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- Dr. W. B. Dalziel

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Dr. Andrew R. Frank
B.Sc.H. F.R.C.P.(C)
Cognitive and Behavioural
Neurologist, Memory Disorder
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Ottawa, Ontario

Ontario Dementia Network Co-Chairs

Dr. Bill Dalziel
Regional Geriatric Program of
Eastern Ontario, The Ottawa
Hospital; Associate Professor,
Department of Medicine,
University of Ottawa

Ms. Kathy Wright
Executive Director,
Alzheimer Society of Ottawa and
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Resources for Physicians

Visit
www.champlainedementia.org
and go to the "Physicians" tab.

For more information

Alzheimer Society of Ottawa and
Renfrew County
Tel: 613-523-4004
Fax: 613-523-8522
Email: info@asorc.org

Dementia Interview Guide



Dr. W. B. Dalziel, Geriatrician, University of Ottawa

Key Point:

This Dementia Interview Guide can be used in conjunction with an article from the 1st Ontario Dementia Network Newsletter on Office Assessment and Billing <http://physicians/champlainedementianetwork.org/> This Guide illustrates how assessment can be divided into several appointments of 10-20 minutes (billing friendly).

Dementia Interview Guide for Family Physicians and Healthcare Professionals

Patient: _____ Age: _____ Gender: _____ Education: _____
 Living Arrangements? Alone With Someone _____
 Family/Primary Caregiver Name: _____ Relationship: _____

Reason for Assessment:

History of Cognitive Problems: How Long? _____ Progression: Slow Stepwise
 Sudden Change

Description: _____

Cont'd on page 2

WEBINAR FOR FAMILY PHYSICIANS



Topic: Assessing Dementia in an Office Setting

Presenter: Dr. W. B. Dalziel, FRCP(C), Regional Geriatric Program of Eastern Ontario

Date/Time: Wednesday, Nov. 30, 2011 from 12 to 1 p.m.

Register Now!

Complete the online registration form at <http://www.surveymonkey.com/s/YWYL6VQ>

Technical Requirements:

Visual Support — The presentation will be accessible via an internet connection. This connection can be any web-enabled laptop or desktop computer of your choice.

Audio Support — Audio support for the presentation will be provided through your telephone via a toll-free line.

You will receive a confirmation email 24-48 hours prior to the session. Thank you, we look forward to your participation!

Dementia Interview Guide for Family Physicians and Health Care Professionals (cont'd from page 1)

SIGNS OF DEMENTIA: THE 4 A'S PLUS EXECUTIVE DYSFUNCTION

1. A Amnesia No Yes _____
2. A Apraxia No Yes _____
(difficulty doing a motor task (dressing) despite intact motor/sensory function)
3. A Agnosia No Yes _____
(difficulty identifying objects/recognizing people despite intact sensory function)
4. A Aphasia (language) No Yes _____
5. Executive dysfunction No Yes _____
(Trouble with SOAP – Strategizing, Organizing, Arranging, Planning)

ABC Complaints: From patient AND family/caregiver

	OK	A problem
ADLs	<input type="checkbox"/>	<input type="checkbox"/> Shopping <input type="checkbox"/> Housekeeping <input type="checkbox"/> Finances <input type="checkbox"/> Cooking <input type="checkbox"/> Grooming/hygiene <input type="checkbox"/> Dressing <input type="checkbox"/> Taking Medication <input type="checkbox"/> Driving <input type="checkbox"/> Hobbies/Leisure <input type="checkbox"/> Tools/Appliances <input type="checkbox"/> Other _____
Behaviour	<input type="checkbox"/>	<input type="checkbox"/> Apathy/↓ initiative <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Hallucinations <input type="checkbox"/> ↓ Alertness/"tuned in" <input type="checkbox"/> Wandering <input type="checkbox"/> Agitation/Anger <input type="checkbox"/> Aggression <input type="checkbox"/> Other _____
Cognition	<input type="checkbox"/>	<input type="checkbox"/> Repetition <input type="checkbox"/> Word Finding <input type="checkbox"/> Forgetfulness <input type="checkbox"/> Orientation <input type="checkbox"/> Meds compliance <input type="checkbox"/> ↓ Focus/"following" <input type="checkbox"/> ↓ Reading/TV <input type="checkbox"/> Other _____

