

THE ALZHEIMER'S PROJECT CLINICAL ROUNDTABLE

Facilitating Cognitive Assessment In Primary Care For The Timely Detection Of Alzheimer's Disease

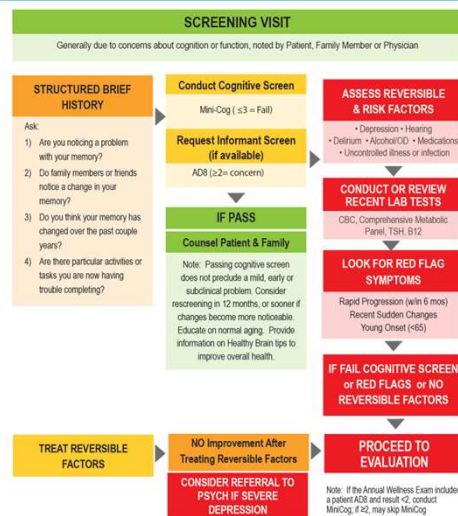
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Disclosures: The presenter has no financial disclosures to report

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Recommended Screening Algorithm For Adult Cognitive Impairment

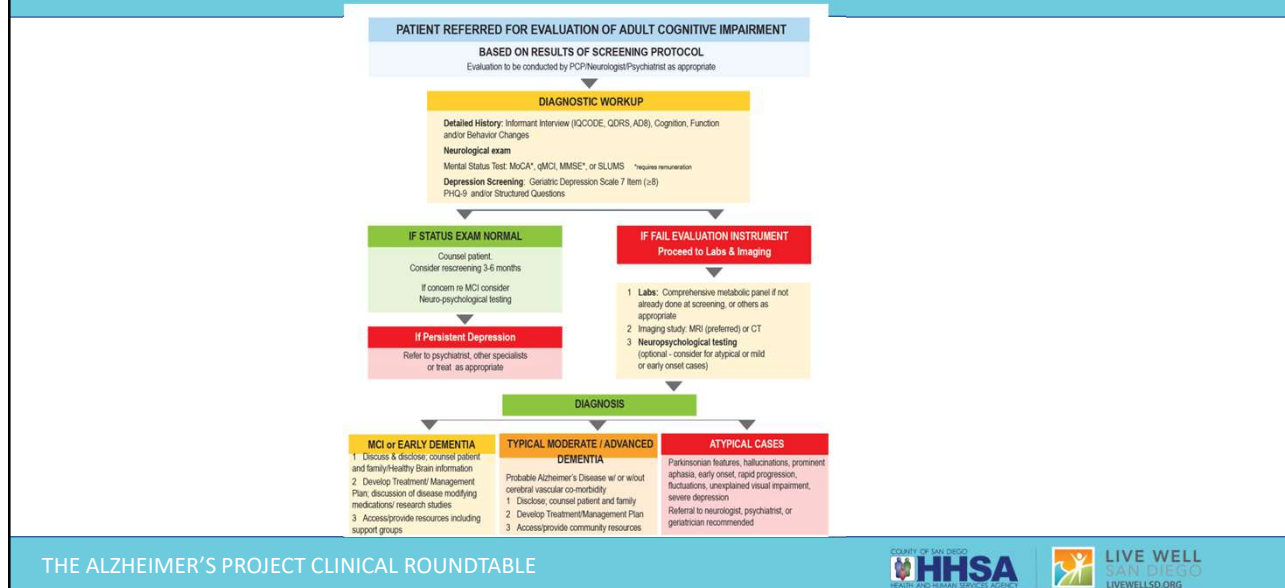


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Diagnostic Evaluation Algorithm



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Integrating Cognitive Assessment Into Clinical Practice

- One method to consider is the Cognitive Assessment & Care Plan code

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Cognitive Assessment & Care Plan

CACP (CPT code: 99483)

Starting in 2017, Medicare provides reimbursement to physicians and other eligible billing practitioners for a clinical visit that is dedicated to a more thorough assessment of cognitive function and results in a written care plan.

