

Dementia Capability Training

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HADI Hawai'i Alzheimer's Disease Initiative

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HADSSP

HAWAII ALZHEIMER'S DISEASE SUPPORTIVE SERVICES PROGRAM

Overall Training Objectives

- ◆ Understand the basics of Alzheimer's disease and related dementias
- ◆ Identify people with possible dementia and/or their care partners during the screening and assessment process, and
- ◆ Connect them to resources they need via warm handoff within the No Wrong Door system

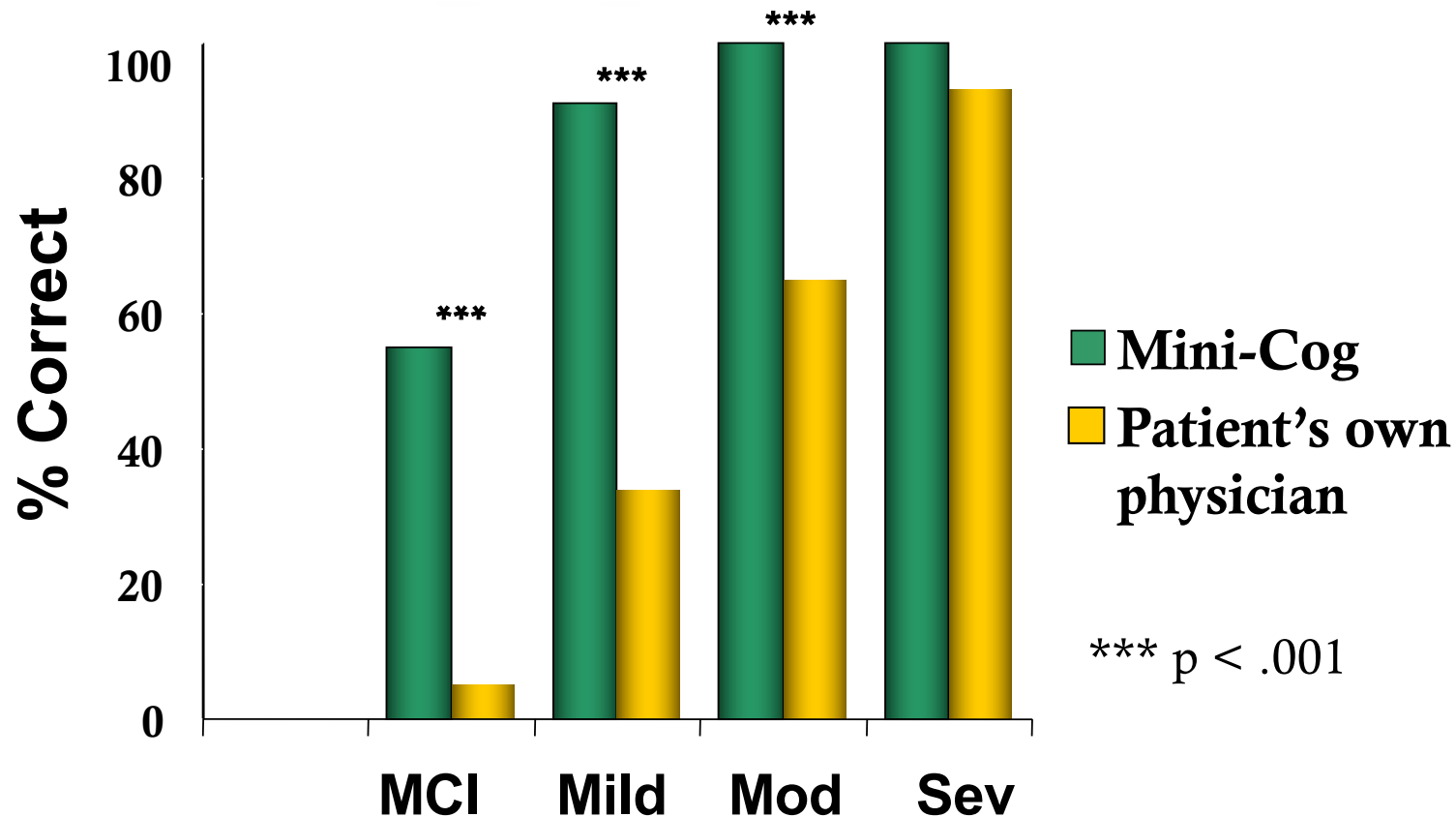
Part II: Normal Aging &
Dementia:
Telling the Difference and Taking
Action



Validated Tools

- ✔ Validated tools supported by years of research
 - ✔ Given to thousands of older adults who go through extensive evaluation to determine which factors are most important in early detection
- ✔ Trust the tools!

