



North East Specialized
Geriatric Centre
Centre gériatrique
spécialisé du Nord-Est

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PLEASE NOTE that Project ECHO® Care of the Elderly case recommendations do not create or otherwise establish a provider-patient relationship between any ECHO Care of the Elderly Hub team member/presenters and any patient whose case is being presented in a Project ECHO® setting.

All resources are posted in the COP website, under “April 10 –Dementia”. You must be logged in to view the resources.

Case Synopsis:

78 y.o. female with advanced dementia and a history of DM2, HTN, GERD. Referred in 2016 for probable mesenteric malignancy and has had no surgical intervention. In 2017, patient had a left breast mass found resulting in left mastectomy. Patient wanted to only eat sweets, became incontinent, wandered, put things in strange places. She became aggressive and on one occasion, she stabbed her partner with a knife during meal time.

1. What types of behaviours can be expected as dementia progresses?
2. When do you stop giving cognitive enhancers?

Summary of Recommendations:

Non-Pharmacological interventions:

- Using the MOH Health Assessment report as a communication tool to help with care transition from the community into long-term care e.g to inform new staff of patient’s previously enjoyed activities/hobbies
- P.I.E.C.E.S assessment can yield comprehensive person-centered approach to care and responsive behaviors management
- Utilizing a dementia specific pain scale e.g. Pain Assessment in Advanced Dementia (PAIN-AD)
- Referral to Behavioural Support Ontario services to provide tailored, patient-specific non-pharmacological interventions for responsive behaviours
- Short-term respite to address caregiver burnout and consideration of long-term care placement when care demands become too great especially when physical aggression is present
- Referral to dementia day program to offer the patient social, mental and physical activation while giving the caregiver respite
- Dementia Advisor app to teach caregivers coping skills and expert coaching through scenario-based training

Pharmacological interventions:

- For responsive behaviours not amenable to non-pharmacological interventions, using SSRIs as first-line and possibly progressing to antipsychotics for more severe agitation
- Third-line medications for responsive behaviours such as Carbamazepine and benzodiazepines can be incorporated if other interventions are ineffective
- Along with MMSE score, other considerations e.g end-of-life, dependence for ADLs, possible adverse effects related to cholinesterase inhibitors (incontinence–bowel and bladder, nausea, loss of appetite, weight loss etc..) may inform the decision to stop cholinesterase inhibitors
- Geriatrician Dr. William Dalziel uses engaged vs unengaged with the external environment as one marker to determine when to stop cholinesterase inhibitors in advanced dementia
- Tapering of cholinesterase inhibitors rather than a hard stop can highlight if behaviours are worsening or emergence of new symptoms (e.g. incontinence, nausea), and deciding if to restart
- Regular dosing of pain medication vs prn scheduling may be more useful for those unable to express pain