Palliative Care and the Lewy Body Dementias: Educating the Next Generation of Nurses



Dr. Jocelyn Jiao, MD Stanford Health Care



Chuck Berghoff



Robin Shepherd Susan & Charles Berghoff Foundation

Presented by:





AGENDA

- 1:30 Introduction & mindfulness exercise
- 1:40 Film
- 2:05 Presentation by Dr. Jocelyn Jiao
- 2:40 Presentation by Chuck Berghoff
- 3:00 Q&A
- 3:20 Closing remarks





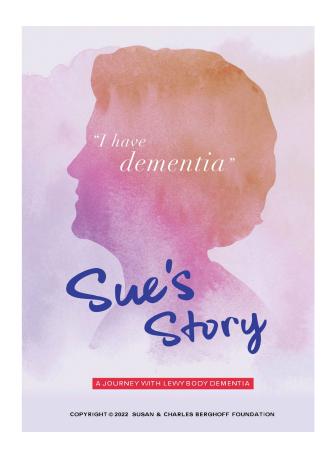
LEARNING OBJECTIVES

- 1. Define 3 symptoms associated with LBD
- 2. Describe 3 ways palliative care benefits LBD patients and their families
- 3. Understand how to apply one element from this workshop in an education program





Sue's Story: A Journey with Lewy Body Dementia



- Adopted by Kaiser Permanente and other health systems for Continuing Medical Education
- Adopted by SJSU and other universities for Nursing and Allied Health curriculum
- Featured by AARP and other organizations for community health education
- Viewed by thousands of people with little or no prior knowledge of Lewy body dementia





ROADMAP



How do we describe dementia?
What are Lewy Body dementias (LBD)?
What are the challenges of living with LBD?

How do we describe palliative care?
What are the benefits of palliative care for people living with LBD and their families?





WHAT IS DEMENTIA?



Normal cognition Mild cognitive impairment Dementia

A syndrome of cognitive impairment severe enough to interfere with basic activities of daily living (ADLs). Dementia is progressive.





DISEASES THAT LEAD TO DEMENTIA



- Alzheimer's disease
- Lewy body disease
- Frontotemporal degeneration
- Mixed-etiology dementia
- Vascular disease

* Some conditions mimic dementia symptoms (UTI, B-12 deficiency, delirium, thyroid problem)

SOURCE: NAT'L INSTITUTES OF HEALTH

Alzheimer's Disease and Related Dementias or "ADRDs"

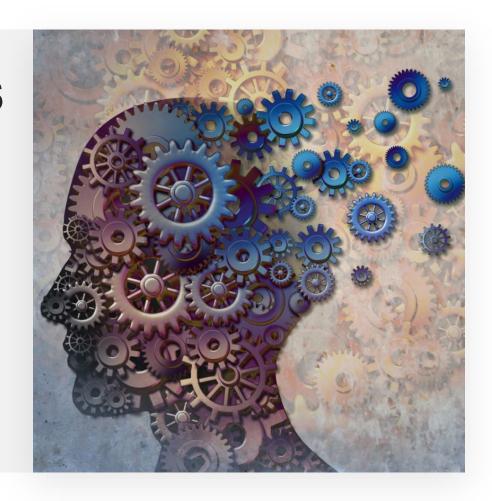




LEWY BODY DEMENTIAS

LBD is the 2nd most common type of neurodegenerative dementia after Alzheimer's, but it's not as well known or understood.

SOURCE: MAYO CLINIC



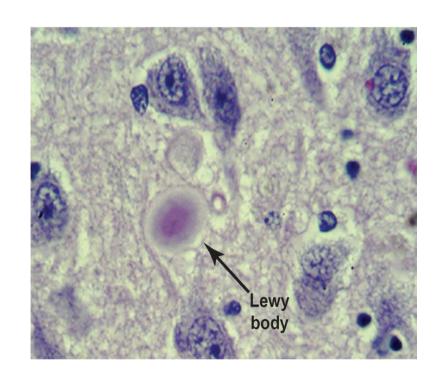




Lewy Body Disease



Lewy Body Dementias



SOURCE: NAT'L INSTITUTES OF NEUROLOGICAL DISORDERS AND STROKE

Disease: The **alpha-synuclein** protein forms clumps or "Lewy bodies" that impair brain function and cause brain cells to die.