Tools Improve Detection



Cognitive Screening



General Tips and Tricks

- ◆ Set the stage with a relaxed demeanor
 - ◆ Your anxiety will rub off on the patient
- ◆ Do what you can to minimize sensory problems
 - ◆ Hearing, vision are intact/corrected
 - ◆ Speak clearly and with a reasonable volume
- ◆ Avoid using the words “test” or “memory”
 - ◆ Instead: “We’re going to do something next that requires some *concentration*”

General Tips and Tricks

- ◆ Do not:
 - ◆ Allow people to give up prematurely or skip questions
 - ◆ Deviate from standardized instructions
 - ◆ Offer multiple choice answers or give hints
 - ◆ Be soft on scoring
 - ◆ Score ranges already padded for normal errors
 - ◆ Deduct points where necessary – be strict

We are Screening, Not Diagnosing

- ◆ Remember that these tools are **not diagnostic**
 - ◆ There are many reasons why a person could do poorly:
 - ◆ Depression, mood disturbance
 - ◆ Fatigue
 - ◆ Anxiety
 - ◆ Medication side effects
 - ◆ Medical illness
- ◆ Purpose is to identify people with cognitive impairment so a work-up can be done to identify cause

Two Types of Screens

◆ Subjective

- ◆ Example: AD8
- ◆ Relies upon a person's opinion, insight and observational skills
- ◆ Less reliable

◆ Objective

- ◆ Example: Mini-Cog
- ◆ Direct measurement of client's brain function
- ◆ More reliable

Choosing the Right Tool

- ◆ Over the phone

- ◆ AD8 with informant (family member or friend) or directly with client

- ◆ In person

- ◆ Mini-Cog with client
- ◆ AD8 with informant (family member or friend) if one is present

AD8



AD8 Dementia Screening Interview

Patient ID#: _____
 CS ID#: _____
 Date: _____

Remember, "Yes, a change" indicates that there has been a change in the last several years caused by cognitive (thinking and memory) problems.	YES, A change	NO, No change	N/A, Don't know
1. Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)			
2. Less interest in hobbies/activities			
3. Repeats the same things over and over (questions, stories, or statements)			
4. Trouble learning how to use a tool, appliance, or gadget (e.g., VCR, computer, microwave, remote control)			
5. Forgets correct month or year			
6. Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills)			
7. Trouble remembering appointments			
8. Daily problems with thinking and/or memory			
TOTAL AD8 SCORE			

AD8: Administration

- ◆ Remember:
 - ◆ You can administer to informant or client
- ◆ Two ways to administer:
 - ◆ Read questions aloud
 - ◆ Give them the form to fill out themselves

AD8: Administration

- ◆ If reading out loud:
 - ◆ “Please answer the next questions with a ‘yes’ or ‘no’. Yes means there has been a change in the last several years **due to problems with thinking or memory**. No means no change has occurred.”
 - ◆ “In the last several years, has _____ experienced problems with judgment?”
 - ◆ “In the last several years, has _____ experienced less interest in hobbies / activities?”

AD8: Administration

- ◆ Read the questions word-for-word
- ◆ If the person changes their answer, record their final response
- ◆ If the informant says they are unsure or can't decide, give them more time and then say:
 - ◆ “Would you say *generally* yes or *generally* no?”

