

Maximizing Quality of Life for Older Adults Across the Cognitive Continuum

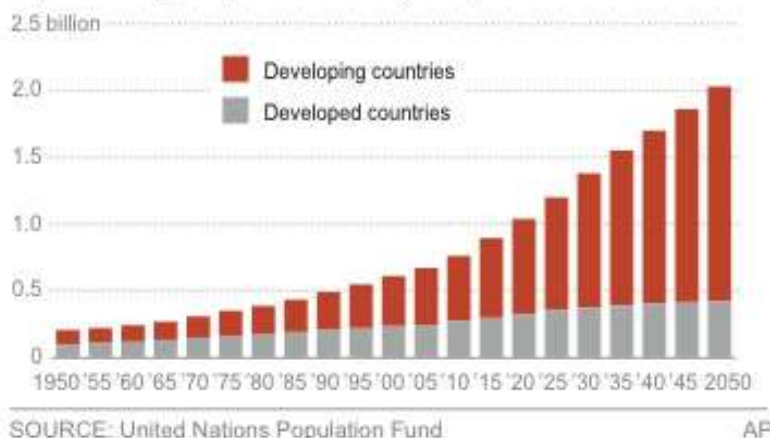
NW Geriatrics Workforce
Enhancement Center
Geriatric Healthcare Series
May 31, 2022

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Global rise in aging population

The number of people in the world aged 60 and older is expected to grow past 2 billion by the year 2050.



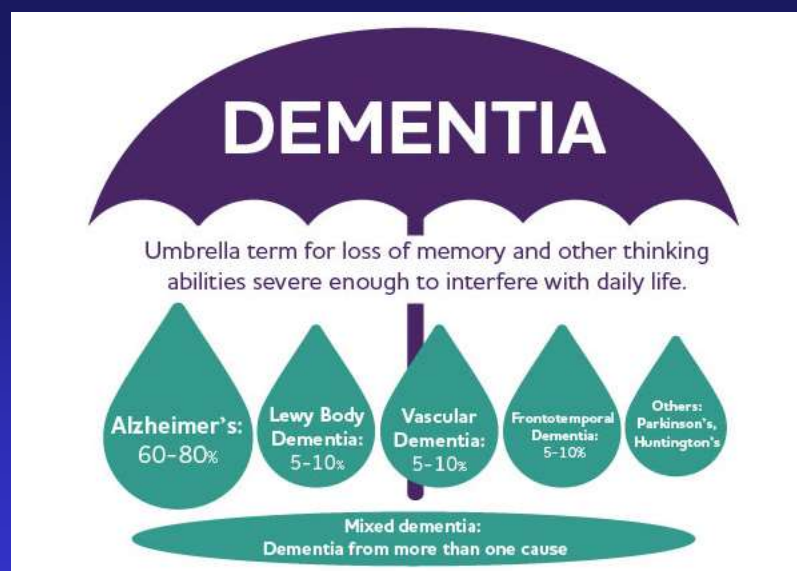
SOURCE: United Nations Population Fund (eldercaretrainingacademy.com)

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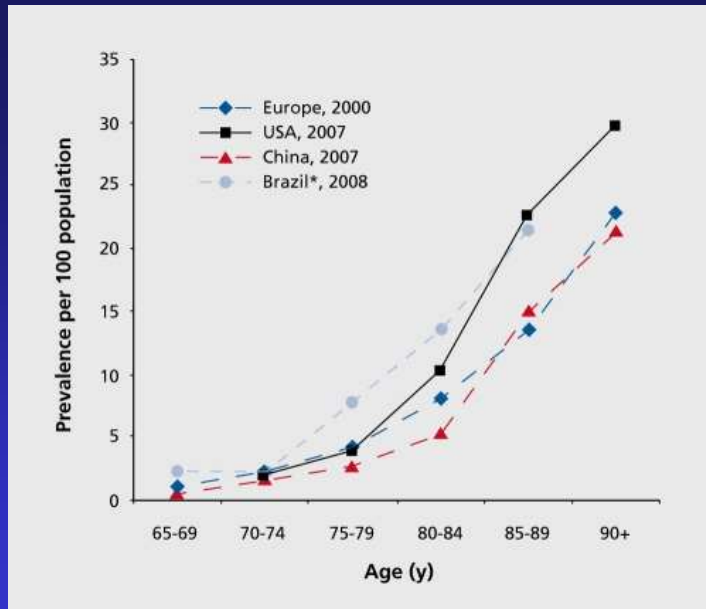
Source: World Alzheimer's Report, 2015

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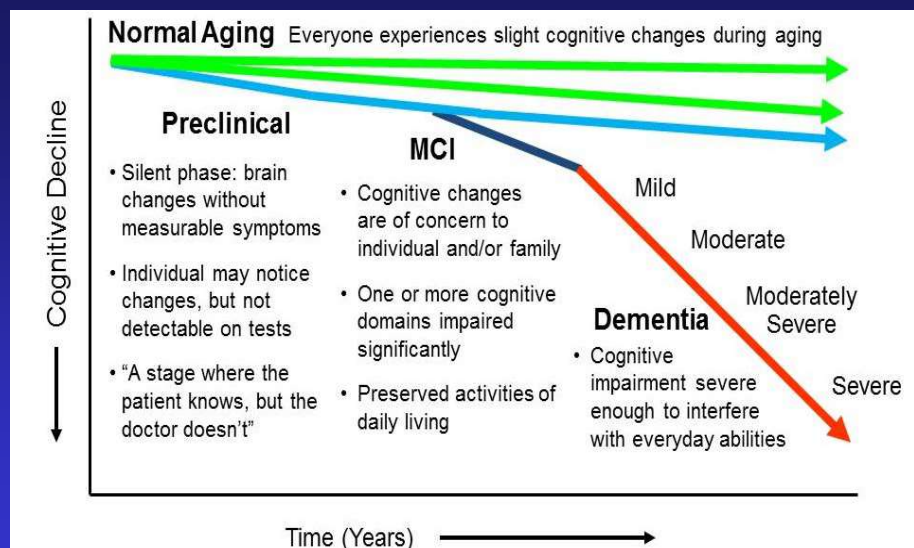
Alzheimer's Association <https://www.alz.org/alzheimers-dementia/what-is-dementia>

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Xu, W., et al. 2013. Epidemiology of Alzheimer's disease. In: Zerr, I. (Ed.), Understanding Alzheimer's disease. (Chapter 13). InTech (Open Access Book).