- Only for Medicare patients **who have already demonstrated signs of cognitive impairment**
- CACP can be used to diagnose MCI or dementia, and identify treatable causes or co-occurring conditions such as depression or anxiety
- Requires an independent informant to complete assessments related to the patient's behavior, cognition, and functioning
- **Can be used once every 180 days**

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Cognitive Assessment & Care Plan Requirements

	CACP Components ^a	Recommended Assessment Tools
1	Cognition-focused history and physical examination	MMSE, MoCA, SLUMS (select one)
2	Document medical decision-making of moderate or high complexity (defined by the E/M guidelines)	
3	Functional assessment of ADLs/IADLs and decision-making capacity	Katz (ADL) and Lawton-Brody (IADL)
4	Formal staging of dementia using a standardized tool	FAST, CDR (select one)
5	Reconciliation and review of high-risk medications	
6	Evaluate neuropsychiatric and behavioral symptoms using a standardized tool	NPI-Q, PHQ-9, GDS-short form (select at least one)
7	Evaluate safety, including home and driving	Safety assessment guide
8	Identify caregiver and address caregiving concerns	
9	Develop, update/revise, or review advanced care plan and palliative needs	End-of-Life Checklist, POLST
10	Create a written care plan	

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You Expect Me To Do All That In One Visit?!

Split elements up!

- The ten elements of the CACP do not have to be performed on the same day
- Cover CACP-required elements in office visits prior to the CACP visit (they are still valid as long as they are performed within 3 months of the care plan)

Ask for help!

- Many of the required assessment elements can be completed by appropriately trained members of the clinical team working with the eligible provider

Embrace flexibility!

- Assessments that require direct participation of a knowledgeable care partner or caregiver may be completed prior to the clinical visit and provided to the clinician for the care plan
- Care planning visits can be conducted in an office or outpatient settings, but also in the home, domiciliary, or rest-home settings, or via telehealth

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CACP #1: Cognition-Focused Evaluation, Including History and Examination

Diagnostic Workup

Detailed History

- Informant interview (IQ-CODE, QDRS, AD-8)
- Cognition
- Function and/or behavior changes

Neurological Exam

Mental Status Test

- MoCA^a, qMCI, MMSE^a, or SLUMS

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Montreal Cognitive Assessment (MoCA)

Montreal cognitive assessment (MOCA) Version 7.1 Original version		Name: _____ Education: _____ Sex: _____ Date of birth: _____ Date: _____	
Visuospatial/executive Copy cube Draw CLOCK (ten past eleven) 3 points		Points _____/5	
Naming _____/3		Attention Subject has to repeat them in the forward order <input type="checkbox"/> 2 1 8 5 4 Subject has to repeat them in the backward order <input type="checkbox"/> 7 4 2 Read list of digits (1 digit/s) _____/2	
Memory Read list of words, subject must repeat them. Do 2 trials, even if 1st trail is successful. Do a recall after 5 minutes		Serial 7 subtraction starting at 100 <input type="checkbox"/> 93 <input type="checkbox"/> 86 <input type="checkbox"/> 79 <input type="checkbox"/> 72 <input type="checkbox"/> 65 4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt _____/3	
1st trail 2nd trail		Face Velvet Church Daisy Red No points	
Language Repeat: lonely know that John is the one to help today: <input type="checkbox"/> The cat always hid under the couch when dogs were in the room. <input type="checkbox"/> Fluency/name maximum number of words in one minute that begin with the letter E. (____(N ≥ 11 words)) _____/1		Abstraction Similarity between e.g. banana-orange = fruit <input type="checkbox"/> train-bicycle <input type="checkbox"/> watch-ruler <input type="checkbox"/> _____/2	
Delayed recall Has to recall words WITH NO CUE Category cue Multiple choice cue		Face Velvet Church Daisy Red Points for UNCUED recall only _____/5	
Orientation _____/6		_____/30 Normal ≥ 26/30 Total Add 1 point if ≤ 12 year edu	

The MoCA includes assessments of the following:

- Orientation
- Short-term memory/delayed recall
- Executive function/visuospatial ability
- Language
- Abstraction
- Animal naming
- Attention
- Clock-drawing test

Scores range from 0 to 30

- 26 and higher is considered normal
- 18–25 points: Mild cognitive impairment
- 10–17 points: Moderate cognitive impairment
- Fewer than 10 points: Severe cognitive impairment

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CACP #2: Document Medical Decision-Making