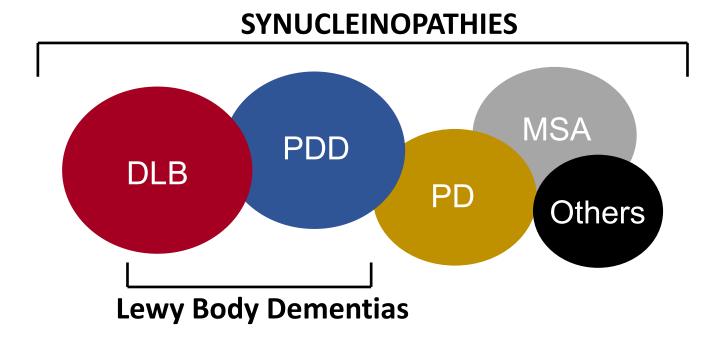
Diagnoses:

- Dementia with Lewy bodies (DLB)
- Parkinson's disease dementia (PDD)





Lewy Body Disease - Biology



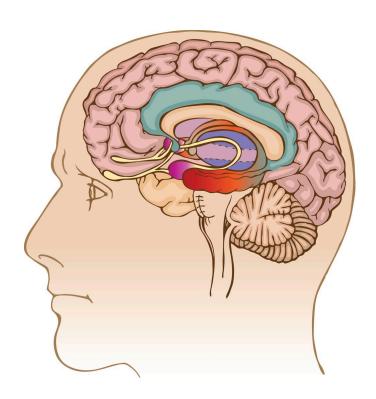
Terminology: DLB-Dementia with Lewy bodies; PDD-Parkinson's disease dementia; PD-Parkinson's disease; MSA-Multiple system atrophy





Brain Regions Impacted by LBD

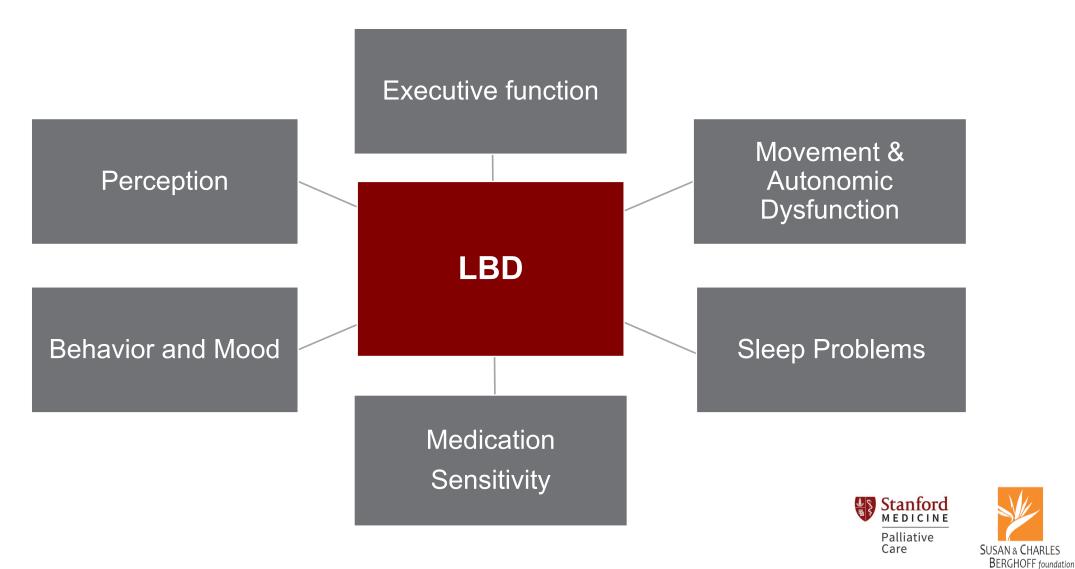
- Cerebral cortex
- Limbic cortex
- Hippocampus
- Midbrain/substantia nigra
- Brain stem
- Olfactory Pathways







LBD is a Complex Challenge



LBD – Diagnostic Criteria

CORE SYMPTOMS

- Dementia with decline in "executive" brain function
- Fluctuating cognition
- Visual hallucinations
- Parkinsonism
- REM sleep disorder
- Visual/spatial deficits

SUPPORTIVE SYMPTOMS

- Behavior and mood changes
- Problems with language
- Autonomic dysfunction
- Sensory loss (smell, etc)
- Hypersensitivity to certain medications
- Sundowning

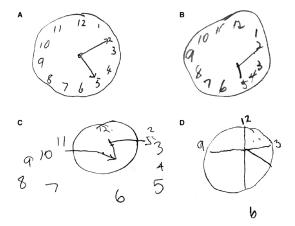




LBD and COGNITIVE DECLINE



- Executive function (planning, decision making, problem solving)
- Fluctuations in attention/alertness, periods of confusion
- Visuospatial deficits
- Language (speed of thought, communication)









