



MEMORY CARE PROGRAM TOOLKIT



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Memory Care Program Toolkit

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Memory Care Program Toolkit:

Backgrounder

Every four minutes, a person is diagnosed with Dementia in Canada and it is the foremost debilitating disease for those over 65 years of age in our country. Dementia has a devastating effect on individuals and their families and it places a huge burden on our healthcare and economic system. Despite this, there is still significant under diagnosis as many people can go undetected for years in the community. This can lead to a worsening of the disease which can have further negative repercussions. This situation can be particularly pronounced in Retirement Homes where activities of daily living are often conducted by facility staff. A Memory Care Program that was implemented in an Ottawa, Ontario Retirement home revealed that approximately 1 in 3 Residents have unrecognized dementia and that the original prevalence of Dementia in the home increased from 41% to 67% after completion of the Memory Care Program.

Objective

This toolkit was created to provide Health Care Professionals with a best practice model to implement a **Memory Care Program** in a Retirement/LTC Home or a Primary Care setting. Inside this toolkit you will find all of the steps and resources needed to ensure that Patients/Residents can be properly screened and assessed for Dementia or Mild Cognitive Impairment which can lead to earlier detection and potentially better outcomes for the Patient/Resident.

MEMORY CARE PROGRAM

ALGORITHM

Phase 1 (Baseline, Education & Consent)

Conduct Cognitive Baseline



- Nursing staff and Pharmacists determine and document who already has diagnosis of Dementia or Mild Cognitive Impairment (MCI) and who is on a cholinesterase inhibitor (**Tool: Cognitive Baseline Tracker**).

Education



- Lead Physician/Geriatrician provides education to Physicians, Nurses, Pharmacists on the Memory Care Program and discusses roles and responsibilities of everyone involved.
- Lead Physician/Geriatrician provides Education session/preceptorship for Nurses on how to do cognitive screens/assessments.

Consent



- Nursing staff gather consent for each Patient/Resident who does not have a previous Dx of Dementia or MCI (**Tool: Informed Consent for Participation in Memory Care Program**).

Phase 2 (Screening & Assessment)

Memory Risk Calculator (MRC)



- Nursing staff determine "Memory Risk Calculation" for consenting Patients/Residents (**Tool: Memory Risk Calculator**)

Memory Quick Screen (MQS)

- Nursing staff conduct "Memory Quick Screen"- 3 word recall, animal naming & clock drawing (**Tool: Memory Quick Screen**)

Normal Memory Quick Screen (MQS)

- Nursing staff congratulate Patient/Resident & repeat screen in 2 years (**Tool: How to Keep your Brain Healthy handout**)
- Nursing staff record screening results (**Tool: Initial Screening Tracker**)

Abnormal Memory Quick Screen (MQS)

- Nursing staff schedule "Full Cognitive Assessment" (**Tool: Letter to Patient/Resident for Full Cognitive Assessment**)
- Nursing staff conduct Full Cognitive Assessment (**Tool: Dementia Assessment Guide**)
- Nursing staff record Screening and Full Cognitive Assessment results (**Tool: Initial Screening Tracker, Full Cognitive Assessment Tracker**)

Phase 3 (Review & Diagnosis)

Primary Care Physician Assessment

- Nursing staff sends all assessments (MRC, MQS, Dementia Interview Guide) to the Patient/Resident's Primary Care Physician for review
- Primary Care Physician meets with Patient/Resident to discuss results and to make diagnosis if appropriate
- Link newly diagnosed Dementia Patients/Residents and their caregivers with the local Alzheimer Society for support

Cognitive Baseline Tracker

Unique ID #	Patient Name	Dementia (Yes/No)	MCI= Mild Cognitive Impair.	On Cholinest. Inhibitor (CI) (Yes/No)	Which CI	On Memantine (Yes/No)	Physician	Pharmacy	Location in Home: Retirement, Assit. Living, Assist. Living (Secure)	Date of Memory Quick Screen (MQS)	MQS (Abnormal or Normal)	Patient requires Full Cog. Asses. (Yes/No)	Resident Status Change (deceased, moved, refusal) Include date
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03													
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25													
26													

