



Critical Issues in the Care of Older Adults with Cognitive Impairment

Michael LaMantia, MD,
MPH

Chief Geriatrics and
Palliative Care, Portland
(Oregon) VA Medical
Center

Associate Professor of
Medicine, Oregon Health
& Science University



Disclosures

I have no financial disclosures or conflicts of interest to report

I am an employee of the United States Government. The views and opinions of the author expressed herein do not necessarily state or reflect those of the United States Government or the Department of Veterans Affairs.

Objectives



TO DISCUSS SUCCESSFUL APPROACHES TO
ADDRESS DRIVING SAFETY



TO DESCRIBE PRACTICAL STEPS TO
REDUCE FIREARM RISK IN THE HOME



TO DISCUSS HOW TO DECREASE DISTRESS
AMONG OLDER ADULTS WHO EXHIBIT
BEHAVIORAL SYMPTOMS OF DEMENTIA

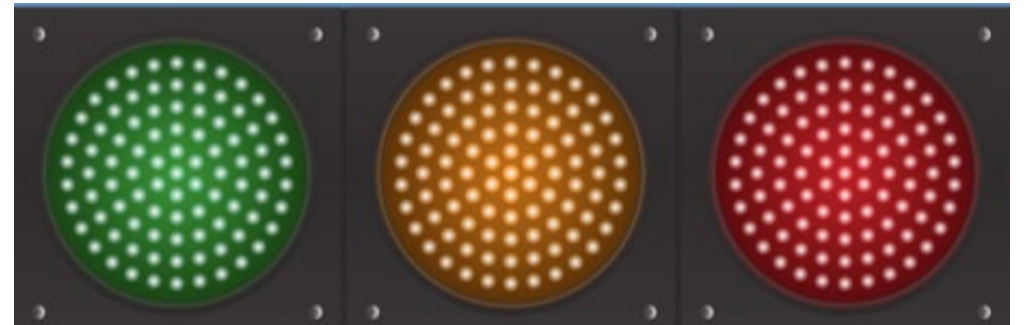
Overview

- Cognitive Impairment, Dementia, and Alzheimer's
 - Overview and Impact
- Driving
- Firearm Safety
- Managing Behaviors in Dementia

