# Enhancing Early Diagnosis and Culturally Sensitive Support and Care of Dementia

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Geriatric Services Conference 2018

Funding for this initiative was provided by the Specialist Services Committee (SSC), one of four joint collaborative committees representing a partnership of Doctors of BC and the BC Ministry of Health.

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## Acknowledgement

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# Disclosure and Conflict Management

No affiliation (financial or otherwise) with a commercial organization.

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# Background

- Dementia is a complex disease requiring a multifaceted interdisciplinary approach involving a range of health care professionals (specialist and primary care).
- The challenges of diagnosing and supporting people with dementia and their families and caregivers are expected to increase as prevalence rates in Fraser Health (FH) are anticipated to rise by 72% over the next 10 years (from 16,128 cases in 2009 to 27,749 cases in 2024).[1]
- This challenge is further compounded by FH's large South Asian community who may be at greater risk due to increased prevalence of cardiovascular risk factors.[2,3]

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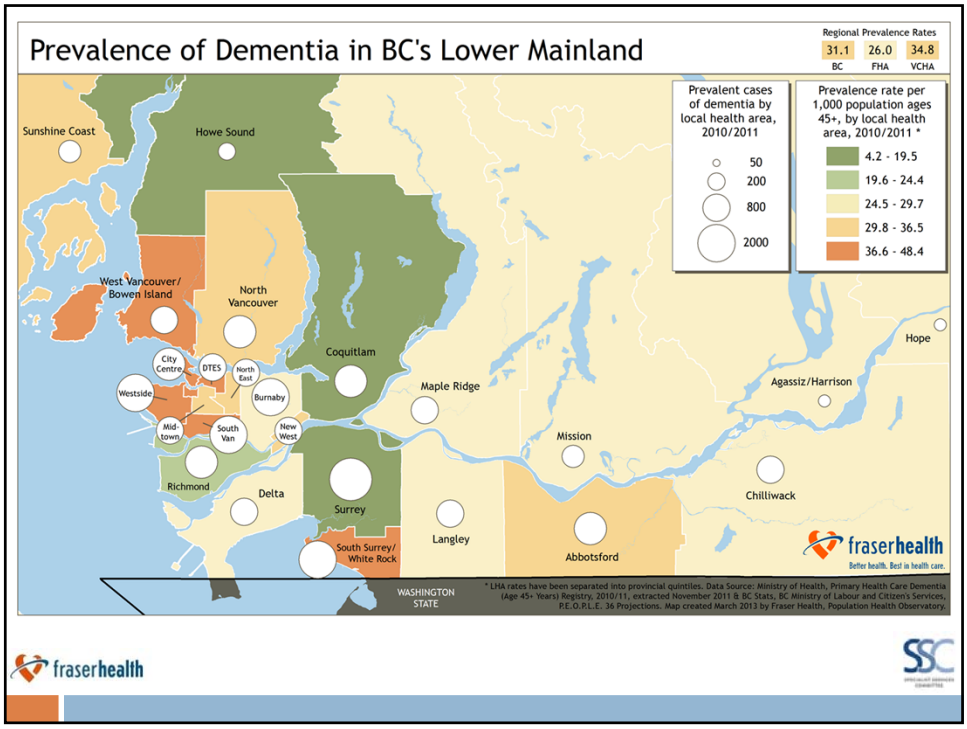
Prevalence of Dementia in BC's Lower Mainland
Regional Prevalence Rates
31.1 BC
26.0 FHA
34.8 VCHA
Prevalent cases of dementia by local health area, 2010/2011
50
200
800
2000
Prevalence rate per 1,000 population ages 45+, by local health area, 2010/2011 *
4.2 - 19.5
19.6 - 24.4
24.5 - 29.7
29.8 - 36.5
36.6 - 48.4
Sunshine Coast
Howe Sound
West Vancouver/ Bowen Island
North Vancouver
Coquitlam
City Centre
DTES
North East
Westside
Burnaby
Mid-town
South Van
New West
Richmond
Delta
Surrey
South Surrey/ White Rock
Maple Ridge
Langley
Mission
Abbotsford
Hope
Agassiz/Harrison
Chilliwack
WASHINGTON STATE
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* LHA rates have been separated into provincial quintiles. Data Source: Ministry of Health, Primary Health Care Dementia (Age 45+ Years) Registry, 2010/11, extracted November 2011 & BC Stats, BC Ministry of Labour and Citizen's Services, P.E.O.P.L.E. 36 Projections. Map created March 2013 by Fraser Health, Population Health Observatory.
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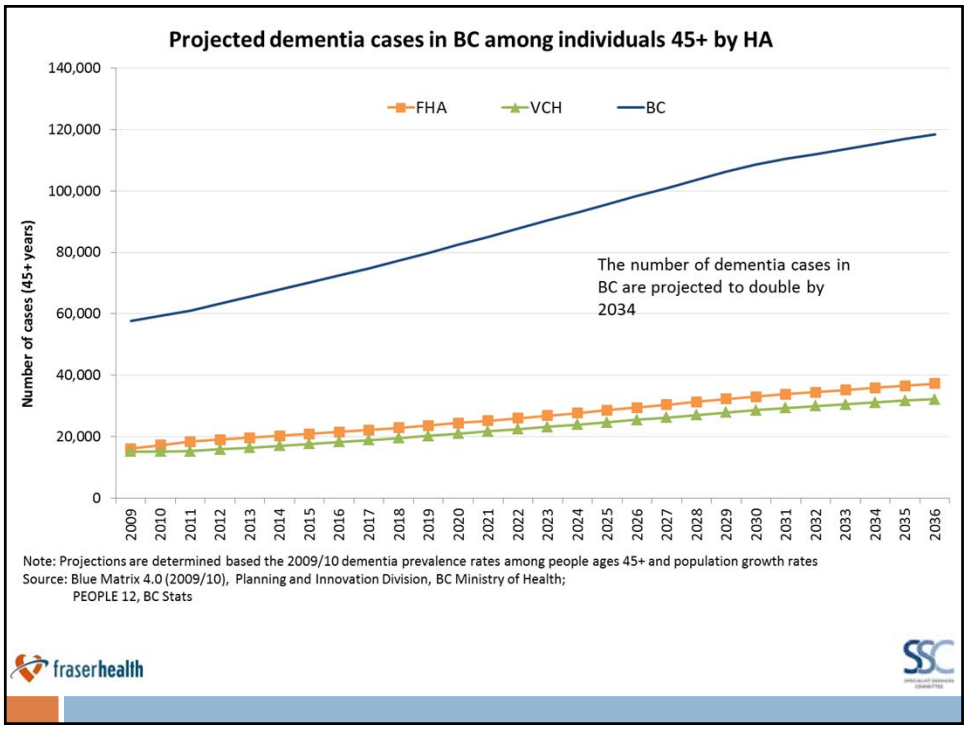
Projected dementia cases in BC among individuals 45+ by HA
FHA
VCH
BC
Number of cases (45+ years)
140,000
120,000
100,000
80,000
60,000
40,000
20,000
0
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
2027
2028
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2030
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2032
2033
2034
2035
2036
The number of dementia cases in BC are projected to double by 2034
Note: Projections are determined based the 2009/10 dementia prevalence rates among people ages 45+ and population growth rates
Source: Blue Matrix 4.0 (2009/10), Planning and Innovation Division, BC Ministry of Health;
PEOPLE 12, BC Stats
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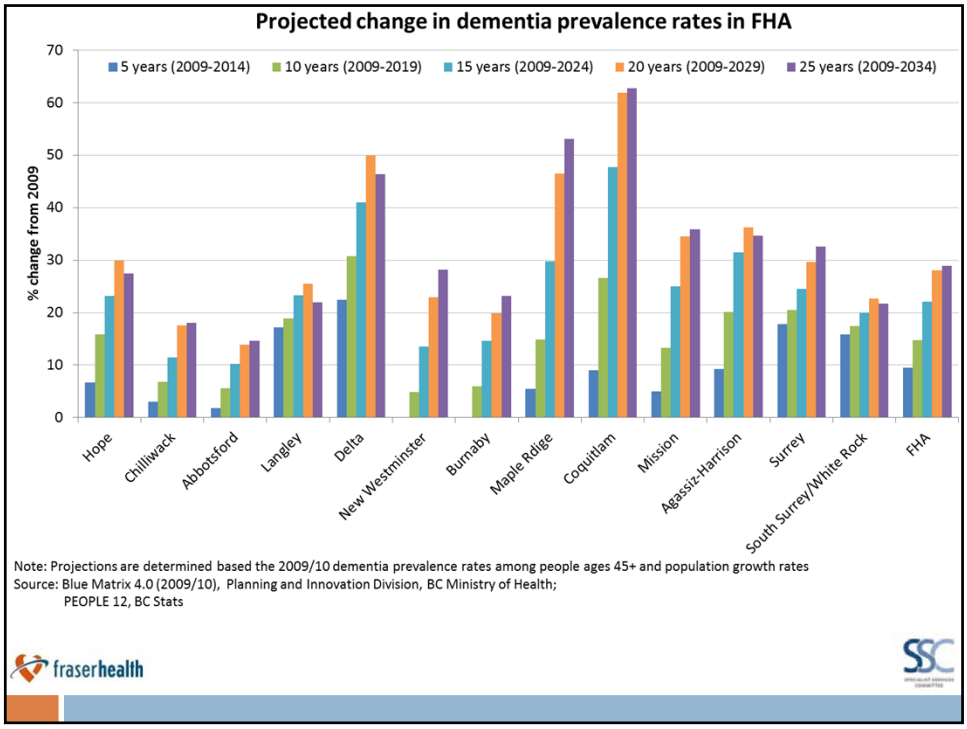