Initial Screening Tracker

Uniq ID #	Patient Name	Memory Risk Calculator (MRC) %	Memory Quick Screen (MQS) Normal (Yes/No) If No →	3 Word Recall # of Words (0-3)	Clock: <u>Normal</u>	Clock: <u>Mildly Abnormal</u> correct hand & #s, minor spacial problems	Clock: <u>Abnormal</u> 1. Hands ABN 2. Clock #s ABN 3. Both ABN	# of Animals	Require Further Assessment (Yes/No)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
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22									
23									
24									
25									

Full Cognitive Assessment Tracker

Uniq ID	Date of Asses.	Suspect Delirium (Y/N)	Suspect Depression (Y/N)	ADLs OK or Problem	Behav. OK or Prob.	Cognit. OK or Prob.	MoCA _/30	Still Driving? Y/N. If Yes (do Trails)	Assesor Impress. (Normal, MCI or Dementia)	Physician Action (Normal, MCI, Dementia)	Date passed to Physician
01											
02											
03											
04											
05											
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Memory Risk Calculator – The Doubling (x2) Rule

AGE: (Risk Doubles Every 5 Years) **Instruction:** Circle the number closest to the persons age. Put the percentage in Box 1

AGE	(% percentage)
<65	1
65	2
70	4
75	8
80	16
85	32



Box 1

Risk = _____ %
(age)

FAMILY HISTORY: (Risk doubles every 1^o relative) **Instruction:** Ask if any close relatives have a diagnosis of memory problems. Use the Family History Multiplier (x1, 2 or 4). Put the risk in box 2

- | | <u>Family History Multiplier</u> |
|-------------------------------------|--|
| <input type="checkbox"/> Mother | |
| <input type="checkbox"/> Father | If no family history <input type="checkbox"/> risk = x 1 |
| <input type="checkbox"/> Brother(s) | If 1 relative <input type="checkbox"/> risk = x 2 |
| <input type="checkbox"/> Sister(s) | If 2 relatives <input type="checkbox"/> risk = x 4 |

**Box 2 = Box 1 risk x Family
History Multiplier**

Risk = _____ %
(age x family history)

VASCULAR RISK FACTORS (Risk doubles for each vascular risk factor) **Instruction:** Check off any vascular risk factors – Use the Vascular Risk Factor Modifier (x 1, 2 or 4)

- | | <u>Vascular Risk Factor Multiplier</u> |
|---|--|
| <input type="checkbox"/> Atrial Fibrillation | |
| <input type="checkbox"/> Diabetes | If no vascular risk factors <input type="checkbox"/> risk = x 1 |
| <input type="checkbox"/> Heart disease (MI/CAD) | If 1 vascular risk factor <input type="checkbox"/> risk = x 2 |
| <input type="checkbox"/> Hyperlipidemia | If 2 or more vascular risk factors <input type="checkbox"/> risk = x 4 |
| <input type="checkbox"/> Hypertension | |
| <input type="checkbox"/> Smoking | |
| <input type="checkbox"/> Stroke/TIA | |
| <input type="checkbox"/> Obesity | |

**Box 3 = Box 2 risk x Vascular
Risk Factor Multiplier**

Risk = _____ %
(age x family history x vascular risk factors)

Overall Risk = Box 3 = _____ %

Memory Quickscreen

1. **3-Item Registration: Instruction:** Tell the person you are going to do a short memory test. "I will give you 3 words to remember – after I finish please repeat the words back to me." Then repeat them again a second time, asking the person to repeat back the 3 words to you. Then finish with, "in a few minutes I will ask you to remember the 3 words."

Ball 1 2

Chair 1 2

Home 1 2

2. **Animal Naming: Instruction:** Please name as many 4-legged ANIMALS from anywhere in the world you can think of in one minute ... as many 4-legged animals anywhere in the world in 1 minute starting now.

