



ADVANCING INTEGRATED HEALTHCARE

Welcome

Best Practice Sharing: Non-Pharmacological Interventions for Dementia

Best Practices in Team-Based Care | April 18, 2023

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Agenda

Topic <i>Presenter</i>	Time
Welcome <i>Susanne Campbell, Senior Program Administrator, CTC-RI</i>	8:00-8:05
Non-Pharmacological Interventions for Dementia <i>Robyn Earley, MA, CCC-SLP, CDP, CMDCP, CareLink</i> <i>Kelley Hurley, BS, PTA, CareLink</i>	8:05-8:55
Closing <i>Susanne Campbell, Senior Program Administrator, CTC-RI</i>	8:55-9:00

Objectives & CME Credits

Objectives:

- Increase awareness of the prevalence of dementia and caregiver burden in RI
- Identify the importance of non-pharmacological interventions for dementia
- Learn about the key role rehabilitation plays in the interdisciplinary approach to dementia care and treatment
- Increase knowledge about specific evidence-based interventions provided by CareLink

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Non- Pharmacological Interventions for Dementia

Evidence-based therapy interventions
for the treatment of cognitive
impairment



CareLink

One partner for community
and post-acute solutions.

- "This project is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$904,153 with 74% funded by ACL/HHS and \$319,926 amount and 26% funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government."



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The Impact of Alzheimer's and Related Dementias

Patient

- 7 million affected in US
 - 24,000 RI residents
 - Projected to double by 2040
- 70% live at home

Family

- Loss of productivity of caregivers
- Painful process
- Significant incidence of depression and medical illness

Society

- \$100 Billion / year

- More than 70% of patients with Alzheimer's disease live at home, and almost 75% of home care is provided by family and friends
- Approximately 59% of caregivers reported depression, according to various studies
- Individuals living with ADRD are twice as likely to be seen in Emergency Rooms and sustain falls
- Care partners report limited access to resources needed to manage the day-to-day stresses of living with ADRD

Dementia is Treatable

Interventions to treat Dementia

Non-Pharmacological

- Massive funding provided for non-pharmacological interventions
 - Pharmacological interventions are not meeting the needs
- Evidence-based therapeutic interventions
 - Cognitive Stimulation Therapy
 - Skills2Care
- Rehabilitation Services
 - Speech Therapy
 - Occupational Therapy
- Quality of Life improvement
 - Pet therapy
 - Music Therapy
 - Complimentary/Alternative Therapy

Pharmacological

- The FDA has approved medications that fall into two categories:
 - drugs that change disease progression in people living with early Alzheimer's disease
 - drugs that may temporarily mitigate some symptoms of Alzheimer's dementia
- Troubling side effects:
 - Falls, headaches, nausea, vomiting
- Most effective when given in the early stages
 - Difficulty obtaining an early diagnosis

The Role of Rehabilitation Services in Dementia Treatment

- Rehabilitation services play an integral role in the evaluation, treatment and education of individuals with dementia, caregivers and other members of the interdisciplinary team
- Standardized assessments provide comprehensive measurement of an individual's cognitive skills as it relates to functional tasks and cognitive-communication and help drive treatment approaches

Goal: to allow an individual to maintain their highest level of function and overall quality of life

- Evidenced based treatment approaches effectively address cognitive impairments using:
 - personalized therapeutic approaches
 - compensatory strategies
 - environmental modifications
 - caregiver/patient education

Occupational Therapy Approaches

- Improve/restore performance of ADLs/IADLs, functional mobility, range of motion, strength and endurance
- Provide supports to maintain current level of function/independence
 - adaptation and compensation to provide supportive environment based on patient specific needs
- Individual, Care Partner and Interdisciplinary team education
 - specific difficulties and specific strategies to compensate
- Caregiver Support programs
 - Skills2Care®
 - Care of Persons With Dementia in Their Environments (COPE)

Speech Therapy Approaches

- Improve/restore cognitive-linguistic deficits
 - Cognitive Stimulation Therapy
 - Spaced-Retrieval
- Develop and train in compensatory strategies to accommodate for patient-specific deficits
 - External aids to support memory and orientation
 - Augmentative and Alternative Communication devices
- Caregiver/Patient and interdisciplinary team education
 - Patient specific deficits and recommended approaches to interventions

Physical Therapy Approaches

- ROM, strength, endurance, balance
- Gait training
 - use of assistive devices
- Home safety assessment and modifications
- Wellness ie: aerobic activities, Tai Chi, Yoga

Alzheimer's Disease Program Initiative Grant

Bringing evidence-based care,
treatment, case management
and education to Rhode
Islanders living at home with
dementia and their caregivers



Goals:

