# Clinical Practice Guideline (CPG)

# DEMENTIA CAPABLE CARE

## SCOPE:

☒ Family Care ☒ PACE ☒ Partnership

## AUDIENCE:

Interdisciplinary Team Staff (IDTS), Specialists, Clinicians, Providers

## PURPOSE:

To provide best practice approach to Community Care, Inc. Interdisciplinary Team Staff, Physicians and other providers who care for our members.

Community care Clinical Practice Guidelines (CPG) are recommendations intended to guide an overall approach to care. (Please see references for an in-depth review of the condition/disease.)

Individual member factors, comorbidities, member preferences and member "Goals of Care" should be considered when making recommendations for an individual member.

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**CONTENTS:**



## 1) Overview of Dementia

Dementia is a term used to define a group of syndromes or disorders characterized by a loss of cognitive abilities severe enough to interfere with daily functioning; it must be a decline from baseline. The DSM-5 acknowledges “dementia” as a term that continues to be in general use and is the customary term for degenerative cognitive disorders that usually affect older persons.

Neurocognitive Disorders (NCD) is the DSM-5 terminology (replacing the term dementia) for disorders attributable to changes in brain structure, function, and/or chemistry. The defining characteristics are primary deficits in cognition, deficits in cognitive domains including attention, executive function, learning and memory, language, perceptual-motor function and

social cognition. One may see difficulties in planning, organization, abstract thinking, problem solving, maintaining emotional control, altered environmental perceptions and misjudging of capabilities. This must represent a decline from prior levels of functioning. Neurocognitive disorder is a term that is widely used and often preferred for use with younger individuals.

## 2) Best Practice Standards

Although there is no effective treatment or proven prevention for Alzheimer's disease and other various types of dementia, in general, leading a healthy lifestyle may help address risk factors that have been associated with these diseases.

### ➢ Healthy Lifestyle Modifications Recommendations

- Control high blood pressure
- Manage blood sugar
- Maintain a healthy weight
- Eat a healthy diet – a mix of fruits and vegetables, whole grains, lean meats and seafood, unsaturated fats such as olive oil, low-fat or non-fat dairy products, and limit other fats and sugars.
- Keep physically active at least 150 minutes of moderate intensity physical activity each week.
- Stay mentally active
- Stay connected with family and friends
- Treat hearing problems
- Take care of your mental and physical health
- Sleep well – seven to eight hours of sleep each night
- Prevent head injury
- Drink less alcohol. The National Institute on Alcohol Abuse and Alcoholism (NIAAA), part of the National Institutes of Health, recommends that men should not have more than two drinks a day and women only one.
- Stop tobacco use.

### ➢ Why Screen

- People living with dementia and their families have rights including:
  - The right to a diagnosis;

- The right to be regarded as a unique individual and to be treated with dignity and respect;
- The right to access a range of treatment, care and support;
- The right to be as independent as possible and be included in the community;
- The right to have caregivers who are well educated about dementia; and
- The right to end of life care that respects individual wishes.

## Who to Screen for Cognitive Impairment

- Screen members age 65 or older
- Consider screening members under age 65 and without a dementia or neurocognitive disorder diagnosis when the member:
  - Expresses concern about memory or has other cognitive complaints;
  - Presents with non-memory triggers such as personality change, depression, deterioration of chronic disease without explanation, balance issues or falls; or
  - Has risk factors for dementia, such as:
    - Diabetes Mellitus;
    - Hypertension; or
    - Cardiovascular disease.
  - Has family members or care givers reporting presence of cognitive problems.
- Screen all members age 40 or older who are living with IDD, Down Syndrome or TBI.
  - Screen all members living with IDD at age 40; repeat only if there is a change indicating need for another screen.
  - Screen members living with Down Syndrome annually due to increased risk in this population of developing dementia.

## Reasons for Early Detection:

- Early and accurate diagnosis of dementia/neurocognitive disorder will help members and their families plan for the future.

- The ability of the member living with dementia to participate actively in important decisions tends to deteriorate as the condition advances.
- Based on an early diagnosis, the member living with dementia may also be able to make choices about how care is to be planned and delivered based on her/his preferences; this includes decisions regarding care and treatment, care arrangements, place of residence and end of life decisions, advance directives.
- Members living with dementia may also wish to legally appoint someone to make decisions for them as capacity declines.
- If detected, early the progression of dementia may be slowed.

## How to Screen

- **Step 1:** Ask member and/or family members, significant other, caregivers or legal decision-maker if member has known history of, diagnosis of dementia or neurocognitive disorder.

