

## **Management Tips and Traps:**

# Managing co-morbid disease in persons with dementia

#### Series 1.1: General Considerations

## **Background**

The cornerstone of management for any complex condition requires the ability to learn new skills and initiate, organise and execute appropriate self-care and adhere to daily, often complex, therapy regimens.

Cognitively impaired older adults with complex chronic comorbidities, including chronic obstructive pulmonary disease, heart failure and diabetes mellitus may be more vulnerable to hospitalization than those who are cognitively intact. A major reason for this is that they may lack the executive skills required to perform self-management tasks that facilitate optimal care. These executive functions encompass planning, decision making, working memory, responding to feedback, inhibition and mental flexibility (American Psychiatric Association, 2013).

Regardless of the underlying aetiology of the chronic disease, a co-existing cognitive impairment has significant clinical implications for the person's health outcomes (Chang et al., 2012).

## Self-management workshops

Patients with dementia and a comorbid chronic disease may attend chronic disease self-management workshops with or without their care partners.

Some of the topics covered and/or the presentation techniques used however may overwhelm or frustrate the person with dementia.

Ideally, disease specific self-management workshops that expect persons with dementia to attend should be:

- 1. Dementia **friendly** that is persons with dementia are actively welcomed to attend and not turned away from participating in workshops on the premise it is 'too complicated to understand'.
- 2. Dementia **capable** the education trainers have the necessary knowledge and skills to manage the learning needs and the person with dementia and their related disorders.
- 3. Dementia **specific** the workshops should be tailored for person with dementia and/or their partners.

Silverstein and colleagues present a guide describing helpful and unhelpful content and approaches. (Silverstein et al., 2011):

http://scholarworks.umb.edu/gerontologyinstitute\_pubs/1/

## **Competencies for clinicians**

The core competencies (Sinclair et al., 2014) for clinicians are applicable to all sub-specialists who manage persons with dementia:

- 1. Understand dementia
- 2. Understand differences between dementia and delirium
- 3. Have skills to communicate effectively with persons with dementia, families and/or carer
- 4. Understand the position that the person with dementia is a vulnerable adult
- 5. Have the skills required to conduct simple cognitive testing and refer patients to appropriate services
- 6. Ensure that patients are able to or have the necessary assistance (e.g. District Nursing Services assistance) to appropriately manage their medications
- 7. Have the skills to understand the balance between managed risk and patient autonomy
- 8. Have an in-depth knowledge of the impact of dementia on the patient's ability to adhere to personal activities relevant to disease management (e.g. eating and drinking)
- 9. Understand the risk and be able to identify the triggers for an acute deterioration
- 10. Understand the need and have the skill to tailor management to the lifestyle requirements and limitations of the patient to ensure optimal patient outcomes

#### References

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Silverstein NM, Gottlieb AS. Chronic disease self-management programs: relevance for persons with dementia. Gerontology Institute Publications. 2011. Paper 1.

Sinclair AJ, Hillson R, Bayer AJ. Diabetes and dementia in older people: a best clinical practice statement by a multidisciplinary national expert working group. Diabetic Medicine. 2014:1024-1031.

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#### Resources about dementia

Dementia Training Australia:

https://www.dementiatrainingaustralia.com.au

Alzheimer's Australia: https://www.fightdementia.org.au

Dementia Support Australia: http://dbmas.org.au

### **Acknowledgements**

Funded by Dementia Training Australia.