



July's Care Management Webinar

Wednesday, July 17, 2024

CountyCare
A MEDICAID HEALTH PLAN



Dementia Definitions, Diagnosis, Treatment

JULY 17, 2024

CountyCare
A MEDICAID HEALTH PLAN



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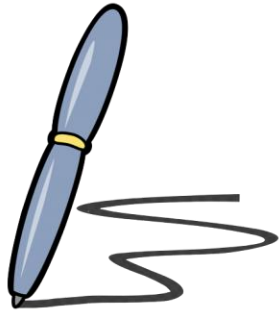
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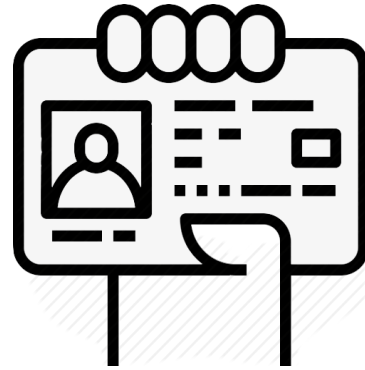
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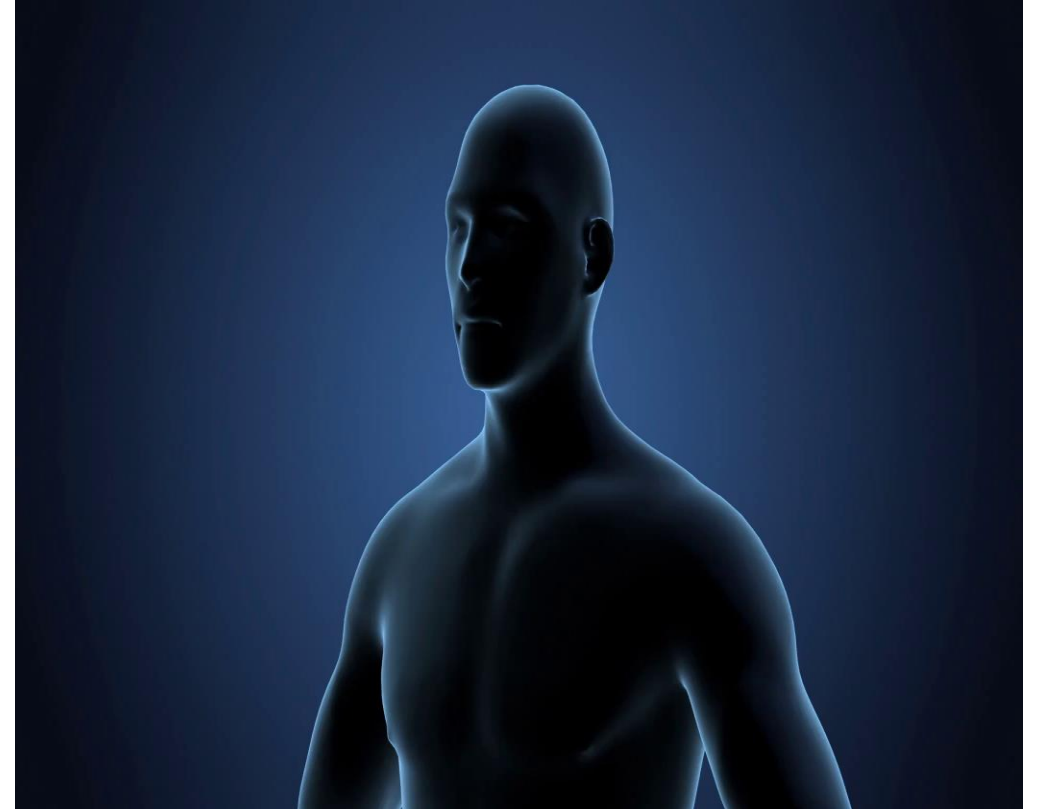
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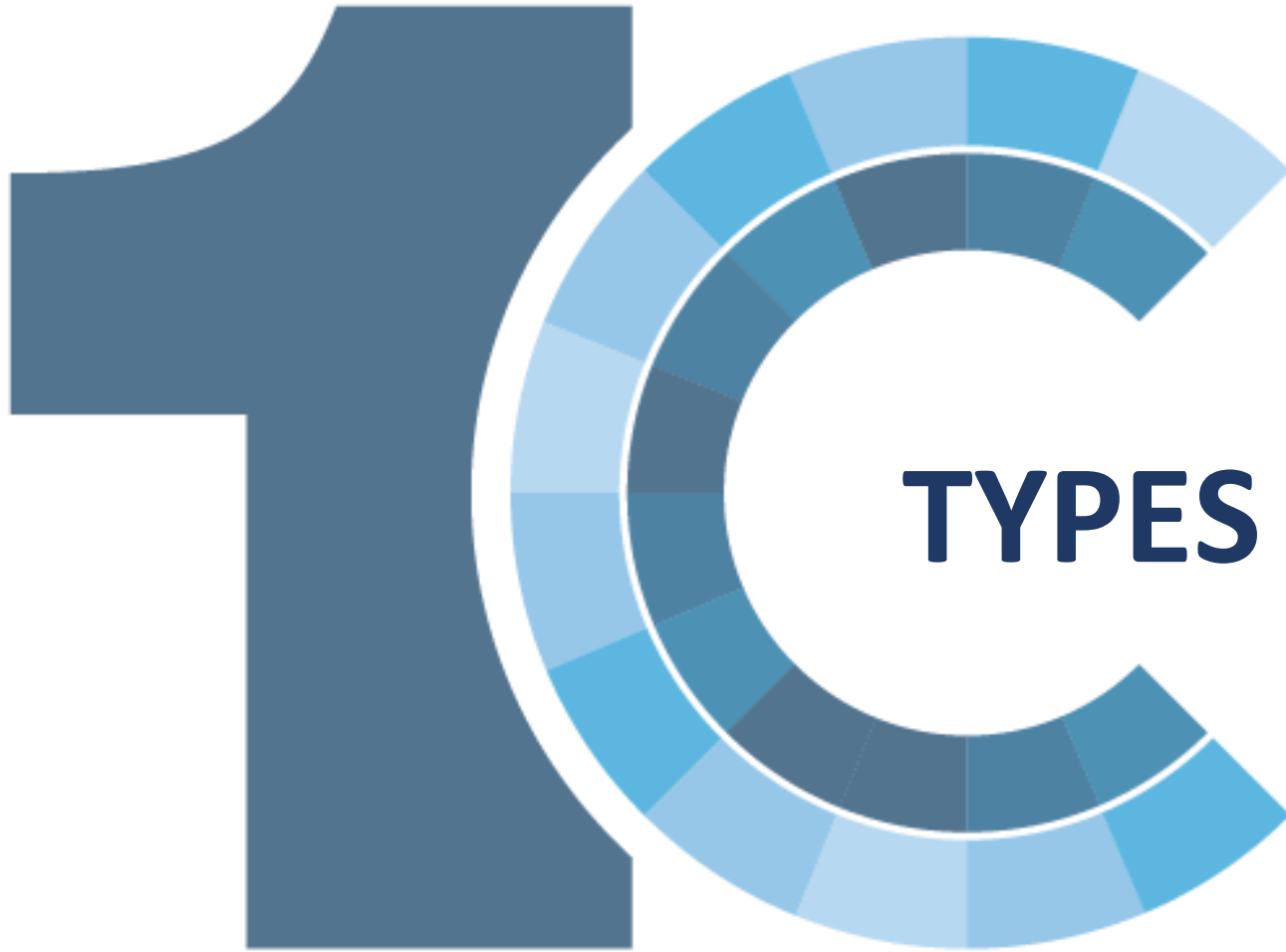
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OBJECTIVES

