HCCIntelligence™ PREMIER

HCCI HOME CENTERED CARE INSTITUTE

Managing Patients with Dementia and Neuropsychiatric Disturbances in Home-Based Care

Purpose

To guide house call providers in conducting a comprehensive medical history and physical exam that identifies cognitive concerns, neurological risks, and modifiable causes of memory loss—while supporting appropriate screening, testing, and caregiver planning for patients with suspected or diagnosed dementia.

Patient Evaluation Steps

Behavioral changes may be due to various causes. Underlying conditions such as dementia, pain, or infection can contribute to changes in behavior. Patients should have a complete assessment during the initial visit with appropriate follow-up visits to identify any factors that may be affecting behavior.

Evaluation steps include the following:

Review of the Patient's Medical History

In addition to the usual thorough review, it is important to ask about the following in your history-taking:

- Worsening short-term memory, word-finding difficulty, behavioral/emotional changes, difficulty with problem-solving and complex tasks such as driving or paying bills.
- Previous history of falls or gait instability.
- Known head trauma or losses of consciousness.
- Stroke history/stroke risks (ischemic heart disease, hemiparesis, arrhythmias, hypertension).
- Seizure history.
- Exposure to toxins through work.
- Recreational habits (e.g., alcohol, smoking, drugs).
- History of mental health issues such as depression which can mimic symptoms of dementia
- New urine/bowel incontinence.
- Pertinent sexual history, such as Human Immunodeficiency Virus (HIV), hepatitis, or syphilis.

Be mindful that patients may not always be a reliable historian. With the patient's consent, consider speaking with family members, caregivers, or other individuals involved in their daily life such as housekeepers, neighbors, pharmacists, home health nurses, or community social workers to obtain a more complete picture of the patient's condition.

Complete a Medication Review

Home visit offers a valuable opportunity for thorough medication reconciliation and to observe how a patient manages their medications. Both are important insights into a patient's ability to manage their treatment.

Look beyond medicine cabinets but also check countertops, bedside tables, kitchens, and other areas for prescription and over-the-counter medications. Review the dispense dates, count remaining pills, and if needed, contact the pharmacy to verify the patient's prescription history. This process helps build a clearer picture of the patient's medication use and adherence.

Pay close attention to medications that can alter cognition, such as the following:

- Anticholinergics (e.g., H2 blockers, overactive bladder treatments, antispasmodics)
- Anti-Parkinsonian agents (e.g. benztropine)
- Antidepressants
- Antipsychotics
- Benzodiazepines
- Opioids
- Sedatives
- Steroids

Conduct a Detailed Exam

While doing a thorough exam, look for modifiable causes of memory loss or confusion.

Examine...	For...
Vital signs	HighE/low blood pressure or orthostatic changes
Skin	Signs of neglect, pressure ulcer/abscess.
Eyes	Cataracts, poor vision, double vision
Ears	Cerumen impaction, hearing loss
Heart	Murmurs, irregular rhythm, pacemaker/automatic implantable cardioverter-defibrillator
Brain	Cranial nerves, deep tendon reflexes, tremors, rigidity, bradykinesia, myoclonic twitching, agnosia, apraxia, aphasia, gait

Administer Screening Tests for Dementia and Depression

These are best conducted without family or caregivers present to avoid distractions and potential patient embarrassment. Emphasize that there are no repercussions or consequences for wrong answers. Examples of some commonly used tests are listed below with their estimated test time.

Test	Purpose	Time
Clock drawing	Quick screening test, but not diagnostic.	3 minutes
Mini-Cog	Quick screening test, but not diagnostic.	5 minutes
Mini-Mental State Examination (MMSE)	Limited by literacy and education level. Test is copyrighted.	10 minutes
Montreal Cognitive Assessment	Tests a broad range of cognitive functions.	10 minutes
Verbal Fluency test	Quick screening test, but not diagnostic.	2 minutes
Geriatric Depression Screening	15 yes/no questions. Differentiates depressed from non-depressed.	10 minutes
Bristol Activities of Daily Living Scale	Designed to measure the ability of a patient with dementia to carry out daily activities.	5 minutes

Order Laboratory Tests or Imaging

Order laboratory and/or radiographic imaging when clinically warranted and consistent with goals of care. Reviewing previous imaging and studies can be helpful but remember that a normal head CT or MRI does not rule out dementia. Consider ordering the following tests for the following reasons:

Test…	For…
Complete Blood Count	Infection, anemia
Comprehensive Metabolic Panel	Metabolic disorders
Calcium	Parathyroid, metabolic disorder
Thyroid-Stimulating Hormone	Thyroid, endocrine disorders
Vitamin B12, Folate, Iron	Nutritional, vitamin deficiency
Erythrocyte Sedimentation Rate	Signs of inflammation
Syphilis	Brain infection
Human Immunodeficiency Virus, Hepatitis	Viral infections
Lyme	Brain infection
Urine Analysis, Urine Toxicology	Infection or drugs that affect cognition
Drug Levels: Dilantin, digoxin	Drug toxicity that affects cognition

Medication Management

The following are categories and examples of medications used to treat patients with neuropsychiatric disturbances. Only brexpiprazole and pimavanserin are approved by the FDA for the management of neuropsychiatric conditions related to dementia. When to initiate pharmacologic intervention, as well as ideal category and/or dosing of these medications, are controversial. Non-pharmacologic intervention should always be attempted first. The use of any of the medications below should be attempted if non-pharmacological interventions have failed and symptoms are severe and distressing. Consider comorbidities and perform medication review before initiating any medication for neuropsychiatric disturbances. A thorough discussion with the patient's family/surrogate regarding the risks and benefits of pharmacologic intervention should be completed. Dose of medication should start low, and titrate upward slowly, with periodic monitoring of efficacy and or adverse effects. Periodic review of these medications and dose reduction should be attempted.

