Optimizing Dementia Care with the Geriatric 5Ms

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Objectives:
Use the 5Ms of geriatrics framework to

• Discuss how to support people with dementia (and their caregivers) through the disease continuum
• Review how adjustments to co-morbid condition management can support dementia care
• Provide a framework to help guide the family – and medical team – through care decisions
| What Matters Most | Current care planning: Identifying health goals and preferences  
Advance care planning |
|-------------------|------------------------------------------------------------------|
| Multicomplexity   | Navigating health care settings and transitions  
Balancing multiple chronic conditions, geriatric syndromes  
Addressing social determinants of health |
| Medications       | Tailoring medications to meet goals and preferences  
Avoiding high-risk medications |
| Mind              | Addressing cognition and mental health  
Mitigating sensory impairment |
| Mobility          | Optimizing functional status  
Maintaining safe mobility |

What Matters Most

IDENTIFY HEALTH PRIORITIES
- Values (What Matters most to the patient)
- Actionable, specific, realistic health outcome goals
- Health care preferences (which care the patient finds helpful and which burdensome) and any tradeoffs
- “One Thing” - the health problem (burdensome symptom, health care task, or medication) the patient most wants to address to help them achieve their health goal.

ALIGN CARE WITH HEALTH PRIORITIES
Consider if current and potential care is:
- Consistent with health outcome goals including patient’s “One Thing”?
- Consistent with care preferences?

Use the patient’s priorities:
- As the focus for communication with the patient
- As the goal for serial trials to start, stop or continue interventions
- To prioritize care decisions, especially where differing perspectives exist

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What Matters Most

- Patient priorities care framework
  - Patient’s values, health goals: guide interventions to meet these goals
  - These evolve over time, disease trajectory
- Modification for dementia:
  - Patient and caregiver/family: may be differing opinions, conflict
  - May need to re-set expectations


Discussing the dementia diagnosis

• Prerequisite to discussion about health goals
• Ask permission/give a warning
  • Not everyone wants to know
  • For some people/stages, it may cause distress
• “Nobody ever told us that”
  • Caregivers may need to hear it multiple times, may need a signpost
  • Patients may not remember (obviously) or may not be receptive
• Anticipatory guidance: this is a terminal disease
  • Trajectory: FAST, CDR
Care planning

Have a plan for *when* more care is needed

- Care support: family, aids, placement
- HCP, POA
- Living will, MOLST

Important component of caregiver support

Most people delay decision making about long term care needs. When cognition worsens, family/friends need to step in as surrogates.

Lindquist et al, *J Am Ger Soc* 2022
Multi-complexity

• Multiple chronic conditions
• Geriatric syndromes
• Social determinants of health
• Navigating health care settings and transitions
• Caregiver support
• Understanding and managing behavioral and psychological symptoms in dementia
Multi-complexity

• Addressing social determinants of health
  • Care depends on the support available
    • Family/friends
    • Community activities
    • Resources: aids, facilities, DME

• Navigating health care settings and transitions
  • Hospitalization: higher risk for delirium, falls, new medications (?meet goals)
  • Functional losses harder to regain if cannot remember PT/OT instruction
  • Transition success directly related to caregiver support/advocacy

• Caregiver support and education

• Balancing multiple chronic conditions
  • Symptom burden vs. treatment burden
    • Medications
    • Appointments
    • Interventions (CPAP, oxygen, diet, etc)
  • Potential surgeries and procedures
    • Pacemaker
    • Valve replacement
    • Cataract surgery

Frame exploration of options by goals:
• What are the patient/family priorities?
• Will the intervention help achieve those goals?
Multi-complexity: Geriatric Syndromes

Common conditions in older adults that are a manifestation of multiple underlying health conditions

- Falls
- Functional decline
- Delirium
- Urinary incontinence
- Pressure ulcers

Adapted from Inouye J Am Geriatr Soc 2007
Multi-complexity: Pain

• Under-recognized and undertreated in people with dementia

• Barriers to assessment include:
  • Short-term memory impairment
  • Decrements in language and executive functioning

• Consequences of unrelieved pain include:
  • sleep disturbance
  • functional decline
  • depression
  • anxiety
  • anorexia
  • challenging behaviors
  • polypharmacy
  • increased healthcare utilization

Medications

- Polypharmacy
- Unidentified side effects and prescribing cascades
- Anticholinergic load
- Burdensome dosing schedule
- Dysphagia and choking
- Vitamins and supplements

Unrecognized Side Effects

- Hypoglycemia → Agitation
- Anti-hypertensive → Apathy, anhedonia
- Diuretic → Urinary incontinence
- Antihistamine → Dry mouth, dysphagia

“This probably won’t work, but we do have medications that will take care of the side effects.”