Past Medical Diseases: _____

Past History: serious head injury/delirium with illness/surgery? _____

Past History: depression/anxiety disorder/psychosis? _____

Past Neuroimaging (CT/MRI scan)? _____

Vascular Risk Factors: high blood pressure/hypertension stroke/TIA (transient ischemic attack)

diabetes angina/heart attack (coronary artery disease)

atrial fibrillation currently smoking

high cholesterol/hyperlipidemia obesity

Dementia Interview Guide for Family Physicians and Health Care Professionals (cont'd from page 2)

Any suggestion of depression? In the last 2 weeks have you felt sad or depressed?

No Yes (give details) (Can also use GDS/SIG E CAPS) _____

Any suggestion of delirium?

No Yes (give details) (can also use CAM = Confusion Assessment Method) _____

Any Confounding Features to Cognitive Performance?

	No	Yes		No	Yes
Patient refusing	<input type="checkbox"/>	<input type="checkbox"/>	Irritability	<input type="checkbox"/>	<input type="checkbox"/>
Patient not trying	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Hearing/vision	<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>
Language	<input type="checkbox"/>	<input type="checkbox"/>	Drowsy/Sedated	<input type="checkbox"/>	<input type="checkbox"/>
Aphasia	<input type="checkbox"/>	<input type="checkbox"/>	Family Interference	<input type="checkbox"/>	<input type="checkbox"/>

Review Drugs, including OTC/herbal (especially if started or stopped in the last 4 weeks)

List if possible connection to decreased cognition _____

Safety Concerns – person and/or caregiver/family

	No	Yes		No	Yes
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	Smoking/fires	<input type="checkbox"/>	<input type="checkbox"/>
Getting lost going out	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Malnutrition	<input type="checkbox"/>	<input type="checkbox"/>	Falls	<input type="checkbox"/>	<input type="checkbox"/>
Driving	<input type="checkbox"/>	<input type="checkbox"/>	Handling an Emergency	<input type="checkbox"/>	<input type="checkbox"/>
Medication Errors	<input type="checkbox"/>	<input type="checkbox"/>	Dealing with Finances/abuse	<input type="checkbox"/>	<input type="checkbox"/>
Using appliances/tools	<input type="checkbox"/>	<input type="checkbox"/>			

Details: _____

Financial/Legal:

Is there a power of attorney for financial affairs? No Yes

If "yes", who? _____

Is there a power of attorney for personal care/decision-making? No Yes

If "yes", who? _____

Is there a will? No Yes

Dementia Interview Guide for Family Physicians and Health Care Professionals (cont'd from page 3)

Summary of Assessment

Cognitive Testing Results:	
MMSE	_____ /30 (serial 7's) _____ /30 (world) _____ MOCA _____ /30
Clock	#s: Normal _____ Abnormal _____ Hands: Normal _____ Abnormal _____
Animal Naming in 1 Minute	

Rule Out (check if any present)

- Alcohol Drug side effect/concerns: (see drug checklist) _____
 Delirium (see CAM) Depression Unstable medical illness

Red Flags for Type of Dementia:

- Negative (likely Alzheimer's)
 Positive for: Vascular Mixed/vascular Lewy Body Frontotemporal NPH

Still Driving? Yes No (see Trails A and B) Safe Yes No (Can also use checklist: newsletter #1)

Trails A – errors	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal – errors	<input type="checkbox"/> Time <input type="checkbox"/> Seconds Observation: _____
Trails B - errors	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal – errors	<input type="checkbox"/> Time <input type="checkbox"/> Seconds Observation: _____

Conclusion:	Possible Diagnostic Impression:			
	Other issues:			
	1. _____			
	2. _____			
Action Items:	What:		Who:	
	What:		Who:	
	What:		Who:	
	What:		Who:	



This document was made possible through a Healthcare Related Partnership between the Ontario Dementia Network and Pfizer Canada Inc.