- Be able to define the different types of dementia
- Understand the journey to a dementia diagnosis; including provider types and testing
- Identify care needs/support services for different stages of dementia

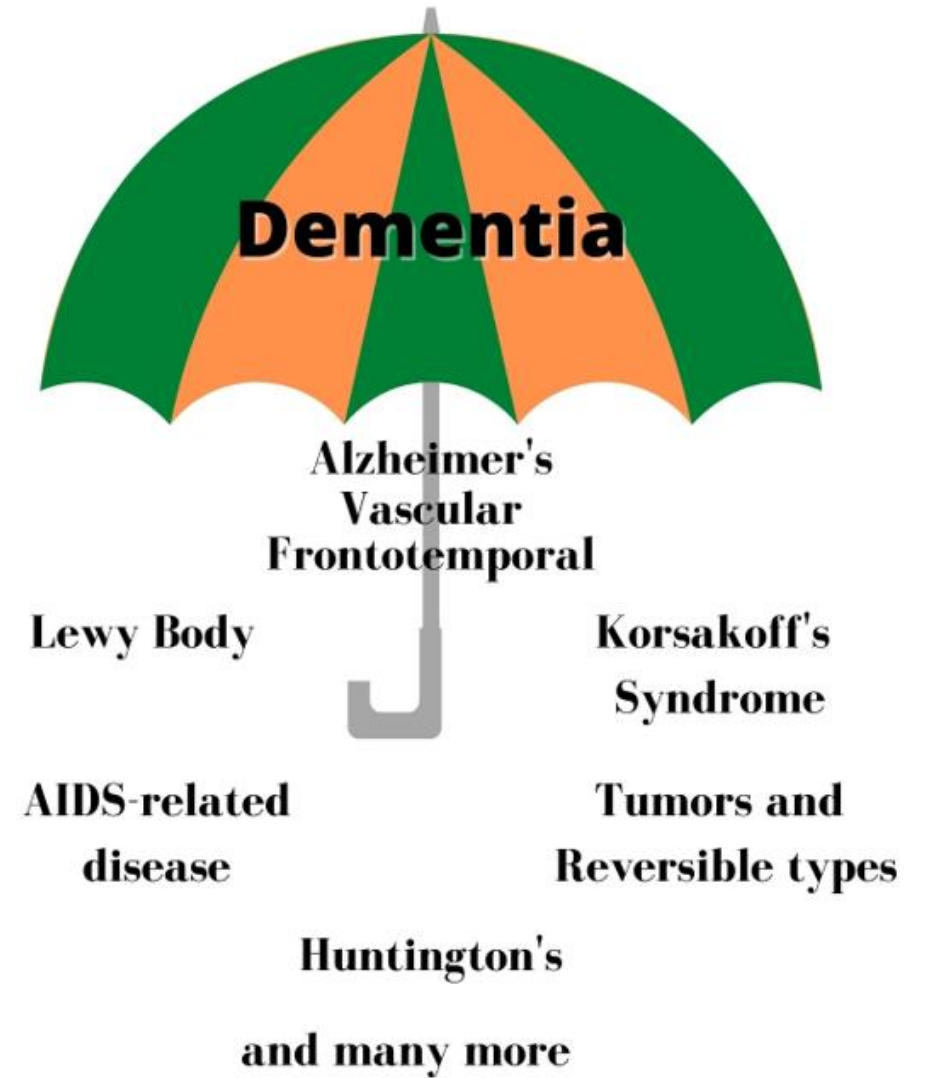




TYPES OF DEMENTIA

Definition: Dementia

- Dementia is an umbrella term used to describe a group of cognitive disorders that affect memory, thinking, and social abilities to the extent that it interferes with daily functioning.
- There are several types of dementia, each with its unique characteristics and underlying causes.



Types of Dementia & Characteristics

Alzheimer's Disease

Mixed Dementia

Vascular Dementia

Creutzfeldt-Jakob Disease (CJD)

Lewy Body Dementia (LBD)

Normal Pressure Hydrocephalus (NPH)

Frontotemporal Dementia (FTD)

Huntington's Disease

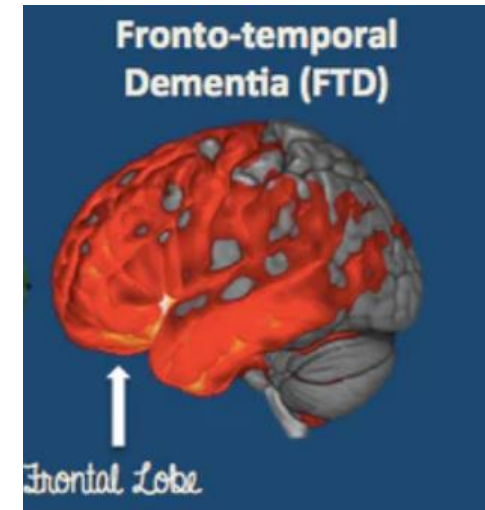
Types of Dementia & Characteristics

- **Alzheimer's Disease:** This is the most prevalent form of dementia, accounting for 60-80% of cases. Alzheimer's disease is characterized by the progressive degeneration of brain cells, leading to memory loss, confusion, and difficulties with language and problem-solving. The exact cause of Alzheimer's is not fully understood, but it involves the accumulation of abnormal protein deposits in the brain.
- **Vascular Dementia:** This type of dementia occurs when there is a reduced blood flow to parts of the brain, often due to stroke or other blood vessel-related problems. The symptoms may include problems with judgment, planning, and attention, along with memory deficits.



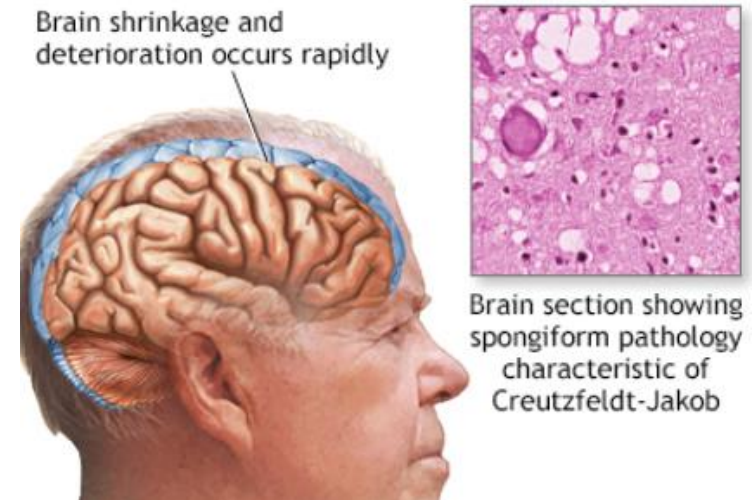
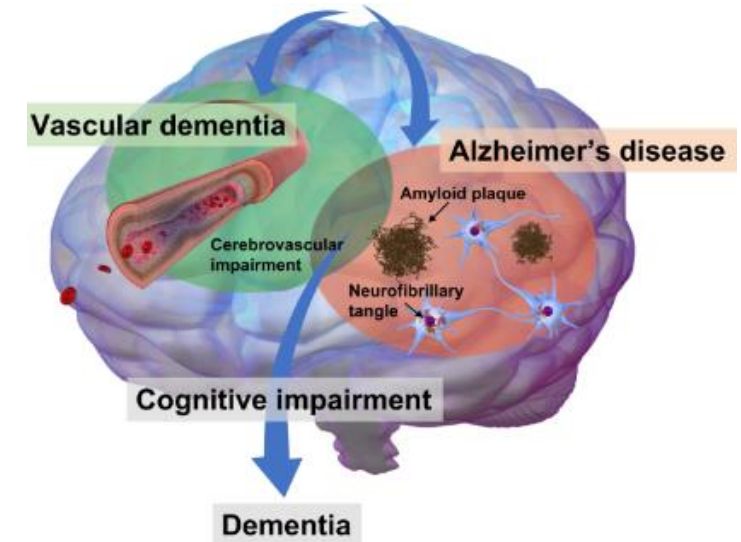
Types of Dementia & Characteristics Continued. .