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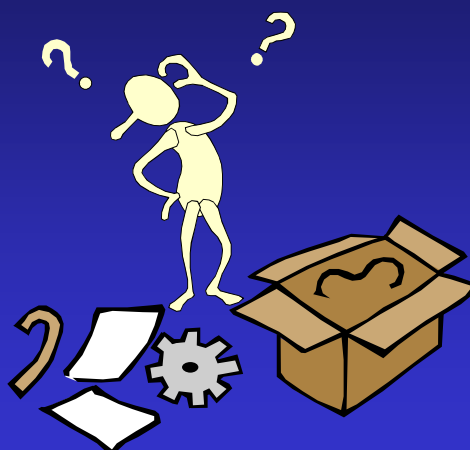
<http://health.mashangel.com>

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So What Can We Do To Help???



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Focus on Quality of Life

Quality of life for older adults with chronic illness: a sense of well-being, satisfaction with life, and self-esteem, accomplished through the care received, the accomplishment of desired goals, and the ability to exercise a satisfactory degree of control over one's life.



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10 warning signs of dementia

- 1 Memory loss**: Illustration of a person thinking about a calendar.
- 2 Difficulty performing familiar tasks**: Illustration of a person struggling to use a microwave.
- 3 Problems with language**: Illustration of a person forgetting words, with a shopping list (Apple, Milk) shown.
- 4 Disorientation to time and place**: Illustration of a person looking confused with a map and a clock.
- 5 Poor or decreased judgement**: Illustration of a person in a wheelchair being misled by a person at a desk.
- 6 Problems keeping track of things**: Illustration of a person losing a letter labeled 'PAYROLL'.
- 7 Misplacing things**: Illustration of a person putting a key in a cupboard instead of a keyring.
- 8 Changes in mood and behaviour**: Illustration of a person switching between happy and sad facial expressions.
- 9 Challenges understanding visual and spatial information**: Illustration of a person driving a car, confused by traffic lights.
- 10 Withdrawal from work or social activities**: Illustration of a person standing alone, while others sit at a table.

Summary: If these signs are new, they may be a sign of dementia. Dementia is not a normal part of ageing. Speak to your doctor or contact your dementia and Alzheimer association.

www.alzint.org

Alzheimer's Disease International
The global voice on dementia

Social Skills Can Conceal Cognitive Decline



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Perspectives Can Vary



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Recommendations from Alzheimer's Disease International

- Annual brain health checkups for age 50+, with biomarkers testing and risk reduction counseling
- Training for providers to give them confidence *and time* to make diagnoses and communicate them sensitively
- Access to standardized, online, ethical, culturally appropriate, government adopted cognitive assessment tools

Source: World Alzheimer's Report, 2021

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Case Study



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Magdalena's Diagnostic Process

- Routine medical evaluation including lab tests and MRI imaging
- Neuropsychological testing
- Psychiatric evaluation for anxiety, depression
- Sleep study to assess for primary sleep disorders
- Pharmacotherapy review (both prescription and holistic treatments)

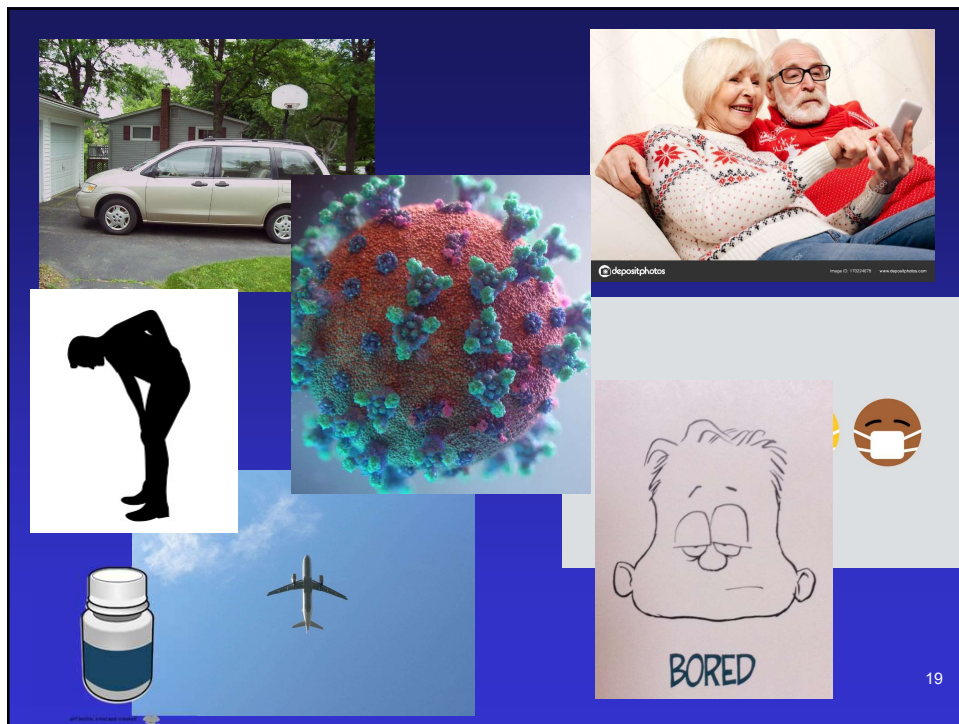
Source: World Alzheimer's Report, 2021

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Dementia Symptoms Are Variable