First Link®

Your partner in caring for patients affected by Alzheimer's disease and related dementias.

First Link®, initially piloted by the Alzheimer Society of Ottawa and Renfrew County (2002) has now rolled out in over 30 Alzheimer Society chapters in Ontario and several provinces. The Canadian Consensus Guidelines on Dementia (Hogan et.al., 2007), developed by 45 medical experts, recommend that primary care providers utilize First Link® as a support to persons and families affected by dementia.

Your patients will receive:

- Telephone contact offering information and support
- A package of information about Alzheimer's disease and related dementias
- Opportunities to register for a progressive Learning Series
- Linkages to appropriate community services
- Ongoing follow up support throughout the continuum of the disease

Once the First Link® referral is made, you will notice your patients and families will be more knowledgeable and prepared with enhanced coping skills.

A First Link® referral will save you valuable time and energy.



It's simple.

In Ottawa:

- 1) Make an online First Link® referral by visiting www.alzheimer.ca/ottawa or contacting the Alzheimer Society at **613-523-4004** or info@asorc.org or
- 2) Fax a referral form to **613-523-8522** and First Link® will take it from there.

In Cornwall & District:

- 1) Make a First Link® referral by contacting the Alzheimer Society at **613-932-4914** or
- 2) Fax a referral form to **613-932-6154** and First Link® will take it from there.

**WE NEED YOUR HELP TO ENSURE THIS NEWSLETTER MEETS YOUR NEEDS.
PLEASE PROVIDE YOUR FEEDBACK.**

What did you like or not like in this issue? _____

Would you prefer this newsletter:

Emailed Name: _____

Email address: _____

Faxed _____

Please return by email to info@asorc.org or by fax to **613-523-8522**

CHAMPLAIN DEMENTIA NETWORK

DEMENTIA EDUCATION PROGRAM for FAMILY PHYSICIANS

This program meets the accreditation criteria of The College of Family Physicians of Canada and has been accredited for Mainpro-MI credits and up to 1.0 Mainpro-C credits.

Scheduling of sessions:

A small group session, 40—60 minutes in length, tailored to your needs in your office. A Breakfast or Lunch and Learn session is provided.

Physician educators include:

Dr. Anna Byszewski, Dr. Bill Dalziel, Dr. Barbara Power, Dr. Andrew Frank, and Dr. Louise Carrier.

Please rank (1 - 4) your top four areas of interest for your sessions.

1. _____ Early identification/screening for cognitive impairment
2. _____ Differing Mild Cognitive Impairment (MCI) from normal aging and from dementia
3. _____ Practical office based assessment of dementia in 3 - 5 visits (a Dementia Toolkit)
4. _____ Diagnosis of more unusual dementias: Lewy Body Dementia/Fronto Temporal Dementia
5. _____ Approach to Vascular Dementia, Mixed Alzheimer's/Vascular Dementia and treatment of "risk factors"
6. _____ Nuts and bolts of starting Cholinesterase Inhibitors
7. _____ How to monitor patient response to Cholinesterase Inhibitors
8. _____ Switching strategies: dealing with patients who don't tolerate or respond to the first Cholinesterase Inhibitor
9. _____ Assessing driving safety (a Driving and Dementia Toolkit)
10. _____ Behaviours and psychological symptoms of dementia
11. _____ Diagnosis disclosure
12. _____ Severe dementia
13. _____ Other

SCHEDULING and CONTACT INFORMATION

Preferred start times (Please list 2 or 3 days/dates of the week including start times): _____

Name: _____ Number of Participants: _____

Address: _____ Postal code: _____

Phone: _____ Fax: _____ Email: _____

Please email this form to the Alzheimer Society of Ottawa and Renfrew County at info@asorc.org or fax to 613-523-8522.

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