- Any practitioner eligible to report E/M services can provide this service
 - Eligible providers include physicians (MD and DO), nurse practitioners, clinical nurse specialists, and physician assistants
- Eligible practitioners must provide documentation that supports a **moderate-to-high level of complexity in medical decision making**, as defined by E/M guidelines
 - Documentation should include current and likely progression of the patient’s disease, and the need for referral(s) for rehabilitative, social, legal, financial, or community services, when appropriate

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CACP #3: Functional Assessment of ADLs/IADLs Including Decision-Making Capacity

Activities of Daily Living (ADL) Function	Score
Bathing	
Dressing	
Transferring, eg, from bed to chair	
Toileting	
Grooming	
Feeding oneself	
TOTAL SCORE	







Instrumental Activities of Daily Living (ADL) Function	Score
Using the telephone	
Preparing meals	
Managing household finances	
Taking medications	
Doing laundry	
Doing housework	
Shopping	
Managing transportation	
TOTAL SCORE	

Clinician also needs to make a global judgment of the patient’s ability to engage in decision making (three-level rating: able to make own decisions; not able; uncertain/needs more

CACP #4: Formal Staging of Dementia

Functional Assessment Scale (FAST)	
1	No difficulty either subjectively or objectively.
2	Complains of forgetting location of objects. Subjective work difficulties.
3	Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity. *
4	Decreased ability to perform complex task, (e.g., planning dinner for guests, handling personal finances, such as forgetting to pay bills, etc.)
5	Requires assistance in choosing proper clothing to wear for the day, season or occasion, (e.g. pt may wear the same clothing repeatedly, unless supervised.*
6	Occasionally or more frequently over the past weeks. * for the following A) Improperly putting on clothes without assistance or cueing . B) Unable to bathe properly (not able to choose proper water temp) C) Inability to handle mechanics of toileting (e.g., forget to flush the toilet, does not wipe properly or properly dispose of toilet tissue) D) Urinary incontinence E) Fecal incontinence
7	A) Ability to speak limited to approximately ≤ 6 intelligible different words in the course of an average day or in the course of an intensive interview. B) Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview C) Ambulatory ability is lost (cannot walk without personal assistance.) D) Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests [arms] on the chair.) E) Loss of ability to smile. F) Loss of ability to hold up head independently.
*Scored primarily on information obtained from a knowledgeable informant. Psychopharmacology Bulletin, 1988 24:653-659.	

Teepa Snow's Gems Model

Gems	Basic Characteristics	Interests	Gems	Basic Characteristics	Interests
 <p>Sapphire</p>	<ul style="list-style-type: none"> • Normal aging • May feel blue due to the changes of aging • No significant changes in cognition • Difficulty learning new things 	<ul style="list-style-type: none"> • They like to choose • May need help or modifications to enjoy interests • Leaving a legacy, fulfilling promises, or making a difference 	 <p>Amber</p>	<ul style="list-style-type: none"> • Need to have sensation (touch, look, feel, smell, or taste) • Private and quiet or public and noisy • Will get into things • Can't wait or put up with things that take time 	<ul style="list-style-type: none"> • Things to mess with or explore • Textures, shapes, colors, movement • Verbal sounds that are familiar (music) • Tastes—usually more sweet or salty
 <p>Diamond</p>	<ul style="list-style-type: none"> • Can do OLD habits and routines • Becomes more territorial OR less aware of boundaries • Likes the familiar and has difficulty with change • Tells the same stories, asks the same questions 	<ul style="list-style-type: none"> • Things that make them feel competent and valued • What they enjoy and who they like • Where they feel comfortable but stimulated • What gives them a sense of control 	 <p>Ruby</p>	<ul style="list-style-type: none"> • Fine motor skill is lost or stops in the mouth, eyes, fingers, and feet • Hard to stop and hard to get going • Limited visual awareness • One direction—forward only, can't back up safely 	<ul style="list-style-type: none"> • Waking a routing path • Watching others, checking them out • Things to pick up, hold, carry, push, wipe, rub, grip, squeeze, pinch, slap • Rhythmic movements and actions
 <p>Emerald</p>	<ul style="list-style-type: none"> • Gets lost in past life, past places, past roles • Gets emotional quickly • Loses important things and thinks someone stole them • Needs help, DOES NOT know it or like it 	<ul style="list-style-type: none"> • Doing familiar tasks • Engaging with or helping others • Having or job or a purpose • Does better with a friend than a boss 	 <p>Pearl</p>	<ul style="list-style-type: none"> • Not aware of the world around them (most of the time) • Hardly moves • Problems swallowing • Hard to get connected 	<ul style="list-style-type: none"> • Pleasant and familiar sounds and voices • Warmth and comfort • Soft textures • Smooth and slow movement

