



Charting a Path: Establishing Priorities Following a Dementia Diagnosis

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Common Types of dementia

- Alzheimer's disease
- Vascular dementia
- Lewy Body dementia (Parkinson's)
- Frontotemporal dementia
- Alcohol-induced dementia

Next Steps After Dementia DX Established

Understand Prognosis: See FAST Stages

Investigate Treatment Options to Slow the Disease Progression

Start Building a Care/Support Team

Complete Advance Directives



Functional Assessment Staging Test

| Stage | Stage Name | Characteristics | Duration in months | Mental Age | MMSE Score |
|-------|----------------------------|---|--------------------|------------|------------|
| 1 | Normal Aging | No deficits | -- | Adult | 29-30 |
| 2 | Possible MCI | Subjective functional deficits | -- | | 28-29 |
| 3 | Mild Cognitive Impairment | Objective functional deficits, interferes with complex tasks | 84 | 12+ | 24-28 |
| 4 | Mild Dementia | ADLs such as bill paying, cooking, cleaning become affected | 24 | 8-12 | 19-20 |
| 5 | Moderate Dementia | Needs help selecting proper attire | 18 | 5-7 | 15 |
| 6 | Moderately Severe Dementia | Needs help putting on clothes, bathing, toileting, incontinent | 4-10 | 2-4 | 1-3 |
| 7 | Severe Dementia | Speaks minimally, can no longer walk, sit up, smile, hold head up | 12-18 | 0-1 | 0 |

Dementia Treatment Options

- Ask doctor about medications:
 - acetylcholinesterase inhibitor + memantine
- Engage in Brain Stimulation Activities to stimulate dendrite growth
- Seek psychological evaluation / treatment of underlying **depression**
- Receive treatment of other medical conditions:
 - Control **heart disease, diabetes** and **hypertension**
 - Correct **vision** and **hearing**

Build Your Care Support Team

Division of labor is key to providing optimum care

Medical Team

- Primary care physician with geriatric medicine background
- Psychiatrist/psychologist
- Pharmacist consultant
- Home health agency: good nurse, physical therapist, speech therapist, social worker, dietician

Build Your Care Support Team

Care Resources

- Attend a local senior center for activities/engagement
(Contact AgeWell or Alzheimer's of Orange County for resources)
- Consider a private caregiver
- Research Assisted Living for respite care
- Investigate Adult Day Care Centers

Share the Care

Support for Primary Caregiver

- Ensure primary caregivers is in optimum health (Don't neglect your own medical care)
- Enlist help from family, friends and neighbors
- Take a break
- Establish a back-up caregiver



Advance Health Care Directive

- Complete your Advance Health Care Directive
 1. Select a medical decision maker
 2. Make your own health care choices
 3. Sign form
- Share your decision with your loved ones

ADVANCE HEALTH CARE DIRECTIVE FORM PAGE 2 of 7

**PART 1
POWER OF ATTORNEY FOR HEALTH CARE**

(1.1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health care decisions for me:

(name of individual you choose as agent) _____

(address) _____ (city) _____ (state) _____ (ZIP Code) _____

(home phone) _____ (work phone) _____

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent:

(name of individual you choose as first alternate agent) _____

(address) _____ (city) _____ (state) _____ (ZIP Code) _____

(home phone) _____ (work phone) _____

OPTIONAL: If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

(name of individual you choose as second alternate agent) _____

(address) _____ (city) _____ (state) _____ (ZIP Code) _____

(home phone) _____ (work phone) _____

(1.2) AGENT'S AUTHORITY: My agent is authorized to make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, except as I state here:

Progression of Dementia

Stages 3 – 4: Mild Stages

- Home / Independent Living
- Primary caregiver is spouse/family members
May have part-time private caregivers
- Patient can still go to doctor's office and go out with escort
- May benefit from activities at a senior center

Progression of Dementia

Stage 5: Moderate Stage

- Home / Assisted Living (Memory Care) / Board & Care
- Cannot be left alone
- Needs prompting and cueing
- Patient needs an escort to go out
- May benefit from home health and Adult Day Care programs

Progression of Dementia

Stage 6: Moderately Severe Stage

- Assisted Living (Memory Care)
- Needs 24/7 care
- Bowel and bladder incontinence
- Behavioral problems/wandering
- Difficulty walking/falls
- Frequent infections such as UTI/pneumonia
- Difficulty swallowing/eating
- **ADVANCE DIRECTIVE VERY IMPORTANT**

Progression of Dementia

Stage 7: End Stages

- Assisted Living (Memory Care) / Skilled Nursing Home
- Patient often bedbound
- Patients may have pressure ulcers on buttocks/heels
- Difficulty swallowing/eating
- Consider hospice care

After Dementia DX

Plan for the Future

- Educate yourself
- Determine / establish your resources
- Get documents in order
- Take care of yourself

Q&A

