

## NORMAL AGING vs. WARNING SIGNS OF ALZHEIMER'S DISEASE

**Directions:** Read the "normal aging" statements below and then re-write them to reflect a *possible* warning sign of Alzheimer's disease.

<b>Normal Aging</b>	<b>Possible Warning Sign of Alzheimer's Disease</b>
Making a bad decision once in a while	
Missing a monthly payment	
Forgetting which day it is and remembering it later	
Sometimes forgetting which word to use	
Losing things from time to time	
Forgetting someone's name and then recalling it	
Not feeling like going to dinner with friends because you feel tired	

# ASSESSING FOR COGNITIVE IMPAIRMENT: UTILIZING THE AD8

## PART I: Problem-Based Scenario

Your patient, Mr. Frank, a 76-year-old man, was recently discharged from the hospital after a respiratory infection. Mr. Frank is now back at home, where he lives with his partner of 32 years. Mr. Frank has a history of stroke and heart disease. Mr. Frank does not have a diagnosis of Alzheimer's disease or a related dementia. While speaking to Mr. Frank on the phone, you notice some possible warning signs of Alzheimer's disease.

What were the warning signs that you noticed?

What questions might be appropriate for you to ask? To whom would you address your questions?

After speaking to Mr. Frank and/or his partner, what next steps would be appropriate to take?

## **PART II: Role Play**

After completing Part I, get into groups of 3 to role play how to use the AD8.

In the groups, assign roles as:

- (1) Care manager (will administer the screening)
- (2) Mr. Frank or Mr. Frank's partner (will answer the questions in the AD8)
- (3) Observer (will take notes on the screening process; write down at least one positive observation and at least one area for improvement; observer will report out to the larger group)

## **PART III: Facilitated Discussion: Lessons Learned**

- Observer will report out to larger group
  
- What worked well?
  
- Were there any challenges?
  
- What areas merit further attention/improvement?

# AD8 Dementia Screening Interview

Patient ID#: \_\_\_\_\_

CS ID#: \_\_\_\_\_

Date: \_\_\_\_\_

Remember, "Yes, a change" indicates that there has been a change in the last several years caused by cognitive (thinking and memory) problems.	<b>YES, A change</b>	<b>NO, No change</b>	<b>N/A, Don't know</b>
<b>1.</b> Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)			
<b>2.</b> Less interest in hobbies/activities			
<b>3.</b> Repeats the same things over and over (questions, stories, or statements)			
<b>4.</b> Trouble learning how to use a tool, appliance, or gadget (e.g., VCR, computer, microwave, remote control)			
<b>5.</b> Forgets correct month or year			
<b>6.</b> Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills)			
<b>7.</b> Trouble remembering appointments			
<b>8.</b> Daily problems with thinking and/or memory			
<b>TOTAL AD8 SCORE</b>			

Adapted from Galvin JE et al, The AD8, a brief informant interview to detect dementia, *Neurology* 2005;65:559-564  
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## The AD8 Administration and Scoring Guidelines

*A spontaneous self-correction is allowed for all responses without counting as an error.*

The questions are given to the respondent on a clipboard for self-administration or can be read aloud to the respondent either in person or over the phone. It is preferable to administer the AD8 to an informant, if available. If an informant is not available, the AD8 may be administered to the patient.

When administered to an informant, specifically ask the respondent to rate change in the patient.

When administered to the patient, specifically ask the patient to rate changes in his/her ability for each of the items, **without** attributing causality.

If read aloud to the respondent, it is important for the clinician to carefully read the phrase as worded and give emphasis to note changes due to cognitive problems (not physical problems). There should be a one second delay between individual items.

No timeframe for change is required.

The final score is a sum of the number items marked "Yes, A change".

**Interpretation of the AD8** (Adapted from Galvin JE et al, The AD8, a brief informant interview to detect dementia, *Neurology* 2005;65:559-564)

A screening test in itself is insufficient to diagnose a dementing disorder. The AD8 is, however, quite sensitive to detecting early cognitive changes associated many common dementing illness including Alzheimer disease, vascular dementia, Lewy body dementia and frontotemporal dementia.

Scores in the impaired range (see below) indicate a need for further assessment. Scores in the "normal" range suggest that a dementing disorder is unlikely, but a very early disease process cannot be ruled out. More advanced assessment may be warranted in cases where other objective evidence of impairment exists.