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- **Lewy Body Dementia (LBD):** Lewy bodies are abnormal protein deposits that develop in the brain. LBD can cause a range of symptoms, including cognitive fluctuations, visual hallucinations, problems with movement (similar to Parkinson's disease), and sleep disturbances.
- **Frontotemporal Dementia (FTD):** Frontotemporal dementia is characterized by the progressive degeneration of the frontal and temporal lobes of the brain. It can lead to changes in personality, behavior, and language, rather than memory problems in the early stages.



Types of Dementia & Characteristics Continued. .

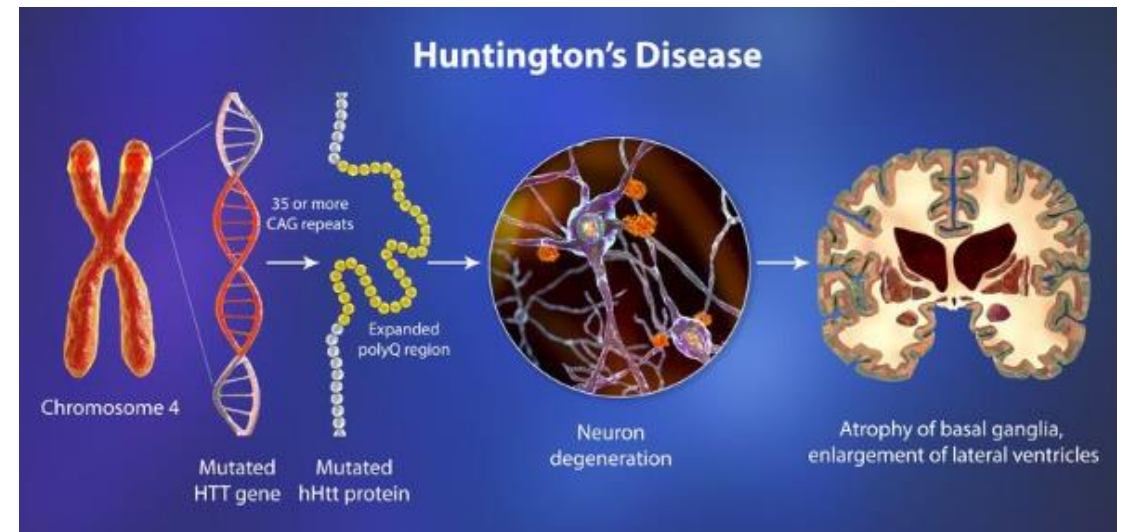
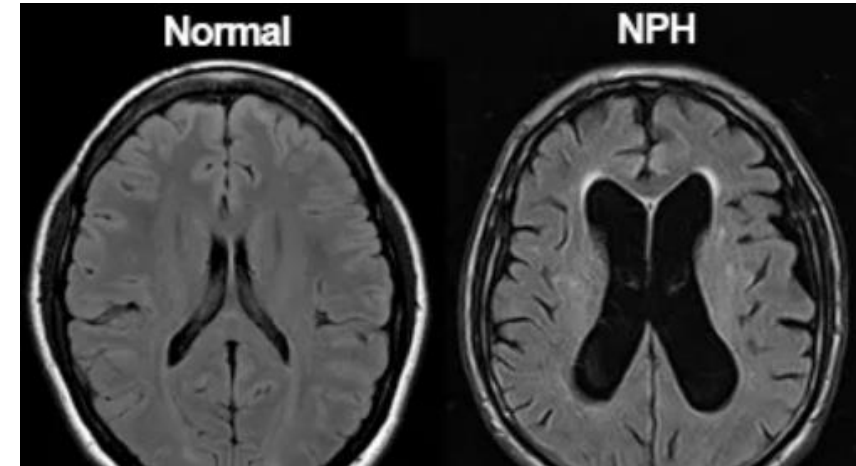
-
- Mixed Dementia: As the name suggests, this type of dementia is characterized by the presence of more than one cause of dementia in the brain. For example, a person may have both Alzheimer's disease and vascular dementia simultaneously.
- Creutzfeldt-Jakob Disease (CJD): CJD is a rare and fatal type of dementia caused by abnormal proteins called prions. It progresses rapidly and leads to severe neurological symptoms.



Types of Dementia & Characteristics Continued. .

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- Normal Pressure Hydrocephalus (NPH): NPH is a treatable form of dementia caused by an accumulation of cerebrospinal fluid in the brain's ventricles. The typical symptoms include gait disturbances, urinary incontinence, and cognitive impairments.

: This is a genetic disorder that causes progressive degeneration of nerve cells in the brain. It leads to movement problems, cognitive decline, and psychiatric symptoms.





Dementia is a normal part of aging.

TRUE OR FALSE?

FALSE

Dementia is not a normal part of aging; it is a serious condition that affects cognitive functions.



**Dementia and Alzheimer's disease are the not
same**

TRUE OR FALSE?

TRUE

Alzheimer's is a type of dementia, but they are not the same. Dementia is a general term for a decline in cognitive function severe enough to interfere with daily life, while Alzheimer's disease is a specific disease that is the most common cause of dementia.



Only elderly people can develop dementia

TRUE OR FALSE?

FALSE

While dementia is more common in older adults, it can occur in younger people as well.



**If you have a family member with dementia,
you will definitely develop it too.**

TRUE OR FALSE?

FALSE

Having a family member with dementia may increase your risk, but it does not mean you will definitely develop it.



Which of the following statements is incorrect?

- a) Dementia can be reversed if caught early.
- b) There are different types of dementia.
- c) Dementia can affect language and problem-solving abilities.
- d) Dementia can cause changes in mood and behavior.

A

**Dementia can be reversed if caught early.
While some symptoms can be managed,
dementia itself is not reversible.**

Dementia only affects memory.

TRUE OR FALSE?

FALSE

Dementia affects more than just memory; it can impact language, problem-solving, and other cognitive functions.



Which of the following is NOT a common symptom of dementia?

- a) Difficulty with familiar tasks
- b) Poor judgment
- c) Occasional forgetfulness
- d) Changes in mood and personality



Occasional forgetfulness. While occasional forgetfulness can be normal, consistent and progressive memory loss is a symptom of dementia.

Dementia is solely caused by genetic factors.

TRUE OR FALSE?

FALSE

Dementia can be caused by a combination of genetic, environmental, and lifestyle factors.



People with dementia cannot lead meaningful lives.

TRUE OR FALSE?

FALSE

People with dementia can still lead meaningful and fulfilling lives with proper support and care.



Which of the following is a common misconception about dementia treatment?

- a) There are no treatments available for dementia.**
- b) Medications can manage some symptoms of dementia.**
- c) Supportive therapies can improve quality of life for dementia patients.**
- d) Early diagnosis and intervention can help manage the progression of dementia.**

A

There are no treatments available for dementia. While there is no cure, there are treatments that can help manage symptoms and improve quality of life.

How Does Dementia Get Diagnosed?





Diagnosis: A Complex Process

Diagnosing dementia involves a comprehensive evaluation by a medical professional, typically a neurologist or geriatrician. The process usually includes a wholistic approach and multiple specialists.

Diagnosing dementia can be complex, and in some cases, the specific type of dementia may be difficult to determine, especially in the early stages.

Therefore, the process may require multiple visits and assessments over time to monitor changes in cognitive function.



