A Deeper Dive into Adapting the Cognitive Health Assessment for Patients with Serious Mental Illness

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Introduction

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Financial Disclosures

- All presenters report that they have no financial disclosures.

Dementia Care Aware Program offerings

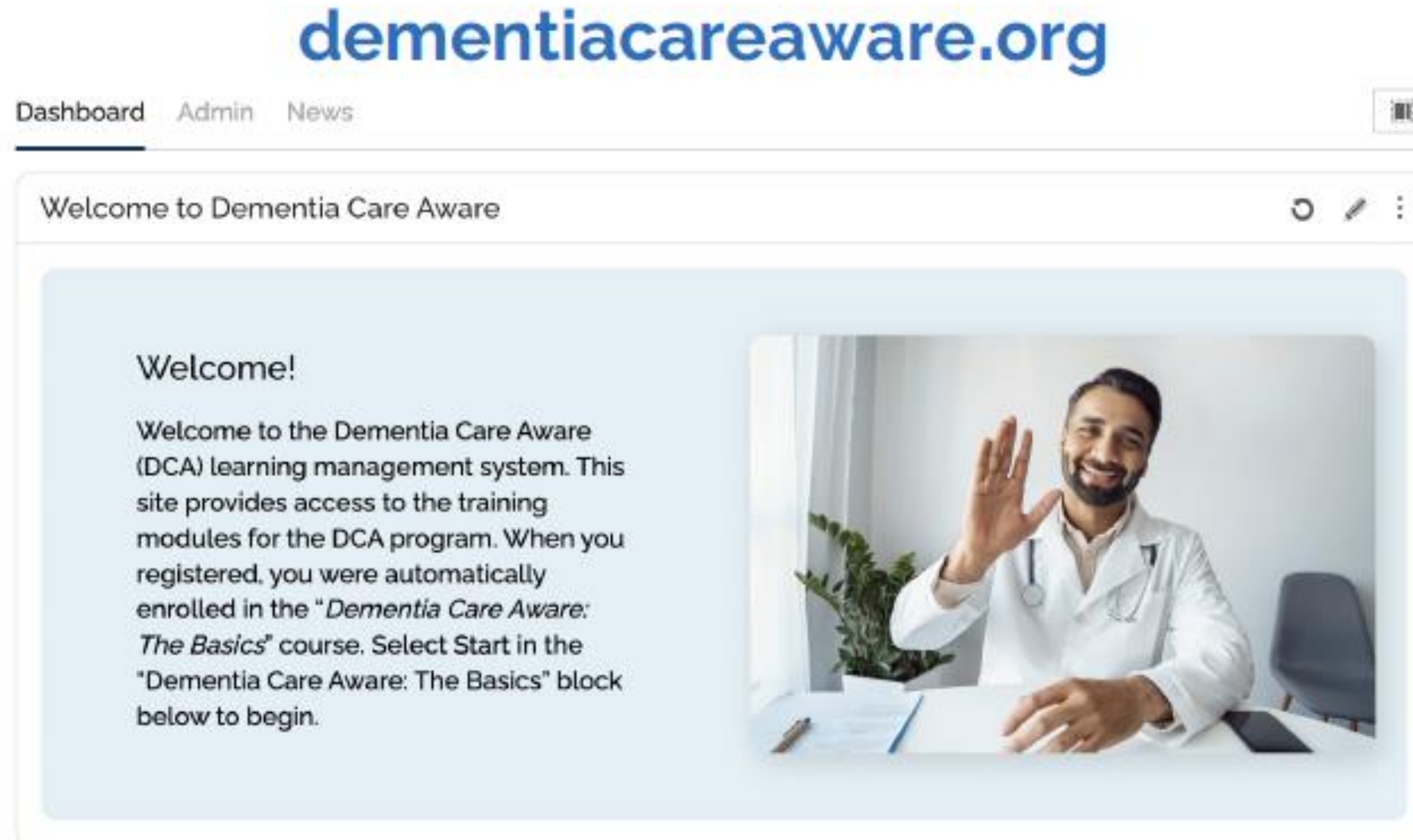
Warmline:
1-800-933-1789
A provider support and consultation service that connects primary care teams with Dementia Care Aware experts

Trainings:
- Online Trainings
- Live Cognitive Health Assessment (CHA) trainings
- Monthly webinars
- "Dementia Care on Air" Podcasts

Interactive Case Conferences:
UCLA and UCI ECHO conferences

Practice change support:
- UCLA Alzheimer's and Dementia Care program
- Alzheimer's Association Health Systems

Our Training



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Screening for Dementia: The CHA

Goal: Screen Patients Over 65 Annually (Who Don't Have a Pre-existing Diagnosis of Dementia

Part 1

Take a Brief Patient History

Part 2

Use Screening Tools

Part 3

Document Care Partner Information

Allows you to start a brain health plan at the earliest detection of symptoms.

