ADOBE CARE & WELLNESS

Physician Engagement EDUCATION

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In this Issue

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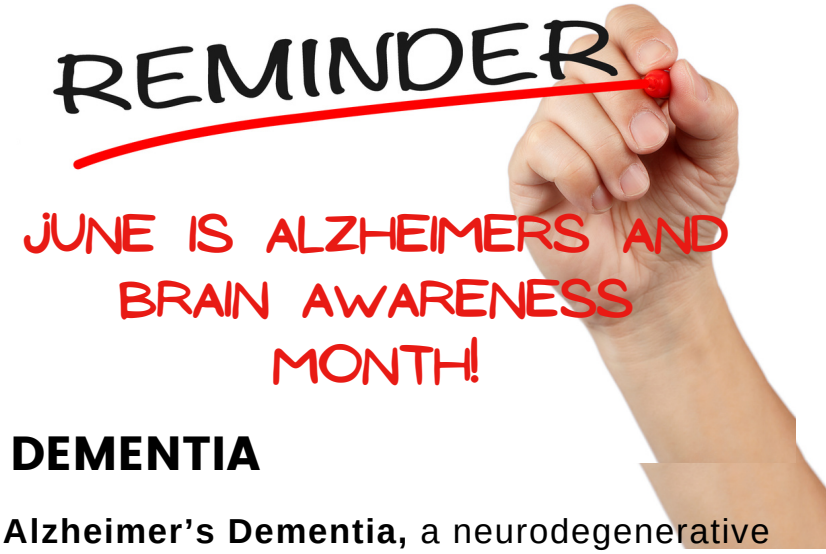

DEMENTIA

Alzheimer's Dementia, a neurodegenerative condition which causes 60-70% of dementia cases, is now is the 6th leading cause of death. An estimated 5.7 million Americans of all ages were living with Alzheimer's dementia in 2018; followed by **Vascular Dementia**, which is the most common non-neurodegenerative condition.

Dementia is one of the leading causes of disability and dependency among older adults. It can be overwhelming not only for the people who have it, but also for their caregivers and their families.

RISK FACTORS:

1. Advanced age
2. Female gender
3. Low socioeconomic status
4. First degree relatives with dementia
5. History of mild cognitive impairment
6. Cardiovascular risk factors i.e., hypertension, hyperlipidemia

DIAGNOSTIC CRITERIA:

1. Diagnostic criteria for mild cognitive dysfunction and dementia were updated in DSM-5 and the terminology was changed to major and minor neurocognitive disorders.

Criteria for dementia/major neurocognitive disorder:

- There is a significant decline in at least one of the following areas of cognition: learning and memory, language, executive function, complex attention, perceptual-motor or social cognition.
- The decline is reported subjectively by someone close to the patient and,
- The decline is found objectively through testing.
- The impairment interferes with independence and normal activities of daily living.
- The impairment is not due to delirium or another mental disorder.

Criteria for mild cognitive impairment/minor neurocognitive disorder:

- Same as above with the exception that the impairment is modest and does not interfere with independence and normal activities of daily living, but rather causes the patient to take more time and effort.

When there is a concern about memory and cognitive decline, utilize a brief screening tool such as the Mini-Cog, Memory Impairment Screen and General Practitioner Assessment of Cognition. If the results are abnormal, proceed with a more in-depth assessment tool such as the Montreal Cognitive Assessment, Saint Louis University Mental Status (SLUMS) Examination or the Mini-Mental State Examination.

When dementia criteria have been met, the initial work-up should include:

1. Complete history obtained from a close family member or friend who knew the patient well before the cognitive changes started, including education, onset of issues and speed of progression.
2. Review of medications which can affect cognitive changes.
3. Discussion of any alcohol or drug use.
4. Complete physical exam.
5. Screen for depression.
6. Neuroimaging with an MRI or CT scan to rule out treatable causes.

TREATMENT AND CARE:

1. **There is no treatment currently available to cure dementia or to alter its progressive course. Numerous new treatments are being investigated in various stages of clinical trials. However, much can be offered to support and improve the lives of people with dementia and their caregivers and families. The principal goals for dementia care are:**

- ✓ **Early diagnosis in order to promote early and optimal management.**
- ✓ **Optimizing physical health, cognition, activity and well-being.**
- ✓ **Identifying and treating accompanying physical illness.**

DOCUMENTATION TIPS:

1. **Document the type of dementia i.e., vascular dementia, alzheimers dementia.**
2. **Document any associated conditions i.e., neurological, cerebral atherosclerosis, underlying physical condition such as malnutrition, or associated epilepsy.**
3. **Document any behavioral disturbances i.e., aggressive, violent, combative.**

HEDIS HUB

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Exclusion Coding

Members with Advanced Illness, such as dementia, who also have a frailty code may be excluded from certain HEDIS measures, like Breast Cancer Screening and Controlling Blood Pressure. In order to be excluded, both coding for advanced illness diagnosis and coding for frailty must exist in the measurement year. Frailty is often coded with a HCPCS code for a frailty device, frailty encounter, or ICD-10 code for frailty diagnosis.

Monitoring by Measure

The HEDIS Potentially Harmful Drug-Disease Interactions in Older Adults (DDE) measure identifies members with Dementia who were dispensed an antipsychotic, benzodiazepine, nonbenzodiazepine hypnotic or tricyclic antidepressant or anticholinergic agent. These medications can be potentially harmful to the member, and working to reduce their use with this population is necessary to improve overall quality of care.

Education

Continuing Education Credits for medical professionals are available for free on Dementia and Alzheimer's through alz.org and include education on Driving Retirement Conversations, Epidemiology of Dementia and Cognitive Decline in Diverse Populations, and more. https://www.alz.org/professionals/health-systems-clinicians/cme-activities

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