person being referred)</i>
	Postal code: _____ Phone: _____
	Email: _____
	Referred by: _____ Date: ____/____/____

The person who received the diagnosis consents to their information being shared with the Alzheimer Society.

Please give bottom half to the patient or family



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Someone from the First Link* Program will be in touch to link you to a community of Learning, Services and Support.

Non-exhaustive list of ressources (Click-to-Open)



Plumeau, Chiffon et cie
www.plumeau.qc.ca



Alzheimer Society
www.alzheimer.ca



L'Appui
www.lappui.org



Alzheimer Group
<https://agiteam.org/>



Cummings Center
www.cummingscentre.org



Centre Evasion
www.centreevasion.com



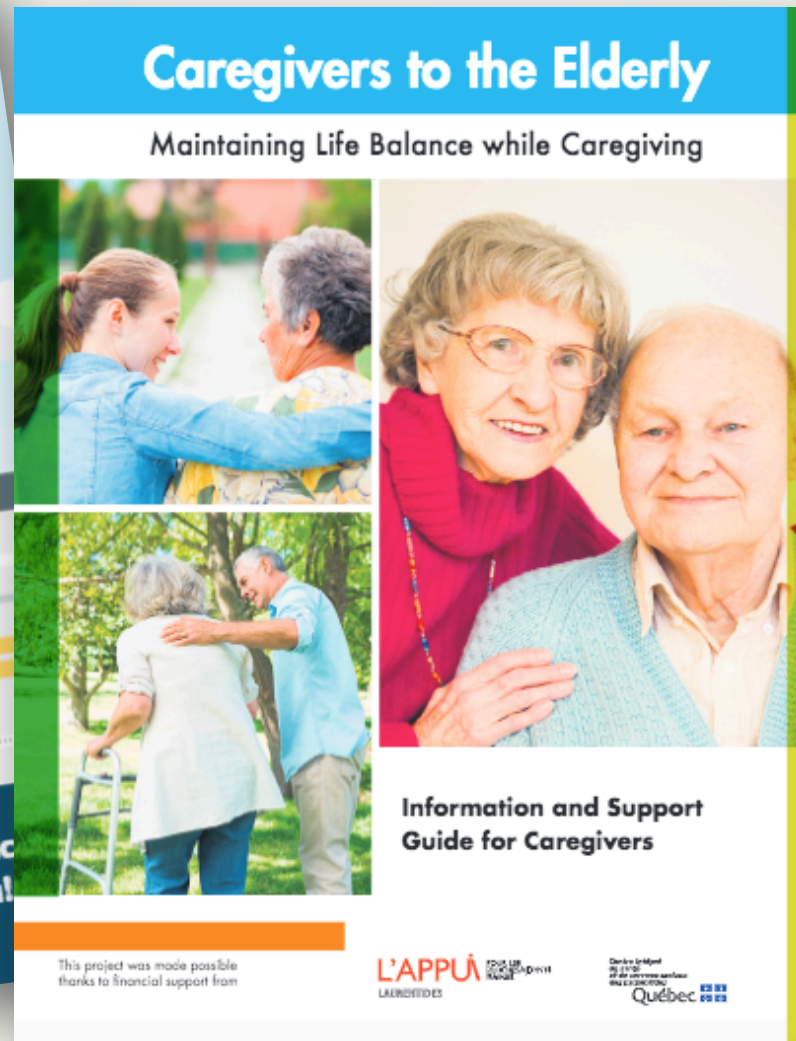
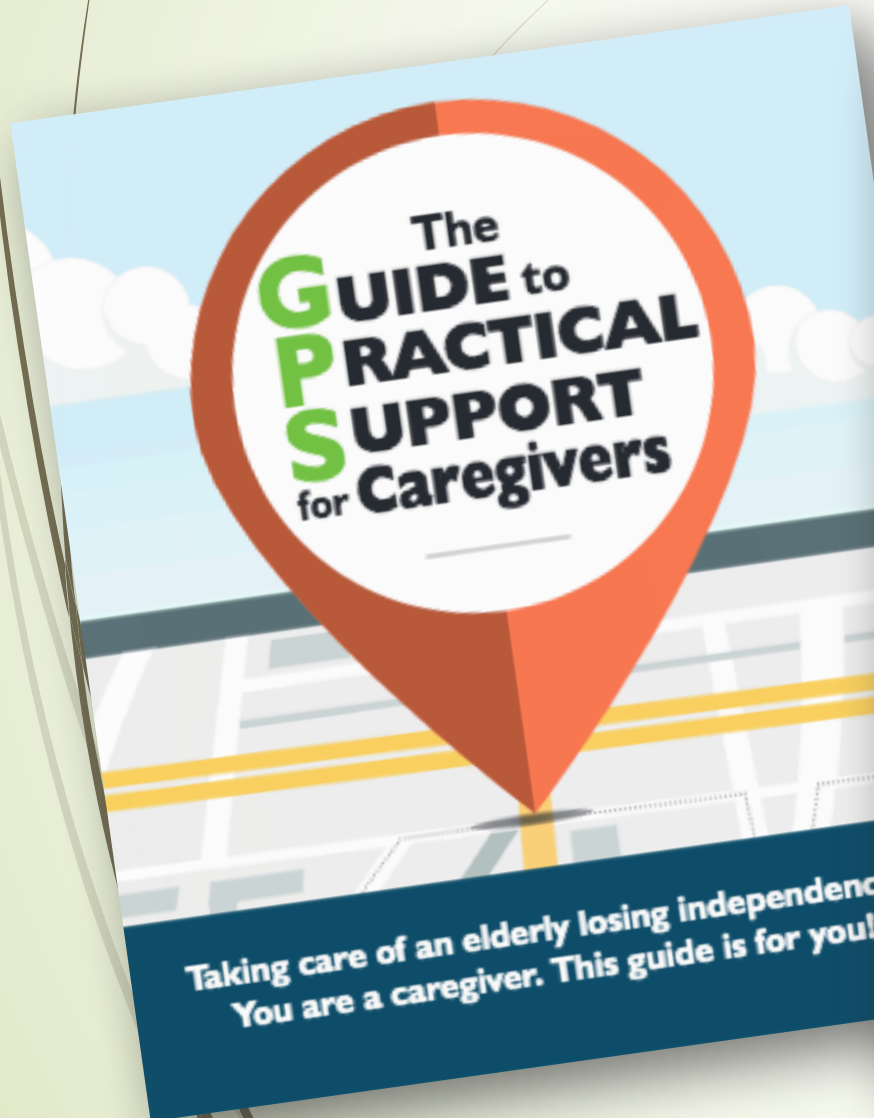
Baluchon Alzheimer
www.baluchonalzheimer.com



