Dementia Friendly America™

Community Organization Practice Tool

Supporting Clients with Memory Concerns

When client has diagnosis:

- Offer care consultation or refer to the Alzheimer's Association 24/7 Helpline for care consultation
- Provide education about diagnosis and disease process

When client has memory concerns, but no diagnosis:

- Conduct screening (see Flow Chart)
- Encourage client to make appointment with primary care physician for memory loss work-up

Identify client's needs using organization's assessment tool.

Provide or arrange supports based on client's needs, diagnosis and stage of disease (if known).

Counseling and Support

- Individual and family counseling
- Support groups for person with disease
- Person-centered care includes understanding cultural context in which people are living (www.actonalz.org/cultural-competency-awareness)

Care Partner Education and Support (if client has a care partner)

- Support groups, respite care, caregiver education and training programs, and caregiver coaching services
- Provide information on maintaining health and well-being (visit www.alz.org/care)
- Provide education on behaviors and stages (visit www.alz.org/care)

Health, Wellness and Engagement

- Engagement programs (call the Alzheimer's Association 24/7 Helpline at 1-800-272-3900)
- Adult day
- Exercise and healthy eating programs

Home and Personal Safety

- Refer to an occupational therapist and/or physical therapist to address fall risk, sensory/mobility aids and home modifications
- Obtain MedicAlert® + Alzheimer's Association Safe Return® (call 1-800-272-3900 or visit www.alz.org/care/dementia-medic-alert-safe-return.asp)
- Refer to occupational therapy for driving evaluation (http://myaota.aota.org/driver_search/index.aspx)

Medication Therapy and Management

- Refer to health care provider to create a medication management plan
- Refer to pharmacist for medication review and to simplify medication regimen
- Educate client and care partner on medication management aids (pill organizers, dispensers, alarms)

Legal Planning

- Refer to an elder law attorney
- Encourage client to assign durable power of attorney and health care directive