AD8: Administration

- ◆ If a change has occurred because of physical problems/limitations, clarify whether any change has occurred due to memory or thinking
 - ◆ Do not record answers related to physical limitations
- ◆ If the informant says they do not know or it does not apply to the person, record N/A

AD8: Scoring

- ◆ 1 point is given for every “yes” response
- ◆ Total possible points: 8

AD8: Score Interpretation

Normal / Pass

- ◆ 0 – 1 points

Impaired / Fail

- ◆ 2 or more points
- ◆ Consider referral to healthcare provider for work-up

Mini-Cog



Mini-Cog

Contents

- Word Recall (3 points)
- Clock Draw (2 points)

Advantages

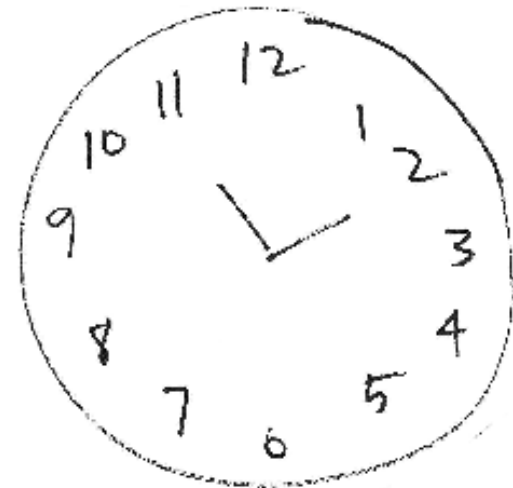
- Quick (2-3 min)
- Easy
- Measures multiple skills (memory, spatial, abstract reasoning)

Client asked to recall 3 words

Leader, Season, Table +3

Client asked to draw clock,
set hands to 10 past 11

+2



ID: _____ Date: _____

Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.¹⁻³ For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

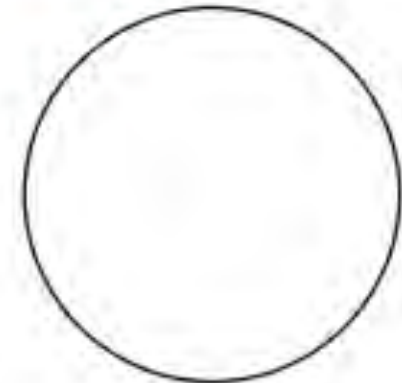
Word List Version: _____ Person's Answers: _____

Scoring

Word Recall: _____ (0-3 points)	1 point for each word spontaneously recalled without cueing.
Clock Draw: _____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score: _____ (0-5 points)	Total score = Word Recall score + Clock Draw score. 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.

Clock Drawing

Date: _____



Mini-Cog Research

- ◆ Performance unaffected by education or language
 - ◆ Borson Int J Geriatr Psychiatry 2000
- ◆ Sensitivity and specificity similar to MMSE (76% vs. 79%; 89% vs. 88%)
 - ◆ Borson JAGS 2003
- ◆ Does **not disrupt workflow** & increases rate of diagnosis in primary care
 - ◆ Borson JGIM 2007
- ◆ Failure associated with **inability to fill pillbox**
 - ◆ Anderson et al Am Soc Consult Pharmacists 2008

Mini-Cog: Administration

- ◆ Select word list
 - ◆ Versions 1-6 are equivalent
 - ◆ Options provided for repeat administration
 - ◆ Most choose to use version 1 or 2
 - ◆ Words can be translated into another language as long as meaning remains the same
 - ◆ Choose the list that translates the best
- ◆ Make sure you have client's full attention
- ◆ Speak clearly and in a reasonable volume

Sample Script: The Purpose

- ◆ Clients may ask, “Why are you are testing me?”
 - ◆ “The purpose of [these questions, this task] is to see how the brain is doing. It’s our check up from the neck up!”

Mini-Cog: Administration

◆ Word Registration

- ◆ “Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are ...”
- ◆ When saying the 3 words, do so about 1 second apart
- ◆ Can repeat the list twice, if necessary
 - ◆ If client cannot repeat them all back after 3 attempts, move on
- ◆ After client repeats all the words, do not remind them to remember them again

Mini-Cog: Administration

◆ Clock Draw

- ◆ Turn the page over
- ◆ “Next, I want you to draw a clock for me. First, put in all of the numbers where they go.” [Stop]
 - ◆ If just tic marks or anchor numbers, say “Please put in ALL of the numbers where they go.”
 - ◆ If most of the numbers present but missing some, do not prompt or repeat
- ◆ “Now, set the hands to 10 past 11.”
 - ◆ Do not say “eleven ten” or any other deviation
 - ◆ You can repeat this instruction as often as needed
 - ◆ If client cannot complete the clock draw in 3 minutes, move on

Mini-Cog: Administration

- ◆ Word Recall
 - ◆ “What were the three words I asked you to remember?”
 - ◆ Record answers
 - ◆ Do not provide clues, hints, multiple choice answers, or any prompts whatsoever