Wholistic Approach: Assessment

Medical History

Imaging Studies

Physical Examination

Laboratory Tests

Cognitive Assessment

Neuropsychological Evaluation

Informant Interview

Behavioral and Psychological Assessment

Wholistic Approach: Assessment

MEDICAL HISTORY

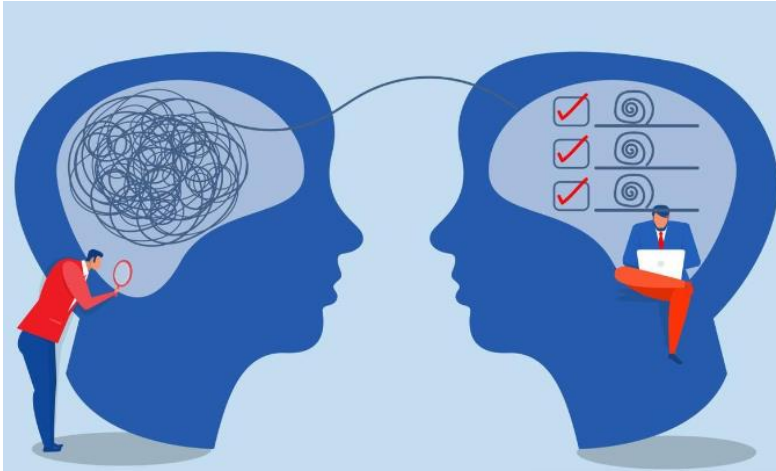


1. **Medical History:** The doctor will start by taking a detailed medical history, including the patient's symptoms, duration of symptoms, family medical history, and any past medical conditions or surgeries. This information helps to understand the context of the patient's cognitive difficulties and identify potential risk factors.

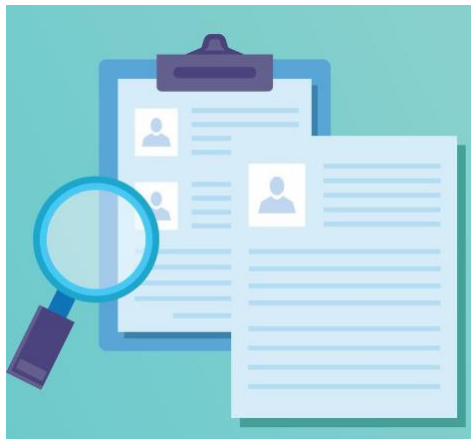


2. **Physical Examination:** A thorough physical examination will be conducted to assess general health and neurological function. The doctor will look for signs of other medical conditions that could be contributing to cognitive problems.

Wholistic Approach: Assessment Continued. . .



3. **Cognitive Assessment:** The doctor will perform various cognitive tests to evaluate memory, attention, language skills, problem-solving abilities, and other cognitive functions. These tests can help identify the extent and nature of cognitive impairment.



4. **Informant Interview:** The doctor may also interview family members or close friends who have observed the patient's behavior and cognitive changes over time. This information is valuable for understanding the progression of symptoms and gaining insight into the patient's daily functioning.

Wholistic Approach: Assessment Continued. . .

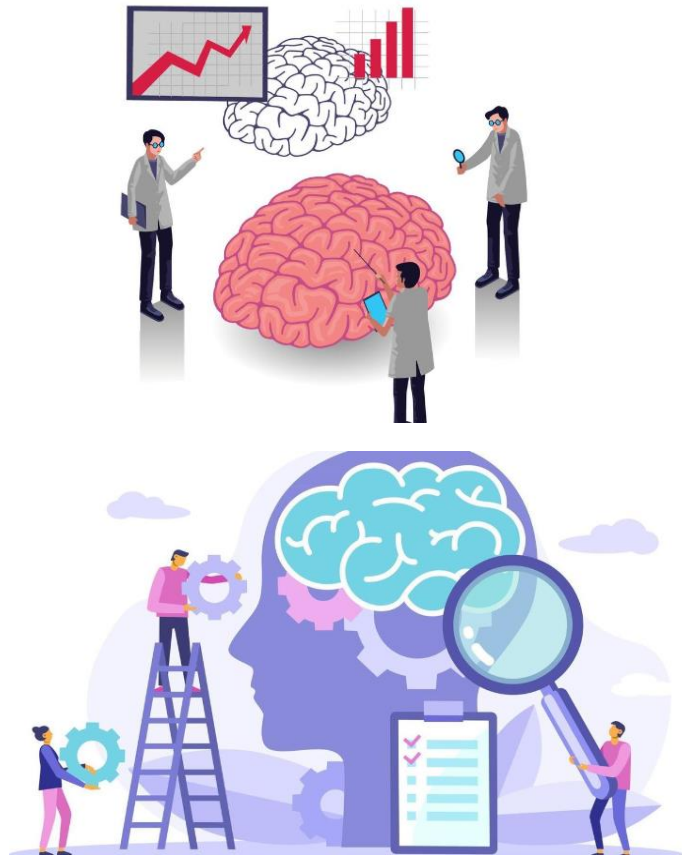


5. **Imaging Studies:** Neuroimaging, such as MRI (Magnetic Resonance Imaging) or CT (Computed Tomography) scans, can be used to assess brain structure and identify any abnormalities that may contribute to cognitive decline. These imaging studies can help rule out other potential causes of cognitive impairment, such as brain tumors or strokes.



6. **Laboratory Tests:** Blood tests may be performed to rule out other medical conditions that can cause cognitive symptoms, such as vitamin deficiencies, thyroid problems, or infections.

Wholistic Approach: Assessment Continued. . .



7. **Neuropsychological Evaluation:** In some cases, a more extensive neuropsychological evaluation may be conducted to provide a detailed assessment of cognitive abilities, helping to differentiate between different types of dementia and other cognitive disorders.

8. **Behavioral and Psychological Assessment:** As behavioral and psychological symptoms are common in dementia, an assessment of mood, behavior, and psychiatric symptoms is essential for a comprehensive diagnosis

Medical Tests: Individual Approach

Diagnosing dementia involves a combination of medical tests and assessments to evaluate cognitive function, rule out other potential causes of cognitive impairment, and identify the underlying type of dementia.

Not all of the following tests may be necessary for every individual being evaluated for dementia.

The specific tests ordered will depend on the patient's symptoms, medical history, and the healthcare provider's clinical judgment.



Types of Testing Related to Dementia Diagnosis

Cognitive Tests

**Lumbar Puncture
(Spinal Tap)**

EEG
(Electroencephalogram)

Imaging Studies

Genetic Testing

PET
(Positron Emission
Tomography) Scan

Blood Tests

**Neuropsychological
Evaluation**

**Psychiatric and
Behavioral Assessment**

Types of Testing Related to Dementia Diagnosis

1. **Cognitive Tests:** These are standardized assessments that evaluate various aspects of cognitive function, including memory, attention, language, problem-solving, and executive function. Examples of cognitive tests include the Mini-Mental State Examination (MMSE) and the Montreal Cognitive Assessment (MoCA).

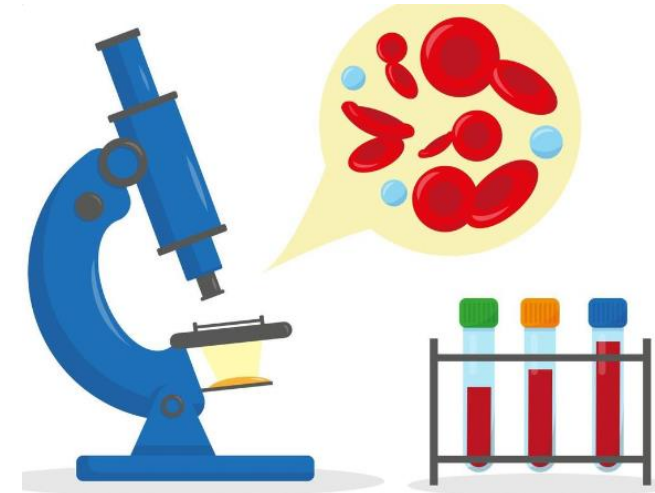
2. **Imaging Studies:**

- **MRI (Magnetic Resonance Imaging):** MRI scans provide detailed images of the brain's structure and can help identify abnormalities such as shrinkage (atrophy) in specific brain regions, tumors, or other structural issues.
- **CT (Computed Tomography) Scan:** CT scans can also provide images of the brain's structure and help rule out other conditions that may cause cognitive symptoms.