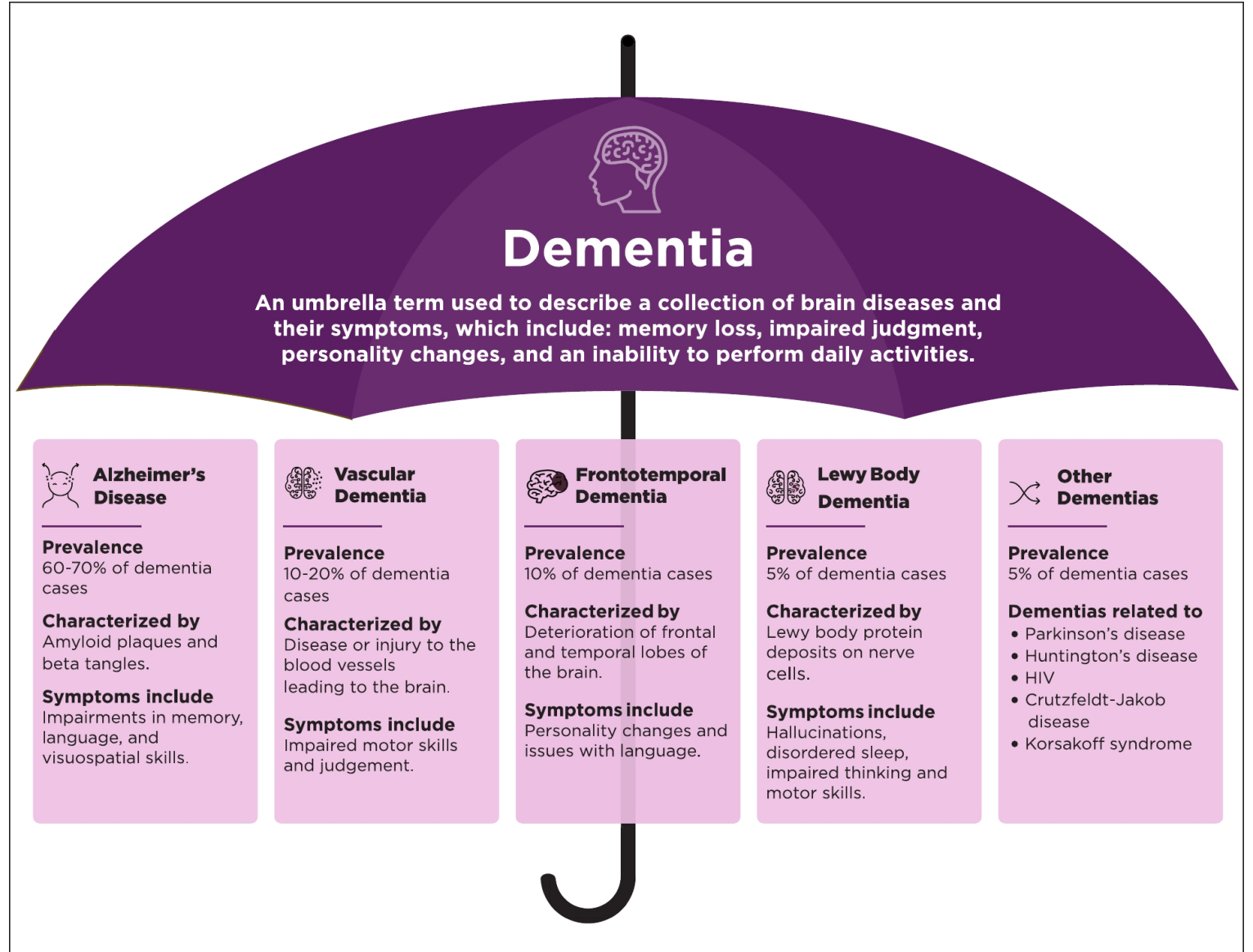


Cognitive Impairment, Dementia, and Alzheimer's Disease

- Cognitive Impairment exists on a spectrum
- Green = Normal
 - Normal function and cognition
- Yellow = Mild Cognitive Impairment
 - Normal function *but* impaired cognition
- Red = Dementia
 - Impaired function *and* impaired cognition



Dementia Umbrella



Alzheimer's Disease Facts



6.9 million Americans have Alzheimer's Disease



Cost of care: \$360 billion in 2024



Unpaid care: \$346 billion in 2024



Lifetime care costs for someone with Alzheimer's: ~\$400K



70% caregivers report coordinating care is stressful

Source: Alzheimer's Association (www.alz.org)

Driving

Frequently a difficult topic --- *but why?*

- Older adults have been driving for decades
- Driving is often considered a “right” rather than a privilege
- Driving = freedom and independence
- Difficult to live in rural areas without driving
- Reluctance to enter into a difficult conversation with Mom or Dad



The Older Driver: Reasons for Concern

- Drivers aged 70+ have higher crash death rates (per 1000 crashes) than middle-aged drivers
- Each day, 20 older adults are killed and 540 are injured in crashes
- In 2020, 7,500 older adults were killed and 200,000 older adults were treated in emergency departments from traffic crashes

Source: CDC (www.cdc.gov/older-adult-drivers)



But *Why?*

Driving is a complex task that requires:

- Visual input
- Auditory input
- Ability to multi-task
- Anticipation and prediction
- Quick reaction to stimuli
- Memory
- Physical flexibility and strength

As adults age, they may experience:

- Changes in vision
- Impairments in physical function
- Cognitive impairment



State Laws Vary

- Age:

Some states have no special requirements for renewing a license of an older adult

vs

Others define an “older adult” in statute and can require in-person renewal and/or more frequent renewal

- Physical Ability

Some states require no other proof of driving fitness than that of a younger driver (Minnesota bans this based on age!)