Mini-Cog: Scoring

- ◆ Word list
 - ◆ 1 point for each word recalled after the clock drawing (3 points possible)
- ◆ Clock Draw
 - ◆ All or nothing, 0 **or** 2 points
 - ◆ 2-point clock has all of the following:
 - ◆ All numbers, 1-12, in correct location (look at anchor #s: 3, 6, 9, 12)
 - ◆ No missing or duplicate numbers
 - ◆ 2 hands present, 1 pointing to the 11, the other to the 2
 - ◆ Length of hands does not matter
 - ◆ Inability or refusal to draw the clock is scored 0

Mini-Cog: Score Interpretation

Normal / Pass

- ◆ 4 - 5 points

Impaired / Fail

- ◆ 0 - 3 points
- ◆ Consider referral to healthcare provider for work-up

Case Study: Colleen

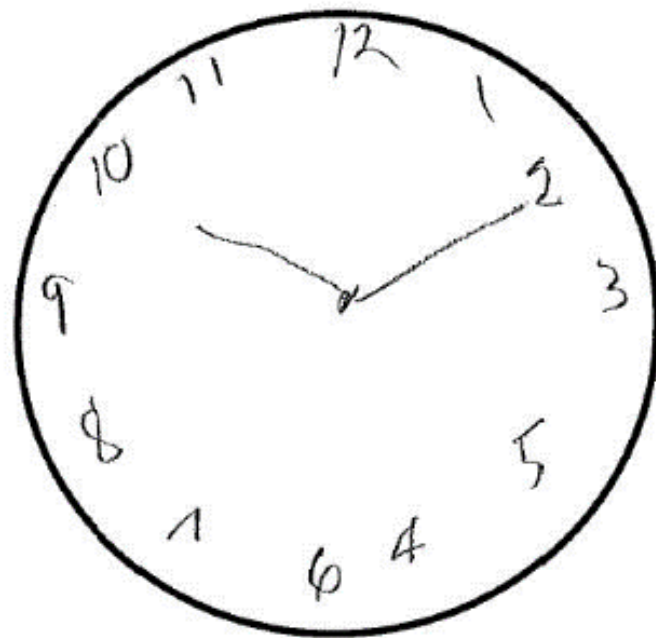
- ◆ 66 y/o presents to primary care with memory complaints
- ◆ Daughter c/o short-term memory is poor
- ◆ Began 1-2 years ago, getting worse
- ◆ Hx Low blood sugar, history of heart attack, repeat hospitalizations for atrial flutter
- ◆ Frequent medication changes, managing independently
- ◆ Patient is a retired accountant for family business
- ◆ Lives with husband who is still running the family business
- ◆ Referred to Care Coordination

Mini-Cog: Colleen



<http://youtu.be/DeCFtuD41WY>

Colleen's Clock



Colleen's Score

Introductory Script:

Colleen

- We are going to take a quick look at your memory. Some people think this task is easy and others find it more challenging. Just do the best you can.
- I am going to give you 3 words to try and remember. Listen carefully and repeat these words back to me when I'm finished: **Leader, Season, Table**
(Repeat words if necessary to make sure patient has registered each one. Do not warn them that you will ask for the words again later).
- *(Fold paper in half so circle is facing patient).* Now, I want you to make a clock for me by putting in all the numbers where they are supposed to go. Then, set the time for 10 past 11. *(Repeat instructions as needed – this is not a memory test. If patient cannot complete the clock in 3 minutes, move on to next step).*
- Now, what were those 3 words I asked you to remember earlier?

Sunrise, banana,
shampoo

Mini-Cog Scoring:

Word recall 2 / 3

Clock draw 0 / 2

Total 2 / 5

Screen FAIL: 0 – 3

Screen PASS: 4 – 5

Word recall: 1 point for each word spontaneously recalled without cueing.