Types of Testing Related to Dementia Diagnosis Continued. . .

3. **Blood Tests:** Blood tests can help identify other medical conditions that may cause cognitive impairment, such as thyroid problems, vitamin deficiencies (e.g., vitamin B12), infections, or metabolic disorders.



4. **Lumbar Puncture (Spinal Tap):** In certain cases, a lumbar puncture may be performed to examine cerebrospinal fluid. This can help detect abnormal protein levels or markers associated with specific types of dementia, such as Alzheimer's disease.



Types of Testing Related to Dementia Diagnosis Continued. . .

5. **Genetic Testing:** In cases where a genetic form of dementia is suspected, genetic testing may be conducted to identify specific gene mutations associated with conditions like Huntington's disease or familial Alzheimer's disease.

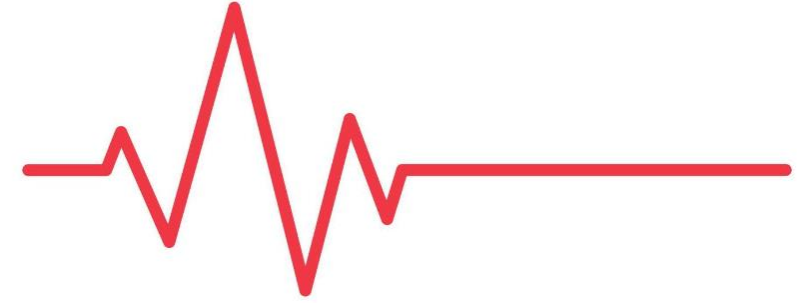


6. **Neuropsychological Evaluation:** A comprehensive neuropsychological assessment involves a series of tests and interviews to provide a detailed profile of the patient's cognitive strengths and weaknesses. This evaluation helps in differentiating between different types of dementia and other cognitive disorders.



Types of Testing Related to Dementia Diagnosis Continued. . .

7. **EEG (Electroencephalogram):** An EEG is a test that measures electrical activity in the brain. It may be used to detect abnormal brain wave patterns associated with certain types of dementia, such as Creutzfeldt-Jakob disease.



8. **PET (Positron Emission Tomography) Scan:** PET scans can be used to detect changes in brain metabolism and identify the presence of abnormal protein deposits, such as amyloid and tau, which are associated with Alzheimer's disease.



9. **Psychiatric and Behavioral Assessment:** Assessments of mood, behavior, and psychiatric symptoms are essential to determine whether behavioral changes are contributing to cognitive difficulties.



Medical Providers

Dementia is diagnosed and managed by various healthcare professionals, depending on the stage of

the disease and the available healthcare resources.

The diagnosis of dementia often involves a multidisciplinary approach, where different specialists work together to assess the patient's cognitive function, physical health, and emotional well-being.

Early diagnosis is crucial, as it allows for timely intervention, appropriate management, and support

for both the individual with dementia and their caregivers.



Medical Team Members: Diagnosis

Primary Care Physician (PCP)

Neurologist

Geriatrician

Neuropsychologist

Psychiatrist

Geriatric Psychiatrist

Memory Clinic Specialists

Medical Team Members: Diagnosis

The following types of doctors and specialists are involved in diagnosing and treating dementia:

1. **Primary Care Physician (PCP):** A person experiencing cognitive difficulties or their family members often begin the diagnostic process with a visit to their primary care physician. The PCP will perform an initial evaluation, including medical history, physical examination, and basic cognitive assessments. If dementia is suspected, the PCP may refer the individual to a specialist for further evaluation.

2. **Neurologist:** Neurologists are medical doctors who specialize in the diagnosis and treatment of conditions affecting the nervous system, including the brain. They play a crucial role in diagnosing dementia and identifying the specific type of dementia based on the patient's symptoms, medical history, cognitive tests, and imaging studies.



Medical Team Members: Diagnosis Continued. . .

3. **Geriatrician:** Geriatricians are primary care physicians with specialized training in the care of older adults. They are particularly skilled in diagnosing and managing complex medical conditions, including dementia, in elderly patients.



4. **Neuropsychologist:** Neuropsychologists are psychologists who specialize in assessing cognitive function and behavior. They conduct comprehensive neuropsychological evaluations to help identify and differentiate various types of dementia and other cognitive disorders.



5. **Psychiatrist:** Psychiatrists are medical doctors specializing in mental health and emotional disorders. They may be involved in diagnosing and managing dementia-related psychiatric symptoms, such as depression or agitation.



Medical Team Members: Diagnosis Continued. . .

6. **Geriatric Psychiatrist:** Geriatric psychiatrists are psychiatrists with additional training and expertise in diagnosing and treating mental health conditions in older adults, including those related to dementia.



7. **Memory Clinic Specialists:** Some medical centers have dedicated memory clinics or centers that focus on the diagnosis and management of memory-related disorders, including dementia. These clinics often have a team of specialists, including neurologists, geriatricians, neuropsychologists, and social workers, who collaborate to provide comprehensive care.



Interdisciplinary Care Team Members

Case Managers

**Occupational
Therapist**

**CNA/Home
Health**

**Nutritionist or
Dietician**

Social Worker

**Physical
Therapist**

**Caregivers and
Family Members**

Pharmacist

Nurse

**Speech-Language
Pathologist**

**Hospice and Palliative
Care Specialists**

**Music or Art
Therapist**

Interdisciplinary Care Team Members



1. **Case Managers:** Case Managers use comprehensive assessments to create personalized care plans, collaborate with interdisciplinary team to coordinate care, connect resources , make referrals, provide advocacy in decision making and care coordination, support patient/family preferences, monitor and evaluate the care plan for needs, adjustments facilitate transition planning across care settings.



2. **Social Worker:** Social workers provide emotional support, counseling, and practical assistance to dementia patients and their families. They also help with care planning, access to resources, and navigating the healthcare system.



3. **Nurse:** Nurses play a crucial role in monitoring the patient's overall health, administering medications, managing symptoms, and providing support and education to both patients and caregivers.

Interdisciplinary Care Team Members Continued. . .



4. **Occupational Therapist:** Occupational therapists help dementia patients maintain independence in daily activities and adapt to changing abilities. They recommend assistive devices and strategies to enhance functional abilities.



5. **Physical Therapist:** Physical therapists focus on improving mobility, strength, and balance, helping dementia patients maintain physical function and prevent complications related to immobility.



6. **Speech-Language Pathologist:** A speech-language pathologist evaluates and treats communication and swallowing difficulties that may arise in the later stages of dementia.

Interdisciplinary Care Team Members Continued. . .



7. **CNA/Home Health:** Provides daily assistance with basic care needs, emotional support, companionship.



8. **Caregivers and Family Members:** Informal caregivers, such as family members or close friends, play a vital role in the care of dementia patients. They provide daily assistance, emotional support, and help with decision-making.



9. **Hospice and Palliative Care Specialists:** In later stages of dementia, these specialists focus on providing comfort, symptom management, and emotional support to patients and their families.

Interdisciplinary Care Team Members Continued.

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10. **Nutritionist or Dietician:** Nutritionists or dietitians can provide dietary guidance to support overall health and manage conditions such as malnutrition or swallowing difficulties.