Note: Projections are determined based the 2009/10 dementia prevalence rates among people ages 45+ and population growth rates
Source: Blue Matrix 4.0 (2009/10), Planning and Innovation Division, BC Ministry of Health;
PEOPLE 12, BC Stats

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# Gaps in Dementia Care

- Evidence suggests that dementia, especially in early stages, remains under-detected, under-diagnosed, under-disclosed, and under-treated/managed.[4]
- This may be magnified in the South Asian community due to the cultural context, perceptions, and knowledge of aging and dementia; stigma; and access to culturally sensitive services.[5,6]
- Many primary health care practitioners report a lack of confidence and the skills required to provide a diagnosis of dementia.[7,8]
- Educational and interdisciplinary consultation support from specialists such as geriatricians, geriatric psychiatrists and neurologists have the potential to support improvements in early diagnosis.[9]

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## Early Diagnosis and Management

- Receiving an early diagnosis of dementia will:
  - Result in earlier treatment which is proven to be more effective for maintaining quality of life
  - Gain earlier access to dementia information, support and services
  - Allow time to plan for the future
- **Reversible dementia**: there are certain, treatable conditions such as vitamin B12 deficiency, low thyroid, depression among others which present as early dementia and should be diagnosed early as possible.

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## Early Dementia Strategy

- Launched in 2015, our goal is to enhance the role of specialists in supporting primary care practitioners to increase their knowledge and confidence in early diagnosis and culturally sensitive treatment and management of people with dementia and their families.

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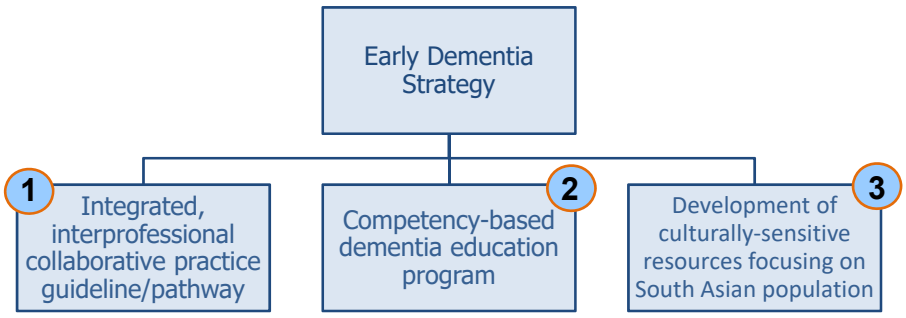
# Key Streams

This overarching goal is being achieved through the development and implementation of activities in three key streams:

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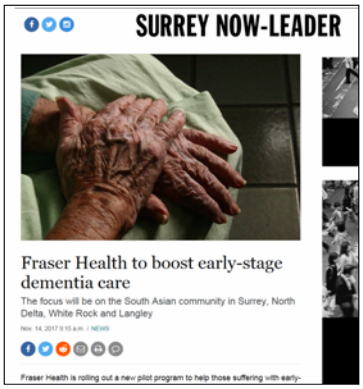
# FHA News Release on November 14, 2017


SURREY NOW-LEADER

Fraser Health to boost early-stage dementia care

The focus will be on the South Asian community in Surrey, North Delta, White Rock and Langley


Fraser Health enhances support for people with early stage dementia

- Over the next year, FHA is piloting new initiatives in the communities of Surrey-North Delta, White Rock-South Surrey, and Langley.

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## 1 Integrated collaborative practice pathway

- **Core activities:** Development of leading practice dementia-specific, interprofessional guideline.
- **Goal:** To develop a strong foundation of dementia knowledge and competency to enhance access and support for early diagnosis.

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## Collaborative Practice Dementia Pathway

PATHWAY FOR RECOGNITION, DIAGNOSIS AND MANAGEMENT OF EARLY DEMENTIA IN PRIMARY CARE

Checklist for Recognizing and Diagnosing Dementia

Management of Early Dementia
Table of Contents

- Guidelines for recognition, diagnosis and management of early dementia, in alignment with BC Cognitive Impairment Guidelines
- Dynamic PDF Pathway, to be uploaded to desktop/EMR, and includes links to relevant resources

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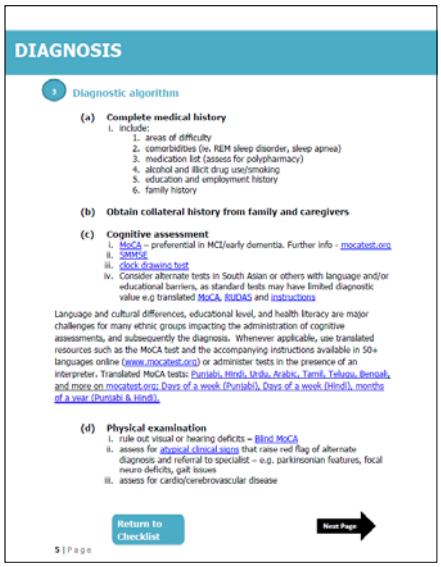
# Collaborative Practice Dementia Pathway



## DIAGNOSIS

Diagnostic algorithm

**(a) Complete medical history**

i. include:
1. areas of difficulty
2. comorbidities (ie. REM sleep disorder, sleep apnea)
3. medication list (assess for polypharmacy)
4. alcohol and illicit drug use/smoking
5. education and employment history
6. family history

**(b) Obtain collateral history from family and caregivers**

**(c) Cognitive assessment**

i. MoCA – preferential in MCI/early dementia. Further info - mocatest.org
ii. SMMSE
iii. clock drawing test
iv. Consider alternate tests in South Asian or others with language and/or educational barriers, as standard tests may have limited diagnostic value e.g translated MoCA, RUDAS and instructions

Language and cultural differences, educational level, and health literacy are major challenges for many ethnic groups impacting the administration of cognitive assessments, and subsequently the diagnosis. Whenever applicable, use translated resources such as the MoCA test and the accompanying instructions available in 50+ languages online (www.mocatest.org) or administer tests in the presence of an interpreter. Translated MoCA tests: Punjabi, Hindi, Urdu, Arabic, Tamil, Telugu, Bengali, and more on mocatest.org; Days of a week (Punjabi), Days of a week (Hindi), months of a year (Punjabi & Hindi).