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CACP #5: Reconciliation and Review of High-Risk Medications

Drugs with ACB Score of 1

Generic Name	Brand Name
Allimemazine	Theralen™
Alverine	Spasmonal™
Alprazolam	Xanax™
Aripiprazole	Abilify™
Avenazine	Saphris™
Atenolol	Tenormin™
Bupropion	Wellbutrin™, Zyban™
Captopril	Capoten™
Cetirizine	Zyrtec™
Chlorothalidone	Diumil™, Hygroton™
Cimetidine	Tagamet™
Citalopram	Lipase™
Clorazepate	Tranxene™
Codaine	Cortin™
Colchicine	Colcrys™
Desloratadine	Claritin™
Diazepam	Valium™
Digoxin	Lanoxin™
Dipyridamol	Persantine™
Diacypramide	Norpace™
Fentanyl	Duragesic™, Actiq™
Furosemide	Lasix™
Fluvoxamine	Luvox™
Haloperidol	Haldol™
Hydralazine	Apreline™
Hydrocortisone	Cortel™, Cortaid™
Iloperidone	Fanzol™
Isoxazole	Isoscol™, Ismo™
Levocetirizine	Xyzal™
Loperamide	Immodium™, others
Lorazepam	Clonin™
Melagatrol	Lopressor™, Toprol™
Morphine	MS Contin™, Avinza™
Nifedipine	Procardia™, Adalat™
Palfiperidone	Invega™
Prasidone	Deltason™, Steragred™
Quinidine	Quinagute™
Ramipril	Zartac™
Risperidone	Risperdal™
Theophylline	Theodur™, Uniphy™
Trazodone	Desyrel™
Triamterene	Dyrenium™
Venlafaxine	Effexor™
Warfarin	Coumadin™

Drugs with ACB Score of 2

Generic Name	Brand Name
Amantadine	Symmetrel™
Belladonna	Mutiple™
Carbamazepine	Tagretol™
Cyclobenzaprine	Flexeril™
Cyproheptadine	Periactin™
Loxapine	Loxitane™
Meperidine	Demerol™
Methotrimeprazine	Levoprome™
Molindone	Moban™
Nefopam	Nelopesc™
Oxcarbazepine	Trileptal™
Pimozide	Orap™

Categorical Scoring:

- Possible anticholinergics include those listed with a score of 1; Definite anticholinergics include those listed with a score of 2 or 3

Numerical Scoring:

- Add the score contributed to each selected medication in each scoring category
- Add the number of possible or definite Anticholinergic medications

Notes:

- Each definite anticholinergic may increase the risk of cognitive impairment by 46% over 6 years.¹
- For each one point increase in the ACB total score, a decline in MMSE of 0.33 points over 2 years has been suggested.¹
- Additionally, each one point increase in the ACB total score has been correlated with a 26% increase in the risk of death.⁴

Drugs with ACB Score of 3

Generic Name	Brand Name
Amiriprydine	Elavil™
Amoxapine	Asandin™
Atropine	Sal-Tropine™
Benztropine	Cogemim™
Brompheniramine	Dimetapp™
Carbinoxamine	Hiatec™, Carbihist™
Chlorpheniramine	Chlor-Trimeton™
Chlorpromazine	Thorazine™
Clemastine	Tavist™
Clomipramine	Anafranil™
Clozapine	Clozaril™
Darifenacin	Enablet™
Desipramine	Norpramin™
Dicyclomine	Bentyl™
Dimenhydrinate	Dramamine™, others
Diphenhydramine	Benadryl™, others
Doxepin	Sinequan™
Doxylamine	Unisom™, others
Fesoterodine	Toviaz™
Flavoxate	Unispas™
Hydroxyzine	Atarax™, Vistaril™
Hyoscyamine	Anaspaz™, Luvsin™
Imipramine	Tofranil™
Medicine	Artiver™
Methocarbamol	Robaxin™
Nortriptyline	Pamelor™
Clanzapine	Zyprexa™
Orphenadrine	Waflex™
Oxybutynin	Ditropan™
Paxiparine	Paxil™
Perphenazine	Trifluon™
Prorphantheline	Phenergan™
Propantheline	Pro-Banthine™
Propipramine	Detrumom™
Quetiapine	Seroquel™
Scopolamine	Transderm Scop™
Solifenacin	Vesicare™
Thioridazine	Mellaril™
Tolterodine	Detrol™
Trifluoperazine	Stelazine™
Trichexphenidyl	Artane™
Trimipramine	Surmontil™
Tropium	Sanctura™