Prescribing Cascades

ED Visits Related to Dietary Supplement Use Often Result in Hospitalization

• 23,000 ED visits for adverse events related to dietary supplements happen every year in the US (2004-2013)
• 9% result in hospitalization
• 30% of implicated supplements used for weight loss, energy, sexual enhancement
• Pts 65+: 40% due to supplement-induced swallowing problems (large pills)

Anticholinergic Load

• Exposure to anticholinergic medications is associated with cognitive impairment and an increased risk of dementia
  • Risk is exposure-dependent
  • Anticholinergic antidepressants, antihistamines, antiparkinson drugs, antipsychotics, bladder antimuscarinics, antiepileptics

• Stop/minimize these medications
  • May see some immediate improvement
  • Possibly slow further changes
  • Pre-requisite to using any cholinesterase inhibitors!

• [Website Link]

Coupland *JAMA Inter Med* 2019; Jessen *Eur Arch Psych Clin Neurosci* 2010; Ancelin *BMJ* 2006,
Medication management: Everyday practicalities

• **Organization**
  • Pill dispensers, blister packs
  • Reminders: alarms, alarms with instructions
  • Dosing schedule
  • Minimize burden of multiple doses per day
  • Optimize timing to when patient is most cognitively intact, cooperative

• **Dysphagia**: avoid big pills (vitamins!) and bisphosphonates

• **Side effects**: re-eval risk vs benefit ratio
Mentation

Treat co-morbid conditions

- Depression
- Anxiety
- PTSD

BPSD: caregiver education

- Anticipatory guidance: realistic expectations
- Tools for success: Daily schedules, ready distractions, plan for known challenges at best time of day
- Learn “tells”
Behavior “tells”

• Some behaviors lack specificity and may be the result of other symptoms or part of the underlying neurodegenerative process

• “Pt’s pain signature” (individualized response)
  • stop eating, refrain from social activities, agitation, wandering, insomnia...

• Evaluation of behaviors
  • Assess at rest and with movement
  • Ensure basic comfort needs are being met (ie. hunger, toileting, loneliness, fear)
  • Rule out other causative pathologies (urinary retention, constipation, infection – not always UTI!)

Mobility

• Frequently what tips caregivers over in care management
  • ADLs: shower resistance, continence
  • Falls
  • Activity restriction
• Optimize external input early and often
  • Vision/Hearing
• Optimize mobility support
  • Assistive devices
  • Foot care/shoes
  • Environmental hazards
• Consider paid caregiver support
What Matters Most: Palliative Care

Trajectory of dementia:
Episodic exacerbations and incomplete recovery

Years
DEATH
CASCADE Study
Choices, Attitudes and Strategies for Care of Adv Dementia at the End of Life

• GOAL: better understand the clinical trajectory of end-stage dementia
  • 18 month prospective cohort in 22 facilities in Boston area
  • NH residents with total functional dependence, minimal verbal communication, inability to recognize loved ones

• Expected complications of dementia informed prognosis
  • 6 mo mortality ~ 40 to 45% with each of these
    • pneumonia (41% of residents)
    • fever (53% of residents)
    • eating problems (86% of residents)

• Residents whose HCP had an understanding of prognosis and expected complications were less likely to have burdensome interventions (adjusted odds ratio 0.12)

Hospice Eligibility

- Severity of dementia FAST* stage 7-C or worse
  - Inability to walk, dress or bathe without assistance
  - Urinary and fecal incontinence
  - No consistently meaningful verbal communication
    - Stereotypical phrases only or limited to 6 or fewer intelligible words
- Severe comorbid condition within past 6 months
  - Aspiration PNA
  - Pyelonephritis
  - Septicemia
  - Multiple, progressive stage 3 or 4 decubiti
  - Fever after antibiotics
- Inability to maintain fluid/caloric intake to sustain life
  - Wt loss > 10% in 6 months
  - Serum alb < 2.5 g/dL

FAST Staging Limitations:
- Not developed to predict life expectancy
- Not derived from empirical data
- Presents functional loss as an ordinal progression which is not necessarily the case

* FAST: Functional Assessment Staging Tool
5M Approach to Dementia Care

• **What Matters Most**
  • Frame care decisions around health priorities
  • Initiate care planning early: HCP, POA, care support (aids/ALF)
  • Advanced dementia trajectory prognostication
  • Hospice when appropriate

• **Medications**
  • Deprescribe when possible
  • *Do* treat burdensome symptoms

• **Mentation**
  • Behavior management:
    • Caregiver education/support
    • Become familiar with “tells”
    • Delirium

• **Mobility**
  • Optimize supporting factors
  • Paid caregiver support for ADLs, exercise, outings

https://www.quotespedia.org/authors/b/buddha/every-morning-we-are-born-again-what-we-do-today-is-what-matters-most-buddha/
EVERY MORNING WE ARE BORN AGAIN. WHAT WE DO TODAY IS WHAT MATTERS MOST.
Resources

• Patient priorities care: patientprioritiescare.org

• 5Ms Quick Guide: https://geriatricscareonline.org/ProductAbstract/5Ms-Quick-Guide/PC0012