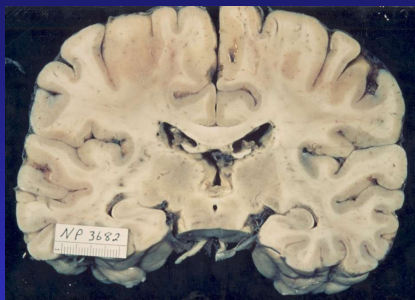
- No two people are alike
 - "If you've met one person with Alzheimer's disease, you've met one person with Alzheimer's disease"
- It is typical for symptoms to wax and wane
 - Day to day or even hour to hour
- This unpredictability and inconsistency complicates care decision-making
 - A person may agree and then forget or change their mind
 - People with dementia are also allowed to change their mind just like the rest of us

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Dementia is a Brain Disease



Persons with dementia do not have control over their changes in thinking and behavior.

Photographs courtesy of Dr. Thomas Bird, Seattle VAMC

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THE "ALZHEIMER'S DIET"

HOW TO IMPLEMENT "THE BREDESEN PROTOCOL" TO SLOW - REVERSE COGNITIVE DECLINE

EAT	AVOID
Whole, Predominantly Plant-Based Food	Highly-Processed, Meat/Animal Product-Heavy Foods
Aim for "mild ketosis"	Avoid refined carbohydrates and simple sugar
10-15 servings of non-starchy vegetables per day	Avoid "non-nutritive sweeteners" such as Splenda, Sweet N' Low, etc.
Fast for 12 hours between dinner and breakfast + 3 hours before bedtime	Avoid late-night snacking

WARNING LETTER

"Colostrum supplements bought from Gold Crown Natural Products for patients suffering from Alzheimer's disease. While there are damages for Alzheimer's by seeking its proper treatment, colostrum the benefits to help fight Alzheimer's disease."

"Melatonin supplements are used to help Alzheimer's disease, effective anti oxidant and a free radical scavenger which is cells from oxidative damage. Alzheimer's disease is caused"

Unsubstantiated Advertising Claims

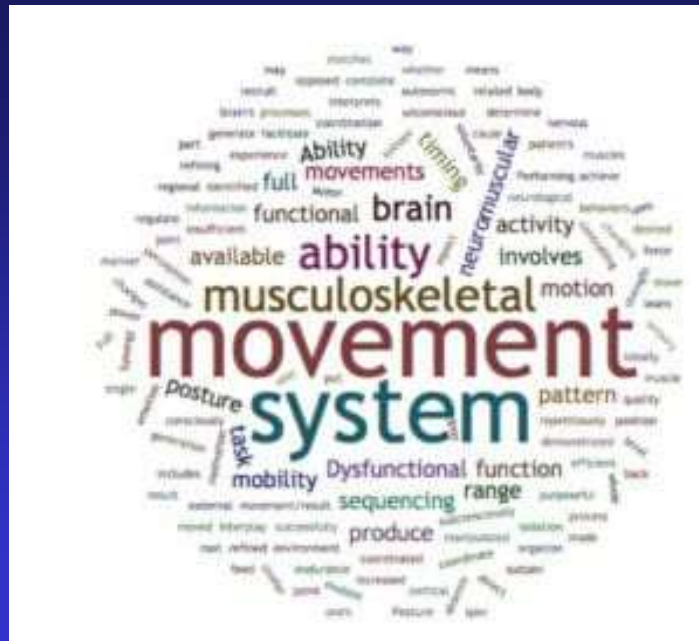
In addition, it is unlawful under the FTC Act, 15 U.S.C. § 41 et seq. to prevent, treat, or cure human disease unless you possess competent evidence, including, when appropriate, well-controlled human clinical studies.

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Mentation: Take Home Message

- Dementia is a progressive brain disease, and symptoms are largely outside volitional control
- Dementia impacts every person differently
- Symptoms progress unpredictably over time and vary depending upon environmental, physical, and psychosocial context
- People with dementia are doing the best they can to make sense of the world, and to protect themselves from perceived harm/loss
- There is no miracle cure available

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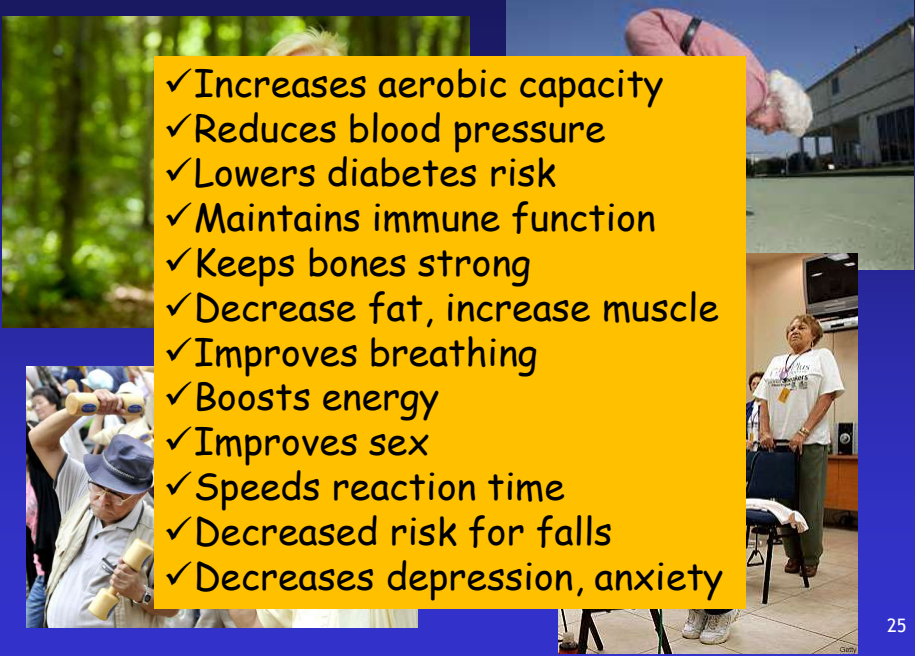
Lancet Commission on Dementia Prevention 2020

