



Town Hall Forum

**Making a Plan: The Smart Approach to Alzheimer's
Care Needs**

May 25, 2017

**Understanding the Progression of
Alzheimer's and Related Dementias
And Planning for Future Changes**



Daniel D. Sewell, MD, DFAPA

**Professor of Clinical Psychiatry,
Geropsychiatry Fellowship Director Emeritus**

**Medical Director
Senior Behavioral Health Program
University of California, San Diego**

**And
Immediate Past-President of the
American Association for Geriatric Psychiatry**



Defining Dementia

- **Dementia:** brain injury or malfunction from any of a large number of diseases that causes a deterioration of previously acquired intellectual abilities of sufficient severity to interfere with social or occupational functioning. Memory disturbance is often, but not necessarily, the most prominent symptom. In addition, there may be impairment of abstract thinking, judgment, impulse control, and/or personality change. Dementia may be progressive, static, or reversible, depending on the underlying cause and the availability of effective treatment.

Adapted from *A Psychiatric Glossary, Fifth Edition*,
American Psychiatric Association



Dementia: Epidemiology

- Dementia of the Alzheimer's type (AD) is the most common form of dementia and accounts for approximately 55% of all cases.
- In 2017, approx. 5.5 million individuals in the U.S. are living with AD 5.3 million are 65 years-old or older
- The frequency of the next 4 most common dementias are listed below and coupled with Alzheimer's disease account for approximately 95% of all dementias:
 - Mixed (Alzheimer's and Vascular) 15%
 - Lewy Body Dementia 12 %
 - Frontotemporal Dementia 8%
 - Vascular Dementia 5%
- Other dementias which are relatively uncommon include: Parkinson's disease with dementia, Huntington's disease, corticobasilar degeneration, HIV-associated dementia, multiple sclerosis, chronic traumatic encephalopathy, other



Methods of Staging Alzheimer's Disease

- There are a variety of approaches to staging Alzheimer's disease:
 - Assessments of brain anatomy or physiology
 - Clinical characteristics and functional losses
 - Care needs
 - Performance on cognitive tests
 - Behavioral issues



Methods of Staging Alzheimer's Disease Based on Function

- Rating systems sometimes used by clinicians and researchers include:
 - Clinical Dementia Rating (CDR)
 - Consists of 7 stages
 - The Global Deterioration Scale (GDS)
 - Consists of 5 Stages
 - Functional Assessment Staging (FAST)
 - Consists of 7 stages



Functional Assessment Staging (FAST)

Functional (Fast) Stage	Clinical Characteristics	Level of Functional Incapacity	Clinical Diagnosis	Estimated Duration of FAST Stage or Substage in Alzheimer's dementia
1	No difficulty either subjectively or objectively	No deficit	Normal adult	50 years



Functional Assessment Staging (FAST)

Functional (Fast) Stage	Clinical Characteristics	Level of Functional Incapacity	Clinical Diagnosis	Estimated Duration of FAST Stage or Substage in Alzheimer's dementia
2	Complains of forgetting location of objects. Subjective work difficulties.	Subjective forgetting	Age-associated memory impairment	15 years



Functional Assessment Staging (FAST)

Functional (Fast) Stage	Clinical Characteristics	Level of Functional Incapacity	Clinical Diagnosis	Estimated Duration of FAST Stage or Substage in Alzheimer's dementia
3	Decreased job functioning evident to coworkers. Difficulty traveling to new locations. Decreased organizational capacity.	Complex occupational performance	Mild cognitive impairment	7 years



Functional Assessment Staging (FAST)

Functional (Fast) Stage	Clinical Characteristics	Level of Functional Capacity	Clinical Diagnosis	Estimated Duration of FAST Stage or Substage in Alzheimer's dementia
4	Decreased ability to perform complex tasks (e.g. planning dinner for guests), handling personal finances (e.g. forgetting to pay bills), difficulty marketing	Instrumental activities of daily life (IADLs)	Mild AD	2 years



Functional Assessment Staging (FAST)

Functional (Fast) Stage	Clinical Characteristics	Level of Functional Capacity	Clinical Diagnosis	Estimated Duration of FAST Stage or Substage in Alzheimer's dementia
5	Requires assistance in choosing proper clothing to wear for the day, season, or occasion (e.g. wears the same clothing repeatedly, unless assisted)	Activities of daily living (ADLs)	Moderate AD	18 months



