

Alzheimer's Disease & Related Dementias in Older Adults

Diagnosis, Treatment, & Important Conversations

Many cases of Alzheimer's disease (AD) and other dementias are not diagnosed, and less than half of Medicare beneficiaries with a diagnosis in their billing records report having been told of that diagnosis.¹ This resource includes guidance on how to best detect cognitive impairment and dementia; the benefits of early detection; and communication tips for walking through diagnosis and care options with your patient and their caregiver.

DETECTION IN THE PRIMARY CARE SETTING

The Centers for Medicare and Medicaid Services (CMS) covers detection of any cognitive impairment or decline in cognitive function in a primary care setting. CMS requires health care providers to screen a patient's cognitive function during the [Yearly Wellness Visit](#) by direct observation, while considering information from the patient and concerns raised by family members, caregivers, and others.² Screening tools are designed to detect early cognitive changes and are an important first step in assessing cognitive impairment. The following are examples of cognitive screening tests:

- [Mini-Cog®](#)
- [Montreal Cognitive Assessment](#) — MoCA
- [General Practitioner Assessment of Cognition](#) — GPCOG
- [Memory Impairment Screen](#) — MIS
- [Short Informant Questionnaire on Cognitive Decline in the Elderly](#) — Short IQCODE

¹ Alzheimer's Association. 2021. 2021 Alzheimer's Disease Facts and Figures. *Alzheimers Dement* 17(3).

² Centers for Medicare and Medicaid. 2021. *Cognitive Assessment & Care Plan Services*. Available at www.cms.gov/cognitive. Last accessed April 2022.

- [AD8 Dementia Screening Interview](#) — Eight-item Informant Interview to Differentiate Aging and Dementia
- [Quick Dementia Rating System](#) — QDRS

Detection and screening take time, but CPT and HCPCS codes are available to cover the time and expenses needed to identify and discuss the diagnosis. Additionally, one can use telehealth services for such evaluations.

If you detect any cognitive impairment during the Yearly Wellness Visit or other routine visit, Medicare covers a [separate visit](#) to more thoroughly assess your patient's cognitive function and develop a care plan.

BENEFITS OF EARLY DETECTION

Earlier detection of dementias is important since some dementias are fully or partially treated by treating the cause, such as with depression, hypothyroidism, B12 deficiency, hydrocephalus, severe insomnia and sleep deprivation, medication side effects, some infections, hypoxic events, heavy metal or anticholinergic toxicity, subdural hematomas, and intracranial lesions like removable tumors.

While an AD/dementia diagnosis can be frightening and confusing, many individuals and their caregivers and family tend to experience a sense of relief after receiving their diagnosis.³ Unfortunately, less than half of those diagnosed with Alzheimer's (or their caregivers), are aware of their diagnosis.⁴ For other dementias, the disclosure rate is only 27%.⁵

Early detection also allows patients to:

- Explore treatment options and clinical trials
- Establish a care plan
- Plan for the future
- Take care of financial and legal matters
- Address potential safety issues
- Modify lifestyles
- Learn about living arrangements
- Develop support networks
- Find additional services

3 Carpenter et al. 2008. Reaction to a Dementia Diagnosis in Individuals with Alzheimer's Disease and Mild Cognitive Impairment. *J Am Geriatr Soc* 56(3):405-12.

4 Alzheimer's Association. 2016. *HOPE for Alzheimer's Act: Factsheet*. Available at https://act.alz.org/site/DocServer/hope_for_alz_fact_sheet.pdf?sessionid=00000000.app201a?docID=3021&NONCE_TOKEN=F3F528F2364561D204EA50F30820A6F1. Last accessed April 2022.

5 Ibid.

Documentation of the diagnosis in a patient's medical record is critical for care coordination and necessary for healthcare providers to address complications in the management of other chronic conditions — such as heart disease and diabetes. Additionally, some states mandate that the provider notify the Department of Motor Vehicles of a dementia diagnosis.

It's important to remember that an early diagnosis can also have negative impacts on the patient and their family and caregivers. Not having lived with their symptoms for as long, they may not feel a sense of relief at diagnosis. Additionally, the diagnosis can have negative impacts on the individual's employment, insurance coverage, ability to drive, relationships, and more.

TIPS FOR DISCUSSING THE INITIAL DIAGNOSIS

Be direct, honest, and empathetic. Fully inform the patient, caregiver, or family member about their diagnosis so they can make informed decisions. Emphasize that it's important to get support and reach out, and that there are options.

During this time:

- Allow the patient and their caregiver to ask questions.
- Don't just explain the diagnosis, also explain the prognosis.
- You may want to refer your patient to a neurologist, geriatrician, or geriatric psychiatrist for further information and treatment options.
- Be honest and tell the truth about what can be done about the disease. Patients cannot make valid decisions or consent to treatment unless they are fully informed.
- Let them know that there are currently no treatments that will cure the AD.
- Explain that the progression and course of AD are unpredictable, and some patients will decline faster than others.

Discuss [care planning](#) that can lead to higher quality of life, better medication management, and fewer emergency room visits.

Let them know about [available clinical trials](#).

Schedule regular follow-up appointments and report any mental or physical changes.