12 potentially modifiable risk factors for dementia

- In early life
 - Increase educational level
- In midlife
 - Correct hearing loss
 - Reduce traumatic brain injuries
 - Address hypertension, ETOH use, obesity
- In later life
 - Eliminate smoking
 - **Increase physical activity**
 - Treat depression, diabetes
 - Address social isolation, air pollution

Source: Livingston et al. 2020. [Lancet](#) 396(10248):413-446.

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- ✓Increases aerobic capacity
- ✓Reduces blood pressure
- ✓Lowers diabetes risk
- ✓Maintains immune function
- ✓Keeps bones strong
- ✓Decrease fat, increase muscle
- ✓Improves breathing
- ✓Boosts energy
- ✓Improves sex
- ✓Speeds reaction time
- ✓Decreased risk for falls
- ✓Decreases depression, anxiety

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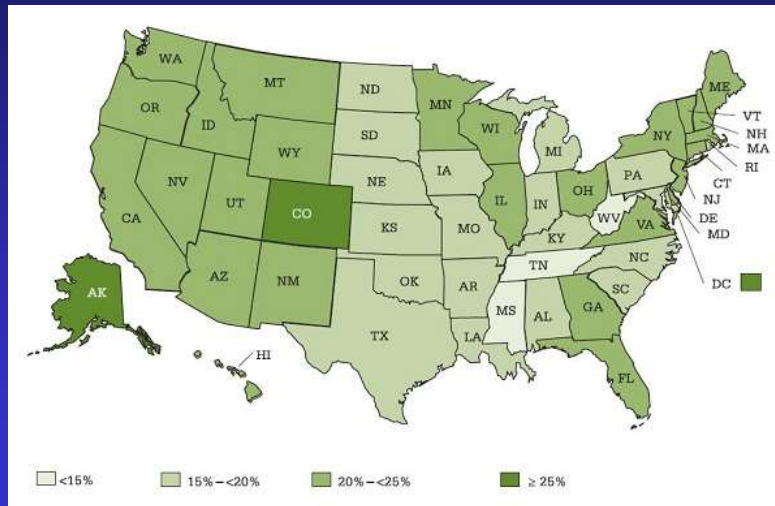
“Longitudinal observational studies show an association between higher levels of physical activity and a reduced risk of cognitive decline and dementia. A case can be made for a causal interpretation. ”

(Blondell et al., 2014, [BMC Public Health](#), May 27;14:510)



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% Adults Meeting Aerobic and Muscle Strengthening PA Guidelines



Data Source: State Indicator Report on Physical Activity, 2014, Centers for Disease Control & Prevention

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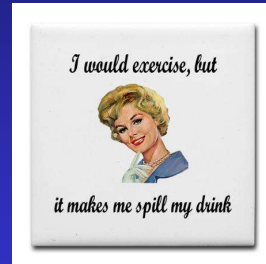
"Is there one thing you will commit to do this week?"
"How can I help you get there?"

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Tx Issues: Exercise & Normal Aging

Motivation is key

- Time / building it into a routine
- Boredom: “I really hate to exercise”
- Unrealistic expectations
- Poor health / obesity
- Increased risk for injuries
- No history of exercising
- Too expensive
- Finding an exercise companion



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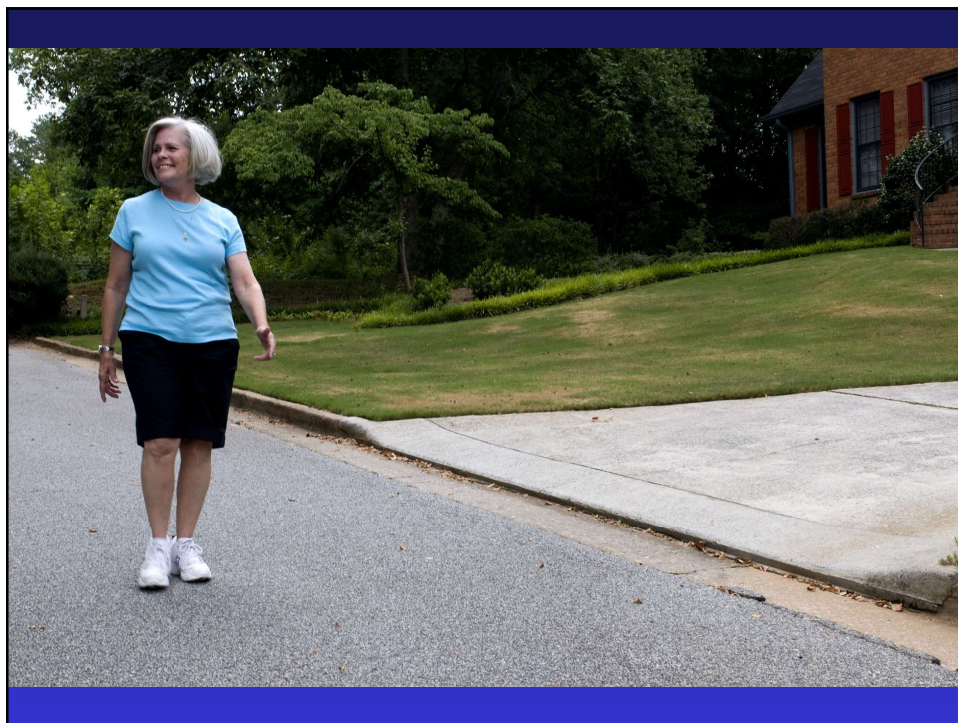
Tx Issues: Exercise & MCI