**(d) Physical examination**

i. rule out visual or hearing deficits – Blind MoCA
ii. assess for atypical clinical signs that raise red flag of alternate diagnosis and referral to specialist – e.g. parkinsonian features, focal neuro deficits, gait issues
iii. assess for cardio/cerebrovascular disease

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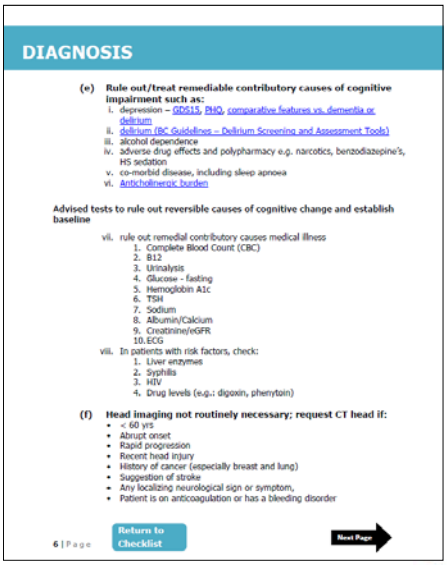

## DIAGNOSIS

**(e) Rule out/treat remediable contributory causes of cognitive impairment such as:**

i. depression – GDS15, PHQ, comparative features vs. dementia or delirium
ii. delirium (BC Guidelines – Delirium Screening and Assessment Tools)
iii. alcohol dependence
iv. adverse drug effects and polypharmacy e.g. narcotics, benzodiazepine's, H1 sedation
v. co-morbid disease, including sleep apnoea
vi. Anticholinergic burden

**Advised tests to rule out reversible causes of cognitive change and establish baseline**

vii. rule out remedial contributory causes medical illness
1. Complete Blood Count (CBC)
2. B12
3. Urinalysis
4. Glucose - fasting
5. Hemoglobin A1c
6. TSH
7. Sodium
8. Albumin/Calcium
9. Creatinine/eGFR
10. ECG

viii. In patients with risk factors, check:
1. Liver enzymes
2. Syphilis
3. HIV
4. Drug levels (e.g.: digoxin, phenytoin)

**(f) Head imaging not routinely necessary; request CT head if:**

- < 60 yrs
- Abrupt onset
- Rapid progression
- Recent head injury
- History of cancer (especially breast and lung)
- Suggestion of stroke
- Any localizing neurological sign or symptom,
- Patient is on anticoagulation or has a bleeding disorder

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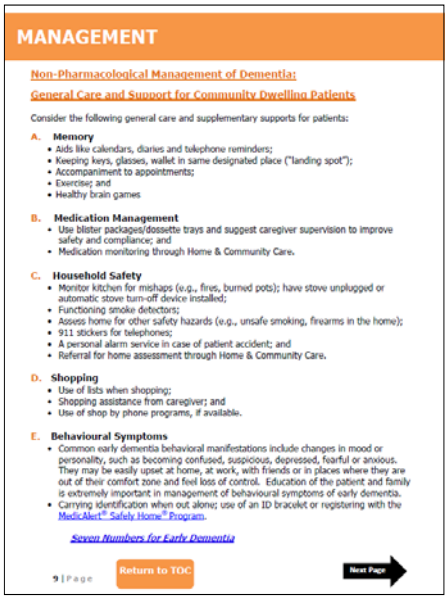
- Walks through steps to diagnose dementia in a patient



## MANAGEMENT

**Non-Pharmacological Management of Dementia:**

**General Care and Support for Community Dwelling Patients**

Consider the following general care and supplementary supports for patients:

**A. Memory**
- Aids like calendars, diaries and telephone reminders;
- Keeping keys, glasses, wallet in same designated place ("landing spot");
- Accompaniment to appointments;
- Exercise; and
- Healthy brain games

**B. Medication Management**
- Use blister packages/dossette trays and suggest caregiver supervision to improve safety and compliance; and
- Medication monitoring through Home & Community Care.

**C. Household Safety**
- Monitor kitchen for mishaps (e.g., fires, burned pots); have stove unplugged or automatic stove turn-off device installed;
- Functioning smoke detectors;
- Assess home for other safety hazards (e.g., unsafe smoking, firearms in the home);
- 911 stickers for telephones;
- A personal alarm service in case of patient accident; and
- Referral for home assessment through Home & Community Care.

**D. Shopping**
- Use of lists when shopping;
- Shopping assistance from caregiver; and
- Use of shop by phone programs, if available.

**E. Behavioural Symptoms**
- Common early dementia behavioral manifestations include changes in mood or personality, such as becoming confused, suspicious, depressed, fearful or anxious. They may be easily upset at home, at work, with friends or in places where they are out of their comfort zone and feel loss of control. Education of the patient and family is extremely important in management of behavioural symptoms of early dementia.
- Carrying identification when out alone; use of an ID bracelet or registering with the MedicAlert® Safely Home® Program.

*Seven Numbers for Early Dementia*

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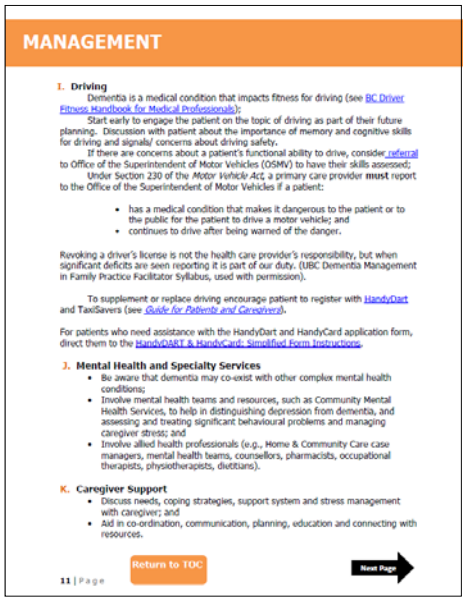

## MANAGEMENT

**I. Driving**

Dementia is a medical condition that impacts fitness for driving (see BC Driver Fitness Handbook for Medical Professionals):

Start early to engage the patient on the topic of driving as part of their future planning. Discussion with patient about the importance of memory and cognitive skills for driving and signals/ concerns about driving safety.

If there are concerns about a patient's functional ability to drive, consider referral to Office of the Superintendent of Motor Vehicles (OSMV) to have their skills assessed;

Under Section 230 of the *Motor Vehicle Act*, a primary care provider **must** report to the Office of the Superintendent of Motor Vehicles if a patient:

- has a medical condition that makes it dangerous to the patient or to the public for the patient to drive a motor vehicle; and
- continues to drive after being warned of the danger.

Revoking a driver's license is not the health care provider's responsibility, but when significant deficits are seen reporting it is part of our duty. (UBC Dementia Management in Family Practice Facilitator Syllabus, used with permission).

To supplement or replace driving encourage patient to register with HandyDart and TaxiSavers (see *Guide for Patients and Caregivers*).

For patients who need assistance with the HandyDart and HandyCard application form, direct them to the HandyDART & HandyCard: Simplified Form Instructions.

**J. Mental Health and Specialty Services**
- Be aware that dementia may co-exist with other complex mental health conditions;
- Involve mental health teams and resources, such as Community Mental Health Services, to help in distinguishing depression from dementia, and assessing and treating significant behavioural problems and managing caregiver stress; and
- Involve allied health professionals (e.g., Home & Community Care case managers, mental health teams, counsellors, pharmacists, occupational therapists, physiotherapists, dietitians).

**K. Caregiver Support**
- Discuss needs, coping strategies, support system and stress management with caregiver; and
- Aid in co-ordination, communication, planning, education and connecting with resources.