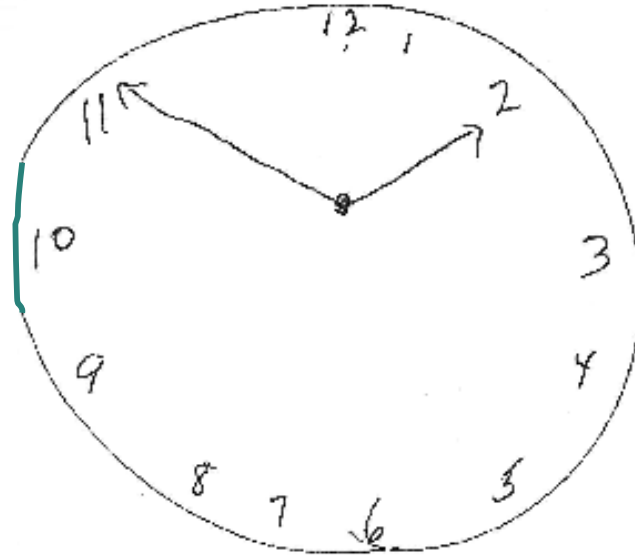
Clock draw: 0 or 2 points. To obtain credit, all numbers must be in correct sequence and position (e.g., 12, 3, 6, and 9 in anchor positions) with no missing or duplicate numbers. Two hands point toward 11 and 2 (length of hands does not matter).