- If primary care provider doesn't talk about exercise, it may not seem important to client
- Forgetfulness, executive dysfunction can plague action plans
- Emphasize regular exercise routine
- Exercise offers hope: Lack of any efficacious pharmacologic treatments can be an excellent motivator
- Involve exercise "buddy" who can motivate and help monitor safety

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Tx Issues: Exercise and Dementia

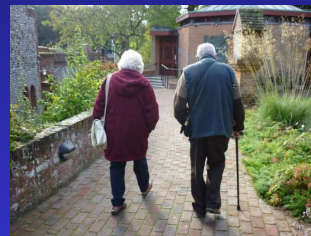
- Reluctance to try new activities
- Difficulty learning & remembering to do them
- Reduced ability to exercise independently due to safety concerns
- Family caregivers lack knowledge about exercise, already burdened by daily tasks, physical frailty, young families



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Promoting Exercise for Individuals with Dementia

- What “exercise” did the person enjoy in the past?
- Memory impaired individuals should not walk or exercise vigorously alone
- Simplify, avoid, or closely supervise use of exercise equipment
- Avoid exercise in extreme weather conditions (heat, cold, icy)
- Be sensitive to financial, safety, and neighborhood walkability considerations
- Make physical activity a pleasant event and part of the daily routine



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Mobility Big 3s for Independence

1. Able to go up a flight of stairs
2. Able to walk a block (w/ assistive device is ok)
3. Able to get up and down from a chair (and a toilet)