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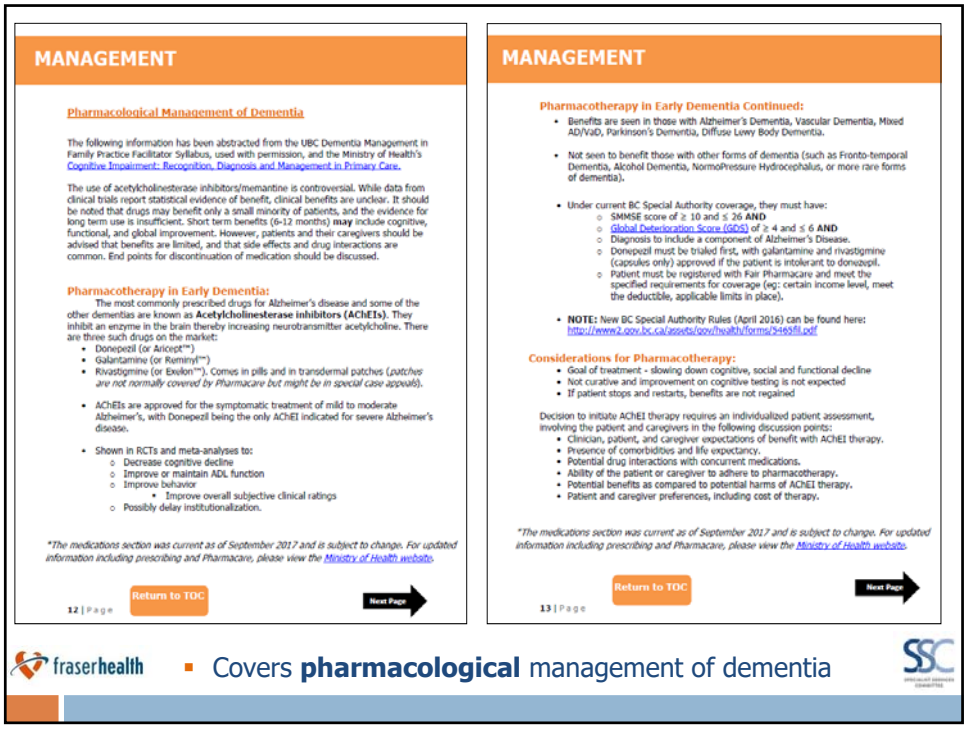
- Covers **non-pharmacological** management of dementia


MANAGEMENT
Pharmacological Management of Dementia
The following information has been abstracted from the UBC Dementia Management in Family Practice Facilitator Syllabus, used with permission, and the Ministry of Health's Cognitive Impairment: Recognition, Diagnosis and Management in Primary Care.
The use of acetylcholinesterase inhibitors/memantine is controversial. While data from clinical trials report statistical evidence of benefit, clinical benefits are unclear. It should be noted that drugs may benefit only a small minority of patients, and the evidence for long term use is insufficient. Short term benefits (6-12 months) may include cognitive, functional, and global improvement. However, patients and their caregivers should be advised that benefits are limited, and that side effects and drug interactions are common. End points for discontinuation of medication should be discussed.
Pharmacotherapy in Early Dementia:
The most commonly prescribed drugs for Alzheimer's disease and some of the other dementias are known as Acetylcholinesterase inhibitors (AChEIs). They inhibit an enzyme in the brain thereby increasing neurotransmitter acetylcholine. There are three such drugs on the market:
Donepezil (or Aricept™)
Galantamine (or Reminyl™)
Rivastigmine (or Exelon™). Comes in pills and in transdermal patches (patches are not normally covered by Pharmacare but might be in special case appeals).
AChEIs are approved for the symptomatic treatment of mild to moderate Alzheimer's, with Donepezil being the only AChEI indicated for severe Alzheimer's disease.
Shown in RCTs and meta-analyses to:
Decrease cognitive decline
Improve or maintain ADL function
Improve behavior
Improve overall subjective clinical ratings
Possibly delay institutionalization.
*The medications section was current as of September 2017 and is subject to change. For updated information including prescribing and Pharmacare, please view the Ministry of Health website.
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MANAGEMENT
Pharmacotherapy in Early Dementia Continued:
Benefits are seen in those with Alzheimer's Dementia, Vascular Dementia, Mixed AD/VaD, Parkinson's Dementia, Diffuse Lewy Body Dementia.
Not seen to benefit those with other forms of dementia (such as Fronto-temporal Dementia, Alcohol Dementia, NormoPressure Hydrocephalus, or more rare forms of dementia).
Under current BC Special Authority coverage, they must have:
SMMSE score of ≥ 10 and ≤ 26 AND
Global Deterioration Score (GDS) of ≥ 4 and ≤ 6 AND
Diagnosis to include a component of Alzheimer's Disease.
Donepezil must be trialed first, with galantamine and rivastigmine (capsules only) approved if the patient is intolerant to donezepil.
Patient must be registered with Fair Pharmacare and meet the specified requirements for coverage (eg: certain income level, meet the deductible, applicable limits in place).
NOTE: New BC Special Authority Rules (April 2016) can be found here: http://www2.gov.bc.ca/assets/gov/health/forms/5469fil.pdf
Considerations for Pharmacotherapy:
Goal of treatment - slowing down cognitive, social and functional decline
Not curative and improvement on cognitive testing is not expected
If patient stops and restarts, benefits are not regained
Decision to initiate AChEI therapy requires an individualized patient assessment, involving the patient and caregivers in the following discussion points:
Clinician, patient, and caregiver expectations of benefit with AChEI therapy.
Presence of comorbidities and life expectancy.
Potential drug interactions with concurrent medications.
Ability of the patient or caregiver to adhere to pharmacotherapy.
Potential benefits as compared to potential harms of AChEI therapy.
Patient and caregiver preferences, including cost of therapy.
*The medications section was current as of September 2017 and is subject to change. For updated information including prescribing and Pharmacare, please view the Ministry of Health website.
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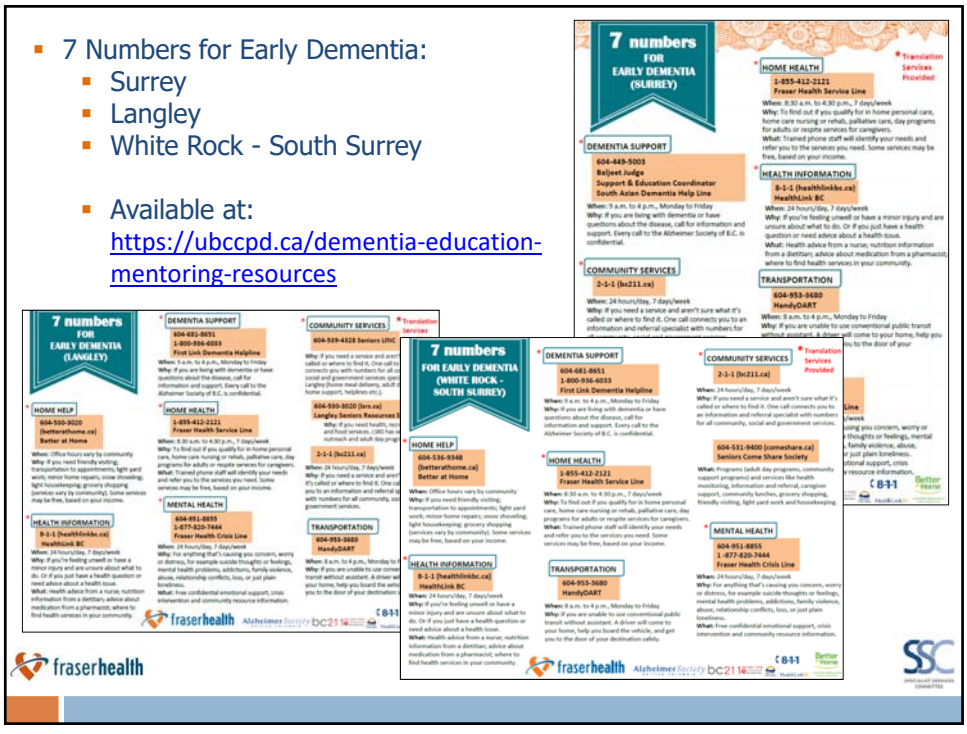
Covers pharmacological management of dementia


