UCSF Division of Geriatrics
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Integrating primary and specialty care

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Challenges in caring for people with dementia from the specialty perspective

- Specialty guidelines do not include dementia when providing recommendations, or the guidelines are too vague to be useful (“consider frailty”)
- The risk factors for many chronic conditions are risk factors for dementia as well
- Dementia may quickly worsen in the context of serious comorbidities

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Challenges in caring for people with dementia from the specialty perspective

- There are challenges for the patient and caregiver in navigating our complex health system
  - People with chronic conditions need to coordinate a lot of care
  - Some specialties may have a more interprofessional team model than others.

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How do we proceed?

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Case 1

- Mr. Ponce is a 68yo M with prostate cancer for 11 years
- 2013: When he was first diagnosed he had radiation therapy and androgen-deprivation therapy (2 years)
- 2019: Diagnosed with pulmonary metastases, started on additional treatment (Lupron, abiraterone)
- 1 year ago: PSA was increasing and learned that he was not refilling his medication

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Case 1

- This year: family is reporting symptoms of cognitive decline for 2 years, brain scan without metastases, full evaluation suggests possible Alzheimer's disease, mild stage
- Urgent issues:
  - Oncology social work coaches family more for medication management
  - Advance care planning to establish decision makers and discuss his wishes
    - Chemotherapy or experimental trials may be an imminent consideration

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Case 2

- Ms. Edwards is a 73yo W with heart failure and mild dementia
- She lives alone and an older sister, whose mobility is limited, lives nearby and she sees her often
- She comes to appointments alone
- Her prior cardiologist noticed that she was often unable to discuss her medications accurately or make recommended changes, and put an alert in her chart "Will not see patient if she is unaccompanied by a caregiver. Must come with caregiver."
  - She does not have a caregiver.

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Case 2

- Her new cardiologist notices she is not managed well and having symptoms, like shortness of breath. She is concerned that poor heart failure management can worsen or cause cognitive symptoms.
- The cardiologist talks to the primary care provider about strategies to help her with medication management.

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Case 2

- Specialist, PCP, and a social worker from the heart failure clinic talk to make a care plan:
  - The PCP says she is working with a community agency to provide a caregiver for weekly shopping and medication management.
  - Plan for simplifying medications, avoiding harm of overmedication, and adding a pharmacy provided, pre-filled mediset. No “as needed” medication
  - Ordering home health nurse to help with medication adherence strategies, home safety.
  - Next: PCP meeting with sister and patient to do advance care planning.

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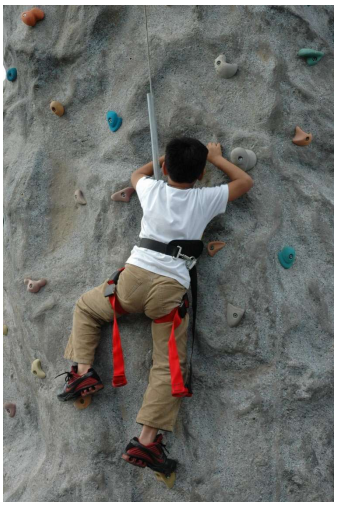
Summary

- Specialty care for people with dementia is often a “guideline free zone”.
- Making a personalized plan is essential.
- Coordination between clinicians and health care team members is essential.
- Working with caregivers and doing advance care planning is essential.



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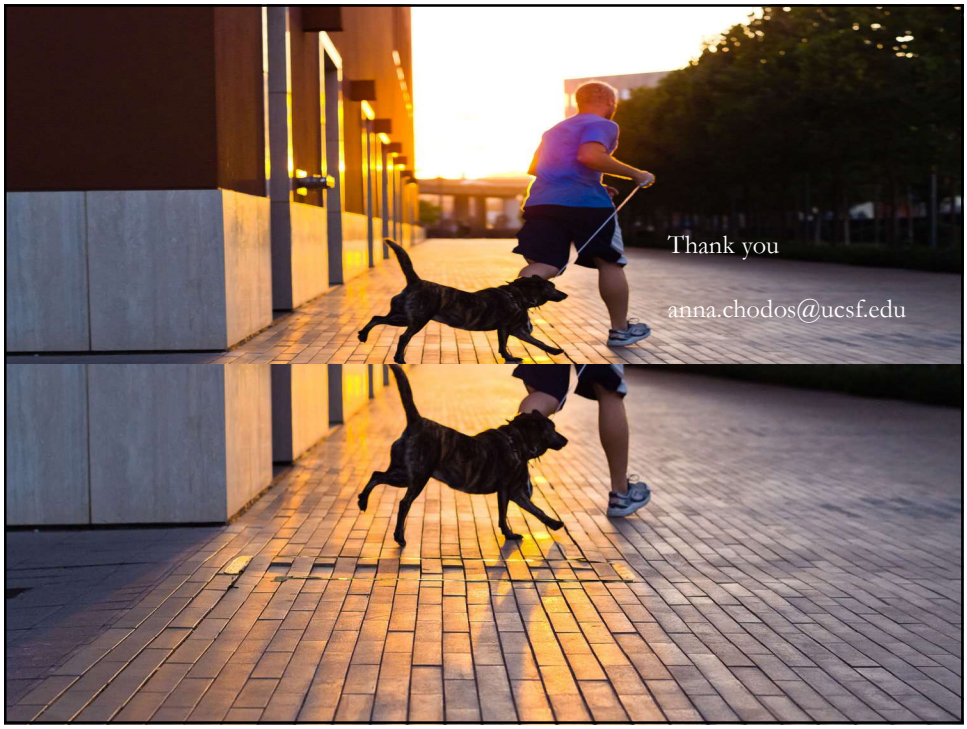

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