vs

Other states require updated vision or physical examinations

Source: www.nhtsa.gov/road-safety/older-drivers

State Laws Vary

- Cognitive Impairment:
 - Some require reporting of a dementia diagnosis (California)
 - Others require providers who identify a diagnosis that might impair driving *plus* a specific concern for driving to notify the DMV
 - Still others have no reporting requirement
- Reporters can include:
 - Family
 - Doctors
 - Law enforcement
 - Friends and acquaintances



Best Practices to Encourage Safe Driving

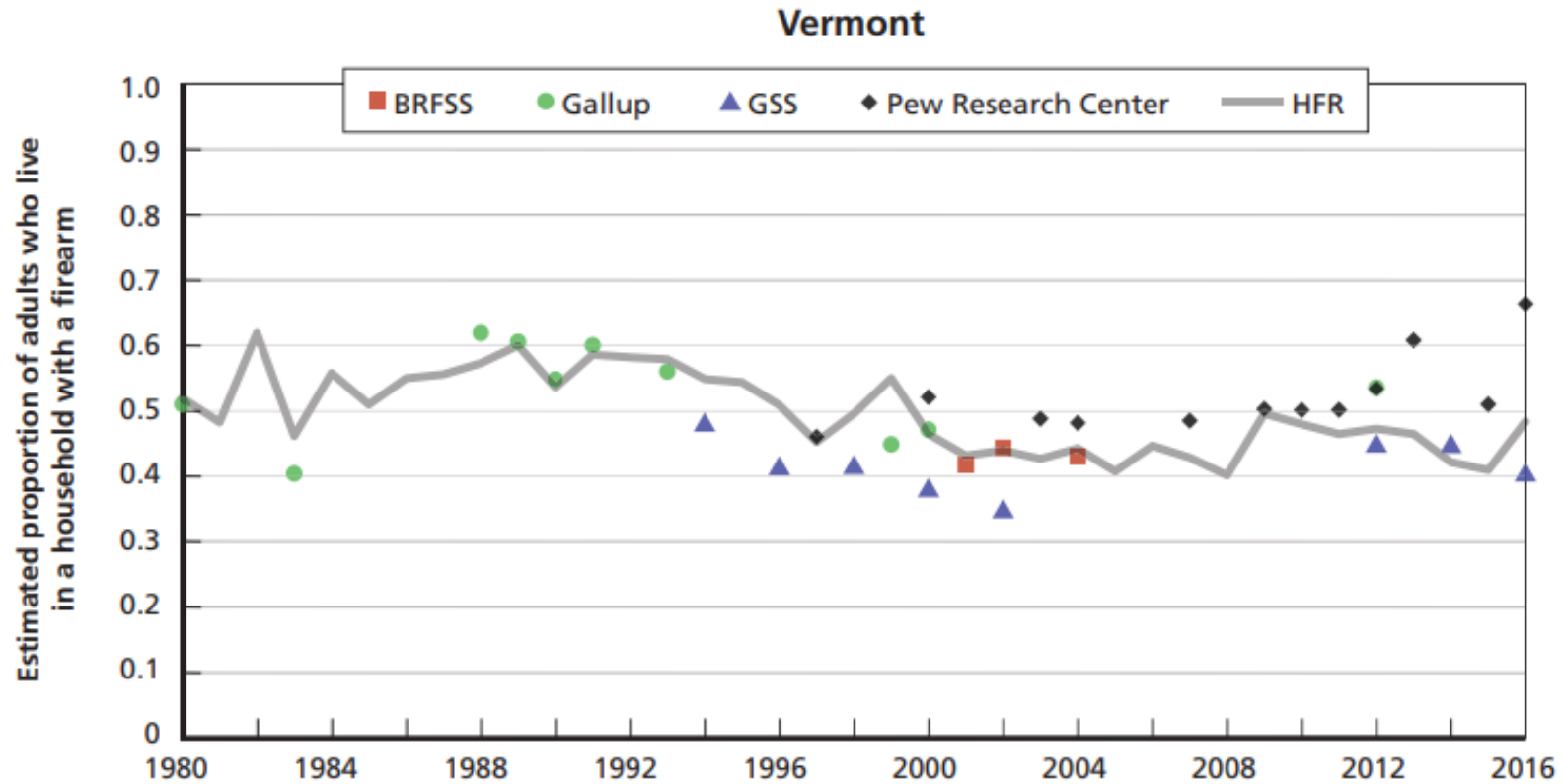
- Have the conversation before a crisis develops
 - Stress is likely to be lower
- Acknowledge emotion
- Collect information about alternative transportation options
- Enlist help of professional evaluators (physicians and occupational therapists)
- Develop a plan and stick with it
- Make a report to DMV (if needed)