7 Numbers for Early Dementia:
Surrey
Langley
White Rock - South Surrey
Available at:
https://ubccpd.ca/dementia-education-mentoring-resources
7 numbers FOR EARLY DEMENTIA (SURREY)
7 numbers FOR EARLY DEMENTIA (LANGLEY)
7 numbers FOR EARLY DEMENTIA (WHITE ROCK - SOUTH SURREY)
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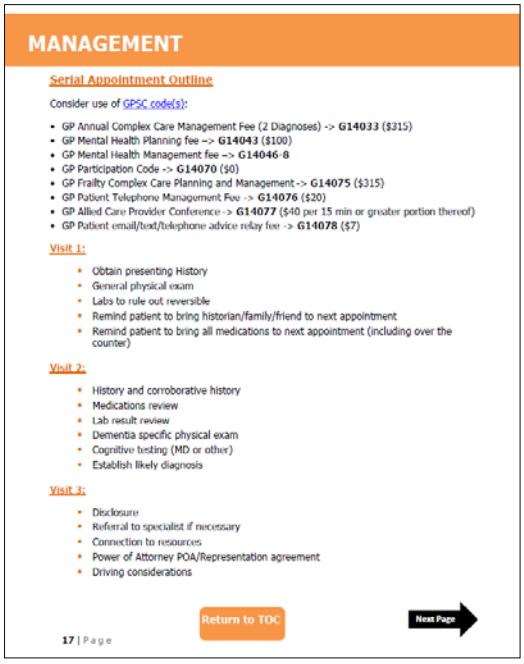
- Excerpted from the Collaborative Practice Pathway

- For more information or access to the Pathway, please connect with Project Manager Sarah Metcalfe (Sarah.Metcalfe@fraserhealth.ca)



MANAGEMENT

Serial Appointment Outline

Consider use of GPSC code(s):

- GP Annual Complex Care Management Fee (2 Diagnoses) -> **G14033** ($315)
- GP Mental Health Planning fee -> **G14043** ($100)
- GP Mental Health Management fee -> **G14046-8**
- GP Participation Code -> **G14070** ($0)
- GP Frailty Complex Care Planning and Management -> **G14075** ($315)
- GP Patient Telephone Management Fee -> **G14076** ($20)
- GP Allied Care Provider Conference -> **G14077** ($40 per 15 min or greater portion thereof)
- GP Patient email/text/telephone advice relay fee -> **G14078** ($7)

Visit 1:

- Obtain presenting History
- General physical exam
- Labs to rule out reversible
- Remind patient to bring historian/family/friend to next appointment
- Remind patient to bring all medications to next appointment (including over the counter)

Visit 2:

- History and corroborative history
- Medications review
- Lab result review
- Dementia specific physical exam
- Cognitive testing (MD or other)
- Establish likely diagnosis

Visit 3:

- Disclosure
- Referral to specialist if necessary
- Connection to resources
- Power of Attorney POA/Representation agreement
- Driving considerations

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## Collaborative Practice Dementia Pathway

- Projected Outcomes:
  - Increase confidence in the diagnosis of early dementia
  - 75% of newly diagnosed individuals with dementia receiving guideline care
  - Efficient use of specialist resources

*Launched pilot testing of Pathway in Education Mentoring Program

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Division of Family Practice
A GPSC initiative

UBC CPD Medicine | CONTINUING PROFESSIONAL DEVELOPMENT

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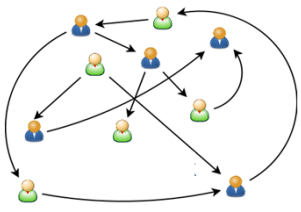
## 2 Dementia Education Mentoring Program

- **Core activities:** 8 specialists (**Mentors**) grouped with 24 GPs and NPs (**Mentees**) engaging in practice-relevant small group discussions focused on risk reduction, early diagnosis and referral to community supports.
- **Goal:** To develop a strong foundation of dementia knowledge and competency to enhance access and support for early diagnosis.
- Program Kick-Off Meeting held on Sept 25, 2017
  - Completion: May 2018
- CME Accreditation (40.5 Mainpro+ credits)

fraserhealth Division of Family Practice UBC CPD Medicine CONTINUING PROFESSIONAL DEVELOPMENT SSC

## 3 Culturally-sensitive resources

- **Core activities:** Development of culturally-sensitive dementia information, clinical tools and community supports for the South Asian population.
- **Goal:** To enhance awareness, access, and appropriateness of dementia care services for the South Asian community.



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## Needs Assessment Survey Results

- Conducted in 3 diverse, community venues within South Asian population.
- In the respondents' opinion the following reasons could prevent early diagnosis of dementia:

1. Lack of knowledge or awareness of dementia.
2. Belief that not remembering things is a normal part of aging after 60 years of age.
3. Language barrier
4. Embarrassed of what people may say
5. Patient and/or family does not want to get help or diagnosis

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## Culturally-sensitive elements of dementia care

- Fluency in English and health literacy are major health and clinical challenges in South Asians greatly impacting ability to be aware of dementia knowledge and their uptake and continued use of health care services for dementia.
- Many South Asian elderly are dependent on their children for commuting, handling finances and also communicating which makes them vulnerable for social isolation and planning for later stages of the disease.
- Social control and socialization are essential functions of the family system. Stigma surrounding dementia can be a huge barrier for the patient or family.
- The South Asian community is far more likely to view caring as their duty, and are less likely to move their family member into care outside the family;
  - this traditional view of caring can prevent caregivers from engaging and sharing the care responsibilities with a variety of service providers.

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## Supporting South Asian Persons with Dementia

- Conduct a MoCA in the language they are comfortable in.
- Encourage South Asian persons with dementia and caregivers to enroll into support groups or meet other persons living with dementia for connection and support.
- Approach interpreter services or use a member of your staff to convey information if they do not understand English very well. Give them translated material if available.
- Always keep family members in the loop while making decisions such as starting medications, as sometimes the older adults do not have the health literacy to understand what they are saying yes to.
- Discuss their diet with them as well as their caregiver who might be responsible for the cooking and caretaking.
- Be open about how alcohol drinking might impact their condition. Alcoholism is a huge issue in the South Asian community.

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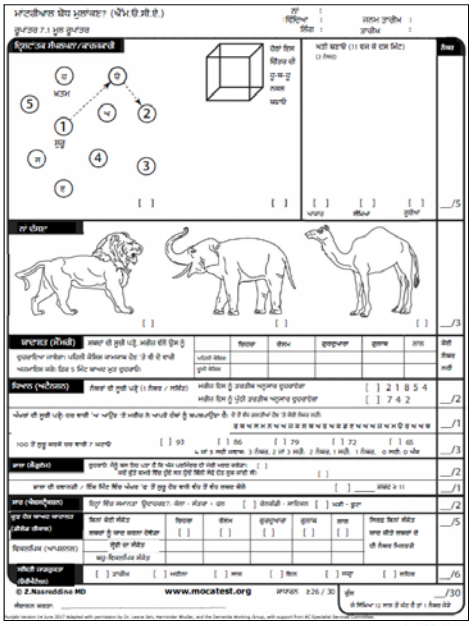
## Culturally-Sensitive Resources

- Tools and Resources:
  - **Punjabi MoCA:** completed translation and cultural adaptation of the Montreal Cognitive Assessment Tool (MoCA) which is now available for world-wide use on www.mocatest.org

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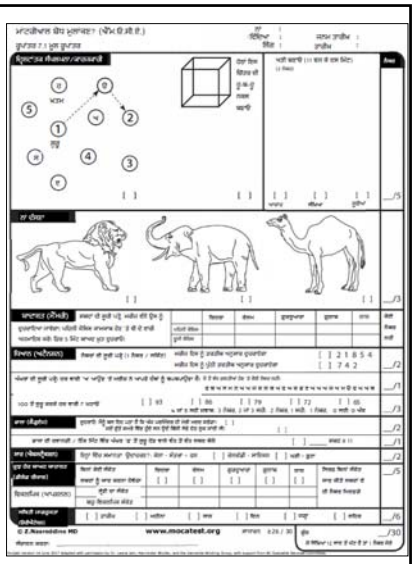
# Culturally-Sensitive Resources

- Language and cultural adaptations to Punjabi MoCA:
  - Addition of elephant – more culturally known animal
  - Recall memory words are more culturally relatable
  - Replacement of culturally appropriate names of persons