1st 15 seconds

2nd 15 seconds

3rd 15 seconds

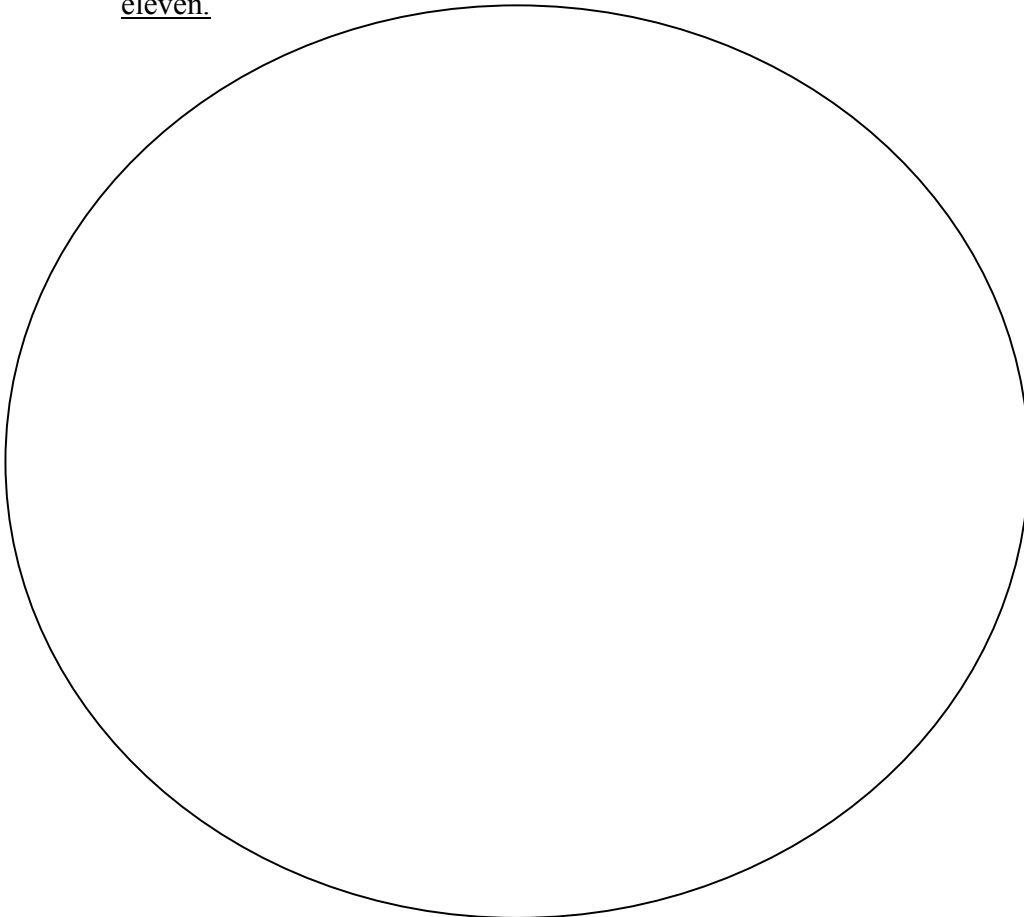
4th 15 seconds

Number of ANIMALS _____ (only count 4-legged animals, no repeats)

3. **Clock Drawing Test: Instruction:**

A. Ask patient to put the numbers that you would see on the face of a watch or clock.

B. Draw the hands of the clock to show the time as ten after eleven or ten past eleven.



Clock Drawing Test Interpretation

Normal



Mildly Abnormal



Minor irregularities in number placement, length of hands.

Abnormal



Hands to 10 and 11.

Abnormal



Major problems with number placement.