Learning Objectives

1. Understand the challenges faced by older adults with serious mental illness (SMI)
2. Identify ways to adapt the CHA to older adults with long-standing and serious mental health conditions
3. Recognize social support needs for older adults with SMI
4. Adapt treatment strategies for older patients with co-occurring SMI and cognitive impairment

SMI

Includes:

- Schizophrenia
- Schizoaffective disorder
- Delusional disorder
- Major depression, recurrent
- Bipolar disorder
- Schizotypal personality disorder
- Borderline personality disorder

State of New Jersey N.J.A.C 10:37B-3.1

Severe Mental Health Needs

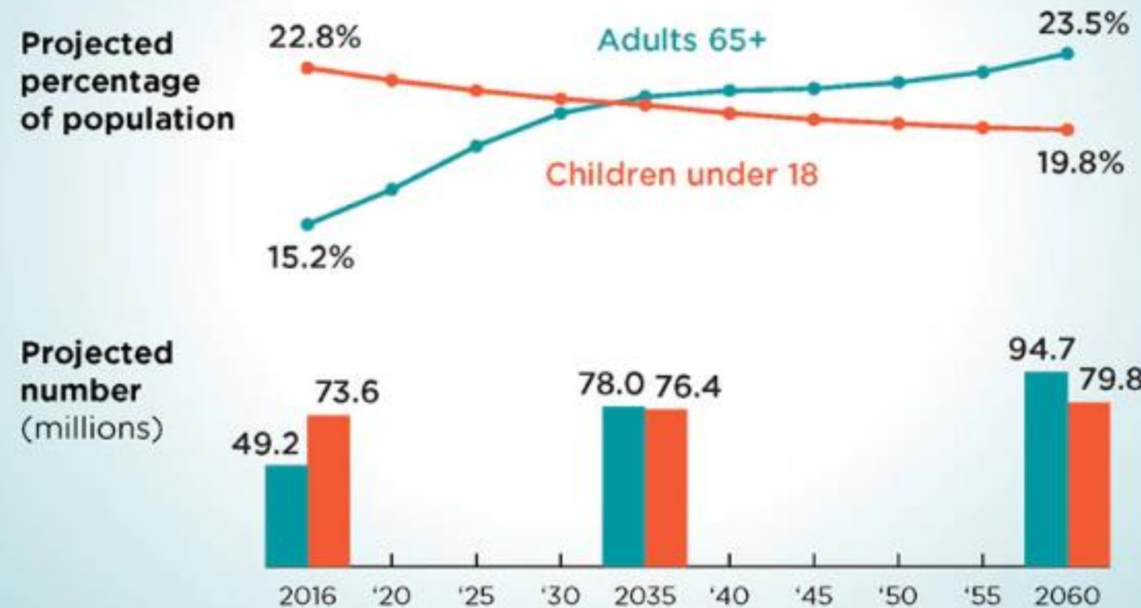
1. Has a current diagnosis of a SMI (as noted in previous slide)
2. Requires active rehabilitation and support services to achieve the restoration of functioning to promote the achievement of community integration and valued life roles in social, employment, educational, or housing domains
3. Either
   - Currently functioning at a level that puts the consumer at risk of hospitalization or another intensive treatment setting
   - Exhibits deterioration in functioning that will require they be hospitalized in the absence of community-based services and supports
   - Does not have adequate resources and supports to live safely in the community

Demographic Shifts

An Aging Nation

Projected Number of Children and Older Adults

For the First Time in U.S. History Older Adults Are Projected to Outnumber Children by 2035



Note: 2016 data are estimates not projections.

