

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/alzheimers-disease-towards-early-detection/coordinating-care-for-alzheimers-disease-patients/14137/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Coordinating Care for Alzheimer's Disease Patients

Announcer:

You're listening to *Alzheimer's Disease: Towards Early Detection* on ReachMD, an editorial series produced and controlled by ReachMD. This episode is sponsored by Lilly. Here's your host, Dr. Charles Turck.

Dr. Turck:

This is *Alzheimer's Disease: Towards Early Detection* on ReachMD. I'm Dr. Charles Turck, and joining me to share their perspectives on coordinating care for patients with Alzheimer's disease are Drs. Marc Agronin and Anton Porsteinsson. Dr. Agronin is the Senior Vice President of Behavioral Health and Chief Medical Officer for MIND Institute. Dr. Agronin, welcome to the program.

Dr. Agronin:

Great to be here. Thank you.

Dr. Turck:

And Dr. Porsteinsson is the Director of the Alzheimer's Disease Care, Research, and Education Program at the University of Rochester. Dr. Porsteinsson, thanks for being here today.

Dr. Porsteinsson:

Thanks, I appreciate it. My pleasure.

Dr. Turck:

Well, let's start with you, Dr. Porsteinsson. Can you tell us about the symptoms of Alzheimer's disease that clinicians should be on the lookout for?

Dr. Porsteinsson:

So for Alzheimer's disease, the main symptom clearly is cognitive impairment. And then in just about every single case of Alzheimer's disease, the initial and most prominent symptoms are changes in memory, particularly short-term memory. So forgetfulness, difficulty with remembering new information, recent conversations, recent events, those are some of the things that you should particularly look out for.

Other things that often happen early are changes in what we call executive function, which is logic, reasoning, and decision-making. So patients start making decisions that are uncharacteristic for them in terms of not being well thought through or of the same kind of quality and reason as before. Other things that can be seen early are mild changes in language, so word-finding difficulties or difficulties with getting your point across. And finally, visuospatial function. And the main symptom associated with changes there is basically struggling with navigation or getting lost when driving. So those are the things that I would look for.

Dr. Turck:

And then turning to you now, Dr. Agronin, how do you determine if a patient has Alzheimer's disease?

Dr. Agronin:

So diagnostically, we want to do a comprehensive workup. And that's going to involve a number of different factors: getting really good clinical history, knowing what changes have taken place over time, medically what's going on, and what are their medications to try to understand, physically, are there any contributions? We always want to do some form of neuroimaging, with MRI being the preferable study. And then neuropsychological testing is really key because that's going to show us the full spectrum of symptoms and the extent or

the degree of it. And then we put all this together and that helps us to develop a comprehensive diagnosis.

Dr. Turck:

So once you diagnose a patient with Alzheimer's disease, Dr. Agronin, what strategies do you use to coordinate their care with other providers?

Dr. Agronin:

I emphasize that this is a marathon, not a race. So we're working with the individual over many years on average. It's important to make certain that any medical issues, even ones that seem small or minor, are taken care of quickly. Because sometimes something as simple as a small infection or something a little more complicated like the flu can make an enormous difference and often lead to decompensation for an individual. And so working hand in hand with the internist is so critically important on that account. And so I know for our institute, in particular, we forge really close relationships with the internist of our patients and make sure that they're comfortable reaching out to us.

I would also say when there are behavioral disturbances changes in mood, those also need to be jumped on right away because those can really decrease quality of life and really make it difficult also for caregivers.

Dr. Turck:

For those just tuning in, you're listening to *Alzheimer's Disease: Towards Early Detection* on ReachMD. I'm Dr. Charles Turck, and I'm speaking with Drs. Marc Agronin and Anton Porsteinsson about how we can coordinate care for patients with Alzheimer's disease.

Coming back to you, Dr. Porsteinsson, can you tell us how your role as a geriatric neuropsychiatrist and memory care expert fits into this collaborative approach to Alzheimer's disease care?

Dr. Porsteinsson:

With my psychiatric background, I'm particularly equipped to deal with the common behavioral issues that often rise in Alzheimer's disease. That can be apathy, depression, anxiety, psychosis, or agitation and aggression. So those are the areas that I focus on. I'm lucky enough that I work in a comprehensive Memory Care program at the University of Rochester. And we have a team-based approach in addition to the memory disorder specialists that have different backgrounds. Some of us are geriatricians, some are geriatric psychiatrists, and others are behavioral neurologists. So there is a varied background in expertise here. In addition, we have nurses, and we have neuropsychologists to do our more complex cognitive testing.

And we have a small army of social workers. And that we were lucky enough to be able to do through a grant from New York state. So I've been in this business before we had the social workers and after. And they provide an enormous service to the patients and caregivers in terms of education, informing them of resources and what's available in the community. And they've been very valued team members.

In addition to them, we actually have a family and marriage counselor who's particularly interested in dementia and does a lot of our more complex interventions, where there is a significant strain or difficulty within the family system or between couples because of the emergence of memory disease.

Dr. Turck:

And if we stay with you for just another moment, Dr. Porsteinsson, what are some best practices for collaborating with a patient's caregiver?

Dr. Porsteinsson:

Absolutely. So let me kind of start with a little introduction. And I think that's important to set the tone here. So we have about 6 million individuals in America that live with Alzheimer's disease or related dementias. Most of these individuals are older. They're older than 65, and by the nature of their condition, they require support and structure. So there is a caregiver involved, which increases the number of individuals that are impacted by disease very significantly. Who are the caregivers? Most often the elderly spouse, but also children or paid caregivers.

It's important to be honest, transparent, and let people know that this isn't just a one and done connection, that there is going to be an ongoing relationship and ongoing discussion on how we can optimize care. And you need for them to understand that there's a team. And that this team has multiple members with multiple backgrounds and disciplines that complement each other. And that you can reach out to these team members, and someone will get back to you to answer your questions and guide you as you struggle with things that inevitably come up in this disease.

Dr. Turck:

Now before we close, I'd like to hear some final takeaways from each of you. Dr. Agronin, what would you like our audience to

remember from this discussion?

Dr. Agronin:

To me, one of the most important points is that we are working with someone over many years, and so we need to get to know them as a person. Sometimes we focus too much on the disease itself. On the symptomatic picture, we tend to be a little too reductionistic there. I like to get to know the person and their main caregiver. What were they like in the past? What are their strengths? These often carry the day when you want to know how you improve quality of life and how you enhance the relationship that you have with the patient and the caregiver. Knowing that background, knowing the person, and knowing their strengths can make all the difference. And sharing those then with everyone who's part of the care team.

Dr. Turck:

Thanks, Dr. Agronin. And Dr. Porsteinsson, I'll give you the final word.

Dr. Porsteinsson:

Thank you. So I want to highlight that Alzheimer's disease and related dementias are common and troublesome; they not only mean a major life change for the patient, but a major impact on the family as well. We need to basically provide the diagnosis, the education, the support, and the care that these patients and families deserve. And that requires a collaborative care model that focuses on comprehensive care. And that includes multiple disciplines and requires teamwork, open communication, and trust. And if we are able to achieve that, then our patients and families are so much better off.

Dr. Turck:

Thank you both for sharing those key takeaways. And as that brings us to the end of today's program, I want to thank my guests, Drs. Marc Agronin and Anton Porsteinsson, for joining me to share best practices for coordinating care for patients with Alzheimer's disease.

Announcer:

This episode of *Alzheimer's Disease: Towards Early Detection* was sponsored by Lilly. To access other episodes in this series, visit ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!