Review and reconcile patient's medication list

- Verify which medications are currently being taken
- Determine whether any meds need to be adjusted or discontinued
- Verify information with caregiver if necessary

Aging Brain Care

www.agingbraincare.org

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CACP #6: Evaluate Neuropsychiatric and Behavioral Symptoms

npITEST

NPI-Q SUMMARY										
	No	Severity			Caregiver Distress					
		1	2	3	0	1	2	3	4	5
Delusions	0				0	1	2	3	4	5
Hallucinations	0				0	1	2	3	4	5
Agitation/Aggression	0				0	1	2	3	4	5
Dysphoria/Depression	0				0	1	2	3	4	5
Anxiety	0				0	1	2	3	4	5
Euphoria/Elation	0				0	1	2	3	4	5
Apathy/Indifference	0				0	1	2	3	4	5
Disinhibition	0				0	1	2	3	4	5
Irritability/Lability	0				0	1	2	3	4	5
Aberrant Motor	0				0	1	2	3	4	5
Nighttime Behavior	0				0	1	2	3	4	5
Appetite/Eating	0				0	1	2	3	4	5
TOTAL										

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)					
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "0" to indicate your answer)					
	Not at all	Several days	More than half the days	Nearly every day	
1. Little interest or pleasure in doing things	0	1	2	3	
2. Feeling down, depressed, or hopeless	0	1	2	3	
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3	
4. Feeling tired or having little energy	0	1	2	3	
5. Poor appetite or overeating	0	1	2	3	
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3	
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3	
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3	
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3	
For each circle, 0 + _____ + _____ + _____ = Total Score: _____					
If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?					
	Not difficult at all <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>	

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CACP #7: Evaluate Patient's Safety

- The patient and caregiver should both be asked the safety screening questions

Safety Screening Questions

- Is the patient still driving?
- Is the patient taking medications as prescribed?
- Are there concerns about safety in the home?
- Has the patient gotten lost in familiar places or wandered?
- Are firearms present in the home?
- Has the patient experienced unsteadiness or sustained falls?
- Does the patient live alone?

Patient Home Safety Checklist

- ✓ Stove/fire avoidance
- ✓ Smoke detectors
- ✓ Locks and alarms on doors
- ✓ Prevent falls (check stairs, lighting, footwear, rugs, etc.)
- ✓ Firearms (at minimum remove ammunition)

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CACP #8: Identify Social Supports Including How Much Caregivers Know and Are Willing to Provide Care

Caregiver assessment questions:

- Do you understand Alzheimer’s disease and other dementias?
- Do you know where you can obtain additional information about the disease?
- Are you able and willing to provide care and/or assistance?
- Do you know where you can receive support as a caregiver?

Five Action Steps for Family and Caregivers

1. Establish legal responsibility and create legal documents
2. Understand diagnostic process, symptoms, and course of memory loss/dementia
3. Practice self-care
4. Join a support group
5. Plan for the future