United States Census Bureau

U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov

Source: National Population Projections, 2017
www.census.gov/programs-surveys/popproj.html

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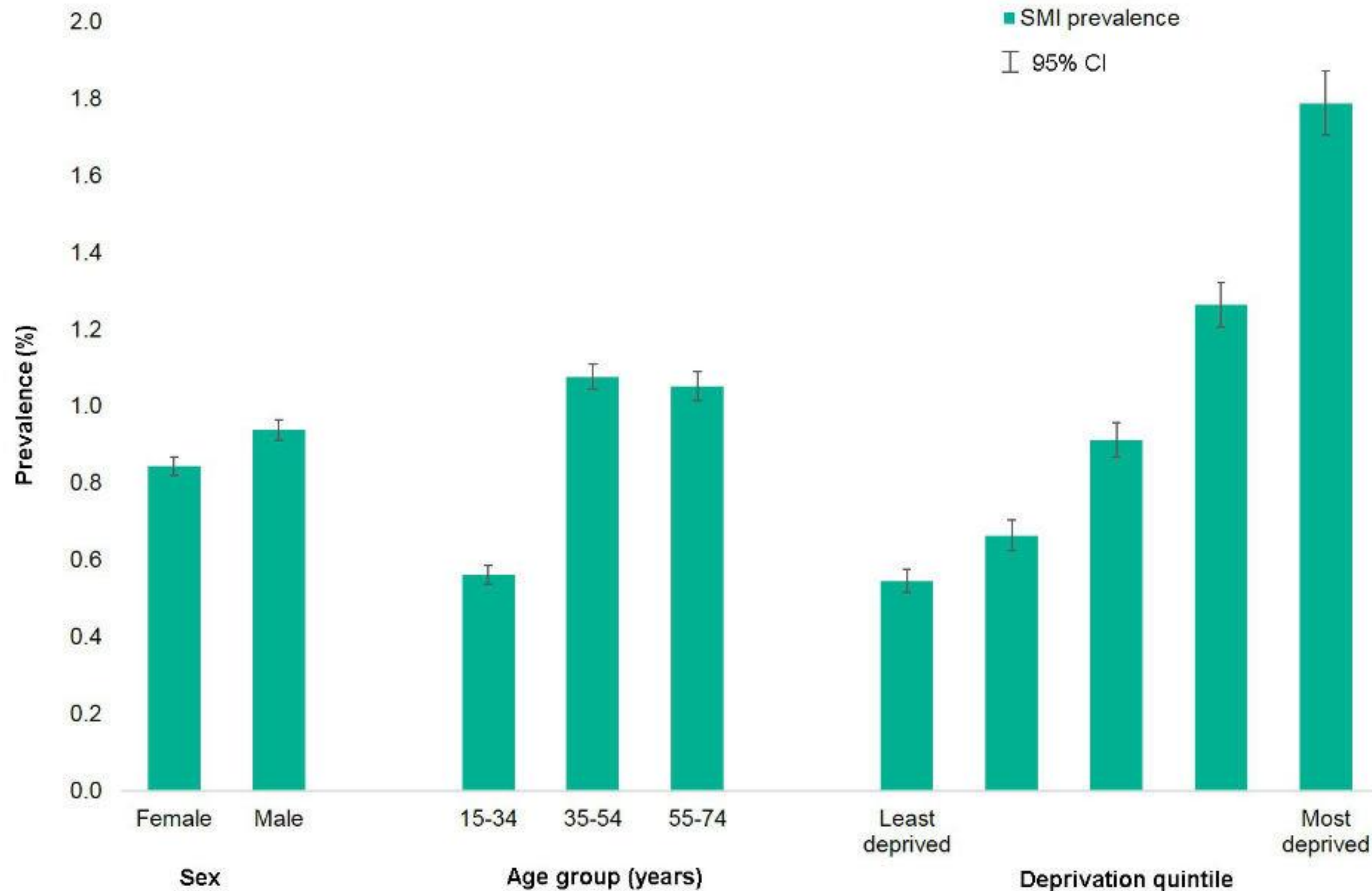
Demographics

Prevalence of severe mental illness (SMI) in patients aged 15 to 74 by sex, age group and deprivation