Reducing Firearm Risk



Gun Ownership



Source: www.rand.org/pubs/tools/TL354.html

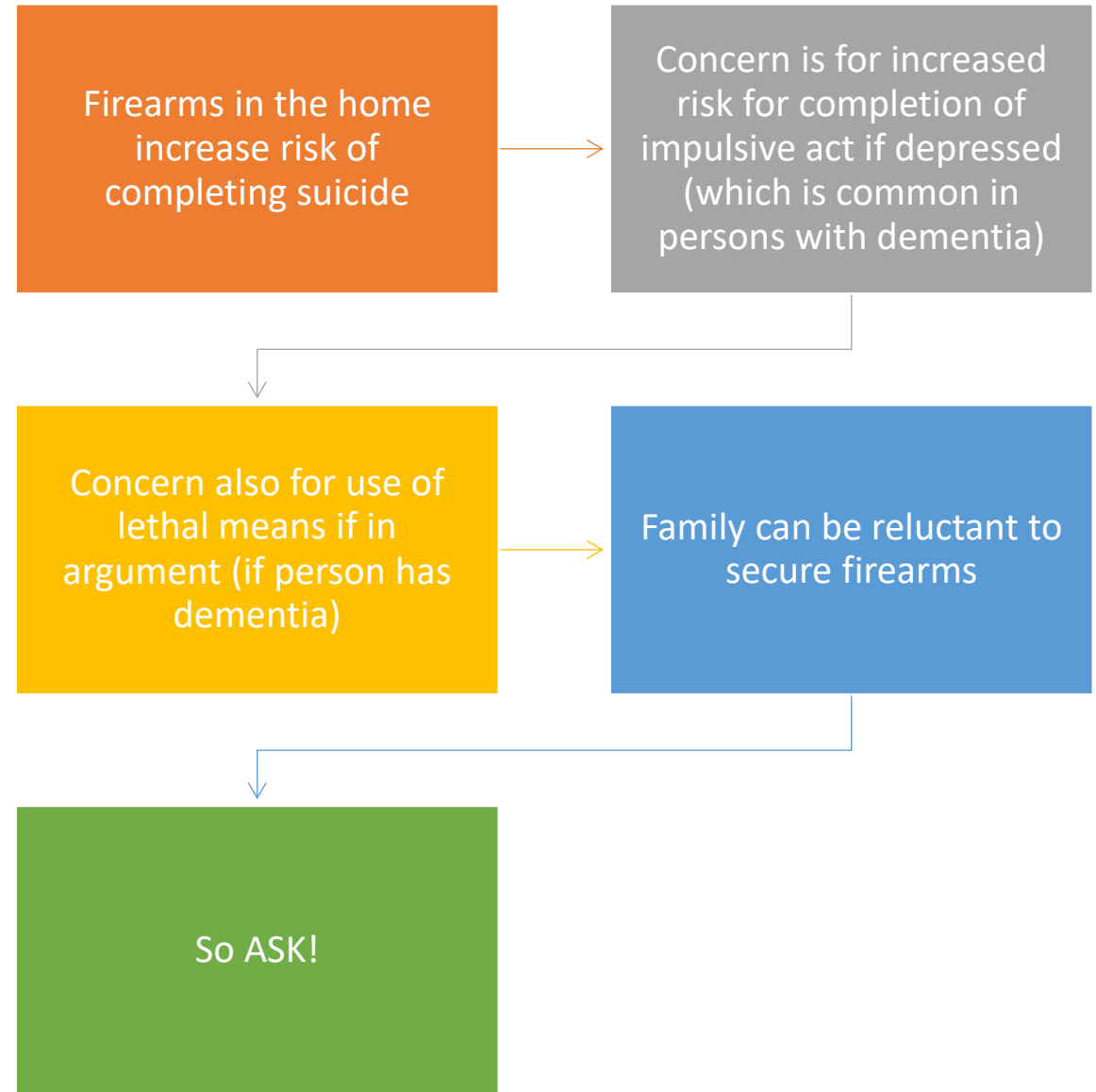
Discussions about Guns can be Emotional

- *Why?*
 - Powerful symbol of freedom and independence
 - Right to bear arms protected by Second Amendment and Vermont Constitution
 - Seen as means of self-protection rather than safety risk
 - Clinician may not have familiarity with firearms; may fear the conversation; or may think this is not their job



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Firearms and Cognitive Impairment



Reframing Discussion Can be Helpful

- Change conversation from discussion about firearm ownership to one about firearm safety
- Responsible Firearms Owners appreciate Firearm Safety
- 4 Rules of Universal Firearm Safety:
 1. Treat all guns as if they are loaded
 2. Never point a gun at something that you are not willing to destroy
 3. Keep your finger off the trigger until you're ready to shoot
 4. Be sure of your target and what is behind your target
- Most firearm owners also would also include:
Never handle a firearm if you are impaired (usually alcohol or drugs but could be logically expanded to include dementia)

Options to Increase Safety

- Remove gun from the home: give it to family, friends, or police
- Store gun unloaded
- Lock gun in safe and store ammunition in separate place
- Use gun lock and store key separately
- Ask family (if comfortable) to clear gun of ammunition and remove ammunition from the home
- Clear the gun and remove magazines (if it's a pistol that's not a revolver)