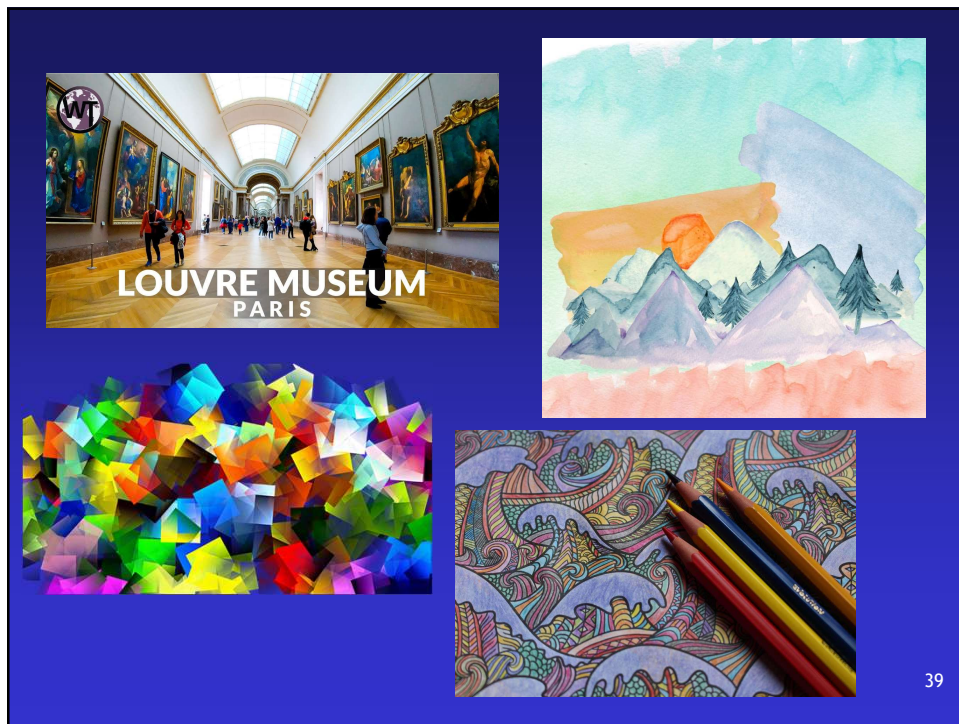


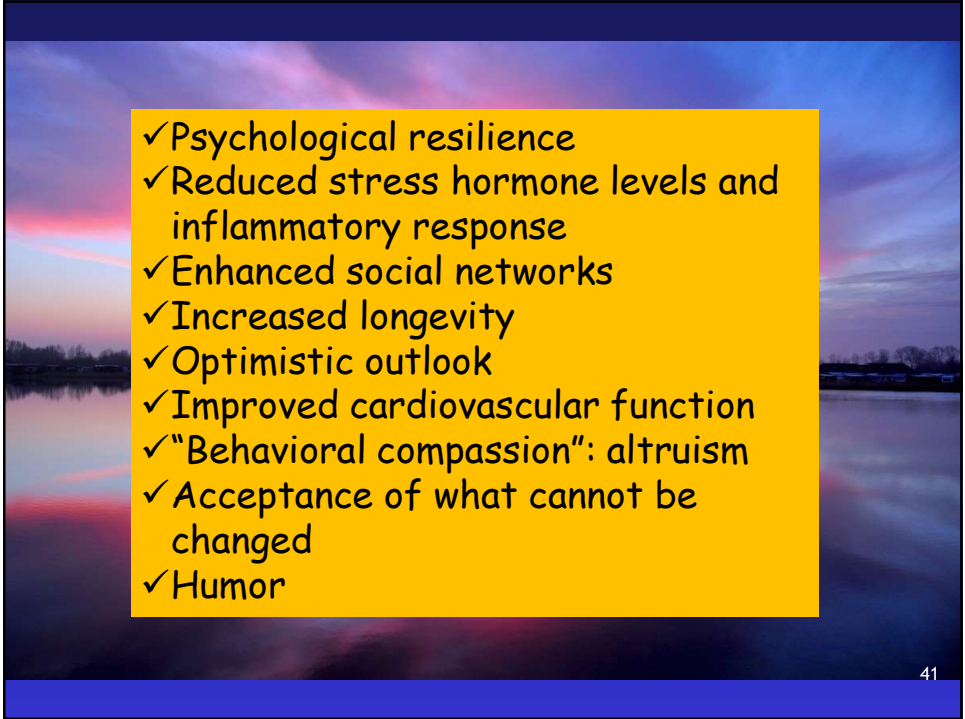
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Mobility: Take Home Message

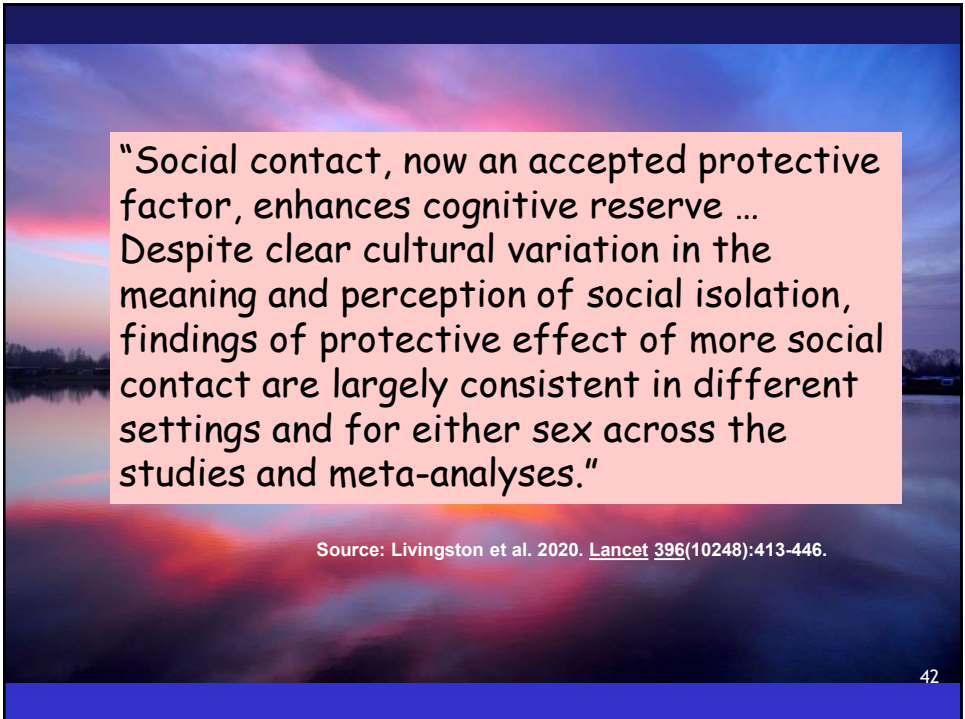
- Physical activity is the closest thing that we have to a “magic bullet” for cognitive decline
- Getting even cognitively normal older adults to regularly exercise can be difficult
- Cognitive impairment adds additional challenges: exercise safety, inability to participate in previously enjoyed activities, distrust of companions, and apathy
- Mobility is key to functional independence

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- ✓ Psychological resilience
 - ✓ Reduced stress hormone levels and inflammatory response
 - ✓ Enhanced social networks
 - ✓ Increased longevity
 - ✓ Optimistic outlook
 - ✓ Improved cardiovascular function
 - ✓ "Behavioral compassion": altruism
 - ✓ Acceptance of what cannot be changed
 - ✓ Humor

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"Social contact, now an accepted protective factor, enhances cognitive reserve ... Despite clear cultural variation in the meaning and perception of social isolation, findings of protective effect of more social contact are largely consistent in different settings and for either sex across the studies and meta-analyses."

Source: Livingston et al. 2020. [Lancet](#) 396(10248):413-446.

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What Matters for Persons with MCI and Dementia

- Challenging the stigma of cognitive impairment
- Education about diagnosis, progression, advance planning can help restore a sense of control
- You are not alone
- The Bucket List: What has the client been putting off until tomorrow?
- Anxiety and depression often accompany new diagnoses; mindfulness training can help early on
- Finding purpose and meaning in life today, right now, offers hope

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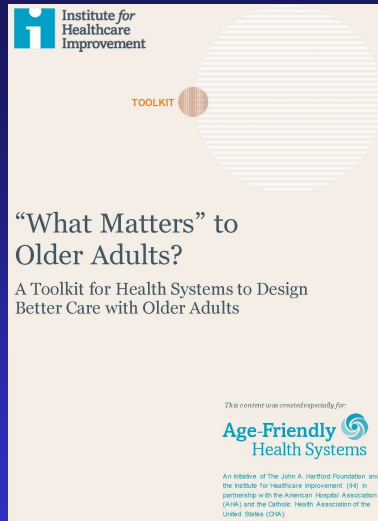
YOUR STORY IS
STILL UNFOLDING