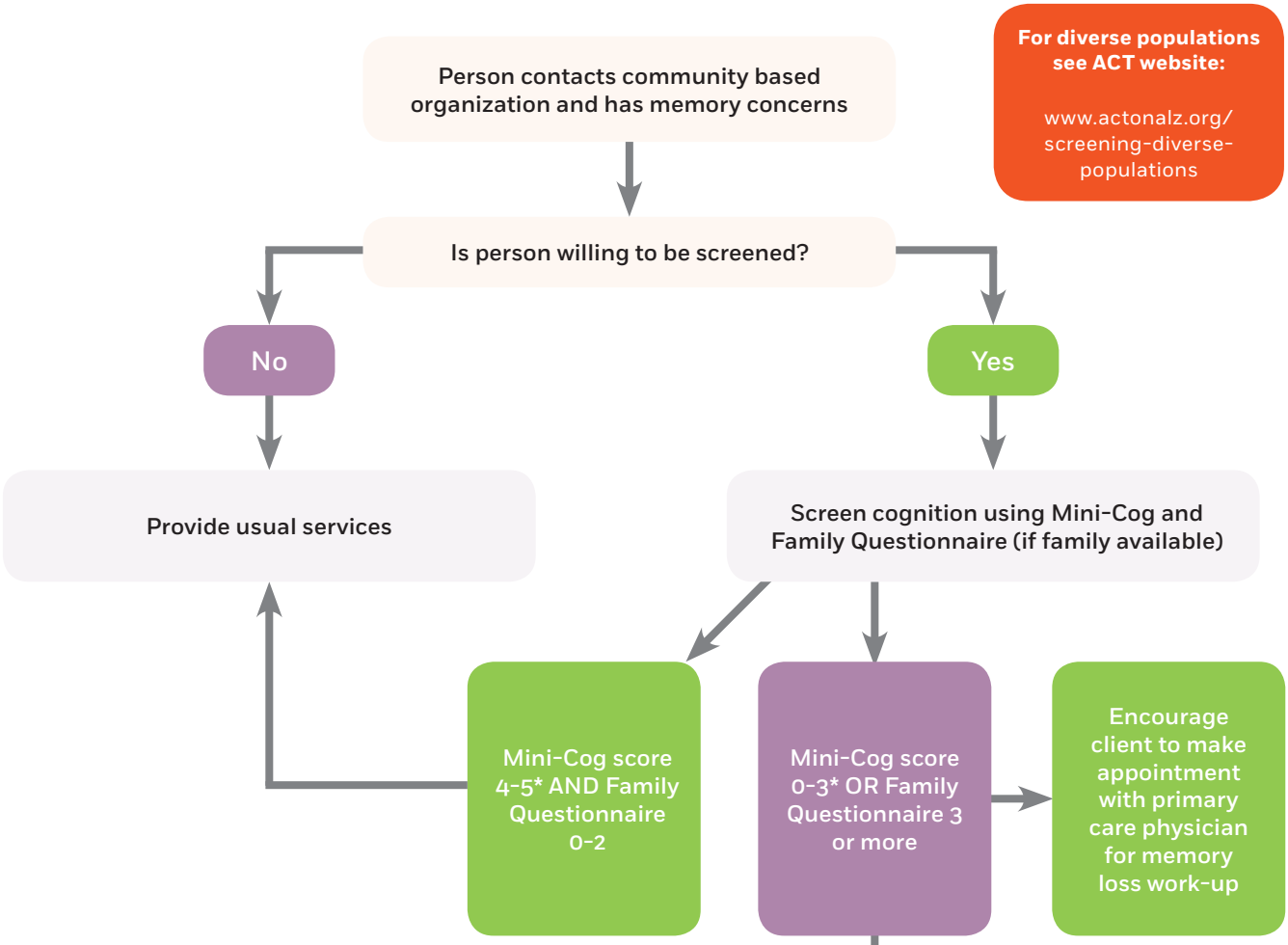
Advance Care Planning

- Encourage client and family to discuss and document preferences for care (download state specific advance directive forms at www.caringinfo.org)

Contact the Eldercare Locator at www.eldercare.gov or call 1-800-677-1116 to get connected to aging services such as financial assistance, home delivered meals, transportation, adult day services and long-term care options in every community across the US.

Determine timeframe for follow-up and plan for communication.

Cognitive Screening Flow Chart



For diverse populations see ACT website:

www.actonalz.org/screening-diverse-populations

Identify client's needs using organization's assessment tool (person-centered care includes understanding cultural context in which people are living; see Culturally Responsive Resources at left)

Provide or arrange supports based on client's needs, diagnosis and stage of disease (if known)

Determine timeframe for follow-up and plan for communication

Mini-Cog
www.mini-cog.com

Mini-Cog Administration
https://www.youtube.com/watch?v=CRQEighdb0w

Family Questionnaire
www.actonalz.org/pdf/Family-Questionnaire.pdf

Culturally Responsive Resources
www.actonalz.org/culturally-responsive-resources

Administration of Screening Tools

Mini-Cog

The Mini-Cog is a five-point cognitive screening tool that incorporates three-word verbal recall and a clock draw. The Mini-Cog requires the person to remember three words. Immediately following the presentation of the words, the person is asked to draw the face of a clock and set the hands at 10 past 11. After they draw the clock, the person is asked to recall the three words. One point is awarded for each word recalled without assistance. The person receives two points if every number on the clock is present and evenly spaced and the hands are positioned at 11 and 2. No points are awarded if either hand is set incorrectly or if numbers are missing, duplicated, or clearly spaced unevenly.

Studies have shown that the word choice may increase the sensitivity of the screening with the most sensitive word combination being "leader, season, table." In addition, the clock draw is particularly more sensitive when staff use phrasing that is purposely abstract by instructing the person to set the time to "10 past 11" as opposed to saying "eleven ten." For scoring purposes, the length of the hands does not matter and full credit should be awarded even when the hand pointing to the 2 is shortest (assuming accuracy with number placement).

Mini-Cog Scoring: 4-5* pass; 0-3* fail

*A cut point of <3 on the Mini-Cog has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.

Mini-Cog References

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Ismail Z, Rajii TK, Shulman KI. Brief cognitive screening instruments: an update. Int J Geriatr Psychiatry. Feb 2010; 25(2):111-20.

Larner, AJ. Screening utility of the Montreal Cognitive Assessment (MoCA): Int Psychogeriatr. Mar 2012;24(3):391-6.

Lessig M, Scanlan J et al. Time that tells: Critical clock-drawing errors for dementia screening. Int Psychogeriatr. 2008 June; 20(3): 459–470.