4. **3 Item Recall:** **Instruction:** Ask the person to remember the 3 words from earlier (no cueing or prompting allowed)

Ball

Chair

Home

Score ____/3

SCORING

	<u>Normal</u> (No need for further assessment)	<u>Abnormal</u> (Needs further cognitive assessment)
1. Three-Word Recall Test	<input type="checkbox"/> 2 or 3 correct	<input type="checkbox"/> 0 or 1 correct
2. Clock Drawing Test	<input type="checkbox"/> Normal or mildly abnormal	<input type="checkbox"/> Abnormal
3. Animal Naming Test	<input type="checkbox"/> >15	<input type="checkbox"/> <15

Dementia Assessment Guide

(for persons in the community, Retirement Homes or Long-Term Care)

Patient Name: _____ Unique ID # _____ Age: _____ Gender: _____ Education: _____
 Living Arrangements: Alone With someone _____ Level of Care: Retirement LTC Assisted Living Assisted Living (Secure unit)

Vascular Risk Factors: high blood pressure/hypertension stroke/TIA (transient ischemic attack)
 diabetes angina/heart attack (coronary artery disease)
 atrial fibrillation currently smoking
 high cholesterol/hyperlipidemia obesity

Memory Risk Calculator: Overall Risk = _____%

Memory Quick Screen: **3 word recall:** _____/3 **Animal Naming:** total # _____
Clock #s Normal Abnormal **Clock Hands:** Normal Abnormal

ABC Complaints: From Resident/Patient AND Family/Caregiver/Staff

(Check boxes as either ok or check all changes in the past year [ie cooking, apathy etc.]

ABC's	OK	A change (slower / less ability / inability) in the last 1 year			
ADLs	<input type="checkbox"/>	<input type="checkbox"/> Shopping	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Finances	<input type="checkbox"/> Cooking
		<input type="checkbox"/> Grooming/Hygiene	<input type="checkbox"/> Dressing	<input type="checkbox"/> Taking medication	<input type="checkbox"/> Toileting
		<input type="checkbox"/> Driving	<input type="checkbox"/> Hobbies/Leisure	<input type="checkbox"/> Tools/Appliances	<input type="checkbox"/> Other _____
Behaviour	<input type="checkbox"/>	<input type="checkbox"/> Apathy/↓ Initiative	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Depression	<input type="checkbox"/> Hallucinations <input type="checkbox"/> Aggression
		<input type="checkbox"/> ↓ Alertness/"Tuned in"	<input type="checkbox"/> Wandering	<input type="checkbox"/> Agitation/Anger	<input type="checkbox"/> Other _____
Cognition	<input type="checkbox"/>	<input type="checkbox"/> Repetition	<input type="checkbox"/> Word Finding	<input type="checkbox"/> Forgetfulness	<input type="checkbox"/> Orientation
		<input type="checkbox"/> Meds compliance	<input type="checkbox"/> ↓ Focus/"Following"	<input type="checkbox"/> ↓ Reading/TV	<input type="checkbox"/> Other _____

Progression of cognitive decline: Slow Stepwise SUDDEN CHANGE

IF SUDDEN CHANGE- Any reported suggestion of delirium? No Yes (give details)

SUDDEN CHANGE = Red Flag for delirium. Advise Family Physician & suggest doing CAM (see Appendix #1, pg. 13)

CAM – Confusion Assessment Method (must have #1 & 2 and either #3 or 4)

#1 Acute Onset/Fluctuating #2 Inattention #3 Disorganized thinking #4 Altered level of consciousness

Screening Question: In the last 2 weeks have you felt sad or depressed?

No Yes (give details) _____

Look for a change compared to 6 months ago. Other common symptoms of depression in the elderly include – anhedonia (loss of pleasure), anergia (loss of energy) loss of interest, sleep and appetite changes etc.