Truthinsideofyou.org

Greater purpose in life is associated with a reduced risk of AD, reduced risk of MCI, and slower rate of cognitive decline

Boyle et al. 2010. Arch Gen Psychiatry, 67(3): 304-310
Boyle et al. 2010. Am J Geriatr Psychiatry 19(12): 1093-1102
Boyle et al. 2012. Arch Gen Psychiatry 69(5):499-505

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How to Prepare Older Adults and Caregivers for a "What Matters" Conversation

Not all older adults are ready to engage in "What Matters" conversations. Most have never been part of a discussion with a care team member beyond specific medical problems. Some older adults and caregivers may be concerned that the questions, which are often associated with end-of-life care, indicate a dire prognosis and spark concern that they may be terminally ill. Some may find the questions intrusive or are reluctant, unprepared, or embarrassed to share details about their lives that they deem unrelated to their health care, or they are looking for more didactic instructions. Others are willing and eager to guide clinical conversations with their nonclinical goals. The success of being able to understand "What Matters" to each older adult will depend on their (and their clinician's) comfort, readiness, and expectation for incorporating their expressed goals and preferences into care planning.

One way to prepare for "What Matters" conversations is to present the idea of identifying health goals and care preferences prior to a face-to-face interaction with the health care system. Conversations are likely to be more fruitful when older adults reflect in advance of a visit and have a chance to prepare themselves to talk about their goals and priorities. Additionally, how older adults respond to being asked depends on the framing, and the care team must be able to explain why they are asking. Thus, setting the context for the conversation, before it happens, is critical.

Some ideas for how care team members can prepare older adults and their caregivers to have "What Matters" conversations follow:

- Use a previsit survey, either paper or through a patient-facing EHR portal, to obtain information about "What Matters" that is reviewed by clinicians prior to a visit.
- Meet with groups of older adults to encourage them to talk with each other about goals, preferences, and common experiences.
- Utilize existing relationships with community-based organizations, such as faith communities, to encourage more conversations about "What Matters."
- Provide older adults with resources to prepare themselves to talk with their clinician, such as the Prepare for Your Care, Standard Medicine's Bucket List Planner, or The Conversation Project Starter Kit (see Appendix A for more resources).
- Include a "What Matters" brochure in waiting areas, similar to existing brochures on health care proxies and advance care planning.
- Suggest that the older adult bring a family member, caregiver, or trusted friend to a conversation about their goals and preferences.



Institute for Healthcare Improvement • IHI.org 14

http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHI_Age_Friendly_What_Matters_to_Older_Adults_Toolkit.pdf





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Institute of Medicine QOL Statement

Quality of life for older adults with chronic illness: a sense of well-being, **satisfaction with life, and self-esteem**, accomplished through the care received, the accomplishment of desired goals, and the ability to exercise a satisfactory degree of control over one's life.



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PIVOT!

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Think about:

What does your relative enjoy doing ?

How can you make those things happen more often ?

Can s/he do less of things that are not enjoyable any longer?

And what about you? What do you enjoy and can you do it more?

Pleasant Events Schedule: AD						
Instructions: This schedule contains a list of events or activities that people sometimes enjoy. It is designed to find out about things your relative has enjoyed during the past month. Please rate each item twice. The first time, rate each item on how many times it happened in the past month, (frequency); the second time, rate each event on how much your relative enjoys the activity.						
Activity	Frequency			Enjoy		
	Not at all	1 to 6 Times	7 or more Times	Not At All	Some-what	A Great Deal
1. Being outside			X		X	
2. Shopping, buying things			X	X		
3. Reading or listening to stories, magazines, newspapers			X			X
4. Listening to music	X			X		
5. Watching T.V.			X		X	
6. Laughing		X			X	
7. Having meals with friends or family			X			X
8. Making or eating snacks			X			X
9. Helping around the house			X	X		
10. Being with family			X			X
11. Wearing favorite clothes		X		X		
12. Listening to the sounds of nature (birdsong, wind, surf)	X					X
13. Getting/sending letters, cards		X			X	
14. Going on outings (to the park, a picnic, etc.)	X			X		
15. Having coffee, tea, etc. with friends		X			X	
16. Being complimented			X			X
17. Exercising (walking, dancing, etc.)			X	X		
18. Going for a ride in the car	X			X		
19. Grooming (wearing make up, shaving, having hair cut)		X			X	
20. Recalling and discussing past events		X				X

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**“Every interaction can be
a pleasant event.”**

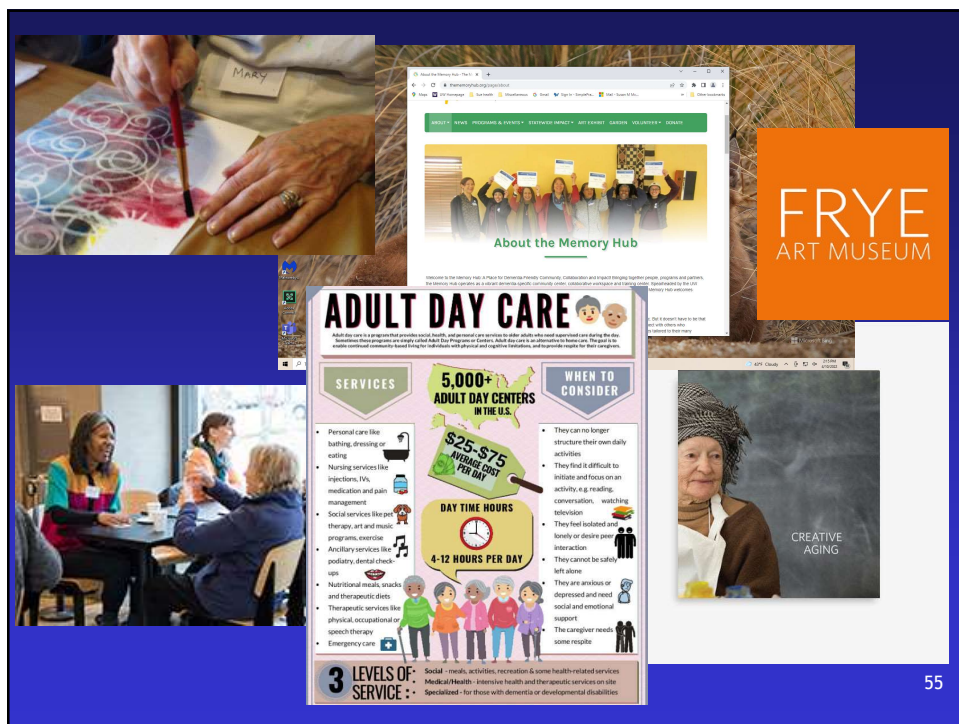
Linda Teri, Ph.D.