LBD and HALLUCINATIONS



- Seeing things that are not there
- In some cases, hearing or smelling things that are not there
- May be benign or upsetting
- May be persistent, vivid, recurring



Masquerades, Peter Doig





LBD and DISRUPTED SLEEP



Sleeping man Painting, Pawel Kosior

- Excessive daytime sleepiness
- REM sleep behavior disorder
- Obstructive sleep apnea
- Restless legs syndrome
- Nocturia
- Sundowning





LBD and MOVEMENT PROBLEMS

- Tremor
- Rigidity
- Bradykinesia
- Postural instability







LBD and BEHAVIOR / MOOD CHANGES



Young Man Tired of his Hometown, Tayrn Day

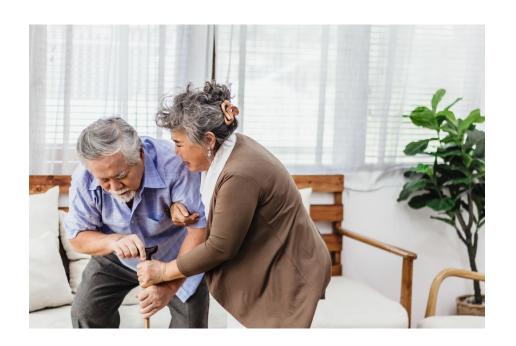
- Low mood or depression
- Anxiety
- Apathy
- Fatigue
- Agitation
- Delusions, paranoia
- Social isolation





LBD and AUTONOMIC DYSFUNCTION

- Blood pressure
- Heart rate
- Body temperature
- Dizziness and fainting
- Digestion
- Bladder and bowel function
- Sweating







CHALLENGES FOR FAMILIES LIVING WITH LBD



- Unfamiliar with public health services
- Unfamiliar with medical community, lack of care team in place
- Uncertain about diagnosis, prognosis, medication management
- Unsure how to plan for dementia care (health, legal and insurance matters)
- Difficulty with change and transitions





QUALITY of LIFE on the JOURNEY with LBD

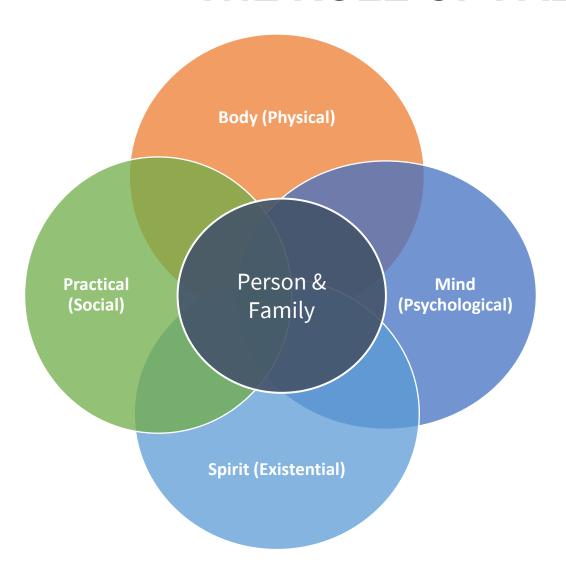


A sense of dignity, purpose, belonging and joy for people living with LBD and their families.





THE ROLE OF PALLIATIVE CARE



A holistic approach to care focused on *the person* beyond the disease.

Appropriate at any age and any stage of cognitive decline and dementia, alongside any medical treatment.

It's about Quality of Life.





THE PALLIATIVE CARE TEAM



Pr m H m d C

Nurses

8

Doctors

- Prescribe medication
- Help with medical decisions
- Coordinate with other doctors



- Emotional Support
- Caregiver support

Social Workers

- Medical equipment
- Financial concerns



Spiritual support

Chaplain

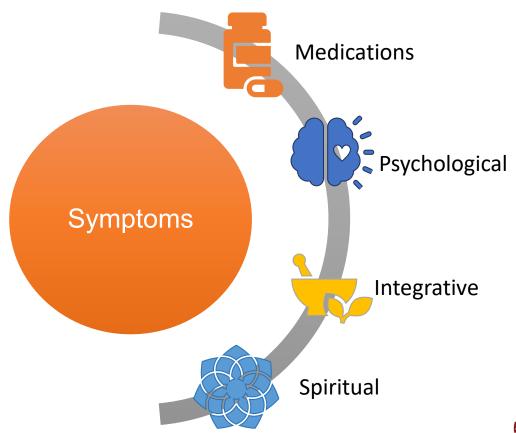
- Relief from existential distress
- Prayers and blessings







RELIEF FROM SYMPTOMS OF LBD







HELP with MEDICAL DECISIONS and COPING

Advance Health Care Planning

Completing Advance Directives and POLST forms

Weighing treatment options

Adopting caregiver coping strategies and resources







MEDICATION MANAGEMENT

Currently, there are no disease-modifying treatments for LBD, but certain meds can help ease symptoms.