Functional Assessment Staging (FAST)

Functional (Fast) Stage	Clinical Characteristics	Level of Functional Capacity	Clinical Diagnosis	Estimated Duration of FAST Stage or Substage in Alzheimer's dementia
6	<ul style="list-style-type: none">a) Improperly puts on clothes (e.g. may put on street clothes at bedtime or put shoes on wrong feet or difficulty with buttons)b) Unable to bathe properly	Deficient ADLs	Moderately severe AD	5 months
		Deficient ADLs	Moderately severe AD	5 months



Functional Assessment Staging (FAST)

Functional (Fast) Stage	Clinical Characteristics	Level of Functional Capacity	Clinical Diagnosis	Estimated Duration of FAST Stage or Substage in Alzheimer's dementia
6	c) Inability to handle the mechanics of toileting (e.g. forgets to flush, does not wipe properly or properly dispose of toilet tissue)	Deficient ADLs	Moderately severe AD	5 months



Functional Assessment Staging (FAST)

Functional (Fast) Stage	Clinical Characteristics	Level of Functional Capacity	Clinical Diagnosis	Estimated Duration of FAST Stage or Substage in Alzheimer's dementia
6	d) Urinary incontinence	Incipient incontinence	Moderately severe AD	4 months
	e) Fecal incontinence	Incipient incontinence		10 months



Functional Assessment Staging (FAST)

Functional (Fast) Stage	Clinical Characteristics	Level of Functional Capacity	Clinical Diagnosis	Estimated Duration of FAST Stage or Substage in Alzheimer's dementia
7	<p>Over an average day:</p> <ul style="list-style-type: none">a) Speech limited to approx. 6 intelligible words or fewerb) Speech limited to a single intelligible word	<p>Semi-verbal</p> <p>Semi-verbal</p>	<p>Severe AD</p> <p>Severe AD</p>	<p>12 months</p> <p>18 months</p>



Functional Assessment Staging (FAST)

Functional (Fast) Stage	Clinical Characteristics	Level of Functional Capacity	Clinical Diagnosis	Estimated Duration of FAST Stage or Substage in Alzheimer's dementia
7	c) Cannot walk without help d) Cannot sit up without help e) Loss of ability to smile f) Loss of ability to hold up head	Nonambulatory Immobile Immobile Immobile	Severe AD Severe AD Severe AD Severe AD	12 months 12 months 18 months 12 months



Methods of Staging Alzheimer's Disease: Performance on Cognitive Tests

- Commonly used bedside cognitive screening tests
 - MMSE
 - SLUMS
 - MOCA
 - RUDAS
- All based on 30 maximum points
 - Mild Dementia 21-30 points
 - Moderate dementia 11-20 points
 - Severe Dementia 0-10 points