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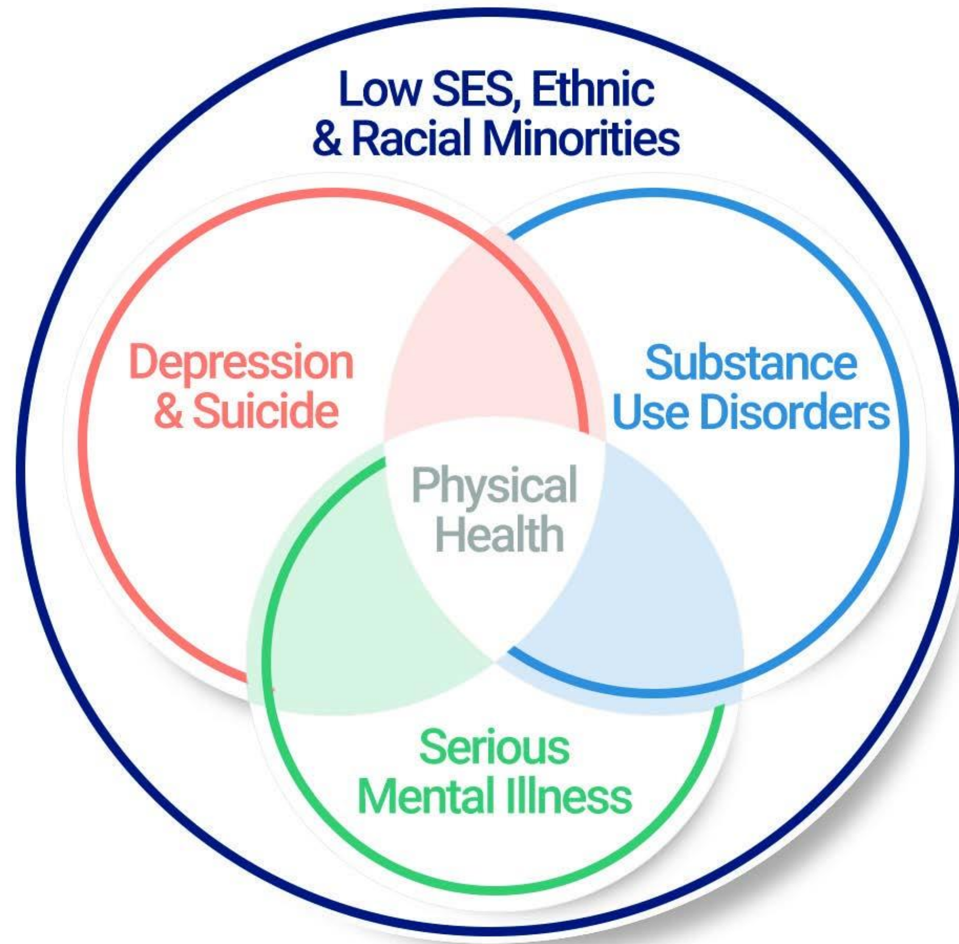
Aging and Mental Illness

Psycho-bio-social Model

Impact of long-term mental illness on:

- Health
- Social Functioning/Employment
- Income
- Supports
- Housing
- Access to Health Care



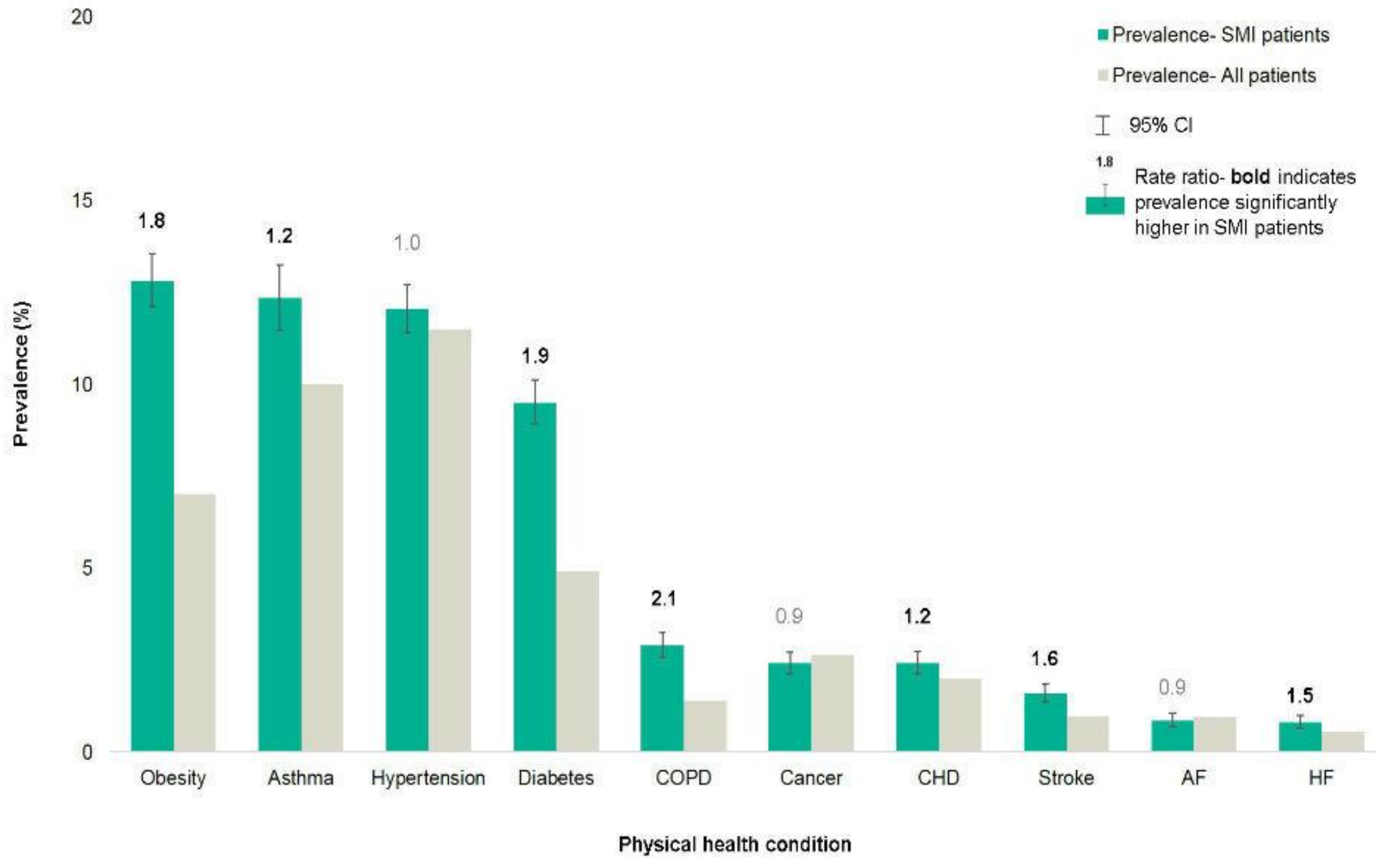
www.samhsa.gov/behavioral-health-disparities-in-aging