- Memory medications Donepezil, Namenda
- Anti-psychotics Seroquel, Nuplazid, Clozaril
- Agitation Depakote
- Anti-depressant or anxiety meds
- Orthostatic hypotension Florinef, Midodrine, Northera
- Constipation, bowel regimen
- * Patients may be hyper-sensitive to medications. It's important to remove any that are unnecessary and change dosages gradually.







PALLIATIVE CARE HAS MANY BENEFITS

From Diagnosis to Hospice and End of Life



- Improved Quality of Life at all stages of dementia
- Symptom and stress management
- Sense of social and spiritual wellbeing

- Satisfaction with care
- Fewer hospitalizations
- Fewer hospital days
- Referrals to resources
- Less burden on caregivers





EMERGENCE OF NEUROPALLIATIVE CARE

- Meeting the public health challenge of our aging population
- Increasing awareness of palliative care and hospice services
- Increasing advance care plan support and guidance to people and families living with dementia
- Encouraging earlier conversations surrounding values, hopes, worries, and goals, when people are able to have them independently





DEMENTIA CARE TEAM: IT TAKES A VILLAGE

Primary Care

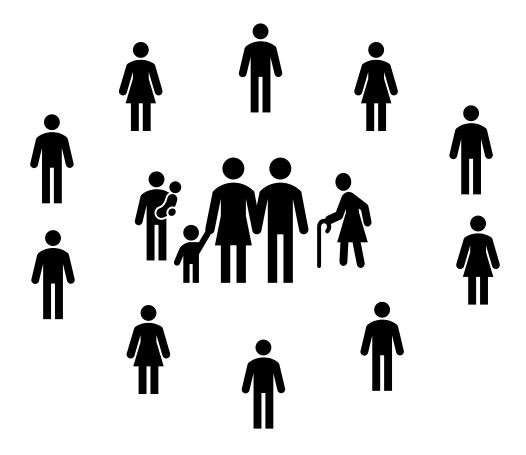
Community Health

Case Management

Hospital

Physical, Occupational and Speech Therapies

Social Services



Neurology

Geriatrics

Psychiatry/Psychology

Palliative Care

Spiritual Support*

Hospice

*A dementia diagnosis is an existential challenge.





NURSES' ROLES
ON THE PATIENT'S
JOURNEY WITH
DEMENTIA

Recognize Symptoms

Support Families through Care Transitions

Make Referrals

Provide Palliative Care Support Path to Diagnosis

Implement Treatment Plan





NURSES IN ACUTE CARE SETTINGS



When an LBD patient has a health emergency, NURSES are vital to coordination of care

- Assess patient's condition "baseline"
- Communicate with patient + family
- Review and verify medications list
- Assess hydration, continence, bowel function
- Connect patient + family with palliative care
- Determine if Advance Care documents exist
- Verify if patient has glasses, hearing aids
- Monitor and manage sleep cycle





NURSES IN HOMECARE SETTINGS

Coping Strategies for Family Caregivers



- Daily routine
- Organized activities
- Dementia-friendly communication
- Medication management
- Safe home environment
- Advance Care Planning
- Caregiver support (support groups, respite care)





PALLIATIVE CARE SUPPORTS QUALITY of LIFE on the JOURNEY with LBD



A sense of dignity, purpose, belonging and joy for people living with LBD and their families.





RESOURCES

PALLIATIVE CARE

Stanford Website: https://med.stanford.edu/palliative-care

PalliativeDoctors.org: https://palliativedoctors.org/

National Hospice and Palliative Care Org: https://www.caringinfo.org/

Find a palliative care program: https://getpalliativecare.org/

DEMENTIA and LBD

National Institutes of Health

National Institute of Neurological Disorders & Stroke

Michael J Fox Foundation

Lewy Body Dementia Association

Susan and Charles Berghoff Foundation

LBD: Hidden in Plain Sight (Santa Clara County Medical Assoc.)

This presentation is for educational purposes and does not constitute medical advice. If you have health concerns, always consult your doctor.



SCAN QR CODE to access these resources online





Thanks for your participation



Dr. Jocelyn Jiao, MD Stanford Health Care



Chuck Berghoff Susan & Charles Berghoff Foundation



Robin Shepherd

Contact: Robin Shepherd robin@berghoff-foundation.org