Mini-Cog Exercise

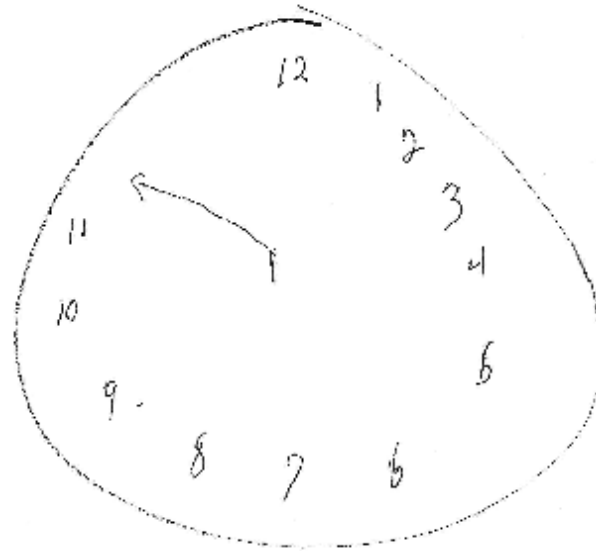
Form groups of 2

- ◆ Administer MiniCog to each other
- ◆ Score sample clocks

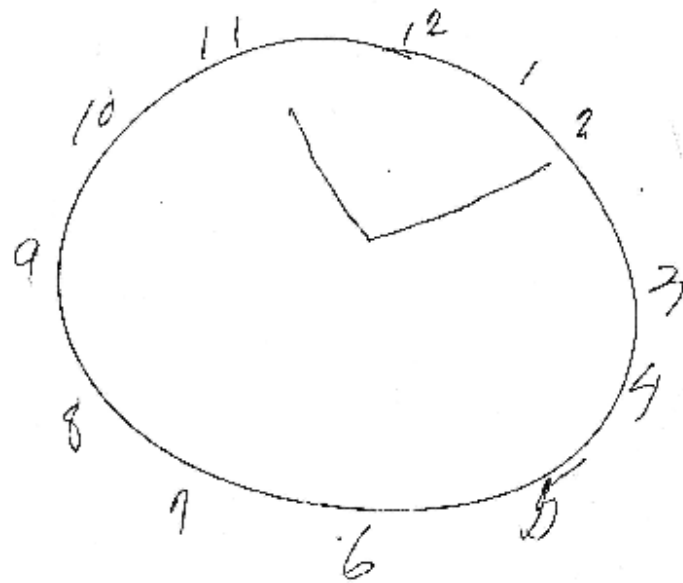
Clock Example



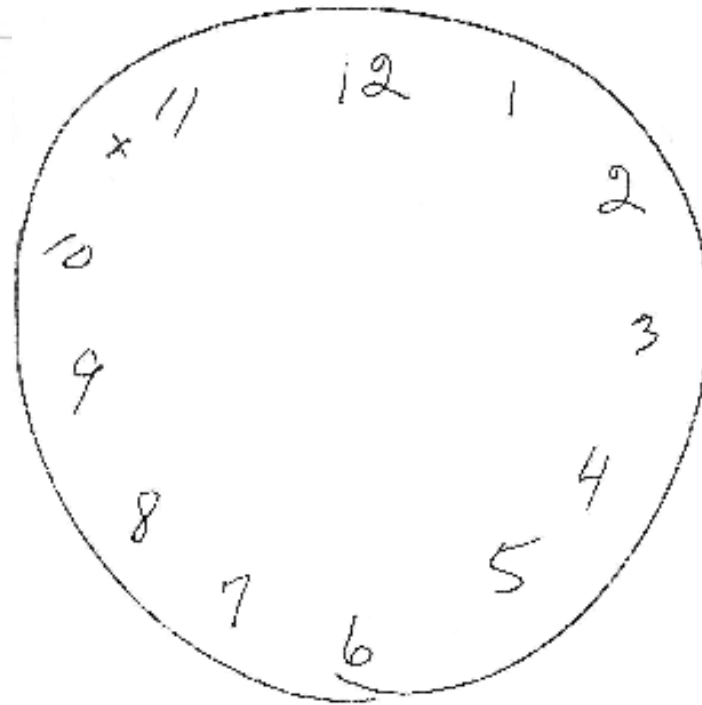
Clock Example



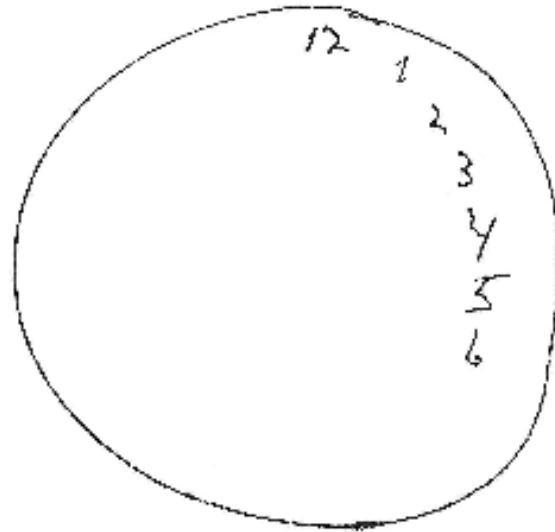
Clock Example



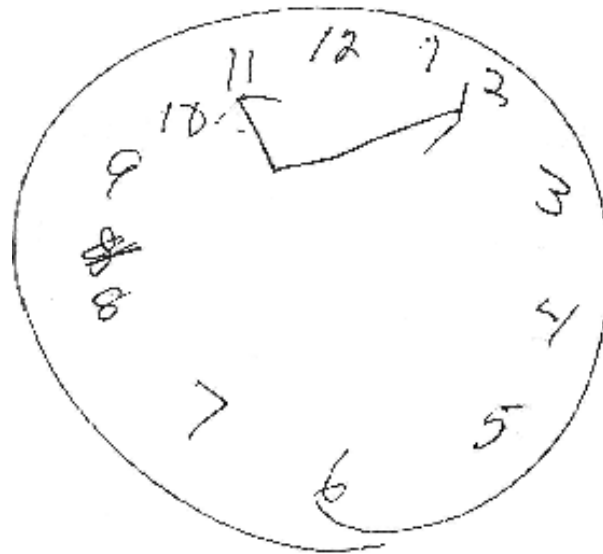
Clock Example



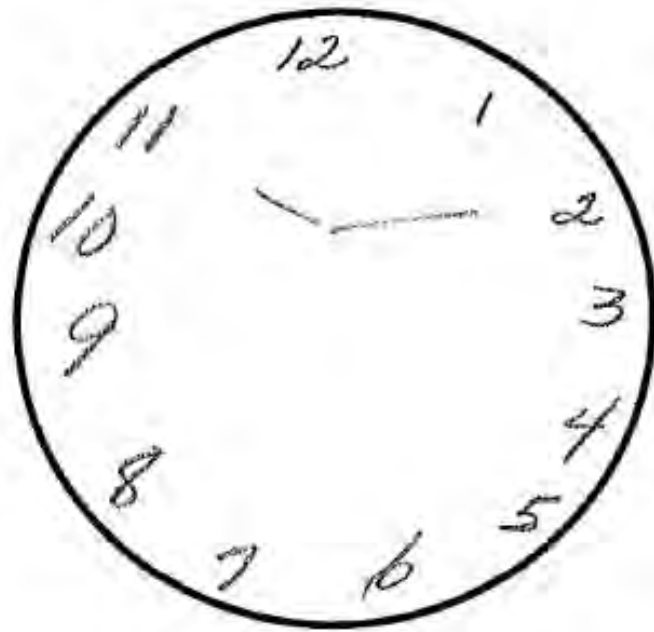
Clock Example



Clock Example



Clock Example



What if Scores Do Not Agree?