Features of Health and Health Care for People with SMI

- Higher health care costs
- Greater difficulty accessing care
- Less shared decision making
- More dissatisfaction with provider communications
- Difficulty contacting providers
- Less likely to have primary care provider
- More likely to go to Emergency Department for treatment
- Higher rates of: Falls, congestive heart failure, chronic obstructive pulmonary disease, stroke

Older adults with SMI. American Journal Geriatric Psychiatry 21:12, 2013 1267-1276

Prevalence (age and sex standardized) of physical health conditions for SMI and all patients aged 15 to 74



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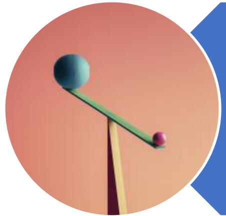
Psychiatric Treatments in Older Adults: Side Effects

Side-effects from medications:

- Anticholinergic effects
- Extrapyramidal symptoms, tardive dyskinesia
- Metabolic syndrome
- Polypharmacy or drug Interactions
- Falls or gait
- Sedation
- Higher lifetime rates of smoking, substance use

Goldilocks and Prescribing

Careful about abrupt discontinuation of medications



Under vs over-dosing

Federal regulations: attempted dose reduction and discontinuation for nursing home residents

Social Impact of SMI

- Relationship between poverty and SMI
- Social drift vs. social causation
- Smaller social networks and isolation
- Housing insecurity
- Less consistent employment history
- Stigma

Cognition and Mental Health

- Cognitive dysfunction is present in majority of mental health disorders
- Cognitive symptoms are often overlooked compared to other symptoms: depression, mania, delusions, hallucinations
- Schizophrenia: deficits in working memory, attention, processing speed, visual and verbal memory, abstract thinking
- Colenda, et.al. found that amongst older women, those having a psychiatric disorder were twice as likely to be diagnosed with cognitive impairment compared those without a psychiatric disorder diagnosis
- Major depressive disorder and post-traumatic stress disorder are related to a higher risk of dementia

Colenda, C et. al. Am J Geriatr Psychiatry 18:2 Feb 2010 177-186

The CHA: Part 1

Part 1

Take a Brief Patient History

Take a very brief cognitive health history of the patient

This history can be:

- The response to an annual screening question: (Have you or others close to you noticed changes in your memory or thinking.