11. : **Pharmacists** assist in medication management, reviewing drug interactions, and ensuring appropriate dosages for dementia patients.



12. **Music or Art Therapist:** Creative arts therapists may use music or art to improve mood, reduce agitation, and enhance communication in individuals with dementia.

Warning Signs and a Word of Caution

The signs and symptoms of dementia can vary depending on the type of dementia and the individual. However, there are some common early signs and symptoms that may indicate the presence of cognitive impairment.

Experiencing one or more of these symptoms does not necessarily mean a person has dementia, but if you or a loved one are concerned about cognitive changes, it's essential to seek a professional evaluation.



Warning Signs and a Word of Caution Continued. .

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EVALUATION

Remember that some of these symptoms can be a part of the normal aging process or may be caused by other medical conditions. However, if you or someone you know is experiencing persistent or worsening cognitive difficulties, it's essential to seek a professional evaluation by a healthcare provider.

Early diagnosis and appropriate management can help improve the quality of life for individuals with dementia and their families.

Signs and Symptoms

Memory Loss

Disorientation

Impaired
Judgment

Problems with
Problem-Solving

Difficulty with
Language

Decline in
Ability to Plan

Misplacing Items

Changes in Mood
and Personality

Withdrawal from
Social Activities

Difficulties with
Routine Tasks

Signs and Symptoms

Some of the initial signs and symptoms of dementia include:

1. **Memory Loss:** Forgetfulness, particularly with recent events or new information, is one of the most common early signs of dementia. This may involve repeatedly asking the same questions or relying heavily on memory aids.
2. **Difficulty with Language:** Struggling to find the right words, having trouble following conversations, or forgetting the names of familiar objects can be early indicators of cognitive decline.

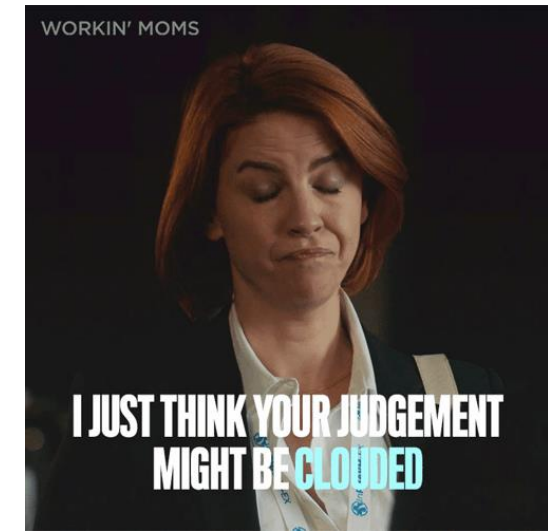


Signs and Symptoms Continued. . .

3. **Disorientation:** Individuals with dementia may become disoriented in time, place, or situation. They may get lost in familiar places or have difficulty recognizing familiar landmarks.



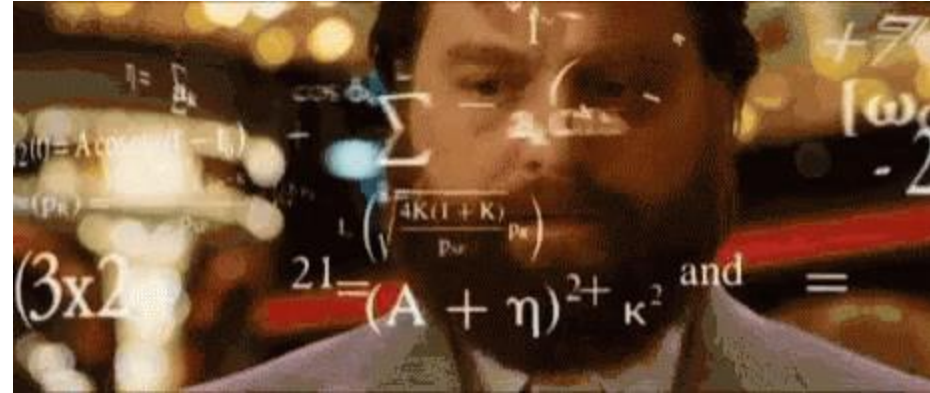
4. **Impaired Judgment:** Poor decision-making and impaired judgment may become apparent, leading to unusual or unsafe choices.



Signs and Symptoms Continued. . .

5. Problems with Problem-Solving:

Difficulty in solving familiar problems or challenges, such as managing finances or following recipes, may arise.



6. **Decline in Ability to Plan:** A person with early-stage dementia might have trouble organizing and planning activities they previously managed easily.



Signs and Symptoms Continued. . .

7. **Misplacing Items:** Putting things in unusual places and being unable to retrace steps to find them is a common sign of cognitive decline.

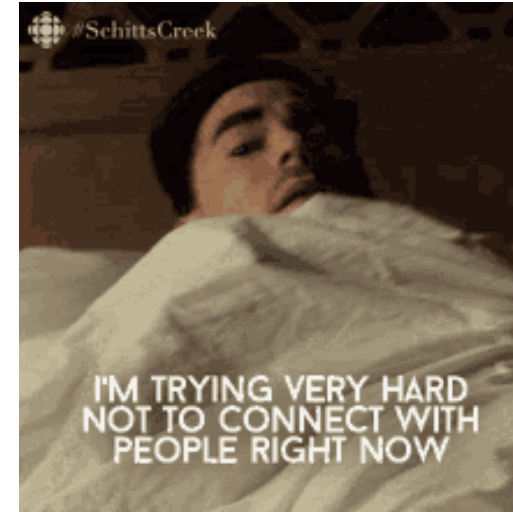


8. **Changes in Mood and Personality:** Dementia can lead to mood swings, increased irritability, anxiety, depression, or a decrease in interest in previously enjoyed activities.



Signs and Symptoms Continued. . .

9. **Withdrawal from Social Activities:** A person with early dementia might withdraw from social interactions due to embarrassment or frustration over their cognitive difficulties.



10. **Difficulties with Routine Tasks:** Struggling with familiar tasks, such as getting dressed, preparing meals, or maintaining personal hygiene, can be an early sign of cognitive decline.





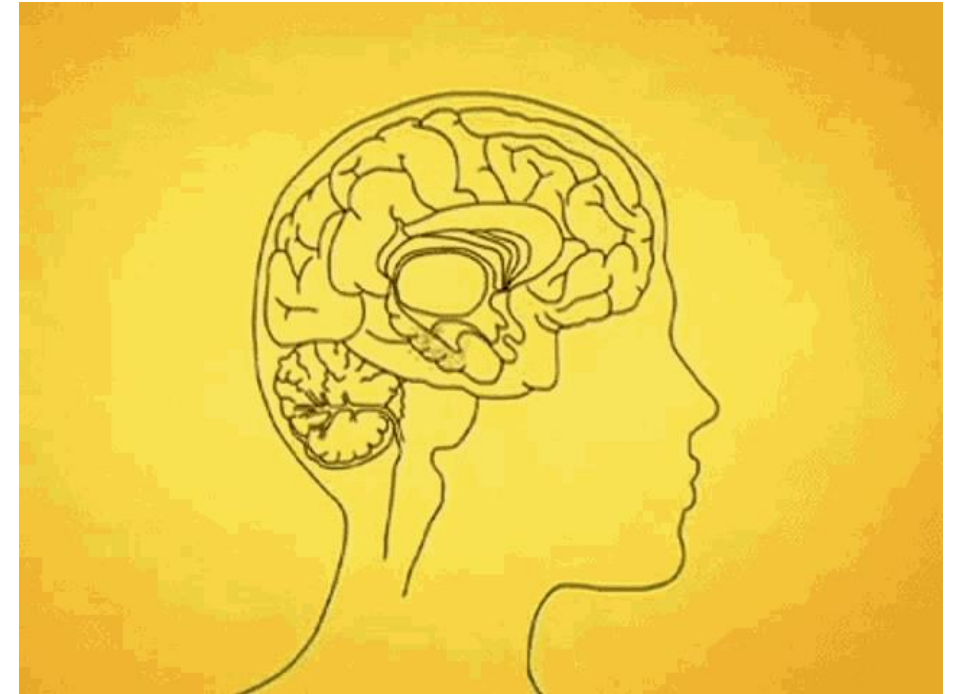
Stages and Treatments Available

Progression Notes

Dementia is a progressive condition,

meaning it worsens over time.