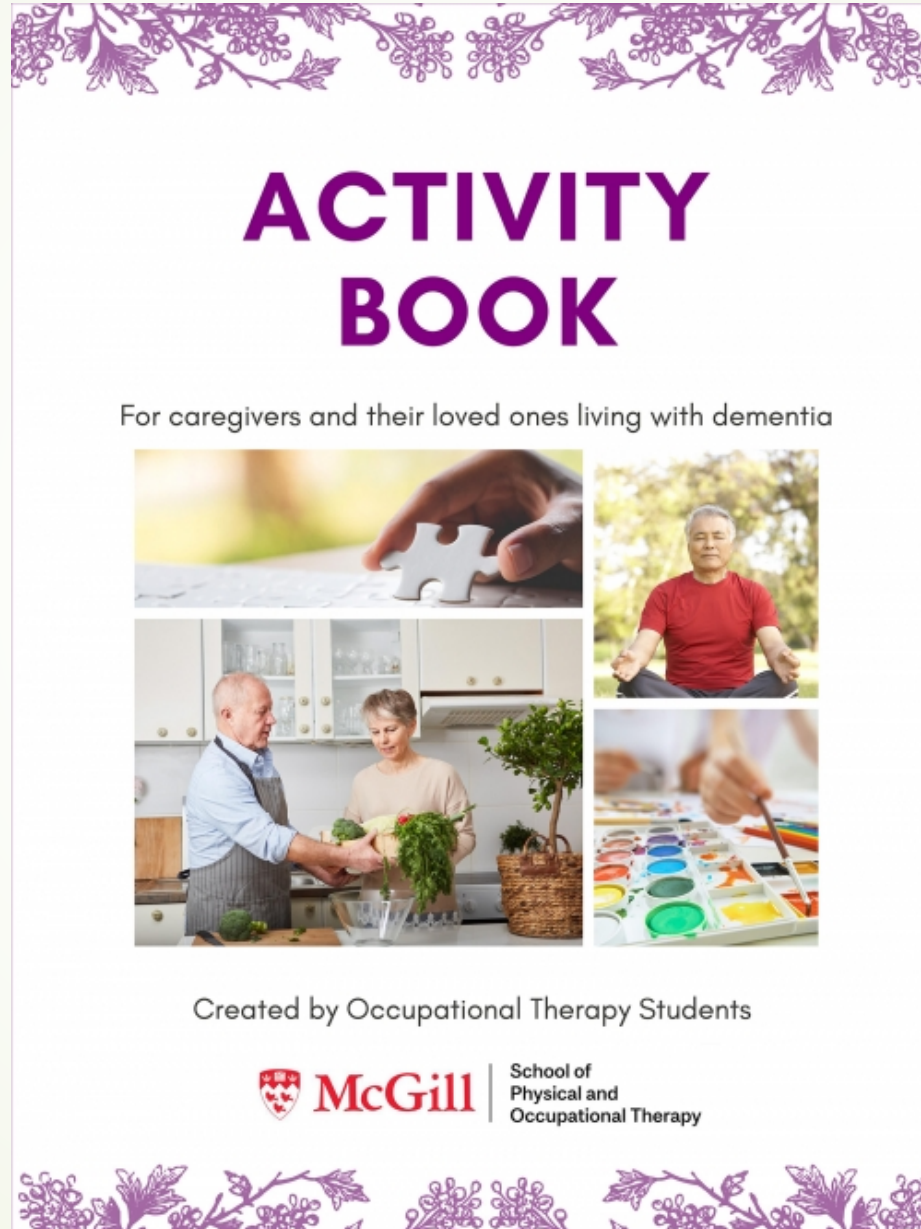
Grande Vadrouille
www.grandevadrouille.com

Education and Support for Caregivers

Useful Guides for Caregivers (Click-to-Open)



<https://www.mcgill.ca/medsimcentre/community-outreach/dementia/dementia-activity-booklet>



Education and Support for Caregivers

The 36-Hour Day: A Family Guide to Caring for People Who Have Alzheimer Disease, Related Dementias, and Memory Loss