- ◆ Sometimes, a client will perform poorly on the Mini-Cog but the AD8 will be normal (or vice versa)
- ◆ You should encourage the client to see a healthcare provider if **EITHER** the Mini-Cog or the AD8 yield an abnormal score

Sample Script: Passing Score

- ◆ If a client asks how they did on the Mini-Cog:
 - ◆ “You did just fine, which is great news.”
- ◆ If clients express concern about their memory at that point:
 - ◆ Encourage them to talk about their concerns with their healthcare provider

Sample Script: Failing Score

- ◆ “One area of concern is memory and brain health. There are many reasons why people might be having trouble with their memory. [Name a few: a person might be tired, have a lot on their mind, feel stressed, be experiencing side effects from medications, be vitamin/nutrient deficient, or have an underlying medical condition].”
- ◆ “One thing we should work on together is making an appointment with your doctor so we can follow up on this. Seeing the doctor is important so we can figure out what’s going on and how to keep you healthy. I want you to stay well.”

Opening Up Conversation

- ◆ The assessment process can create opportunities to discuss memory issues openly and to work from the perspective of your client:
 - ◆ “Are you having any trouble with your memory or thinking?”
 - ◆ If yes, “What do you think might be causing this?”
 - ◆ “Have you talked with anyone about it?”
 - ◆ “Have you talked with your doctor about this?” If so, “What happened?”

Scripting

- ◆ Practice until you are comfortable
- ◆ Write your script down and keep on hand
- ◆ Avoid
 - ◆ Being unnecessarily wordy
 - ◆ Over-explaining or rationalizing the process
- ◆ Never use the words “dementia” or “Alzheimer’s disease”
 - ◆ Assessment tools are **not diagnostic**
 - ◆ Using these terms is premature at this stage and can contribute to anxiety/fear

Potential Questions

- ◆ Do you think I have dementia/Alzheimer's disease?
 - ◆ The tool we used today does not tell us what is causing a person's memory difficulties.
 - ◆ There are many reasons why someone might be experiencing trouble with their memory or thinking. He/she may not be getting adequate sleep at night or might be under a lot of stress or be depressed. Other causes include medication side effects, medical problems like an infection in the body, and vitamin deficiencies.
 - ◆ Not all memory problems are caused by dementia/Alzheimer's disease. But, it is important to see a doctor so we can identify the cause and find out what treatment might be needed.

Next Steps

- ◆ Help facilitate an appointment with the doctor as much as the client/family will allow and/or as much as you are able to within your role
- ◆ The more you can do, the more likely follow-up will occur
 - ◆ Offer to help make the appointment or sit with family while the call is made
 - ◆ Call client/family in 1 week to check on progress
 - ◆ Accompany client to the doctor

Next Steps

- ◆ Consider providing written documentation to the client/family and/or their doctor, if appropriate
 - ◆ Sample letters are available for download at www.actonalz.org/video-tutorials

Free Online Videos & Webinars

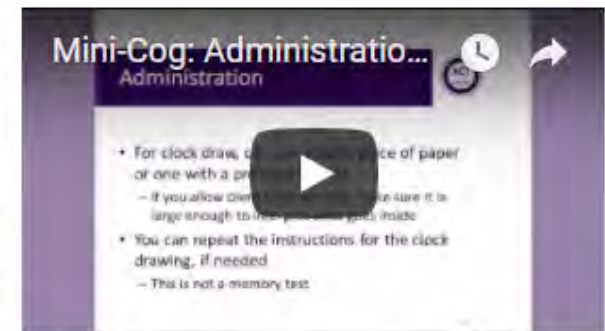
Mini-Cog Administration and Scoring - [Download the Mini-Cog](#)



Demonstration Video with Patient:
Mini-Cog: Colleen
(3:19 minutes)



Demonstration Video with Patient:
Mini-Cog: Sam
(4:00 minutes)



Webinar: Administration and Scoring of the
Mini-Cog
(15:17 minutes)

<http://actonalz.org/video-tutorials>