-or-

- The observation of a sign of cognitive decline by someone (e.g., getting lost in familiar places, missing appointments, misplacing items, difficulty keeping track of medications, finances, and appointments)

The CHA: Part 2

Part 2

Use Screening Tools

- Assess the patient directly for both cognitive and functional decline using screening tools.
- May also use cognitive and functional screenings tools with partner or reliable informant

Screening Tools

	Administered to the patient:	Administered to the care partner:
Cognitive Screening Tools	GP-COG: Part 1: General Practitioner Assessment of Cognition (for the patient) Mini-Cog	Short IQ-CODE: Short Informant Questionnaire on Cognitive Decline in the Elderly AD-8: Eight-Item Informant Interview to Differentiate Aging and Dementia
Functional Screening Tools	ADLs/IADLs: Activities of Daily Living and Instrumental Activities of Daily Living	GP-COG Part 2: General Practitioner Assessment of Cognition (for the informant) FAQ: Functional Activities Questionnaire

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The CHA

- Identify a care partner and document the partner's contact information in the patient's records. Ideally this is a health care agent who has legal authority to make decisions on behalf of the patient.
- Even if the patient's cognitive and functional screenings are negative, ask about the patient's support system.
- If the patient cannot identify someone, document this as well.

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Challenges of Screening/Identifying Cognitive Impairment in SMI Patients

- Non-cognitive symptoms (mood, anxiety delusions, hallucinations, agitation) can distract provider from cognitive symptoms
- Lack of awareness of patient's baseline: symptoms and functioning
- Bias and stigma, especially as they related to notions of capacity and engagement
- Distant relationships with reliable informants or family
- Reluctance to engage with health care providers - bad prior experiences, paranoia or suspiciousness
- Problems related to insight
- Equating low score on cognitive screening tool with diagnosis of dementia

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Instrumental Activities of Daily Living (IADL) Scale

IADLs
Using the telephone
Preparing meals
Managing household finances
Taking medications
Doing laundry
Doing housework
Shopping
Managing transportation

Lawton IADL Scale

Patient Name:______________________ **Date:**_____________
Patient ID #________________________

LAWTON - BRODY INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE (I.A.D.L.)			
Scoring: For each category, circle the item description that most closely resembles the client's highest functional level (either 0 or 1).			
A. Ability to Use Telephone		**E. Laundry**	
1. Operates telephone on own initiative-looks up and dials numbers, etc.	1	1. Does personal laundry completely	1
2. Dials a few well-known numbers	1	2. Launders small items-rinses stockings, etc.	1
3. Answers telephone but does not dial	1	3. All laundry must be done by others	0
4. Does not use telephone at all	0		
B. Shopping		**F. Mode of Transportation**	
1. Takes care of all shopping needs independently	1	1. Travels independently on public transportation or drives own car	1
2. Shops independently for small purchases	0	2. Arranges own travel via taxi, but does not otherwise use public transportation	1
3. Needs to be accompanied on any shopping trip	0	3. Travels on public transportation when accompanied by another	1
4. Completely unable to shop	0	4. Travel limited to taxi or automobile with assistance of another	0
		5. Does not travel at all	0
C. Food Preparation		**G. Responsibility for Own Medications**	
1. Plans, prepares and serves adequate meals independently	1	1. Is responsible for taking medication in correct dosages at correct time	1
2. Prepares adequate meals if supplied with ingredients	0	2. Takes responsibility if medication is prepared in advance in separate dosage	0
3. Heats, serves and prepares meals, or prepares meals, or prepares meals but does not maintain adequate diet	0	3. Is not capable of dispensing own medication	0
4. Needs to have meals prepared and served	0		
D. Housekeeping		**H. Ability to Handle Finances**	
1. Maintains house alone or with occasional assistance (e.g. "heavy work domestic help")	1	1. Manages financial matters independently (budgets, writes checks, pays rent, bills, goes to bank), collects and keeps track of income	1
2. Performs light daily tasks such as dish washing, bed making	1	2. Manages day-to-day purchases, but needs help with banking, major purchases, etc.	1
3. Performs light daily tasks but cannot maintain acceptable level of cleanliness	1	3. Incapable of handling money	0
4. Needs help with all home maintenance tasks	1		
5. Does not participate in any housekeeping tasks	0		
Score		**Score**	
Total score________________			
A summary score ranges from 0 (low function, dependent) to 8 (high function, independent) for women and 0 through 5 for men to avoid potential gender bias.			

Source: *try this:* Best Practices in Nursing Care to Older Adults, The Hartford Institute for Geriatric Nursing, New York University, College of Nursing, www.hartfordign.org.