Based on clinical research findings from 995 individuals included in the development and validation samples, the following cut points are provided:

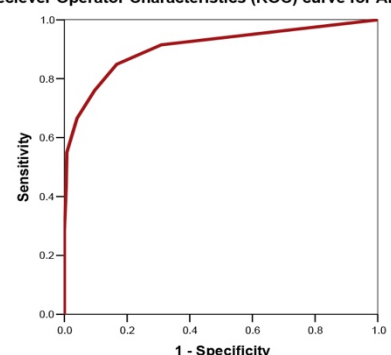
- 0 – 1: Normal cognition
- 2 or greater: Cognitive impairment is likely to be present

Administered to either the informant (preferable) or the patient, the AD8 has the following properties:

- Sensitivity > 84%
- Specificity > 80%
- Positive Predictive Value > 85%
- Negative Predictive Value > 70%

Area under the Curve: 0.908; 95%CI: 0.888-0.925

Receiver Operator Characteristics (ROC) curve for AD8



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Cuestionario al informador AD8 (versión española)

Patient ID#: \_\_\_\_\_

Date: \_\_\_\_\_

Con respecto a la persona a la que acompaña, ¿qué opina sobre los siguientes aspectos?:

Recuerde, "Sí, ha cambiado" significa que usted piensa que ha habido un cambio en los siguientes aspectos en los últimos años causado por problemas cognitivos (razonamiento y memoria)	<b>Sí, Ha cambiado</b>	<b>No, No ha cambiado</b>	<b>NS/NC No sabe/ No contesta</b>
<b>1.</b> Problemas para emitir juicios y tomar decisiones adecuadas (ej.: le engañan o timan, toma decisiones financieras erróneas, hace regalos inapropiados, etc.)			
<b>2.</b> Pérdida de interés en sus aficiones y actividades (ej.: ha dejado de hacer actividades que le gustaban)			
<b>3.</b> Repite las preguntas, los comentarios o las cosas que cuenta			
<b>4.</b> Dificultad para aprender a usar herramientas, aparatos o dispositivos (ej.: video o DVD, ordenador, microondas, mandos a distancia, teléfono móvil o inalámbrico)			
<b>5.</b> Olvida el mes o año correcto			
<b>6.</b> Dificultad para manejar asuntos financieros complicados (ej.: ajustar cuentas, talones, impuestos, facturas, recibos, etc.)			
<b>7.</b> Dificultad para recordar las citas y cosas que tiene que hacer			
<b>8.</b> Los problemas de razonamiento y/o memoria son cotidianos y no ocasionales			
<b>TOTAL</b>			

## ALZHEIMER'S HOME SAFETY

**INSTRUCTIONS:** Imagine that you are working with a family caregiver to improve home safety for someone living with Alzheimer's disease. Use the Home Safety Assessment (in your Care Manager Manual) to make recommendations to improve safety. Next to each picture, write your recommendations.



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## USING A CARE LOG TO DETERMINE MEDICAL NEEDS



Jessica is LuAnne's youngest daughter. LuAnne was diagnosed with Alzheimer's disease four years ago and she is in the middle stage of the disease. A paid caregiver lives with LuAnne, but Jessica visits her mother at least once or twice a week.

Before Jessica hired LuAnne's caregiver, she spoke to a care counselor with Alzheimer's Greater Los Angeles about tips for hiring in-home caregivers. She decided that she wanted the caregiver to keep a care log so she could track any changes in her mother's health status, memory, mood, and/or behaviors.

Last week, Jessica was reviewing her mom's care log.

### Care Log

Name LuAnne

DATE	TIME	DESCRIPTION OF BEHAVIOR, MOOD, OR CHANGE
5/19/14	8:05am	Seemed upset/moody; otherwise okay
5/20/14	9:45pm-6:30am	Got up several times at night; wandering thru house
5/20/14	day	Agitated throughout day; going to bathroom more often
5/21/14	8:30am	Did not finish breakfast
5/21/14	12:30pm	Light lunch - refused to eat side salad
5/21/14	3:45pm	Increased wandering - looking for bathroom; confused
5/22/14	8:00pm	Grimacing while going to bathroom
5/22/14	night	Did not sleep well

- Go over the care log and determine how you would instruct LuAnne's caregiver and/or Jessica.
- Explain your rationale.
- What suggestions might you give to this family for the future?

## PROBLEM-BASED SCENARIO/CASE STUDY

Mr. Lopez is a 78-year-old man with moderate/middle stage Alzheimer's disease and type 2 diabetes. Mr. Lopez lives with his 75-year-old wife who is his primary caregiver. Mr. Lopez and Mrs. Lopez have been married for 50 years and used to enjoy dancing, singing, and going to church.

Mrs. Lopez often gets impatient with Mr. Lopez and yells at him when he is too slow in getting dressed and eating. She also gets easily frustrated when he wanders around the house and follows her. Mr. Lopez frequently misplaces things, like his Bible, and accuses his wife of stealing these items.

Mrs. Lopez is tired of being a caregiver and feels like she has no time to herself. Mr. and Mrs. Lopez have two children who call regularly to check in. Mrs. Lopez tells them that everything is fine because she does not want to burden them.

**Directions:** Develop a care plan for Mr. Lopez that includes:



- Anticipatory guidance for managing the diabetes and potential refusal of care
- Use of *IDEA!* to manage Mr. Lopez's behavioral symptoms
- Cultural considerations for Mr. and Mrs. Lopez
- Suggestions for Mrs. Lopez's self-care
- Referrals to home and community based services
- ALZ Direct Connect Referral to Alzheimer's Greater Los Angeles (state *specific* needs on the referral)