

## What to do after a dementia diagnosis

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Last year, I attended the Oregon Geriatric Society conference with four of my colleagues who practice here in the Rogue Valley. This year's OGS annual meeting was all virtual. There's so much I could share about what's new in the world of geriatric medicine, but this time I'll focus on information about dementia.

The topic "So, you have made a diagnosis of dementia — now what?" was presented by Dr. Elizabeth Eckstrom and Dr. Joe Quinn, both from Oregon Health and Science University. The talk focused on what a doctor should address once they diagnose their patient with any type of dementia.

In all honesty, these excellent recommendations and next steps are not usually offered in a typical appointment with your doctor. You might want to ask your doctor about these ideas though, if you face this diagnosis. Their recommendations include a driving assessment and a home safety evaluation.

For a home safety assessment, a good place to start could be an occupational therapist from a home health agency. You will need a referral from your physician for this service, which is often covered by Medicare. Some Med-Advantage plans are going to be covering home safety checks next year, no referrals needed. Check with your policy to see whether you qualify.

As for a driving assessment, the Providence Driving Assessment (541-732-5686), which costs \$325 and is not covered by insurance, can help determine whether it is safe for someone to continue driving. An occupational therapist works with each client to determine driver safety. They can't tell you to stop driving, but the evaluation can provide information to help you make that decision.

The next recommendations were for an annual assessment of the following items: caregiver burden, behavioral symptoms, cognitive assessment, functional assessment and screening for depression. It would be wonderful if all primary care providers offered these.

You might also consider a neuropsychological evaluation, which thoroughly assesses these conditions and makes referrals and recommendations for addressing any needs.

It was good to see the inclusion of non-pharmacological strategies to manage dementia. None of these are new ideas, but since they're so effective, they are worth repeating. It's been shown that regular physical activity, especially strength training starting in midlife, may delay the onset of dementia. Tai chi two to three days per week may improve executive function. Engaging in regular aerobic, strength and balance training in persons with mild to moderate dementia may improve physical function and activities of daily living performance. However, it does not improve cognitive performance, quality of life or caregiver burden.

Another common recommendation, backed by studies, is that a Mediterranean diet prevents dementia and slows the course of dementia. OK, let's all do that.

They described a trial of 1,260 subjects ages 60-77 with normal cognition or mild cognitive impairment. They compared the diet, exercise (as described above), cognitive training and vascular risk monitoring vs. the usual care for two years. The intervention group improved or maintained cognitive function as compared to those who continued their usual programs of diet and exercise.

For those caring for a loved one who already has some degree of dementia, they described steps to improve comfort by what they labeled “security” items. These include gentle touch, soft textures, favorite music, presence (meaning having someone nearby), aromatherapy, especially lavender oil, glasses and hearing aids (so the person can be more engaged with their surroundings), treat pain (which is often overlooked), check for infection or other causes of distress (as they might not be able to describe what’s causing them to be uncomfortable), and finally, consider drug side effects. Older adults are frequently taking multiple medications, called polypharmacy, which can cause serious drug interactions. Always ask the treating physician whether this person really needs to be on all of the meds they’ve been prescribed.

As for what’s new in the pipeline, they are working on a blood test to more accurately diagnose this disease, and there are a couple of potentially promising new medications. But for now, the recommendations are to follow the suggestions above, and get as much support as possible. It’s a challenging disease, and most times it needs professional assistance in the longterm.