- The stages of dementia can vary depending on the specific type of dementia and the individual's characteristics. However, there are generally recognized stages that describe the typical progression of dementia.
- Not all individuals with dementia will experience every stage, and the rate of progression can differ significantly between individuals.
- It's important to recognize that the progression of dementia can vary, and not all individuals will experience every stage.
- Additionally, the specific symptoms and rate of progression may differ depending on the type of dementia.



Typical Stages of Dementia

Stage 1: Preclinical Stage

1. In this stage, there are no noticeable symptoms of dementia, and individuals may appear to function normally.
2. However, there may be subtle changes occurring in the brain, such as the buildup of abnormal proteins associated with certain types of dementia, like Alzheimer's disease.



Stage 2: Mild Cognitive Impairment (MCI)

1. MCI is considered a transitional stage between normal cognitive aging and the early signs of dementia.
2. Individuals with MCI may experience memory problems, difficulty finding words, and challenges with decision-making and problem-solving.
3. Not all individuals with MCI will progress to dementia, and some may remain stable or even improve.medical complications.



Typical Stages of Dementia Continued. . .

Stage 3: Mild Dementia

1. In this stage, cognitive deficits become **more evident** and may start to interfere with daily activities and relationships.
2. Memory loss becomes **more pronounced**, and individuals may struggle to recall recent events or conversations.
3. They may have **difficulty organizing tasks and planning**, and they might become disoriented in unfamiliar places.

Stage 4: Moderate Dementia

1. During this stage, individuals require **more assistance** with **daily activities** as their **cognitive impairments worsen**.
2. **Memory deficits are significant**, and individuals may not recognize close family members or friends.
3. They may experience **challenges with language**, have **difficulty communicating**, and may exhibit **behavioral changes**.



Typical Stages of Dementia Continued. . .

Stage 5: Moderately Severe Dementia

1. In this stage, individuals often **need constant supervision** and assistance with daily activities such as dressing, bathing, and eating.
2. **Communication** becomes **severely impaired**, and they may **lose the ability to engage** in meaningful conversation.
3. They may exhibit repetitive behaviors or become restless.



Stage 6: Severe Dementia

1. At this stage, individuals lose the ability to communicate verbally and may be **non-ambulatory**, requiring **assistance with all aspects of care**.
2. They may have **difficulty swallowing**, leading to **increased susceptibility to infections and weight loss**.
3. **Personality changes can be profound**, and they may require **24/7 care** in a specialized facility.



Typical Stages of Dementia Continued. . .

Stage 7: Very Severe Dementia

1. This final stage is characterized by a **severe loss of physical and cognitive function.**
2. Individuals may be **bedridden, unable to speak,** and may have **limited awareness of their surroundings.**
3. They become increasingly **vulnerable to infections** and other **medical complications.**



Treatment Overview Continued. . .

Treatment for dementia aims to manage symptoms, slow down the progression of the disease, and improve the individual's quality of life.

- The **specific treatments** and interventions may **vary** depending on the **type of dementia** and the stage of the disease. Here are some general approaches and treatments for the different stages of dementia:
- It is essential for individuals with dementia to have **regular check-ups** with their healthcare providers to monitor their condition and **adjust treatments as necessary**.
- **Treatment plans** should be **personalized** and may involve a combination of medications, therapies, and lifestyle modifications.



Treatment by Stage

1. Early Stages (Mild Cognitive Impairment and Mild Dementia):

- Medications: In cases of Alzheimer's disease, certain medications, such as **cholinesterase inhibitors** (e.g., **donepezil**, **rivastigmine**, **galantamine**), can be prescribed to improve cognitive function and manage symptoms. **Memantine**, another medication, may be used to help with memory and thinking in **moderate to severe Alzheimer's disease**.
- **Cognitive Stimulation**: Engaging in mentally stimulating activities, such as **puzzles**, **games**, and **reading**, may help preserve cognitive function and slow cognitive decline.
- : A healthy lifestyle that includes **regular exercise**, a **balanced diet**, and **adequate social engagement** can be beneficial in managing cognitive symptoms.



Treatment by Stage Continued . . .

2. Moderate Stages (Moderate Dementia):

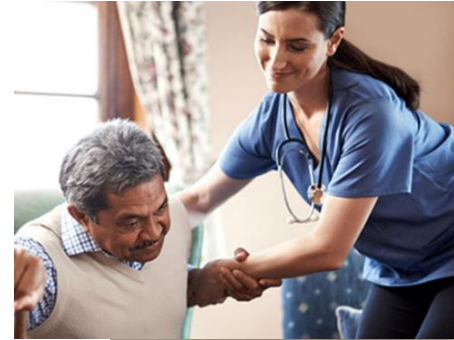
- **Non-Pharmacological Interventions:** **Behavior-focused interventions**, such as **reality orientation**, **validation therapy**, and **reminiscence therapy**, may help **manage behavioral symptoms** and improve **emotional well-being**.
- **Caregiver Support** and **Education:** Providing support and education to caregivers can help them better understand and manage the challenges associated with **dementia caregiving**.



Treatment by Stage Continued . . .

3. Severe Stages (Severe and Very Severe Dementia):

1. Assistance with Daily Activities: As **dementia** progresses, individuals will likely require increasing assistance with daily tasks, such as bathing, dressing, and eating.
2. Safety Measures: Safety becomes a primary concern in severe stages, and measures may need to be taken to prevent falls, manage wandering behavior, and ensure a safe living environment.
3. Hospice and Palliative Care: In the very severe stages of dementia, hospice and palliative care focus on providing comfort, symptom management, and emotional support for both the individual and their family.



Treatment by Stage Continued . . .

4. Overall Treatments and Interventions:

1. Supportive Care: Providing emotional support, encouragement, and empathy can significantly improve the individual's well-being and overall quality of life.
2. Physical Therapy: Physical therapy may help maintain mobility and prevent complications related to immobility.
3. Occupational Therapy: Occupational therapy can help individuals maintain independence in daily activities and adapt to their changing abilities.
4. Music and Art Therapy: Creative arts therapies may help improve mood, reduce agitation, and enhance communication in individuals with dementia.



Care Needs Overview

- The care needs for individuals with dementia change as the disease progresses through different stages.
- Each stage presents unique challenges, and caregivers must adapt their approach to provide appropriate care and support.
- Throughout all stages of dementia, providing empathy, patience, and understanding is essential.



Care Needs Overview Continued . . .

- Caregivers should try to maintain a person-centered approach, focusing on the individual's preferences, interests, and history to create a meaningful and supportive caregiving environment.
- Understand that the specific care needs for each individual with dementia can vary, and the progression of the disease may not always follow a linear pattern.
- As such, individualized care plans that adapt to the changing needs of the person with dementia are crucial for providing the best possible care and support.



Caregiving Needs by Stage

1. Early Stages (Mild Cognitive Impairment and Mild Dementia):

1. Supportive Environment: Creating a safe and supportive living environment that minimizes distractions and confusion can be beneficial.
2. Medication Management: Ensuring the individual takes prescribed medications regularly and as directed.
3. Cognitive Stimulation: Engaging the person in mentally stimulating activities to maintain cognitive function and prevent social isolation.
4. Encouraging Independence: Encouraging the person to continue performing daily tasks independently while providing assistance as needed.



