

Dementia: Identification, Evaluation and Management

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Faculty Disclosure

“We do not have any relevant financial relationships with any commercial interests.”

Outline

- Demographics
- Presentation
- Differential Diagnosis
- Multidisciplinary Approach
- Essentials of Assessment
- Treatment Considerations
- Coordination of Care
- Case

Demographics

- 35.6 million people worldwide living with dementia, a number that is expected to triple by 2050.

Presentation

- Loss of acquired cognitive functioning
- Memory
- Executive functioning - planning, problem solving
- Essential to comport behavior to the expectations of collateral caregivers

Differential Diagnosis

- Delirium (Acute confusional states)
- Intoxication
- Iatrogenic
- Mental Illness - eg, depression
- General medical conditions - toxic-metabolic, trauma.

Multidisciplinary Approach

- Not chief complaint driven
- Family complaints
- Collateral observations about self-care, interpersonal behavioral
- Medical staff
- Behavioral Health staff
- Friends, co-workers

Essentials of Assessment

- Low index of suspicion
- Cognitive assessment at baseline and at regular intervals
- Weave cognitive assessment into general conversation
- No substitute for specific examination - “There’s no difference between a Porsche and a Pinto until you step on the gas.”

Treatment Considerations

- Safety first
- Placement considerations
- Remove exacerbating factors
- Thorough diagnostic workup
- Improve compliance with treatment of underlying medical conditions
- Improve sleep
- Consider use of anti-dementia rx

Case - Collateral Information

- 55 yo African American male
- No prior mental health history
- Family reported medication refusal of care after solid compliance
- Collaterals report poor self-care - disheveled
- Cellmate reports “crazy” behavior, incontinence

Case - Primary Care Perspective

- In response to repeated complaints, seen by primary care
- CC: “I’m fine.”
- MSE: A&O*2, not oriented to year, president, “hit or miss” with what should have been overlearned.
- Labs & imaging studies ordered

Case - Mental Health Perspective

- Consult revealed disorientation, waxing & waning alertness, poor short term & long term memory, poor sleep
- Dx: Delirium, ? dementia
- Labs: elevated ammonia level

Coordination of Care

- Treated with lactulose
- Serial monitoring of ammonia levels
- Serial improvement in mini mental status exam
- Family education regarding diagnosis, and treatment options and behavioral expectations

Multidisciplinary Teamwork

- Despite improvements in sleep, alertness, and orientation, memory deficits persisted
- Final diagnosis: Dementia complicated by delirium secondary to hyperammonemia due to hepatitis
- Referred to ALF placement

Communication with Concerned Stakeholders

- Collateral informants - family - baseline cognitive functioning, educational history, work history.
- Effective communication regarding placement

Questions, Answers, Comments, Discussion

- Thank you!

References

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