- **Benzodiazepine:** Lorazepam or alprazolam can be used in patients with dementia, especially if anxiety is a major contributing factor to the patient's neuropsychiatric disturbance. This medication should be used on a short-term basis for acute, severe agitation or anxiety and other options are unavailable, not tolerated, or contraindicated. Benzodiazepine use can lead to sedation, cognitive impairment, dependency, and increase fall risk.
- **Traditional antipsychotic:** Haloperidol can be used in patients with severe delusions or hallucinations. The use of traditional antipsychotic medications can have serious adverse events such as sedation, cognitive impairment orthostatic hypotension, falls, parkinsonism, tardive dyskinesia, and increase risk of death. Therefore, this medication should be used only when symptoms are severe and tapered once symptoms are controlled.
- **Atypical antipsychotics:** Risperidone, olanzapine, and quetiapine have been studied and used in patients with dementia and aggressive behaviors. Risperidone can worsen symptoms in patients with Parkinson's disease. Olanzapine may increase a patient's appetite and lead to weight gain. While quetiapine is the least likely to worsen Parkinson's symptoms, it is more likely to cause sedation. All these medications can cause orthostatic hypotension, dizziness, sedation, prolonged QT interval, infection risk, and tardive dyskinesia.
- **Antidepressant:** Citalopram can be used to address depression and agitation in these patients. Fluoxetine can improve depressed mood and reduce disinhibition in patients with frontotemporal dementia. Trazodone can be used in patients with anxiety, insomnia, and behavioral symptoms. Side effects may include prolonged QT, hyponatremia, bleeding risk, and increase risk of falls.
- **Cognitive Enhancers:** These medications, such as donepezil, galantamine, or rivastigmine, may be helpful in addressing neuropsychiatric disturbances in patients with dementia. Rivastigmine may be especially beneficial in patients with Lewy body dementia and neuropsychiatric disturbance. These agents' utility in the management of acute neuropsychiatric disturbances is limited since benefits in therapy may not be seen for several months after initiation. Adverse effects may include GI symptoms, bradycardia, syncope, and increase fall risk.
- **Antiepileptic medication:** Valproic acid and gabapentin have been used to control aggressive behavior.

Caregiver Awareness & Support

Home-based providers must attend to not only the needs of their patients with dementia, but also to the concerns of those who care for these patients. Below are important topics to discuss with caregivers and families to help them plan for the patient's future. This can help reduce caregiver anxiety, minimize unneeded trips to the emergency department, and address end-of-life issues when appropriate.

Patient Goals

HBPC providers are in a unique position to work with caregivers and patients in their homes.

Together, you can create a plan that addresses both the caregiver's and the patient's goals to maximize quality of life. Consider the following questions when developing a plan to achieve patient goals:

- What are the patient's priorities for their care going forward (e.g., continuing to see specialists and life prolonging care out of the home, avoiding the hospital or Emergency Room, simplifying medications)?
- Can the patient's home environment be modified to enhance safety? What potential risks, obstacles, or hazards can be addressed?
- Would any equipment such as grab bars, ramps, hospital bed, or mobility assistance device improve the patient's safety at home?

Caregiver Demands

It is important to assess caregiver stress including guilt and or fatigue. Caregivers may not always recognize how the demands of caregiving are affecting their own health which can lead to burnout and medical issues. Consider the following strategies to support caregivers:

- Identify caregiver stress. One tool is the Zarit Burden Interview, which includes survey questions that measure the extent of caregiver burden.
- Identify and refer caregivers to available resources. Examples include community groups, local or online support groups, religious or spiritual programs, or mental health organizations.

Future Placement Implications

For various reasons, staying at home may not be feasible for some patients. In these situations, it is important to explore appropriate alternative placement options. Consider the following:

- Ask questions to better understand their desired living and care arrangements. Do they see themselves remaining in the community, moving into a more supportive setting such as an assisted living, nursing home, or living with family? steps need to be taken to clarify these goals and support them? Consider the following issues to help clarify future needs:
    - The complexity of the patient's current condition and potential future needs including custodial care.
    - The financial implications of patients in long-term care—either at home or in a facility.

Advance Care Planning

Ask the following questions to help you develop goals with the patient or shared goals with family members and caregivers:

- What is your current awareness of advance care or end-of-life planning?
- Do you understand what an Advance Directive is and its purpose?
- Do you currently have an Advance Directive? If so, what document(s) do you have and do you have accessible copies?
- What questions do you have above advance care planning?
- Have you discussed your wishes for future medical care with your family or loved ones?
- Are there any spiritual or religious beliefs that should be considered in your care planning?
- How comfortable are you talking with your family or loved one about these topics?
- What support or resources would help you with this process?

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