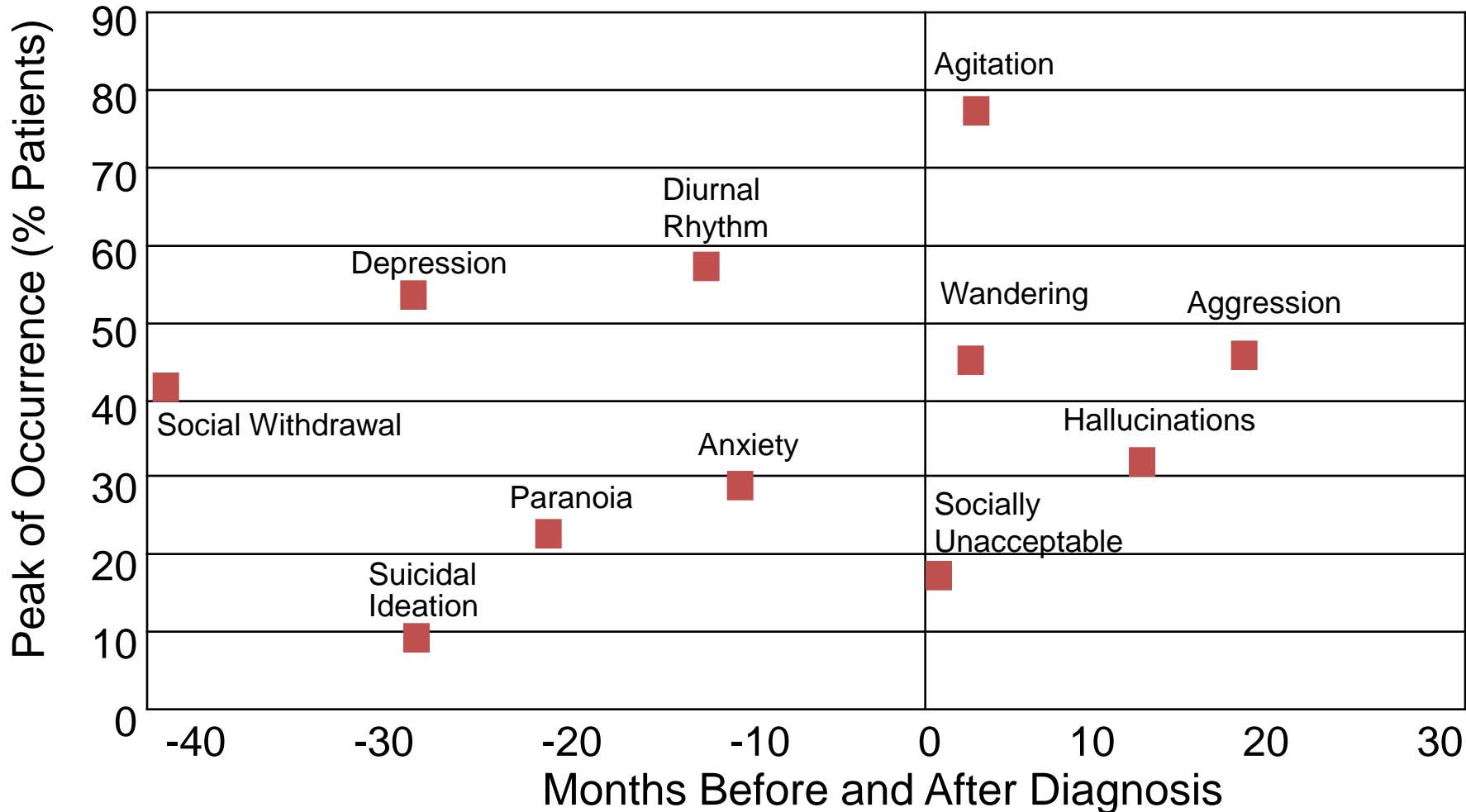
Functional Assessment Staging Test

FAST STAGE	CHARACTERISTICS	APPROXIMATE DURATION	TYPICAL MMSE SCORE
1	No objective findings. Subjective and evolving preclinical changes only	50 years	30
2	Forgets location of objects, subjective work difficulties	15 years	30
3	Decreased functioning in demanding settings, difficulty traveling to unfamiliar locations	7 years	27
4	Cannot plan complex tasks (e.g. shopping)	2 years	24

Reisberg B. Functional assessment staging (FAST). Psychopharm Bulletin 24(4): 653-59, 1984



Peak Frequencies of Behavioral Symptoms in Alzheimer's Disease





Preparing for Changes

- Learn as much as possible about the disease including indications of disease progression
- Educate your family members and other members of your social support network about the disease



Preparing for Changes

- Take steps now to make the future better:
 - Learn and document the wishes and priorities of your loved one (e.g. Advance directives, DPOAs)
 - Learn about potentially helpful resources and programs (e.g. Medicare benefits, The Glenner Centers, the Alzheimer's Association, residential facilities)
 - Select and hire a team of professionals to help you (e.g. a geriatrician, an elder law expert, others)
 - Form a comfortable working partnership with your loved one's clinicians
 - Join a support group
 - Enroll your loved one in the Safe Return Program
 - Renovate your home (e.g. special locks)



Protecting Yourself and Your Loved One from Harm

- **Recognizing Disease Progression**
 - Psychological factors (e.g. denial) may blind a loved one to indications of disease progression.
 - Living in another city or state may also interfere with recognition of disease progression.
 - Nonetheless, there are many reasons why recognizing disease progression is important.



Recognizing Disease Progression

- Recognizing disease progression is important because:
 - It helps you to protect yourself and your loved one from harm.
 - It allows you to adapt activities and communication so that you and your loved one who is living with dementia be as healthy and happy as possible.