See Appendix #2, pg. 14 for further symptoms

Summary of Assessment

Cognitive Testing Results:	
Memory Quick Screen	See results from page 1
MoCA	_____/30

- MoCA is more sensitive than the MMSE in testing for mild changes (discriminating normal aging from MCI and from very mild dementia). MoCA also captures cognitive changes seen in the non-Alzheimers dementias where there is a vascular component which is very common [80%] in those over age 80, or lewy body and frontotemporal dementias. These executive and visuospatial changes are not captured in the MMSE. The MMSE can still be used when there is suspected moderate Alzheimers with cognitive changes clearly causing changes in personal ADLs (activities of daily living) or as they advance to the moderate stage for ongoing monitoring.

Driving: No Yes (If Yes, see Appendix #3: Dementia and Driving Checklist)

IMPRESSION OF ASSESSOR Name: _____ Profession: _____	<input type="checkbox"/> Normal (N) testing; no real cognitive issues	
	<input type="checkbox"/> Cognitive decline with NO functional decline due to cognitive reasons → likely MCI (Mild Cognitive Impairment)	
	<input type="checkbox"/> Cognitive decline causing functional decline possible dementia	
	Need to Rule Out: <input type="checkbox"/> Delirium (see CAM) <input type="checkbox"/> Unstable medical illness <input type="checkbox"/> Drug side effect/concerns:(review medication list) <input type="checkbox"/> Delirium <input type="checkbox"/> Alcohol <input type="checkbox"/> Depression <input type="checkbox"/> Other _____	
PHYSICIAN ACTION	What:	Delirium work up indicated <input type="checkbox"/>
	What:	Assess & rule out depression <input type="checkbox"/>
	What:	Assess & rule out drug S/E effects (on cognition) <input type="checkbox"/>
	What:	Dementia work up indicated: <input type="checkbox"/> Lab <input type="checkbox"/> CT/MRI
	What:	Optimize vascular risk factors <input type="checkbox"/>
	What:	Caregiver education & support <input type="checkbox"/>
	What:	Driving safety <input type="checkbox"/>
	What:	Refer to Alzheimer's Society <input type="checkbox"/>
	What:	Trial with cholinesterase inhibitors <input type="checkbox"/>
	Other Issues:	
1.		
2.		
<ul style="list-style-type: none"> Consider referral to specialized geriatric services if : <ul style="list-style-type: none"> <input type="checkbox"/> Unclear diagnosis <input type="checkbox"/> Unaddressed management Issues <input type="checkbox"/> Need for multidisciplinary assessment <input type="checkbox"/> Driving safety unclear <u>and</u> other issues (if only driving, consider specialized on road test) 		

APPENDIX #1

CAM – Confusion Assessment Method

- Sensitivity (94 to 100%), specificity (90 to 95%)

Requirement for delirium = 1, 2 + either 3 or 4

1. Acute onset and fluctuating course
 - Is there evidence of an acute change in cognition from the patient's baseline?
 - Does the abnormal fluctuate during the day?
(i.e., tends to come and go, or increases and decreases in severity)
2. Inattention
 - Does the patient have difficulty focusing his/her attention?
(i.e., easily distractible or has difficulty keeping track of what is being said)

AND

3. Disorganized thinking
 - Is the patient's thinking disorganized or incoherent?
(i.e., rambling or irrelevant conversation, unclear or illogical flow from ideas, or unpredictable switching from subject to subject?)

OR

4. Altered level of consciousness
 - Is the patient's mental status anything besides alert?
 - {i.e. Vigilant (hyperalert), Lethargic (drowsy, easily aroused), Stupor (difficult to arouse), or Coma (unarousable)}".

"Adapted from: Inouye SK, et al. Ann Intern Med. 1990; 113: 941-948. Confusion Assessment Method. Copyright 2003, Hospital Elder Life Program, LLC. Not to be reproduced without permission."