Gun Locks in Action





Decreasing Distress in Older
Adults with Behavioral
Disturbances in Dementia

Definitions



Agitation:
restlessness or
worry

Aggression: lashing
out verbally or
trying to hit
someone physically

Key Question

- Who is distressed and why?



Who is Distressed and Why?

- Assisted Living Facility
 - Trained staff?
 - Requiring too many resources?
 - Violence or safety concerns?



Who is Distressed and Why?

- Assisted Living Facility
- Caregiver
 - Educated about dementia?
 - Burning out and need help
 - Pre-existing relationship issues with care recipient



Who is Distressed and Why?

- Assisted Living Facility
- Caregiver
- Person living with dementia
 - What distresses them?
 - Mood
 - Hallucinations
 - Wanting to leave
 - Pain
 - Hunger



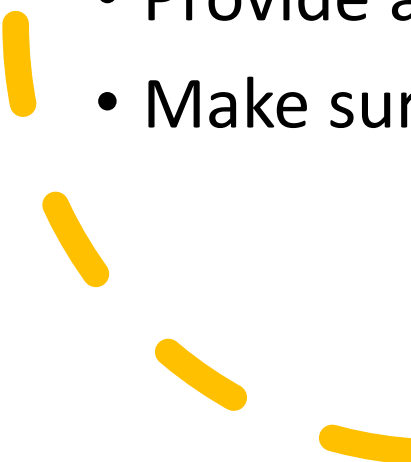
Causes of Agitation and Aggression




Adapted from NIA worksheet from Alzheimer's Disease Education and Referral Center



Helping to Manage Agitation Non-Pharmacologically

- Provide reassurance and empathize
 - Allow them to manage what they can
 - Cut down on decision paralysis
 - Allow for quiet times --- reduce stimulation
 - Provide access to photographs, personal items, music
 - Make sure basic human needs are met
- 



Helping to Manage Agitation Pharmacologically

- General Principles:
 - Start low, go slow
 - Attempt to use antidepressants before escalating therapy
 - Educate family/patient about risk --- “Black Box Warning
 - Re-evaluate continued need
 - Gradual Dose Reduction Trials

Questions?