Close the gap in Alzheimer's Disease and related disorders (ADRD) services by:

- expanding upon existing programs that provide support and resources within the state of Rhode Island
- adding evidence-based interventions and rehabilitation services to incorporate provider recommendations into participants home settings successfully
- extending services to include additional populations in need, including individuals with I/DD, individuals living alone with a diagnosis of ADRD and individuals with behavioral manifestations of ADRD

Skills2Care®

- Evidence-based
- Addresses behaviors that negatively impact the individual living with dementia and their caregivers
- Treatment provided by specially trained and certified Occupational Therapists
 - teach caregivers how to manage the day-to-day challenges of dementia
 - through education, skill-building, and environmental strategies
- Program content includes:
 - Understanding dementia
 - Reducing challenging behaviors
 - Promoting function
 - Communicating effectively
 - Making the home safer
 - Caregiver self-care

Cognitive Stimulation Therapy

- Evidence-based intervention
- Addresses memory, thinking skills and quality of life using standardized, themed sessions and
- Designed for individuals with mild to moderate Alzheimer's Disease and Related Dementias (ADRD)
- The program can be provided in both group and individual format
- Sessions include a range of activities to stimulate thinking, memory, and social connections such as:
 - discussing current news stories
 - listening to music or singing
 - language activities
 - practical activity such as baking which involves measuring ingredients and following a recipe

Referrals

- **Qualifications to participate:**

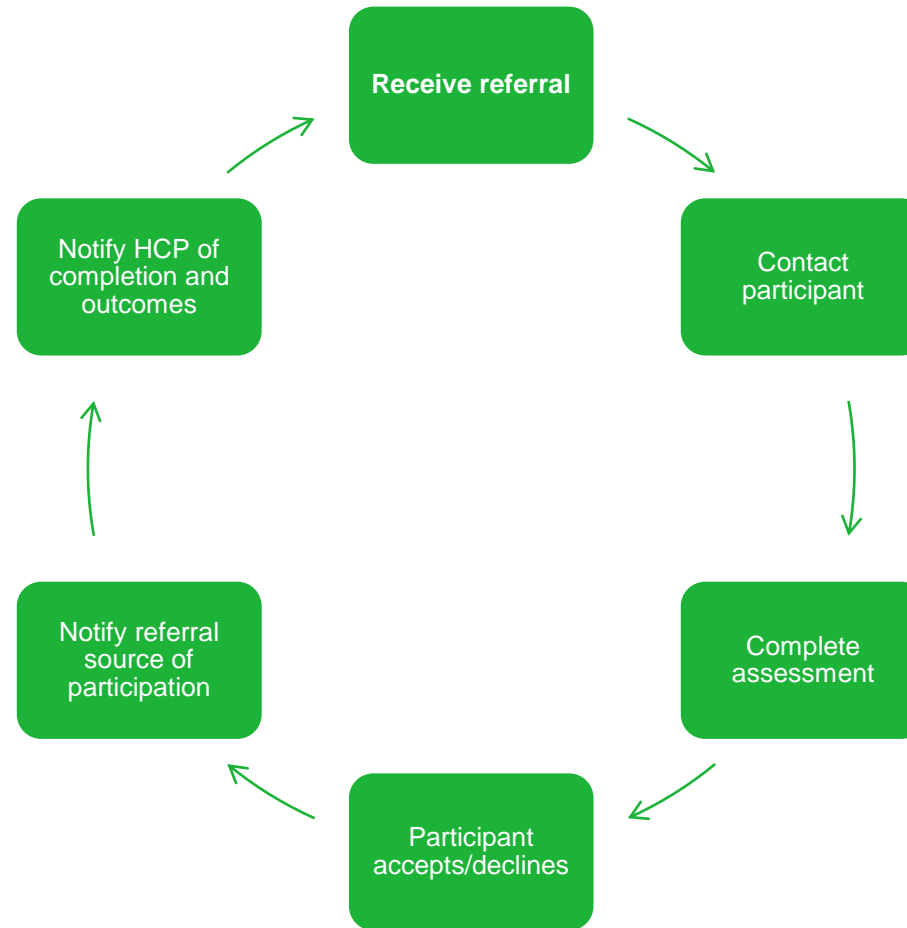
- Lives in the community
- Has a cognitive issue that is not the normal part of aging
- MD is aware of cognitive changes
- Lives in Rhode Island

- **Process:**

- Referral source identifies appropriate participant based off qualifications
- Referral source calls ADPI Grant Coordinator
 - 401-490-7610 ext. 116
 - Provides referral name and contact information
- Grant coordinator will reach out to referral source once screening and intake have been completed