APPENDIX # 2 Symptoms of Depression in the Elderly

- Up to 50% of the elderly with depression DENY having feelings of sadness or depressed mood.
- Instead of sadness, often the complaint is loss of pleasure in previously enjoyable activities OR loss of interest in doing activities.
- Other psychological symptoms of depressed mood can be “replaced” by anxiety, dependent personality, negativistic feelings, irritability or apathy. In the apathy of depression even if the person is encouraged/pushed to do usually enjoyable activities there is no enjoyment/pleasure. Social withdrawal may also be seen. In the apathy of dementia (40% prevalence in mild dementia), the essence is inertia; if encouraged/pushed to do activities the person gets enjoyment/pleasure.
- There may be loss of concentration and “I don’t know” answers seen in cognitive testing.
- Sleep and appetite changes are common particularly early morning awakening and appetite loss associated with weight loss. Food is not enjoyed, meals are not looked forward to.
- Depression can be “contagious” to caregivers who may themselves report feeling “down” or you may feel “down” after the interview.
- Suicidal thoughts and plans must be asked about as well and if positive, ask “is there anything that would prevent you from taking your life.”
- Somatic complaints can also be prominent: abdominal or chest pain, constipation complaints, “I feel unwell”
- Chronic pain especially is associated with depression.
- A “disability gap” may also be present: the person would be expected to perform at a certain level but UNDERPERFORM. Depressed patients operate below their level of ability, including cognitive testing. Increased alcohol intake or problems may herald depression.
- Psychomotor agitation or retardation may be seen especially in the mornings.

For an additional resource see **SIGECAPS** which is a Mnemonic for Symptoms of Major Depression

Reference: The Psychiatric Review of Symptoms: A Screening Tool for Family Physicians, DANIEL J. CARLAT, M.D., Anna Jacques Hospital, Newburyport, Massachusetts; Am Fam Physician. 1998 Nov 1;58(7):1617-1624.

**Appendix #3: Physician or Healthcare Professional OFFICE based “Dementia and Driving Checklist”
(Based on Clinical Opinion and Experience not Evidence)**

Would YOU be willing to get into the car (or would you allow your children / grandchildren in the car) with your patient driving given the following findings?

(NOTE – it is not necessary to complete all 10 items if the patient fails any of the first 6 items = **KILLER BLOWS**)

PROBLEM

- 1. Dementia Type:**
Generally Lewy Body dementia (fluctuations, hallucinations, visuospatial problems) and Frontotemporal dementias (if associated behaviour or judgment issues) are unsafe.
- 2. FUNCTIONAL IMPACT of the Dementia - According to CMA guidelines **Unsafe** if:**
 - impairment of more than 1 Instrumental ADLs due to cognition
(IADLs = **SHAFT**: Shopping, Housework/Hobbies, Accounting, Food, Telephone / Tools)
 - **OR** impairment of 1 or more Personal ADLs due to cognition
(PADLs = **DEATH**: Dressing, Eating, Ambulation, Transfers, Hygiene)
- 3. Family Concerns: (ask in a room separate from the person)**
 - Family feels safe/unsafe (make sure family has recently been in the car with the person driving)
 - * The grand daughter question - Would you feel it was safe if a 5 year old grand daughter was in the car alone with the person driving (often a different response from family)
 - Generally if the family feels the person is unsafe they are unsafe. If the family feels the person is safe, the person may still be unsafe as family may be unaware or may be protecting patient.
- 4. Visuospatial: (intersecting pentagons/clock drawing: the numbers)**
If major abnormalities – likely unsafe
- 5. Physical inability to operate a car (often a “physical” reason is better accepted):**
Medical/Physical concerns such as musculoskeletal problems, weakness/multiple medical conditions (neck turn, problems in the use of steering wheel/pedals), cardiac/neurologic (episodic “spells”)
- 6. Vision/Visual Fields:**
Significant problems including visual acuity, field of vision.
- 7. Drugs: (if associated with side effects: drowsiness, slow reaction time, lack of focus)**
 - Alcohol/Benzodiazepines/Narcotics/Neuroleptics/Sedatives
 - Anticholinergic – antiparkinsonian/muscle relaxants/tricyclics/antihistamine (OTC)/antiemetics/antipruritics/antispasmodics/ others
- 8. Trailmaking A&B: (available on www.rgpeo website)**
 - Trailmaking A - Unsafe = > 2 minutes or 2 or more errors
 - Trailmaking B - Safe = < 2 minutes and < 2 errors (0 or 1 error)
 - Unsure = 2-3 minutes or 2 errors: (consider qualitative dynamic information regarding HOW the test was performed: slowness/hesitation/corrections/ anxiety or panic attacks/impulsive or perseverative behaviour /unfocussed/multiple corrections/forgetting instructions/inability to understand test etc.)
 - Unsafe = > 3 minutes or 3 or more errors
- 9. Ruler Drop Reaction Time test (Accident Analysis & Prevention 2007; 39(5): 1056 – 1063):**
The bottom end of a 12” ruler is placed between thumb and index finger (1/2” apart) → let go and person tries to catch ruler (normal = 6-9”/abnormal = 2 failed trials)
- 10. Judgment/Insight (Ask the person):**
 - What would you do if you were driving and saw a ball roll out on the street ahead of you?
 - With your diagnosis of Dementia, do you think at some time you will need to stop driving?