COMMUNICATION CHANGES WITH DISEASE PROGRESSION

More than 11 million Americans — family members, friends, and other caregivers — provide unpaid care for people with AD and other dementias.⁶ It is important for caregivers to understand the changes that can occur in their loved ones and be prepared to communicate with them effectively to reduce stress on everyone.

Changes in how people with AD communicate varies from person to person and as the disease progresses. AD makes it increasingly difficult for people to think clearly, remember things, and take care of themselves. Remind caregivers that changes in communication can include:

- Difficulty finding the right words
- Trouble organizing sentences in a logical manner
- Reverting to a native language
- Using hand gestures rather than words
- Forgetting what they were speaking about
- Speaking less often than usual
- Describing an object rather than calling it by its name

SHAKING THE STIGMA OF BEHAVIOR CHANGES

Behavioral changes and [other neuropsychiatric symptoms](#) are also inevitable. Remind caregivers that this does not necessarily mean that there will no longer be times of joy or shared laughter. AD usually develops gradually, which gives patients, caregivers, family, and friends time to adjust, plan ahead, and make memories together.

Share some of the most common behavioral changes and tips on how to deal with them:

- **Difficulty Eating** — Trouble eating is common and can impact nutrition. Try to limit distractions, keep table settings simple, visually distinguish the food from the plate, check food temperatures, give adequate time to eat, avoid dietary changes, and eat together when possible.

⁶ Alzheimer's Association. 2021. 2021 Alzheimer's Disease Facts and Figures. *Alzheimers Dement* 17(3).

- **Wandering** — six in 10 people with dementia will wander, and it can occur at any stage of the disease.⁷ Always be aware of where your loved one is and remain in contact. Develop a safety plan which could include use of [public safety locator services](#).
- **Depression** — Depression can look different in people with AD and present with minimal symptoms. Depression and dementia symptoms can look similar (e.g., being withdrawn), so be sure to watch for new loss of interest in hobbies, apathy, social withdrawal or isolation, or impaired thinking.
- **Anxiety** — Between 5% and 21% of people with AD or dementia have anxiety that can have both psychological and physical symptoms.⁸ It can present very differently from person to person so watch for new symptoms such as extreme worry, fatigue, irritability, lack of concentration, the sensation of a fast heartbeat, sweating, stomachache, headache, insomnia, trembling, dry mouth, muscle tension, and pain.
- **Agitation** — This feeling of worry, annoyance, or aggravated distress is common with the loss of ability to understand new information and can be triggered by changes in environment and interactions, perceived threats, and fatigue. Try to reassure your loved one, remain calm, keep to a routine, reduce noise and clutter, and limit stressful activities.
- **Apathy** — This lack of interest, enthusiasm, or concern is the most common neuropsychiatric symptom in AD patients and often leads to caregiver distress, a decreased quality of life for the patient, and even morbidity. Try encouraging your loved one to socialize and participate in physical activity. Music and art therapy, as well as a good night's sleep, have also been shown to help with apathy.
- **Psychosis** — Around 50% of people with AD experience psychotic symptoms, delusions (like paranoia), and hallucinations.⁹ The symptoms are underrecognized and are some of the earliest signs of AD — occurring even before dementia begins. Keeping a consistent routine, refraining from disagreements, maintaining eye contact and a comfortable distance, speaking slowly, and avoiding triggers can all help with psychotic type symptoms and help return the individual to a calm state.

7 Alzheimer's Association. 2021. *Wandering*. Available at www.alz.org/help-support/caregiving/stages-behaviors/wandering. Last accessed April 2022.

8 Mendez. 2021. The Relationship Between Anxiety and Alzheimer's Disease. *J Alzheimer's Dis Rep*. 5(1):171-7.

9 Murray et al. 2014. Psychosis in Alzheimer's Disease. *Biol psychiatry* 5(7):542-52.

TIPS FOR CAREGIVERS ON COMMUNICATING WITH LOVED ONES

Caring for someone with Alzheimer's and related dementias can often feel lonely and exhausting. Remind the caregivers that they are not alone in this journey and that there are many reliable resources to learn more about Alzheimer's and how to care for a loved one. Encourage them to reach out and find help as soon as possible.

- [Alzheimer's Association](#)
- [Alzheimer's Foundation of America](#)
- [Bright Focus Foundation](#)
- [Dementia Research and Clinical Trials](#)
- [Eldercare Locator](#)
- [Family Caregiver Alliance](#)
- [National Association of Area Agencies on Aging](#)
- [National Institute of Health's Alzheimer's Disease Education and Referral Center](#)

You should also encourage them to:




- Be encouraging and upbeat.
- Participate in activities that provide meaning to loved one like mealtimes, walks, listening to music, gardening, etc.
- Approach their loved one from the front so as not to startle them.
- State their messages calmly and clearly by speaking slowly, distinctly, and gently. Use names of people and places instead of general nouns or pronouns.
- Listen to their loved one's concerns and frustrations and let them know they understand.
- Validation is important so try to avoid arguing or disagreeing. Reassure their loved one rather than correct them on what they did wrong unless dealing with situations that could put them in danger.



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