  ***Could be reported as***:

  - Alzheimer's disease;
  - Dementia with Lewy Bodies;
  - Parkinson's disease with dementia;
  - Frontotemporal dementia and variants;
  - Vascular dementia or Multi-infarct dementia;
  - Creutzfeldt-Jacob disease;
  - HIV encephalopathy;
  - Whipple's disease;
  - Korsakoff Syndrome;
  - Posterior Cortical Atrophy; or
  - Normal Pressure Hydrocephalus.

  ***Could also be listed as Neurocognitive disorder due to***:

  - Alzheimer's Disease;
  - Frontotemporal lobar degeneration;
  - Lewy Body Disease;
  - Traumatic Brain injury (TBI);
  - Substance/medication use;
  - HIV infection;
  - Prion Disease;
  - Parkinson's Disease;
  - Huntington's Disease;
  - Other medical conditions; or
  - Multiple etiologies.

- **Step 2**: Does the caregiver or IDTS suspect signs and symptoms of dementia? If so, complete screen even if member under the age of 65.
- **Step 3:** Engage with the member
- **Step 4**: Screen for dementia following instructions on how to complete screening tools and how to score them
- **Recommended Screening Tools**
  - **Family Care**: Mini Cog and Animal Naming
  - **CCHP**: SLUMS
  - **Members living with IDD**: NTG-EDSD

Note: If the member refuses or is unable to participate in the screen, you may use the family/caregiver assessment tools: Family Questionnaire, AD-8 (the Ascertain Dementia 8-item Informant Questionnaire)

- **Step 5:** Clinical evaluation with primary care provider (PCP)

## 3) Preventive Management of Acute Issues

- **Decisional Capacity r**efers to a member's ability to make meaningful healthcare decisions including at least the following four elements:
  - *Understanding,* the ability to comprehend the disclosed information about the interventions and/or procedures discussed, as well as the risks and benefits of the intervention/procedure;
  - *Appreciation,* the ability to appreciate the significance of the decision and the potential risks and benefits for one's own situation and condition;
  - *Reasoning,* the ability to engage in a reasoning process about the risks and benefits versus alternatives; or
  - The *ability to express a choice*
- **Advance Directives** enable the member to make choices about how care is to be planned and delivered based on her/his preferences; this includes decisions regarding care and treatment, care arrangements, place of residence and end of life decisions and how to legally appoint someone to make decisions for them as capacity declines.
- **Assess Safety**
  - Assess home environment
  - Assess level of assistance needed
  - Assess capacity of caregiver
  - Assess care giver learning needs

- **Assess Caregiver Burden**
- **Identify and address behavioral and psychological symptoms of dementia (BPSD)**
    - Refer to BH for assistance with Behavior Support Plan (BSP) development and evaluation.
    - Use alternatives to anti-psychotic

## 4) Process for Interdisciplinary Team Staff (IDTS)

- Through assessment process, identify strengths and abilities.
- Provide education regarding benefits of screening and accurate diagnosis.
- Offer assistance with Advance Directives development and planning utilizing a shared decision-making process.
- Use motivational interviewing techniques to assess risk regarding autonomy vs. safety.
- Collaborate with Primary Care Provider (PCP).
- Member care plan incorporates person-centered supports and interventions based on what holds meaning for the member and skills/abilities that are preserved.
    - Consider adding a Behavior Support Plan (BSP) to the plan of care when behavioral and psychological symptoms of dementia (BPSD) are challenging.
    - Refer to BH for assistance with BSP development and evaluation.
    - Evaluate need for pharmacotherapy only after non-medication strategies have been given adequate trial and re-evaluation.
    - Use evidence-based best practice ideas, i.e., exercise, music, art, pets.
    - Identify and address environmental issues.
    - Identify and address pain and/or other medical/BH issues.
    - Support the care giver.
- Evaluate plan of care, change/adjust based on data and feedback.

## 5) Quality Assurance Monitoring

- Community Care monitors quality of care provided to all its members via Internal File Reviews, target audits, risk reports, HEDIS data, Acumen data, electronic

health record guideline reports, Clinical Dashboards and feedback from providers.

- Community Care recognizes that Clinical Practice Guidelines are intended to assist in decision-making and may not apply to all members or circumstances; complete compliance is not expected for all guidelines.

## 6) References


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6. Alzheimer's Association (2024) Website.
7. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.
8. National Task Group on Intellectual Disabilities and Dementia Practices (2013): Acknowledgment: Derived from the DSQIID (*Dementia Screening Questionnaire for Individuals with Intellectual Disabilities; Deb, S., 2007) as adapted into the Southeast PA

   Dementia Screening Tool (DST) – with the assistance of Carl V. Tyler, Jr., MD – and the LHIDS (Longitudinal Health and Intellectual Disability Survey; Rimmer & Hsieh, 2010) and as further adapted by the National Task Group on Intellectual Disabilities and Dementia Practices as the NTG Early Detection Screen for Dementia for use in the USA.