- MoCA is available in **50+ languages online** to reduce impact of language differences in administration of cognitive assessment and subsequently the diagnosis



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# Culturally-Sensitive Resources

- Translated Punjabi MoCA instructions include table of Months and Days in Punjabi for reference

**Punjabi Calendar Months**

| | |
|---|---|
| 1. Mid Poh – Mid Magh | January |
| 2. Mid Magh – Mid Phagan | February |
| 3. Mid Phagan – Mid Chait | March |
| 4. Mid Chait – Mid Vaisakh | April |
| 5. Mid Vaisakh – Mid Jeth | May |
| 6. Med Jeth – Mid Asad | June |
| 7. Mid Asad – Mid Saun | July |
| 8. Mid Saun – Mid Bhadon | August |
| 9. Mid Bhadon – Mid Asu | September |
| 10. Mid Asu – Mid Katak | October |
| 11. Mid Katak – Mid Maghar | November |
| 12. Mid Maghar – Mid Poh | December |

**Punjabi Days of the Week**

| Days of the week | ਹਫ਼ਤੇ ਦੇ ਦਿਨ | |
|---|---|---|
| | | |
| Monday | ਸੋਮਵਾਰ | Somvaar |
| Tuesday | ਮੰਗਲਵਾਰ | Mangalvaar |
| Wednesday | ਬੁੱਧਵਾਰ | Budhvaar |
| Thursday | ਵੀਰਵਾਰ | Veervaar |
| Friday | ਸ਼ੁੱਕਰਵਾਰ | Shukkarvaar |
| Saturday | ਸ਼ਨਿੱਚਰਵਾਰ | Shanicharvaar |
| Sunday | ਐਤਵਾਰ | Aitvaar |

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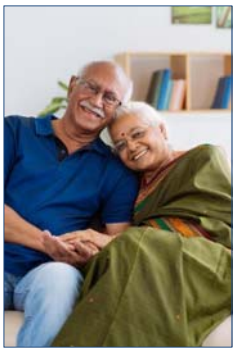
# Culturally-Sensitive Resources

- To provide culturally-sensitive support to persons in the South Asian community living with dementia and their families
- One year pilot of Punjabi-speaking South Asian Support and Education Coordinator, **Baljeet Judge**, at Alzheimer Society of BC's First Link program (ending Oct 2018)
- **South Asian Dementia Helpline** (**604-449-5003**, M-F 9am-4pm)
  - Toll free #: **1-833-674-5003**



First Link®
YOUR LINK TO DEMENTIA SUPPORT

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Alzheimer Society
BRITISH COLUMBIA

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# Culturally-Sensitive Resources

- **Available in Punjabi and Hindi at** https://ubccpd.ca/dementia-education-mentoring-resources:
  - 7 Numbers for Early Dementia
  - Keep your Brain Healthy brochure
  - Simplified HandyDART instructions
- **In Revision:**
  - Intercultural Online Health Network (iCON) Getting to Know Dementia Booklet, South Asian Edition (Punjabi)


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iCON
Intercultural Online Health Network

Alzheimer Society
BRITISH COLUMBIA

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# Needs Assessment Survey Results

- In the South Asian population, roughly 1 in 5 do not speak English. Other than English the most commonly spoken language is Punjabi (68%).
- 94% of the respondents specified that they would like to know more about dementia.
- Respondents preferred the following mediums to find out more information about dementia:
  1. Live talks/Events
  2. Newspapers/Magazines
  3. Television
  4. Radio

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# Culturally-Sensitive Resources

- Public Awareness Campaign:
  - Series of live-talks, radio, TV, and newspaper engagement in the South Asian community from November 2017 to present
  - Series of newspaper articles published approx. monthly in Indo-Canadian Voice (English) and Awaaz (Punjabi) newspapers by Dr Jason Bains and Dr Leena Jain
  - iCON Healthy at Home – South Asian Health Forum held on March 4th 2018


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iCON inter_ultural Online Health Network

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# Results So Far: Post-talk surveys

- **236 completed surveys**
- **80%** of attendees stated their understanding of the difference between normal aging and dementia to be more than before.

| Response | Chart | Percentage | Count |
|---|---|---|---|
| More than before | | 80% | 163 |
| Same as before | | 10% | 21 |
| I don't know | | 10% | 21 |
| **Total Responses** | | | **205** |

- **80%** of attendees stated their understanding of the signs and symptoms of dementia to be more than before.

| Response | Chart | Percentage | Count |
|---|---|---|---|
| More than before | | 80% | 168 |
| Same as before | | 8% | 18 |
| I don't know | | 12% | 26 |
| **Total Responses** | | | **212** |

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# Results so far: Post-talk surveys

- After the talks, the attendees stated:
  - ✓ **97%** understood that they should talk to their doctor if anyone in their family or in themselves have signs of dementia,
  - ✓ **82%** increased their knowledge of risk reduction for themselves and their family, and
  - ✓ **84%** understood how to get information regarding dementia if needed.

*"Excellent talk, great knowledge, great communication style"*

*"very knowledgeable, now I know, what my sister is going through. THANK YOU, You guys are doing a great job"*

*"Well thought out and beautiful, had a mix of good examples and information."*

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## How can we help manage this phenomena?

- Notice signs in patients and diagnose dementia early
- Appropriate connections with community resources
- Appropriate, culturally-sensitive care and resources
- Education, resources, and support to caregivers
- Appropriate referrals to First Link
- Hand out 7 Numbers for Early Dementia

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An interdisciplinary approach is needed to stand up and tackle the tsunami of dementia cases in the next decade. Let's help make this possible together.

**Thank you for your partnership.**

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# Questions/Comments?

- For more information or to access the tools and resources mentioned in this presentation, please connect with Project Manager Sarah Metcalfe (sarah.metcalfe@fraserhealth.ca)

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# References


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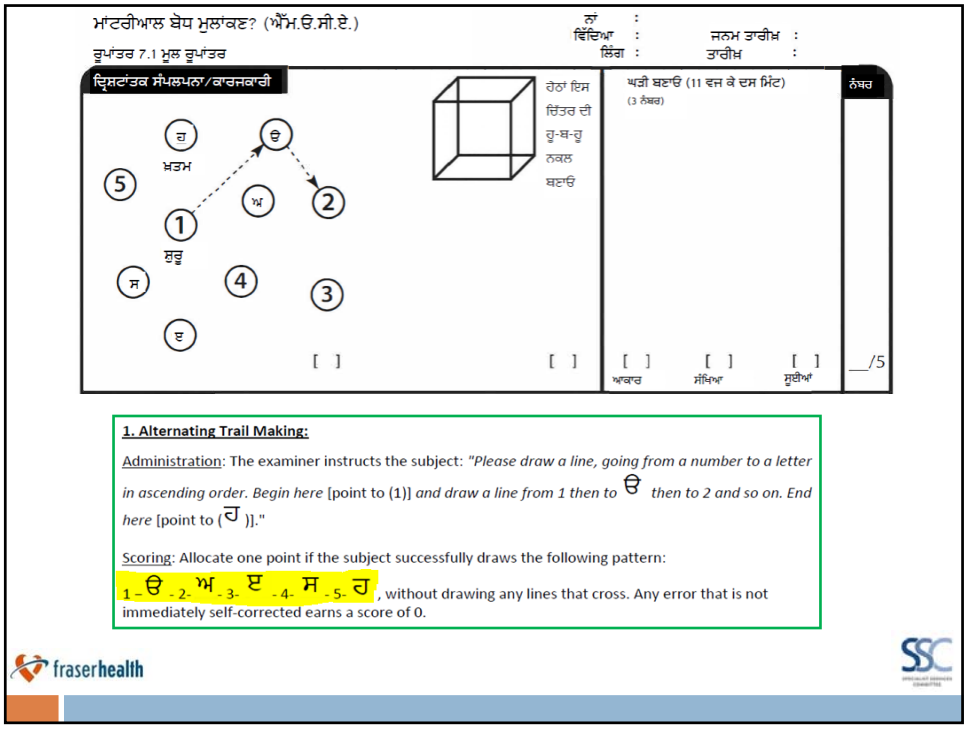
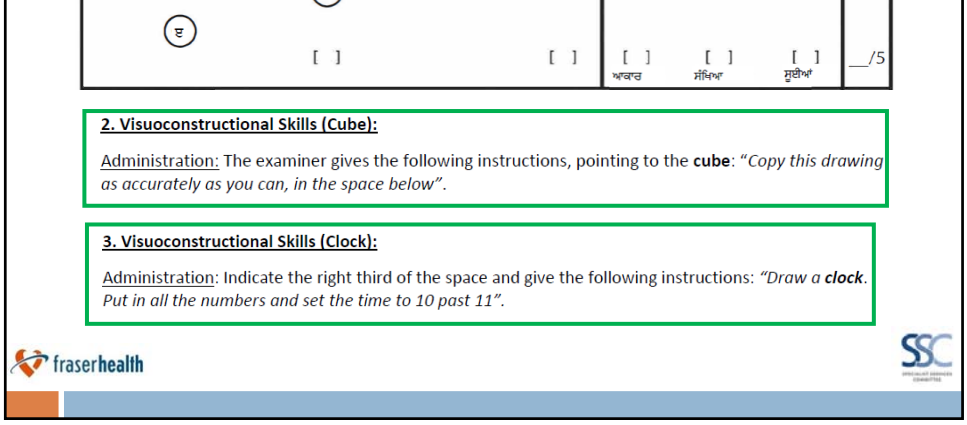