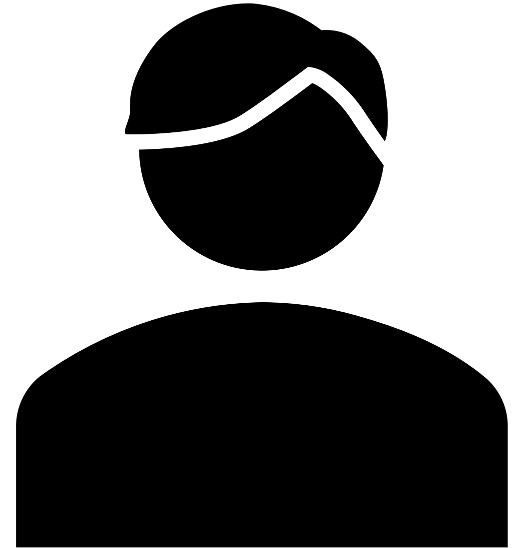
When do SMI Patients Come to Our Attention?

- Decline in ability to function in current situation
- New onset or worsening of non-psychiatric medical conditions
- Acute exacerbation of psychiatric symptoms
- Victims of abuse, neglect, or violence
- Interactions with law enforcement

Case example

Pat, 68 years old, presents at a clinic with complaints of shortness of breath

- She has a history of COPD, previously smoked cigarettes and now vapes
- She had a of schizoaffective disorder - on risperidone 3 mg QHS and Cogentin 1 mg QHS, Depakote 500 mg BID
- She uses marijuana 2-3 times per week
- She admits falling 4 weeks ago, went to ER, left against medical advice
- She says she cannot stay in the hospital because she needs to receive instructions from God
- Her sister, who lives in another town, has noticed that Pat has been more rambling and delusional in their weekly conversations
- She lives in a rented room in a hotel



How to assess Pat?

- Examine general health and functioning
- What are major stressors right now?
- Mindful of reluctance to engage with health providers, chronic delusions
- Ask about delusions or thoughts without endorsing or refuting
- Safety-suicidality
- IADLs
- Cognition - take into account distractibility, limited cooperation
- Collateral information
- Medication adherence
- Vaping, cannabis use

Non-Stigmatizing Approach

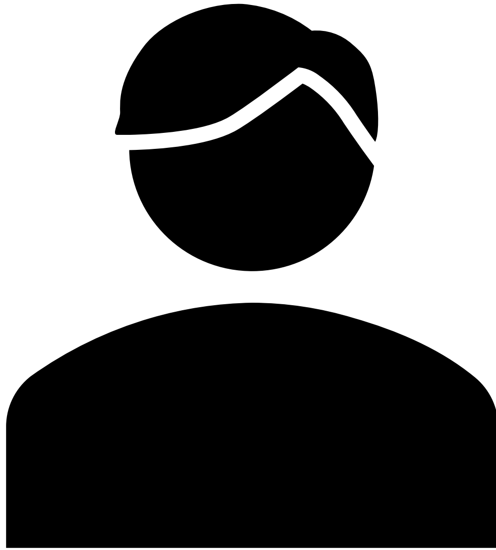
- Consider patient's preferences
- Ask: "What are your goals for today's visit?"
- Non-judgement regarding substance use and medication non-adherence: "Is there anything that makes it difficult to regularly take your medications?"
- Delusional thoughts: Rather than directly confront, "Could you imagine the possibility that the opposite (of the delusional thought) might be true?" "What would that look like to you?" "Would that change things?"
- Inquire about treatment and personal history; do not make assumptions based on diagnosis
- Mindful of balancing autonomy vs safety - involvement of support system
- Focus on strengths rather than just illness or symptoms

Conversation with Pat's Clinician

Have a conversation with Pat about health risk factors and engaging in treatment

- What are your major concerns?
- How will you assess supports and IADLs?
- Safety?
- Cognition?