Feedback Loop



Outcome Measures

- Improve quality of life among individuals living with ADRD
- Increase knowledge of available community-based resources
- Improve cognitive function among individuals living with ADRD
- Reduce depression severity among caregivers
- Improve caregiver self-efficacy
- Reduced frequency of behavioral symptoms among individuals living with ADRD
- Improved knowledge of identifying and supporting individuals living with ADRD

Skills2Care Case Example:

- 58-year-old woman who lives at home with her elderly mother who is her primary caregiver
- PMH includes HTN, hypercholesterolemia, hypothyroidism, rheumatoid arthritis, chronic pain, anxiety, depression, and PTSD
- Family friend has been assisting with coordinating patient's healthcare and attends all medical visits as patient's mother is elderly with significant health conditions of her own (legally blind, breast CA).
- Patient presents with symptoms of severe dementia
 - MoCA score 3/30
- Symptoms include:
 - poor appetite, disrupted sleep, significant diaphoresis, significant global aphasia, poor attention and concentration, agitation, impaired problem solving

Case Example continued:

Specific concerns:

- Caregiver is overwhelmed, depressed
- Patient is resistant to psychiatric /mental health intervention
- Patient has had steep cognitive decline
 - Recent MRI reveals brain atrophy
- Patient presents with increased behavioral symptoms, including agitation
- Patient presents with significant depression and emotional lability
- Lack of in-home assistance/support

Skills2Care Intervention:

- Vision aides and referral for Caregiver for vision support/services
- Life Alert device obtained
- PillPack ordered for medication management
- Caregiver provided strategies to manage patient's behavioral symptoms
 - Use words of encouragement, reassurance, support
 - Avoid rationalizing and arguing, give space, take breaks as needed
- Communication with Nurse Case Manager at Primary Care office
 - Results of Occupational Therapy Evaluation
 - PCP referral to Behavioral health visiting nurse
 - PCP to order lab work to address excessive diaphoresis
- Caregiver provided strategies for self-care
 - Engagement in meaningful and relaxing activities
 - coloring, drawing, cooking, walking, listening to music



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Outcomes

- Improved knowledge of disease process
- Increased connection to community -based resources
- Decreased reports of caregiver depression and stress
 - Due to improved ability to self-regulate and use of self-care activities
- Decreased behavioral symptoms of dementia
 - Due to improved caregiver approach and communication techniques
 - Interdisciplinary approach to manage behaviors

Cognitive Stimulation Therapy Case Example

- 73 year-old male who lives at home with his wife
- Currently working full-time as a substitute teacher
- Diagnosed with Mild Cognitive Impairment
 - No other significant medical issues
- Followed and referred by Butler Memory and Aging Program
- Standardized testing reveals:
 - MOCA
 - 19/30 (mild to moderate impairment)
 - Cognitive Linguistic Quick Test reveals mildly impaired in:
 - Attention, Memory, Executive Functions, and Visuospatial Skills

Case Example continued:

Specific Concerns:

- Visuospatial/ executive functioning skills
- Delayed memory and recall
- Occasional word-finding difficulty
- Generative thinking on more visually based tasks
- Maintaining independence and highest level of involvement in daily life

Cognitive Stimulation Therapy Intervention:

Personalized Treatment included:

- 6 sessions of iCST (individual) to build rapport, establish functional baseline and introduce key principles of program
- Patient joined CST group at local Senior Center with 4 other participants grouped by similar cognitive levels
 - 14 sessions of structured 45-minute group therapy sessions over 7 weeks
- Sessions cover a range of activities to stimulate thinking, memory and to connect with others

Outcomes

- Patient reported an improvement in recall
- Patient reported improvement in confidence in participating in conversations without word-finding concerns
- Caregiver reported noted improvement in patient's short-term memory
- Patient and Caregiver note improvement in mood
 - States participating in the group with peers has helped normalize diagnosis and improve self-esteem
- Patient plans to continue to participate in maintenance CST group to continue to benefit

Dementia is Treatable

Summary:

- The population of PLwD in RI is rapidly increasing and caregiver burn-out is a major barrier to aging in place
- Rehab plays a critical role in the interdisciplinary approach to dementia care
- CareLink provides evidence-based clinical interventions for the treatment dementia
- Primary Care practices provide access to early screening, detection and referral to interdisciplinary team to provide appropriate interventions as soon as possible
- Dementia is Treatable!

Questions?

How can CareLink serve as a better partner to Primary Care Providers to improve communication and feedback to continue to work together to provide person-centered care for the dementia patient?



Evaluation & CME Credits

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Topics to look forward to

May 16: *Improving Immunization and Lead Screenings: What are RI practices doing?*

June 20: *Upstream Rhode Island*

Mark your calendars **3rd Tuesday of the month at 8AM**

