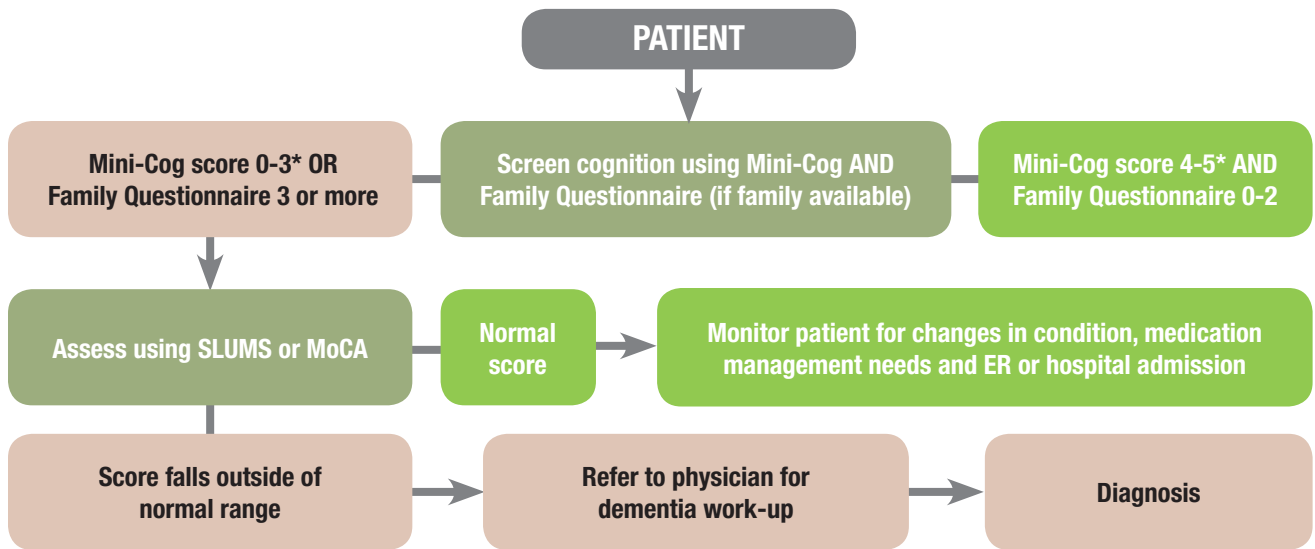


Cognitive Impairment Identification and Dementia Care Coordination**



MoCA:

Normal	.26-30
Mild Cognitive Impairment	.21-25
Moderate	.15-20
Severe	0-14

SLUMS (high school education)

Normal	.27-30
Mild Cognitive Impairment	.21-26
Dementia	1-20

SLUMS (Less than high school education)

Normal	.25-30
Mild Cognitive Impairment	.20-24
Dementia	1-19

Family Questionnaire
www.hawaii.edu/aging/hadi

Mini-Cog
www.hawaii.edu/aging/hadi

Montreal Cognitive Assessment (MoCA)
www.mocatest.org

St. Louis University Mental Status (SLUMS)
http://medschool.slu.edu/agingsuccessfully/pdfsurveys/slumsexam_05.pdf

DEMENTIA CARE COORDINATION

- Identify care partner
- Conduct comprehensive assessment of patient
- Consult family members, friends, or other care partners
- Provide disease education
- Develop care plan based on patient's diagnosis and stage of disease (MCI, early, middle, late), needs and goals
- Arrange services and supports
- Determine visit frequency
- Develop plan for communication
- Monitor patient for changes in condition, medication management needs and emergency room or hospital admission
- Re-evaluate and modify care plan as needed

*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.

**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.

Dementia Care Plan Checklist

With the patient and care partner, create a person-centered plan to meet identified needs, address barriers and set goals based on the patient's values.

Conduct comprehensive assessment of patient (include care partner).

- Person-centered care includes understanding cultural context in which people are living (www.actonalz.org/cultural-competency-awareness)
- Screening and diagnosis of diverse populations (www.actonalz.org/screening-diverse-populations)

Educate the patient and care partner about diagnosis and disease process.

- Contact the Alzheimer's Association – Aloha Chapter 24/7 Helpline at 1-800-272-3900 or www.alz.org/hawaii/
- Refer to the Taking Action Workbook (www.alz.org/i-have-alz/downloads/lwa_pwd_taking_action_workbook.pdf)
- Cultural competence and awareness (www.actonalz.org/cultural-competency-awareness)
- Cultural awareness (www.hawaii.edu/aging/hadi)

Develop care plan based on patient's diagnosis and stage of disease, needs and goals.

Medication Therapy and Management

- Discuss prescribed and over-the-counter medications
- Refer to pharmacist for medication review and to simplify medication regimen
- Work with patient's health care team to create a medication management plan
- Educate patient and care partner on medication management aids (pill organizers, dispensers, alarms)

Patients in middle and late stages will require medication oversight from care partner or health care professional.