CONCLUSION: Safe Unsafe Unsure

↓ ↓ ↗ ↘

Reassess 6-12/12 Report to MOT ↗ If only driving an issue – refer to Specialized On Road Assessment ↘ If driving and other dementia related issues refer to specialized dementia assessment services.

Informed Consent for Participation in the “Memory Care Program”

This “Informed Consent” document is for Patients/Residents at Name of Medical Clinic/Retirement/LTC Home.

It has two parts:

- Information Sheet (to share information about the program with you)
- Certificate of Consent (to be signed if you are willing to participate in this program)

PART I: Information Sheet

Introduction

Name of Lead Physician/Geriatrician, in collaboration with the Healthcare staff at Name of Medical Clinic/Retirement/LTC Home and Pharmacy Provider name, have designed a program to make sustainable changes to improve dementia care.

Purpose of the Program

Every 4 minutes in Canada, someone is diagnosed with Dementia. It is our country’s largest cause of disability and debilitation. As you age, your risk of Dementia increases significantly. However, research has shown that early diagnosis, treatment and management of the disease can significantly improve the lives of those at risk. The “Memory Care Program” at Name of Medical Clinic/Retirement/LTC Home is designed to focus on these areas in order to make significant improvements to the memory care of its Patients/Residents.

Participant Selection and Participation

All Patients/Residents who **do not** have a current diagnosis of Dementia/Alzheimers are invited to participate. Participation is completely voluntary and if you choose to do so, you can withdraw at any time.

Process

Participants in this project will receive:

* A two minute Memory Screen given by a staff member (involving animal naming, 3 word recall, and clock drawing) as well as a Memory Risk Calculation based on age and vascular risk factors.

* If your screening results are normal, you can be reassured that your brain function is good. If there is any identified concern with the screening, staff will conduct a more comprehensive assessment.

*Name of Pharmacy Provider will also be conducting Medication Reviews to identify and resolve common medication related issues. Since some medications can cause changes in cognition (memory and thinking), these reviews will ensure that the Patient/Resident gains the most benefit from their medication while eliminating potential side effects and minimizing risk.

* All of this information will be passed to the Patient/Resident’s Physician and decisions on any potential diagnosis or potential treatment will be made between the Physician and the Patient/Resident and/or family member(s).

Confidentiality

All individual information about a Patient/Resident in this program will be kept confidential. There will be no names used in any information shared among program team members. To ensure this, each Patient/Resident will be identified by a number.

PART II: Certificate of Consent

I have read this information, or it has been read to me and I have had the opportunity to ask questions and these questions have been answered to my satisfaction. I consent voluntarily to participate as a participant in this program.

Print Name of Participant _____

Signature of Participant _____

Date _____
Day/month/year

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print name of witness _____

Signature of witness _____

Date _____
Day/month/year

A copy of this Informed Consent Form has been provided to the participant.