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Caregiver Resources

Information and Resources for Caregivers

- Information, Organizations and Services**
 - 211: Countywide info/resources, <https://211sd.org>
 - Aging & Independence Services: (800) 339-4661, specific info/resources for older adults, Info@Aging-Adult-Programs@hhsa.org, <https://www.sandiegocounty.gov/health/programs/ais/>
 - Alzheimer’s Association: (800) 272-3800, Alzheimer’s disease specific: <https://www.alz.org>
 - Alzheimer’s San Diego: (858) 492-4400, San Diego based resource organization, <https://www.alzsd.org>
 - Caregiver Coalition of San Diego: (858) 505-6300, education and online resources, <http://caregivercoalition.org>
 - Jewish Family Service Older Adult Helpline: (858) 627-3170, <https://www.jfsd.org>
 - Southern Caregiver Resource Center: (800) 827-1008, Caregiver focused information and resources, <https://www.caregivercenter.org>
 - UC San Diego Shiley-Alzoeve Alzheimer’s Disease Research Center: (858) 822-4800, <http://dx.doi.org/10.1016/j.jad.2014.03.001>
 - VA San Diego Healthcare System Caregiver Support: <https://www.caregivers.va.gov/858/042-1215>
- Respite and In-Home Services**
 - Southern Caregiver Resource Center: (800) 827-1008, <https://www.caregivercenter.org>
 - Respite Weather Program offers matching funding, funded by AIS: <https://www.countyofsan.org/centerforhomecare/programs/offers/relief-for-alzheimer-dementia-caregivers/>
 - Respite Volunteer Program: Alzheimer’s San Diego: (858) 492-4400, <https://www.alzsd.org>
 - In-Home Care Resources: In-Home Supportive Services: (800) 339-4661, <http://www.sdhs.org/2019/01/14/in-home-supportive-services/>
- Memory Care Living Communities**
 - ChooseWell: Listings and ratings of assisted living facilities, County HHSA, info@wellbeing.org
- Day Programs**
 - (PACE) Program of All-Inclusive Care for the Elderly:
 - Family Health Centers of San Diego: PACE: (619) 515-2445, <https://fhcd.org/pace>
 - Glenner Center: (619) 543-4700, <http://glenner.org>
 - In-Home PACE Program: (619) 677-3600, <https://www.inhomepace.org>
 - San Ysidro Health Center PACE Program: (619) 462-4700, <www.snhc.org/pace>
 - Gary & Mary West Senior Wellness Center: (619) 235-6572, <https://www.garyandmarywest.org>
 - Gary & Mary West PACE (North County): (760) 280-2230, <https://www.westpace.org>
- Financial, Insurance and Legal Resources**
 - California Department of Aging: (916) 322-5200, <https://www.cdah.ca.gov>
 - Health Insurance Resources: Health, Information, Counseling & Advocacy Program (HICAP): (858) 545-1392, <https://cahealthadvocates.org>
 - Legal Resources: Elder Law & Advocacy: (858) 545-1392, <https://www.seniorlaw.com>
- Print Resources**
 - Caregiver Handbook, Caregiver Coalition of San Diego, <https://www.caregivercoalition.org>
 - Make It & Make It The 36-Hour Day: A Family Guide to Caring for People with Alzheimer’s Disease, other Dementias, and Memory Loss in Later Life.
- Safety Resources**
 - Alzheimer’s Association “Safe Return” program using identification products with toll-free 800 number: www.alz.org/safeReturn
 - Adult Protective Services: (800) 510-2010, for elder and disabled adult abuse reporting
 - 50 County Sheriff’s “Take Me Home” Program and “You Are Not Alone” Program: <https://www.sdsberriff.gov/community/take-me-home-89397>
- Transportation**
 - San Diego County Volunteer Driver Coalition: (888) 824-2228, <http://fbcd.org>



PHYSICIANS IMPROVING HEALTH CHANGING LIVES

ChampionsforHealth.org/alzheimers

Download the resource page and other documents, or photocopy from Guidelines booklet for patients and family members

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CACP #9: Develop, Update/Revise, or Review Advanced Care Plan and any Palliative Needs

Key Questions

- Have wishes or desires for end-of-life care been discussed?
- Is a power of attorney in place for financial needs?
- Is a power of attorney in place for health care decisions?
- Is palliative or hospice care appropriate for the patient?