Maximize Abilities

- Work with patient's health care team to treat conditions that may worsen symptoms or lead to poor outcomes, including depression and co-existing medical conditions (e.g., diabetes, blood pressure, sleep dysregulation)
- Encourage patient to stop smoking and/or limit alcohol
- Refer to occupational therapy to maximize ability for self care
- Encourage lifestyle changes that may reduce disease symptoms or slow their progression (e.g., establish routines for person with disease and care partner)

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

- Refer to support groups, respite care, caregiver education and training programs, and caregiver coaching services.
- Contact the Alzheimer's Association – Aloha Chapter 24/7 Helpline at 1-800-272-3900 or www.alz.org/hawaii/
- Contact Hawaii ADRC (Aging & Disability Resource Center) statewide at 643-ADRC (2372). TTY line: 643-0889. Go to www.hawaiiadrc.org “Professionals & Service Providers”

Health, Wellness and Engagement

- Encourage regular physical activity and healthy eating
- Contact the Alzheimer's Association – Aloha Chapter 24/7 Helpline at 1-800-272-3900 or www.alz.org/hawaii/
- Encourage socialization and participation in activities the patient enjoys

See Living Well Workbook for recommendations (www.alz.org/mnnd/documents/15_ALZ_Living_Well_Workbook_Web.pdf).

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-medical-alert-safe-return.asp)
- Refer to driving rehab specialist/occupational therapist for clinical and/or in-vehicle evaluation (see At the Crossroads at www.thehartford.com/advance50/publications-on-aging or Dementia and Driving Resource Center at www.alz.org/driving)
- Preventing Falls Among Older Adults: <http://health.hawaii.gov/injuryprevention/home/preventing-falls/information/>
- Monitor for elder abuse and neglect: Adult Protective Services: <http://humanservices.hawaii.gov/ssd/home/adult-services/>

Legal Planning

- Refer to an elder law attorney:
 - Hawaii State Bar Association Lawyer Referral & Information Service: <http://hawaiilawyerreferral.com>
 - University of Hawaii Elder Law Program: www.hawaii.edu/uhelp/healthcare.htm
- Deciding What's Next and Who in the World Cares?* <http://www.hawaii.edu/uhelp/publications.htm>
- Legal Aid Society of Hawaii: www.legalaidhawaii.org
- Encourage patient to assign durable power of attorney and health care directive

Advance Care Planning

- Encourage patient and family to discuss and document preferences for care (see Honoring Choices at www.honoringchoices.org)
- Refer to Kokua Mau: Hawaii Hospice & Palliative Care Organization (advance directive and POLST forms): www.kokuamau.org

In middle and late stages, discuss palliative care and hospice with patient and care partner.

Arrange services and supports.

- Contact the Alzheimer's Association – Aloha Chapter 24/7 Helpline at 1-800-272-3900 or visit www.alz.org/hawaii/
- Contact Hawaii ADRC (Aging & Disability Resource Center) statewide at 643-ADRC (2372). TTY line: 643-0889, or visit www.hawaiiadrc.org “Professionals & Service Providers”
- Cultural competence and awareness: www.actonalz.org/cultural-competency-awareness
- Cultural awareness: www.hawaii.edu/aging/hadi
- In middle and late stages, discuss palliative care and hospice with patient and care partner

Determine visit frequency and plan for communication.

- Schedule regular check-ins with the patient and care partner (consider monthly face-to-face visits until relationship is established)
- Educate patient and care partner to contact care coordinator for changes in condition, assistance with medication management and emergency room or hospital admission

Re-evaluate and modify care plan as needed.

- Communicate plan of care across healthcare teams

Resources

Borson, S., Scanlan, J.M., Chen, P., & Ganguli, M. (2003). The Mini-Cog as a screen for dementia: Validation in a population-based sample. *JAGS*, 51(10), 1451-1454.

Borson S, Scanlan JM, Watanabe J et al. Improving identification of cognitive impairment in primary care. *Int J Geriatr Psychiatry* 2006; 21: 349-355.

Ismail Z, Rajji 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.

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. Find additional information on the stages of Alzheimer's at: www.alz.org/alzheimers_disease_stages_of_alzheimers.asp

Mild Cognitive Impairment (MCI)

www.mayoclinic.com/health/mild-cognitive-impairment/DS00553

- 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



Adapted from ACT on Alzheimer's® developed tools and resources. ACT on Alzheimer's® provider practice tools and resources cannot be sold in their original or modified/adapted form.

This document was supported in part by a cooperative agreement No. 90AL0011-01-00 from the Administration on Aging (AoA), Administration for Community Living (ACL), U.S. Department of Health and Human Services (DHHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official AoA, ACL, or DHHS policy.