Print Name of person taking the consent _____

Signature of person taking the consent _____

Date _____
Day/month/year

How to Keep Your Brain As Healthy As Possible: How to Decrease Your Risk for Alzheimer's

There are 727 pages of information on this topic from the U.S. Department of Health Website www.ahrq.gov/downloads/pub/evidence/pdf/Alzheimers/alzcog.pdf For those of you who prefer a simplified "Summary", here is a Top Ten list:

TOP TEN

1. **Get Screened for Vascular Risk Factors** and make sure management is optimized: high blood pressure, high cholesterol, diabetes, heart and stroke/TIA disease, smoking, sedentariness, obesity etc.
2. **Go Play Outside**. Exercise is the most proven lifestyle choice to decrease the risk of dementia. As little as 1 hour walking per week, in one study, reduced new dementia/Alzheimer's over 3 years by 30%. Both aerobic physical exercise and weight training have been shown to help.
3. **Stay in School and Keep Learning**. More than 15 years in school has shown to be protective but a pattern of lifelong learning has been shown to be more beneficial: attending courses, learning new skills, reading, doing puzzles, playing cards and board games etc. Using Your Brain → Use It Or Lose It.
4. **Eat Like Your "Italian Momma"**. A Mediterranean diet high in whole grains, olive oil, fish, fruits and vegetables and lower in meat seems to be the best choice of eating for brain health. Avoid being underweight or overweight. Avoid junk food and blood glucose spikes (bigger waist = smaller brain).
5. **Put Out That Cigarette**; it is never too late to stop smoking and significantly lower your risk of heart disease, lung disease, stroke and dementia.

6. **Go Play with Your Friends**...and get married. A socially rich life/social networking and a close intimate relationship have been shown to be beneficial.
7. **Don't Worry: Be Happy**. High stress should be avoided as much as possible. Depression is a risk factor for Alzheimer's and should be appropriately recognized and treated.
8. **Use Medication Wisely**. Many prescription and over the counter (OTC) medications may have anticholinergic side effects which can affect brain function. Examples of common medications include antihistamines, smooth muscle relaxants, gravol, and medications for urinary problems. Sedatives/sleeping pills can also affect cognition.
9. **Wear A Helmet/Don't Roll In the Grass**. Head injuries associated with concussion increase the risk for dementia as do pesticides.
10. **I Love to Cook with Wine**, sometimes I even put it in the food. Large scale epidemiologic studies suggest moderate drinkers (1/day for women, 1-2/day for men) have less dementia than non-drinkers or heavy drinkers. This evidence is not scientifically strong enough to recommend a glass of wine as a new medication but is reassuring that an occasional social drink is not harmful. The supposed benefit is from antioxidants: higher in wine than other alcohol beverages.

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Letter to the Patient/Resident for Full Cognitive Assessment

Date: _____

Dear Patient/Resident,

In (insert month), (insert Medical Clinic/Retirement/LTC home name) launched a *Memory Care Program* as part of its commitment to give the highest level of care and service to its Patients/Residents. As part of this program you were provided with the opportunity to consent to a screening assessment with one of our Nursing staff.

During this program, Patients/Residents like yourself were given a 5-10 minute memory test (3 word recall, animal naming and clock drawing). From the results of this test, the staff at (insert Medical Clinic/Retirement/LTC home name) will be scheduling another meeting to ensure that you are offered the best in memory care. As with many health conditions, the earlier something can be detected, the better it will be for the individual.

This appointment should take no longer than 45 minutes to complete. Of course a family member or caregiver is welcome to attend this session with you if you would like.

Your tentative appointment is scheduled for:

_____ (date & time) at _____ (location)

We will call you the day before your appointment as a friendly reminder.

Warm Regards,

**William B. Dalziel, MD, FRCPC, Professor of Geriatric Medicine, University of Ottawa;
Regional Geriatric Program of Eastern Ontario**



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