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CACP #10: Preparing the Written Care Plan

- **Indicate who has responsibility for carrying out each recommended action step**
- **Specify an initial follow-up schedule**
- **Care plan can be organized into broad components →**

- ✓ **Additional tests that need to be performed** to confirm the etiology of the MCI or dementia (eg, Alzheimer's disease, vascular dementia), and whether the patient needs to be referred to a dementia specialist
- ✓ **Specific characteristics of the cognitive disorder** (eg, type and severity of cognitive impairment)
- ✓ **Management of any neurocognitive and neuropsychiatric symptoms**
- ✓ **Comorbid medical conditions and safety management**, including any changes needed to accommodate the effects of cognitive impairment
- ✓ **Caregiver stress and support needs and referrals** to community-based education and support, individual or family counseling, in-home care, and legal or financial assistance, as needed

1. Borson S et al. *Alzheimer's & Dementia*. 2017;13:1168-1173. 2. <https://www.alz.org/media/Documents/cognitive-impairment-care-planning-toolkit.pdf>.
3. https://www.alz.org/media/Documents/HC-23002_CPT-Safety-Assessment_March2023.pdf.

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CACP #10, Continued: Documenting and Sharing the Written Care Plan

- Consider using a standardized **care plan template** to ease office burden
- Discuss and share the plan with the patient and/or family or caregiver (face-to-face conversation must be documented in the clinical note)
- File the care plan in the patient's medical record for ease of retrieval and updating
- Share the plan with other care team members to help ensure continuity and coordination of care
- Obtain and document consent to share the plan as needed


CACP_10: Written care plan	Today's date:	Next follow-up date:
Cognitive problems <input type="checkbox"/> None <input type="checkbox"/> Mild cognitive impairment <input type="checkbox"/> Mild dementia <input type="checkbox"/> Moderate stage <input type="checkbox"/> Late stage Type of dementia: <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Vascular <input type="checkbox"/> Mixed <input type="checkbox"/> Lewy Body <input type="checkbox"/> Frontal temporal <input type="checkbox"/> Other <input type="checkbox"/> Unknown; need further evaluation	<input type="checkbox"/> Advance care planning (living wills, family meeting) <input type="checkbox"/> Additional diagnostic testing (check all that apply) <input type="checkbox"/> Biomarker testing <input type="checkbox"/> Neuroimaging: MRI <input type="checkbox"/> Neuroimaging: CT <input type="checkbox"/> Neuroimaging: Amyloid PET <input type="checkbox"/> Neuroimaging: Other <input type="checkbox"/> Referral to neurologist/psychiatrist/geriatrician <input type="checkbox"/> Aging in place planning vs assisted living <input type="checkbox"/> Driving safety <input type="checkbox"/> Exercise your body <input type="checkbox"/> Exercise your brain (remediation, hobbies, games, computer, volunteering)	<input type="checkbox"/> Healthy diet (dietician if needed, Meals on Wheels) <input type="checkbox"/> Lab testing: CBC/CMPT/SHS12/foate/RPR/HIV/Other <input type="checkbox"/> Legal/financial planning (power of attorney, guardianship, advance directives) <input type="checkbox"/> Medication: donepezil/ivastigmine/galantamine/memantine/donepezil + memantine <input type="checkbox"/> Medication: aducanumab/lecanemab <input type="checkbox"/> Medications to avoid (sleep aids, diphenhydramine) <input type="checkbox"/> Social engagement (clubs, church, sports)
Neurological, mental health, behavioral, functional problems <input type="checkbox"/> Aggression <input type="checkbox"/> Delusions <input type="checkbox"/> Depression/suicide <input type="checkbox"/> Hallucinations <input type="checkbox"/> Decision making (capacity) <input type="checkbox"/> Safety <input type="checkbox"/> Sleep	<input type="checkbox"/> Alcohol avoidance <input type="checkbox"/> Autonomy promotion <input type="checkbox"/> Counseling <input type="checkbox"/> Driving safety <input type="checkbox"/> Environmental "triggers" <input type="checkbox"/> Exercise <input type="checkbox"/> Home safety <input type="checkbox"/> Medications: antidepressants/antipsychotics/anticoagulants	<input type="checkbox"/> Music therapy <input type="checkbox"/> Reminiscence therapy <input type="checkbox"/> Relaxation Therapy (art, pets, yoga, muscle relaxation) <input type="checkbox"/> Sleep patterns <input type="checkbox"/> Structure <input type="checkbox"/> Support group <input type="checkbox"/> Other
Medical problems <input type="checkbox"/> Lung disease <input type="checkbox"/> Heart disease <input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Vision and/or hearing <input type="checkbox"/> Seizures <input type="checkbox"/> Cancer <input type="checkbox"/> Dental <input type="checkbox"/> Kidney disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Urologic <input type="checkbox"/> Other	<input type="checkbox"/> Cardiac rehabilitation <input type="checkbox"/> Dental care <input type="checkbox"/> Fall prevention <input type="checkbox"/> Hearing/vision evaluation <input type="checkbox"/> Hospice care <input type="checkbox"/> Immunizations (flu, pneumococcal, tetanus booster, shingles) <input type="checkbox"/> Incontinence <input type="checkbox"/> Physical/occupational therapy evaluation <input type="checkbox"/> Pulmonary rehabilitation <input type="checkbox"/> Speech therapy evaluation <input type="checkbox"/> Other	
Caregiver assistance <input type="checkbox"/> Adult day care <input type="checkbox"/> Aging in place (home modification) <input type="checkbox"/> Alzheimer's Association <input type="checkbox"/> Assistance from other resources (clubs, church, family, coworkers) <input type="checkbox"/> Barriers to assistance <input type="checkbox"/> Behavior management skills <input type="checkbox"/> Communication skills <input type="checkbox"/> Disease-specific resources <input type="checkbox"/> Environmental management <input type="checkbox"/> Home aides <input type="checkbox"/> Hospice		<input type="checkbox"/> Legal/financial planning <input type="checkbox"/> Memory/communication aids (clock, calendar, glasses, hearing aids, pictures) <input type="checkbox"/> Medical/practical supplies <input type="checkbox"/> Medication management <input type="checkbox"/> Safety planning (guns, stairs, home hazards, falls) <input type="checkbox"/> Self-care actions <input type="checkbox"/> Senior alert system <input type="checkbox"/> Support group