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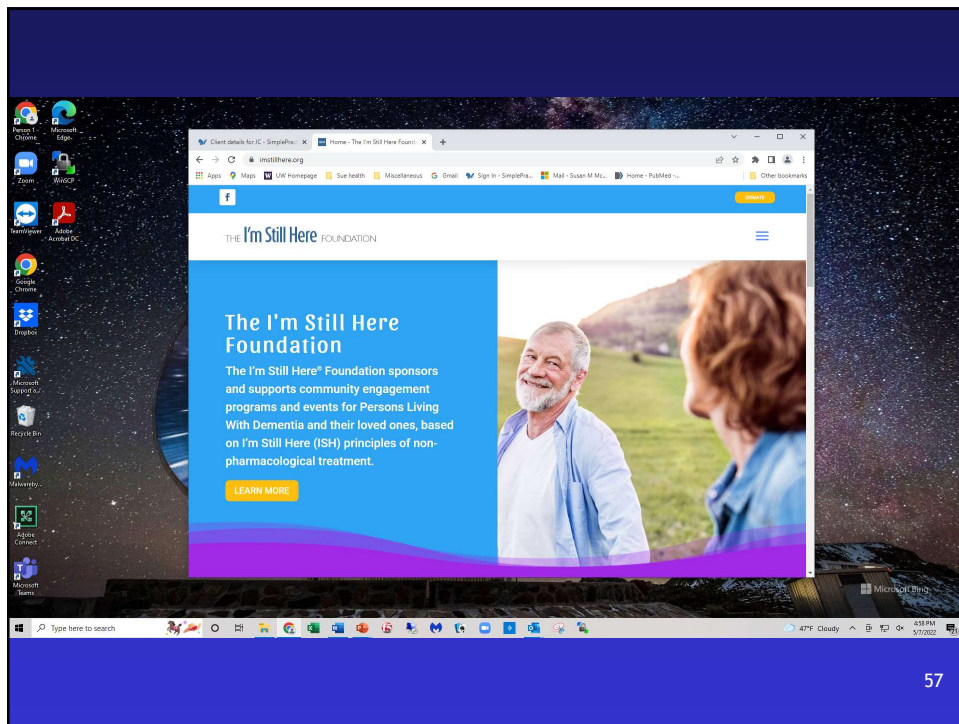


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“The one thing persons with dementia retain, no matter how advanced their disease, is the ability to know what – or whom – they like.”

Steven Albert, PhD


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STEP 1

Think About What Matters to You



To get ready to talk about what matters to you and your wishes for care through the end of life, it's helpful to gather your thoughts as a first step. You don't need to have the conversation just yet. Here are some helpful ways to think about what matters to you and prepare for your conversation.

- What does a good day look like for you?

SOME IDEAS Is it time with family or friends? Enjoying favorite everyday activities? What do you need to enjoy a good life — through the end of life?
- What or who supports you during difficult times?

SOME IDEAS Your faith, culture, family, friends, pets.
- Try finishing this sentence:
What matters to me through the end of my life is...

SOME IDEAS Being able to recognize my children; being independent; being able to spend time with the ones I love.

That's your "what matters to me" statement.
Sharing it with people you trust could be a big help if they need to communicate with your health care team one day. They may need to share what's important to you and what you need to be able to have a good day. They also may need to decide what type of treatment you'd want to receive. Completing this guide will help you refine what you want them to know about what matters to you.

The Conversation Project | theconversationproject.org • Institute for Healthcare Improvement | IHI.org

FIVE WISHES®

MY WISH FOR:

The Person I Want to Make Care Decisions for Me When I Can't

The Kind of Medical Treatment I Want or Don't Want

How Comfortable I Want to Be

How I Want People to Treat Me

What I Want My Loved Ones to Know

Print Your Name

Signature

<https://theconversationproject.org/wp-content/uploads/2020/12/ConversationStarterGuide.pdf>

<https://fivewishes.org/five-wishes/individuals-families/individuals-and-families>

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What Matters: Take Home Message

- Paying attention to what matters to our clients is the lynchpin to good clinical care
- Pleasant and meaningful events don't have to be expensive and elaborate: "Every interaction can be a pleasant event."
- Even as dementia advances, clients have the right to their own opinions and preferences unless there is an immediate safety concern
- It's hard for caregivers to do this alone, and they may need assistance finding community supports for the PWD

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A New Way of Thinking About Cognitive Decline

1986:

Dementia is a **progressive terminal disease** that leads to an inability to communicate, disruptive behavior problems, and a "loss of self."

2016:

Dementia is a **chronic illness** that challenges us to respond in different ways to maintain quality of life throughout its progression.

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