Case 2: My Home Is My Castle

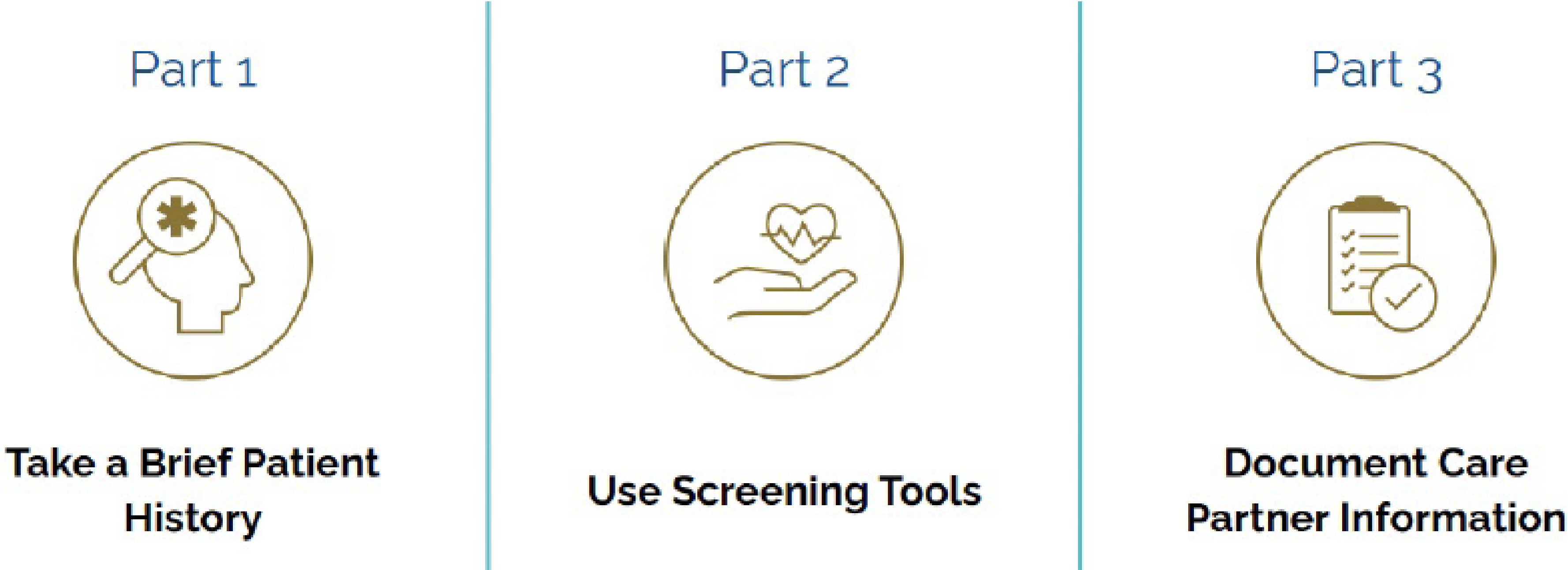


Robin is a 71 year old with a history of diabetes, hypertension, congestive heart failure, obstructive sleep apnea

- Presents for appointment
- Is in danger of losing her home due to accumulation of items, including trash in her home and yard
- “I might need it someday”
- Visiting nurses won’t enter her home due to unsanitary conditions
- “You won’t put me in an institution”
- Home health agency social worker is worried about Robin repeating and forgetting about conversations
- “There is nothing wrong with my memory”

Conversation with Pat's Clinician

How would you use CHA in assessing Robin?



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Treatment Considerations

- Adapt to cognitive and functional status
- Respect individual needs and differences
- Understanding values
- Sensory impairment
- Communication: access to technology
- Safety
- Lean into strengths and supports
- Awareness of stigma and judgement
- New vs chronic symptoms

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A few thoughts about next steps in the evaluation after the CHA

Key Points

- SMI Impacts multiple facets of health and functioning
- Clinicians can overlook cognitive impairment in presence of more acute psychiatric symptoms
- Bias and stigma can impede care and engagement with providers
- Patients with SMI have an illness, they are not their illness
- Aging with SMI can present challenges for patients, families, and providers
- Good collaboration can support healthy aging and optimize functioning and quality of life

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Thank You

Have more questions? Get answers through our Warmline @ **1-800-933 – 1789** or our support page.

Here are some examples.

What do I prioritize after a positive CHA?

Is the CHA covered for patients over age 65 who have Medicare, but not Medi-Cal?

Can I use the CHA for a patient with limited literacy?

Open your phone camera and scan the QR code to submit questions:

Or visit: www.dementiacareaware.org

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Step 1. Please complete our evaluation survey using the link provided in the chat and a follow-up email after the webinar. For this activity, we provide CME and California Association of Marriage and Family Therapists (CAMFT) credits. Please select the correct link based on the credit type you are claiming.

Step 2. Upon completing the evaluation survey, please scan a QR code or link to claim credit:

- Use your phone camera to scan a QR code and tap the notification to open the link associated with the CME portal.
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