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Driving: Provider is Legally Responsible to Disclose Diagnosis



REPORT OF DRIVER WITH DEMENTIA

Please complete this form if you wish the Department of Motor Vehicles to review the driving qualifications of a person who may have dementia. You may request that your name or agency not be revealed to the individual being reported. Confidentiality may be requested at the bottom of this form.

Vehicle Code Section 1808.5 ensures that all records received by the department relating to the physical or mental condition of any person are confidential and not open to public inspection.

NAME OF INDIVIDUAL BEING REPORTED	DRIVER LICENSE NO. (IF AVAILABLE)	BIRTH DATE
ADDRESS OF INDIVIDUAL BEING REPORTED	CITY	ZIP CODE

Based on your interactions with the individual being reported, please rate the person's degree of impairment.

	NONE	MILD	MODERATE	SEVERE	UNCERTAIN
Memory Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deterioration in Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inability to Maintain Attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulsive Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inability to Perceive Serious Situations Accurately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you believe that this person is unsafe to operate a motor vehicle? Yes No Uncertain

If yes, please describe.

[Reporting Requirement Varies By State. Know Your State Law](#)

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Need for Empathy

- Take time to listen
 - Allow for longer patient visits and schedule regular check-ins
 - Opportunity to assess caregiver stress and depression, and recommend separate appointments for caregivers as appropriate
 - Show empathy and communicate with caregivers
 - Express understanding of the gravity of the road they are traveling
- Between diagnosis disclosure and end of life, there may be many years in which to educate patients and caregivers on the progress of the disease

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Discussing Resources

- Introduce available resources early and often
- It may take several attempts for families to fully understand and take advantage of the resources – avoid information overload
- Give handouts and concrete recommendations
- Build relationships and connections with resources available in the community
- Resources are valuable tools in providing optimal care for the patients and families

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Resources

- Support Groups
- Classes and Webinars (many now virtual)
- Respite Care and In-Home Services
- Day Care Programs
- Memory Care Communities
- Safety
- Transportation
- Financial and Legal Resources
- Don't assume families and caregivers are aware of resources; make connections!
- Many resources also available in Spanish, other languages

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The Alzheimer's Project Clinical Roundtable facilitated by



ChampionsforHealth.org/alzheimers

Website updated regularly with most current information

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The Alzheimer's Project Clinical Roundtable funded by



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LIVE WELL
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DEMENTIA
Care Aware



SAN DIEGO / IMPERIAL
GERIATRIC
EDUCATION CENTER

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