McCarten J, Anderson P et al. Screening for cognitive impairment in an elderly veteran population: Acceptability and results using different versions of the Mini-Cog. J Am Geriatr Soc 2011; 59: 309-213.

McCarten J, Anderson P et al. Finding dementia in primary care: The results of a clinical demonstration project. J Am Geriatr Soc 2012; 60: 210-217.

Nasreddine ZS, Phillips NA, Bedirian V, et al. The Montreal Cognitive Assessment, MoCA: a brief screening tool for mild cognitive impairment. J Am Geriatr Soc. Apr 2005;53(4):695-699.

Scanlan J & Borson S. The Mini-Cog: Receiver operating characteristics with the expert and naive raters. Int J Geriatr Psychiatry 2001; 16: 216-222.

Tariq SH, Tumosa N, Chibnall JT, et al. Comparison of the Saint Louis University mental status examination and the mini-mental state examination for detecting dementia and mild neurocognitive disorder-a pilot study. Am J Geriatr Psychiatry. Nov 2006;14(11):900-10.

Tsoi K, Chan J et al. Cognitive tests to detect dementia: A systematic review and meta-analysis. JAMA Intern Med. 2015; E1-E9.

Family Questionnaire

If a family member accompanies the person, staff may want to ask for their input. The National Chronic Care Consortium and the Alzheimer's Association's Family Questionnaire is a tool that can be used to obtain the family member's insight on a person's cognitive functioning. The questionnaire asks six questions of family members who have regular contact with the person.

Family Questionnaire Scoring: Not at all = 0; Sometimes = 1; Frequently = 2
A score 3 or greater suggests the need for additional evaluation.
www.actonalz.org/pdf/Family-Questionnaire.pdf

If the Mini-Cog or Family Questionnaire indicates that the person may have memory loss, refer the client to their primary care physician or a specialist (e.g., neurologist, geriatric psychiatrist, geriatrician) for a complete memory loss work-up.

Mild Cognitive Impairment and Stages of Alzheimer's: Symptoms and Duration of Disease*

Alzheimer's symptoms vary. The information below provides a general idea of how abilities change during the course of the disease. Not everyone will experience the same symptoms nor progress at the same rate.

Mild Cognitive Impairment (MCI)

- Mild forgetfulness
- Increasingly overwhelmed by making decisions, planning steps to accomplish a task or interpreting instructions
- Mild difficulty finding way in unfamiliar environments
- Mild impulsivity and/or difficulty with judgment
- Family and friends notice some or all of these symptoms
- IADLs only mildly compromised; ADLs are intact

Alzheimer's Disease Early Stage
2-4 years in duration

- Increased short-term memory loss
- Difficulty keeping track of appointments
- Trouble with time/sequence relationships
- More mental energy needed to process information
- Trouble multi-tasking
- May write reminders, but lose them
- Mild mood and/or personality changes
- Increased preference for familiar things
- IADLs more clearly impaired; ADLs slightly impaired

Alzheimer's Disease Middle Stage
2-10 years in duration

- Significant short-term memory loss; long-term memory begins to decline
- Fluctuating disorientation
- Diminished insight
- Changes in appearance
- Learning new things becomes very difficult
- Restricted interest in activities
- Declining recognition of acquaintances, relatives
- Mood and behavioral changes
- Alterations in sleep and appetite
- Wandering
- Loss of bladder control
- IADLs and ADLs broadly impaired

Alzheimer's Disease Late Stage
1-3 years in duration

- Severe disorientation to time and place
- No short-term memory
- Long-term memory fragments
- Loss of speech
- Difficulty walking
- Loss of bladder/bowel control
- No longer recognizes family members
- Inability to survive without total care

Resources

Mild Cognitive Impairment (MCI)
www.mayoclinic.com/health/mild-cognitive-impairment/DS00553

Stages of Alzheimer's
www.alz.org/alzheimers_disease_stages_of_alzheimers.asp

*The latest DSM-5 manual uses the term "Major Neurocognitive Disorder" for dementia and "Mild Neurocognitive Disorder" for mild cognitive impairment. This ACT on Alzheimer's resource uses the more familiar terminology, as the new terms have yet to be universally adopted.

Adapted from ACT on Alzheimer's® developed tools and resources.