**1. Alternating Trail Making:**

Administration: The examiner instructs the subject: *"Please draw a line, going from a number to a letter in ascending order. Begin here* [point to (1)] *and draw a line from 1 then to* ੳ *then to 2 and so on. End here* [point to (ਹ )]."

Scoring: Allocate one point if the subject successfully draws the following pattern:

1 – ੳ - 2- ਅ - 3- ੲ - 4- ਸ - 5- ਹ, without drawing any lines that cross. Any error that is not immediately self-corrected earns a score of 0.



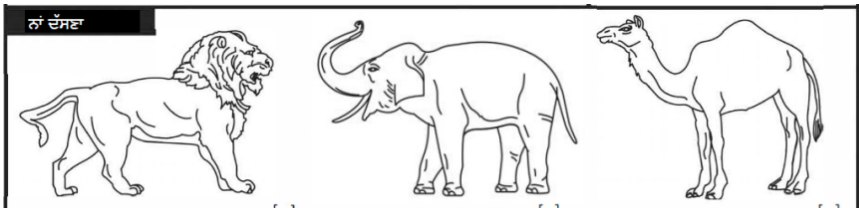

**2. Visuoconstructional Skills (Cube):**

Administration: The examiner gives the following instructions, pointing to the **cube**: *"Copy this drawing as accurately as you can, in the space below".*

**3. Visuoconstructional Skills (Clock):**

Administration: Indicate the right third of the space and give the following instructions: *"Draw a **clock**. Put in all the numbers and set the time to 10 past 11".*

ਨਾਂ ਦੱਸਣਾ



[ ] [ ] [ ] __/3

**4. Naming:**

Administration: Beginning on the left, point to each figure and say: *"Tell me the name of this animal".*

Scoring: One point each is given for the following responses: (1) lion or sher (2) elephant or Hāthī (3) camel or dromedary or oot.

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ਯਾਦਾਸ਼ਤ (ਮੈਮੋਰੀ) ਸ਼ਬਦਾਂ ਦੀ ਸੂਚੀ ਪੜ੍ਹੋ, ਮਰੀਜ਼ ਵੱਲੋਂ ਉਸ ਨੂੰ ਦੁਹਰਾਇਆ ਜਾਵੇਗਾ। ਪਹਿਲੀ ਕੋਸ਼ਿਸ਼ ਕਾਮਯਾਬ ਹੋਣ 'ਤੇ ਵੀ ਦੇ ਵਾਰੀ ਅਜ਼ਮਾਇਸ਼ ਕਰੋ। ਫ਼ਿਰ 5 ਮਿੰਟ ਬਾਅਦ ਮੁੜ ਦੁਹਰਾਓ।

| | ਚਿਹਰਾ | ਰੇਸ਼ਮ | ਗੁਰਦੁਆਰਾ | ਗੁਲਾਬ | ਲਾਲ | ਕੋਈ |
|---|---|---|---|---|---|---|
| ਪਹਿਲੀ ਕੋਸ਼ਿਸ਼ | | | | | | ਨੰਬਰ |
| ਦੂਜੀ ਕੋਸ਼ਿਸ਼ | | | | | | ਨਹੀਂ |

**5. Memory:**

Administration: The examiner reads a list of 5 words at a rate of one per second, giving the following instructions: *"This is a memory test. I am going to read a list of words that you will have to remember now and later on. Listen carefully. When I am through, tell me as many words as you can remember. It doesn't matter in what order you say them".*

The list of words to be read out in order are: chehra (face), gurdwara, resham (silk), gulaab (rose), laal (red).

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| ਧਿਆਨ (ਅਟੈਨਸ਼ਨ) | ਨੰਬਰਾਂ ਦੀ ਸੂਚੀ ਪੜ੍ਹੋ (1 ਨੰਬਰ / ਸਕਿੰਟ) | ਮਰੀਜ਼ ਇਸ ਨੂੰ ਤਰਤੀਬ ਅਨੁਸਾਰ ਦੁਹਰਾਏਗਾ | [ ] 2 1 8 5 4 | __/2 |
|---|---|---|---|---|
| | | ਮਰੀਜ਼ ਇਸ ਨੂੰ ਪੁੱਠੀ ਤਰਤੀਬ ਅਨੁਸਾਰ ਦੁਹਰਾਏਗਾ | [ ] 7 4 2 | |

**6. Attention:**

Forward Digit Span: Administration: Give the following instruction: "*I am going to say some numbers and when I am through, repeat them to me exactly as I said them*". Read the five number sequence at a rate of one digit per second.

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| ਅੱਖਰਾਂ ਦੀ ਸੂਚੀ ਪੜ੍ਹੋ। ਹਰ ਵਾਰੀ 'ਅ' ਆਉਣ 'ਤੇ ਮਰੀਜ਼ ਨੇ ਆਪਣੇ ਹੱਥਾਂ ਨੂੰ ਥਪਥਪਾਉਣਾ ਹੈ। ਦੋ ਤੋਂ ਵੱਧ ਗ਼ਲਤੀਆਂ ਹੋਣ 'ਤੇ ਕੋਈ ਨੰਬਰ ਨਹੀਂ। | __/1 |
|---|---|
| ਫ ਬ ਅ ਸ ਮ ਨ ਅ ਅ ਜ ਕ ਲ ਬ ਅ ਫ ਅ ਕ ਡ ਏ ਅ ਅ ਅ ਜ ਅ ਮ ਓ ਫ ਅ ਅ ਬ | |

Vigilance: Administration: The examiner reads the list of letters at a rate of one per second, after giving the following instruction: "*I am going to read a sequence of letters. Every time I say the letter* ਅ *(Aaeda = A), tap your hand once. If I say a different letter, do not tap your hand*".

The words to be read out in the exact order are:

ਫ ਬ ਅ ਸ ਮ ਨ ਅ ਅ ਜ ਕ ਲ ਬ ਅ ਫ ਅ ਕ ਡ ਏ ਅ ਅ ਅ ਜ ਅ ਮ ਓ ਫ ਅ ਅ ਬ

Fafa, Baba, Aaeda, Sasa, Muma, Nunna, Aaeda, Aaeda, Jaja, Kaka, Lala, Baba, Aaeda, Fafa, Aaeda, Kaka, Dada, eede, Aaeda, Aaeda, Aaeda, Jaja, Aaeda, Muma, Uda, Fafa, Aaeda, Aaeda, Buba

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| | | |
|---|---|---|
| 100 ਤੋਂ ਸ਼ੁਰੂ ਕਰਕੇ ਹਰ ਵਾਰੀ 7 ਘਟਾਓ | [ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65<br>4 ਜਾਂ 5 ਸਹੀ ਜਵਾਬ: 3 ਨੰਬਰ, 2 ਜਾਂ 3 ਸਹੀ: 2 ਨੰਬਰ, 1 ਸਹੀ: 1 ਨੰਬਰ, 0 ਸਹੀ: 0 ਅੰਕ | __/3 |

Serial 7s: Administration: The examiner gives the following instruction: *"Now, I will ask you to count by subtracting seven from 100 (sau), and then, keep subtracting seven from your answer until I tell you to stop."* Give this instruction twice if necessary.

