



## GERIATRIC EDUCATION SERIES DEMENTIA

# COGNITION CASE STUDY 1 – MRS. CEE FACILITATOR'S GUIDE

**GOAL:** *The goal is to assist participants to develop a better understanding of how to assess cognitive impairment, to identify strategies and interventions and to reflect on their role in the context of their workplace.*

**Supporting Documents:**

- 1.1.1 Cognition Case Study 1
- 1.1.3 Completed MoCA - Case Study 1
- 1.1.4 Dementia 8A's

### DISCUSSION QUESTIONS

### INFORMATION FROM CASE STUDY AND ADDITIONAL QUESTIONS TO ASK

## IDENTIFY

#### 1. IS FURTHER ASSESSMENT WARRANTED?

- YES
  - PCP indicates concerns about memory
  - Son indicates changes in memory

#### 2. WHAT ARE MRS CEE'S RISK FACTORS FOR DEVELOPING COGNITIVE IMPAIRMENT?

- **Consider her medical history and reversible causes of cognitive impairment**
  - Vascular risk factors: diabetes, hypertension, TIA
  - Elevated Blood Pressure: 180/87
  - Delirium in 2018

**Additional information to look for or questions to ask (if time allows)**

- **Regarding her medical history**
  - *Diabetes: Does she check her blood sugar levels?*
  - *Blood pressure: Is she taking her medications?*
  - *Is she taking medications that impair cognition?*
- **New information to ask about**
  - *Family history*
  - *History of depression*
  - *Alcohol or other drugs*
  - *Level of education/learning disability*
  - *Sleep apnea*
  - *Head injury in the last 5 years with cognitive impact*
  - *Thyroid condition*
  - *Metabolic disorders (ex. dehydration, kidney failure, COPD)*
  - *Heart disease (ex: unstable CHF)*
  - *Brain disease (ex: tumors)*
  - *Dietary, vitamin and mineral deficiencies*
  - *Environmental toxins*



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# DEMENTIA

### SCREEN/ASSESS

#### 3. WHAT ARE THE CHANGES IN COGNITION, FUNCTION,

- **COGNITIVE CHANGES**
  - Short term memory loss
    - Burned a pot (**Amnesia/Attention**)

RGPEO

**BEHAVIOUR AND SAFETY?  
 (ABCS)**

- **Changes in cognition?**  
 (8As, Executive Function and Judgement)

- **Impact on function?** (ADLS or IADLs)?

- **Changes in behaviour?**

- Missed an appointment (**Amnesia**)
- Lack of insight (**Anosognosia**)

**Additional information to look for or questions to ask (if time allows)**

- **Aphasia:**
  - Is she having word-finding difficulty or word substitution?
  - Is she having difficulty following a conversation?
- **Agnosia**
  - Is she having difficulty identifying objects/recognizing people despite intact sensory function?
- **Apraxia**
  - Is she having difficulty getting dressed (or other motor tasks) despite intact motor/sensory function?
- **Apathy**
  - Does she have decreased initiative?
- **Attention Deficit**
  - Does she lose train of thought in conversation?
  - Does she perseverate?
  - Does she have difficulty multitasking?
- **Executive function**
  - Does she have difficulty managing finances? Preparing meals? Problem solving?
- **Judgment**
  - Has she had inappropriate response to emergency situations?
  - Has she had difficulty recognizing a medical problem that needs attention?
  - Has she worn inappropriate clothing for the temperature?

• **IMPACT ON FUNCTION**

- Difficulty with meal preparation
- Difficulty with medication management
- Possible difficulty with driving

**Additional information to look for or questions to ask (if time allows)**

- **Are there changes in other IADLS?:**
  - Telephone use, Shopping, Laundry, Housecleaning, Management of finances
- **Are there changes in ADLS?:**
  - Grooming, Bathing, Dressing, Toileting and Feeding

• **BEHAVIOUR CHANGES**

- Increasingly argumentative

**Additional information to look for or questions to ask (if time allows)**

- **Are there any other changes in behaviour?:**
  - Aggression
  - Agitation
  - Depression
  - Apathy
  - Mania
  - Disinhibition
  - Impulsivity
  - Food cravings for sweets
  - Psychosis

- **Impact on safety?**

- **IMPACT ON SAFETY**

- Burned a pot
- Concerns about driving safety
- Concerns about medication management
- Potential for decreased health maintenance – forgot an appointment

**Additional information to look for or questions to ask (if time allows)**

- **Are there any other safety concerns?**
  - Falls
  - Fires
  - Abuse
  - Nutrition/Malnutrition
  - Wandering
  - Financial mismanagement
  - Social isolation
  - Decreased house maintenance
  - Decreased health maintenance

**4. WHAT WAS THE ONSET AND PROGRESSION?**

- **ONSET?**

- Not clear in case study but there are clues:
  - 2016 – TIA (increased risk in the 6 months following an event)
  - 2018 – Delirium related to taking too many meds. Did she forget that she had already taken them?
  - Did it start after her husband passed away?

**Additional information to look for or questions to ask (if time allows)**

- **Did the changes come on suddenly?:** If so, need to rule out delirium.
- Seek additional collateral information from son or PCP about onset.

- **PROGRESSION?**

- Not clear in case study
- Would need to get collateral information from son

### 5. WHAT COGNITIVE SCREEN WAS USED?

- **Montreal Cognitive Assessment (MoCA)**
  - MoCA: 22/30 (normal is 26 or above)
- **For those who do assessment as part of their work, ask:**
  - Where did she lose her points? This could give clues on type of intervention might be helpful and on type of cognitive impairment.
  - What factors could have influenced the score?
    - Education
    - Anxiety
    - Mood
    - Pain
    - Language
    - Physical disability
    - Decreased vision or hearing
- **What other cognitive screening tests could you consider?**
  - CAM if thinking possible delirium
  - Trails A & B since PCP had concerns about driving safety
  - Other screens: MMSE (copyrighted), Ottawa 3DY, Quick Dementia Screen

### 6. WHAT MORE NEEDS TO BE DONE TO DETERMINE THE CAUSE OF THE COGNITIVE IMPAIRMENT

- **The medical work-up for cognitive impairment:**
  - Blood work: HgA1C, CBC & differential, Electrolytes,/Urea/Creatinine, AST/ALT/Bili/Alk/Phos/GGT, Calcium, Albumin, B12, Folate, TSH and
  - CT head
  - Delirium work-up if delirium suspected (blood work as above plus urinalysis and chest x-ray)

## INTERVENE

### 7. WHAT STRATEGIES AND INTERVENTIONS WOULD YOU RECOMMEND?

- Refer to Specialized Geriatric Services for further assessment to determine cause of cognitive impairment.
- Optimize control of vascular risk factors.
- Address potential safety issues:
  - Medication management: use of a blister pack, an alarm to remind her to take her medications, son to call to remind her
  - Kitchen safety: use of a timer when cooking if leaves the kitchen, meal delivery services
  - Driving safety: Should she be driving? Inform PCP and son of concerns re: driving. Provide information on transportation alternatives for example: volunteer driver, taxi, private transportation service for seniors, son
  - Other: Use of a calendar or her phone to remind her of appointments.

## APPLY

### 8. HOW WOULD YOU APPLY THIS TO YOUR WORK CONTEXT?

- What would your role be in identifying, screening, assessing and/or intervening?