Caregiving Needs by Stage

2. Moderate Stages (Moderate Dementia):

1. Assistance with Daily Activities: As cognitive and functional abilities decline, individuals may require increasing assistance with daily tasks such as dressing, bathing, and toileting.
2. Communication Strategies: Using clear and simple language, providing visual cues, and maintaining a calm and reassuring tone can help with communication.
3. Behavioral Management: Addressing challenging behaviors with patience and understanding, and using behavioral interventions to reduce agitation and aggression.
4. Social Engagement: Encouraging social interactions and participation in group activities to promote emotional well-being.



Caregiving Needs by Stage

3. Severe Stages (Severe and Very Severe Dementia):

1. Personal Care: Providing extensive assistance with all aspects of personal care, including feeding, positioning, and managing incontinence.
2. Mobility Support: Assisting with mobility and implementing safety measures to prevent falls and injuries.
3. Sensory Stimulation: Using sensory activities, such as soothing music or sensory items, to provide comfort and reduce distress.
4. End-of-life Care: In very severe stages, palliative care may be necessary to ensure comfort and dignity at the end of life.



Caregiving Needs by Stage

4. Overall Care Needs:

1. Caregiver Support: Caregivers also require support to cope with the demands of dementia caregiving. Respite care, support groups, and access to information and resources can be valuable for caregivers.

2. Regular Medical Check-ups: Regular check-ups with healthcare professionals to monitor the individual's overall health and address any medical issues.

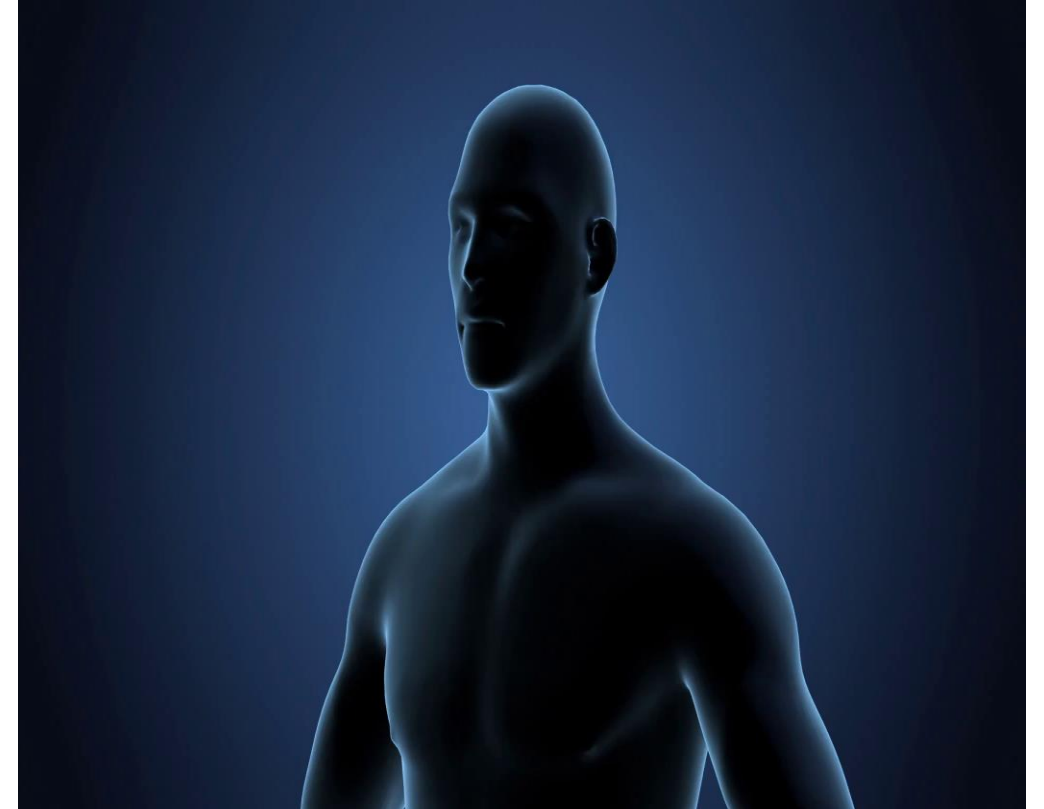
3. Safety Measures: Implementing safety measures, such as installing alarms, securing dangerous items, and ensuring a safe home environment.

4. Legal and Financial Planning: As dementia progresses, legal and financial matters should be addressed, including powers of attorney, living wills, and financial planning for long-term care.



OBJECTIVES

- ✓ Be able to define the different types of dementia
- ✓ Understood the journey to a dementia diagnosis; including provider types and testing
- ✓ Identified care needs/support services for different stages of dementia



ANY QUESTIONS?



References

- Alzheimers.gov
https://www.alzheimers.gov/professionals/health_x0002_care-providers#find-resources-for-health-care-professionals
- Mayo Clinic. Dementia Diagnosis and Treatment.
https://www.mayoclinic.org/diseases_x0002_conditions/dementia/diagnosis-treatment/drc-20352019
- National Institutes of Health. Alzheimer's and Related Dementias Resources for Professionals.
https://www.nia.nih.gov/health/alzheimers-dementia-resources-for_x0002_professionals





THANK YOU!
Go raibh maith agat!



“Educating with purpose, passion and pride.”



www.aishlingcareacademy.com



facebook.com/aishlingcareacademy



[Aishling Care Academy](https://www.youtube.com/AishlingCareAcademy)



Transportation Updates

Ariona Reliford



Transition of non-emergency transportation

Beginning August 1, 2024, CountyCare will transition to a new non-emergency transportation vendor, Modivcare. Modivcare maintains a network of transportation providers that provide multiple levels of transportation services, including public transportation.

There is no change in the transportation benefit, however we will have a more extensive network. Trips must be medically necessary (ex: doctors' appointment, counseling, dialysis, etc.). Modivcare will determine the most appropriate type of transportation depending on the members health condition and mobility limitations.

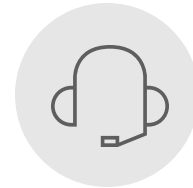
This may include

- Lyft
- Private Transportation Provider
- Public Transportation/Bus Passes

Modivcare



Any rides scheduled through July 31, 2024, Transdev will scheduling. Members will go through the same IVR process in our Member Services phone number and can schedule their rides. Any grievances received through July 31st, Transdev will be responsible for resolving.



Monday-Friday 7am to 7pm CT,
Saturday & Sunday 9am to 1pm CT,
call 888-652-8500



To schedule an appointment member will need:

- Member ID Number
- Name and address of medical provider
- Appointment day and time



County Care Kudos

Raven Waller

Care Coordinator- Long Term Care- Ladwina Rudolph

Kudos to I want to recognize and applaud Raven Waller for her outstanding dedication and compassion towards our members.

Raven recently assisted a nursing home resident who desired greater mobility and independence. Despite previous concerns being overlooked, Raven ensured that the member would received a suitable walker, enhancing their mobility and safety. When faced with hurdles, she personally purchased the equipment, showcasing her genuine concern and proactive approach.

Her actions improved the member's quality of life and exemplify our organization's core values. Please join me in expressing our heartfelt appreciation to Raven for her exceptional service and commitment to our mission.

Announcements

- Next webinar is August 21th, 2024!
- Slides posted on CountyCare Care Coordination Webpage:
 - <http://www.countycare.com/carecoordination>
- Have feedback? Please share.
 - <https://redcap.link/23k1fzzb>



- Please email questions/concerns: raphael.daniels@cookcountyhealth.org