Listen for the following numbers during the subtraction:
100 (sau) – 93 (taranvey) – 86 (Chayasee) 79 (Oonaasee) – 72 (Bahattar) – 65 (Pehant)

For more assistance with numbers in Punjabi, please visit the following link for visual and audio aid:
https://quizlet.com/16314536/punjabi-numbers-1-100-flash-cards/

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| | | |
|---|---|---|
| ਭਾਸ਼ਾ (ਲੈਂਗੁਏਜ) | ਦ੍ਰਿਹਰਾਓ: ਮੈਨੂੰ ਬਸ ਇਹ ਪਤਾ ਹੈ ਕਿ ਅੱਜ ਪਰਮਿੰਦਰ ਹੀ ਮੇਰੀ ਮਦਦ ਕਰੇਗਾ। [ ]<br>ਜਦੋਂ ਕੁੱਤੇ ਕਮਰੇ ਵਿਚ ਰੁੱਪੇ ਸਨ ਉਦੋਂ ਬਿੱਲੀ ਸੋਫੇ ਹੇਠ ਲੁਕ ਜਾਂਦੀ ਸੀ। [ ] | __/2 |
| ਭਾਸ਼ਾ ਦੀ ਰਚਾਨਗੀ / ਇੱਕ ਮਿੰਟ ਦਿੱਤ ਅੱਖਰ 'ਫ' ਤੋਂ ਸ਼ੁਰੂ ਹੋਣ ਵਾਲੇ ਦੱਧ ਤੋਂ ਦੱਧ ਸ਼ਬਦ ਬੋਲੋ [ ] ____ ਸ਼ਬਦ ≥ 11 | | __/1 |

**7. Sentence repetition:**

Administration: The examiner gives the following instructions: *"I am going to read you a sentence. Repeat it after me, exactly as I say it* [pause]: ***I only know that Parminder is the one to help today." = "Mainu bas eh pata hai ki aaj Parminder hee meri madad karega."***

Following the response, say: *"Now I am going to read you another sentence. Repeat it after me, exactly as I say it* [pause]: ***The cat always hid under the couch when dogs were in the room." = "Jado kuttae kamreh which hundeh sun odon billee sofeh hait look jandi see."***

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| | | |
|---|---|---|
| ਭਾਸ਼ਾ ਦੀ ਰਵਾਨਗੀ / ਇੱਕ ਮਿੰਟ ਵਿੱਚ ਅੱਖਰ 'ਫ' ਤੋਂ ਸ਼ੁਰੂ ਹੋਣ ਵਾਲੇ ਵੱਧ ਤੋਂ ਵੱਧ ਸ਼ਬਦ ਬੋਲੋ | [ ] ____ ਸ਼ਬਦ ≥ 11 | __/1 |

**8. Verbal fluency:**

Administration: The examiner gives the following instruction: *"Tell me as many words as you can think of that begin with a certain letter of the alphabet that I will tell you in a moment. You can say any kind of word you want, except for proper nouns (like Bob or Boston), numbers, or words that begin with the same sound but have a different suffix, for example, love, lover, loving. I will tell you to stop after one minute. Are you ready?* [Pause] *Now, tell me as many words as you can think of that begin with the letter Faffa (= F).* [time for 60 sec]. *Stop."*

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| | | |
|---|---|---|
| ਸਾਰ (ਐਬਸਟ੍ਰੈਕਸ਼ਨ) | ਇਨ੍ਹਾਂ ਵਿੱਚ ਸਮਾਨਤਾ ਉਦਾਹਰਣ?: ਕੇਲਾ - ਸੰਤਰਾ = ਫਲ [ ] ਰੇਲਗੱਡੀ - ਸਾਇਕਲ [ ] ਘੜੀ - ਰੂਟਾ | __/2 |

**9. Abstraction:**

Administration: The examiner asks the subject to explain what each pair of words has in common, starting with the example: *"Tell me how an orange (Santra) and a banana (Kaila) are alike"*. If the subject answers in a concrete manner, then say only one additional time: *"Tell me another way in which those items are alike"*. If the subject does not give the appropriate response *(fruit)*, say, *"Yes, and they are also both fruit."* Do not give any additional instructions or clarification.

After the practice trial, say: *"Now, tell me how a train (Relgaddi) and a bicycle (cycle) are alike"*. Following the response, administer the second trial, saying: *"Now tell me how a watch (Gharee) and a scale (Phoota) are alike"*. Do not give any additional instructions or prompts.

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| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ਕੁਝ ਦੇਰ ਬਾਅਦ ਯਾਦਾਸ਼ਤ (ਡੀਲੇਡ ਰੀਕਾਲ) | ਬਿਨਾਂ ਕੋਈ ਸੰਕੇਤ ਸ਼ਬਦਾਂ ਨੂੰ ਯਾਦ ਕਰਨਾ ਹੋਵੇਗਾ | ਚਿਹਰਾ [ ] | ਰੇਸ਼ਮ [ ] | ਗੁਰਦੁਆਰਾ [ ] | ਗੁਲਾਬ [ ] | ਲਾਲ [ ] | ਸਿਰਫ਼ ਬਿਨਾਂ ਸੰਕੇਤ ਯਾਦ ਕੀਤੇ ਸ਼ਬਦਾਂ ਦੇ ਹੀ ਨੰਬਰ ਮਿਲਣਗੇ | __/5 |
| ਵਿਕਲਪਿਕ (ਆਪਸ਼ਨਲ) | ਸ੍ਰੇਣੀ ਦਾ ਸੰਕੇਤ | | | | | | | |
| | ਬਹੁ-ਵਿਕਲਪਿਕ ਸੰਕੇਤ | | | | | | | |

Use the following category and/or multiple-choice cues for each word, when appropriate:

| | Category Cue | Multiple Choice |
|---|---|---|
| FACE: | Part of the body | Nose, Face, Hand |
| SILK: | Type of fabric | Denim, Cotton, Silk |
| GURDWARA: | Type of building | Gurdwara, School, Hospital |
| ROSE: | Type of flower | Rose, Daisy, Tulip |
| RED: | A colour | Red, Blue, Green |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ਸਥਿਤੀ ਜਾਗਰੂਕਤਾ (ਓਰੀਐਂਟੇਸ਼ਨ) | [ ] ਤਾਰੀਖ਼ | [ ] ਮਹੀਨਾ | [ ] ਸਾਲ | [ ] ਦਿਨ | [ ] ਜਗ੍ਹਾ | [ ] ਸ਼ਹਿਰ | __/6 |
| © Z.Nasreddine MD | www.mocatest.org | | ਸਾਧਾਰਨ ≥26 / 30 | | ਕੁੱਲ | | __/30 |
| ਸੰਚਾਲਨ ਕਰਤਾ: _____ | | | | | ਜੇ ਸਿੱਖਿਆ 12 ਸਾਲ ਤੋਂ ਘੱਟ ਹੈ ਤਾਂ 1 ਨੰਬਰ ਜੋੜੋ | | |

Punjabi Version 14 June 2017 Adapted with permission by Dr. Leena Jain, Harminder Bhullar, and the Dementia Working Group, with support from BC Specialist Services Committee.

**11. Orientation:**

Administration: The examiner gives the following instructions: "Tell me the date (Tareekh) today". If the subject does not give a complete answer, then prompt accordingly by saying: *"Tell me the [year, month, exact date, and day of the week] = [saal, maheena, tareekh, din]."* Then say: *"Now, tell me the name of this place (Jagah), and which city (Shehar) it is in."*

The months of the year and days of the week can be stated *differently (but correctly)* in the Punjabi language. Please refer to the tables below when scoring.

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