SENIORS HEALTH
STRATEGIC CLINICAL NETWORK

Alberta Health Services

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It's More Than Memory

DUNCAN ROBERTSON
Senior Medical Director
Seniors Health SCN

In a recent conversation with a BC family physician whose practice is predominantly older people, I enquired how many new cases of dementia he identified each year. "One or two" he replied "but all of my patients complain about their memory." On inquiring how he managed patients he suspected of having dementia he advised me that he always refers them to specialized geriatric services for diagnostic consultation for two reasons: first, the time required for assessment and second, "the driving issue".

Beyond midlife most insightful adults recognize changes in recall, particularly for names. Terms like "senior moment" and "tip of the tongue phenomenon" are commonplace. These memory changes, first called "benign senescent forgetfulness" by Montréal psychiatrist V.A. Kral in the 1960s, are now usually known as age–associated memory impairment (AAMI). While these benign changes may be of great concern they are not disabling and seniors often develop compensatory strategies such as calendars, lists and reminders.

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"Congratulations" Are In Order!

Seniors Health SCN Core Committee Member Honored by Canadian Medical Association

Dr. Eric Wasylenko, provincial medical advisor for the Advance Care Planning/Goals of Care Designation Initiative.

Dr. Eric Wasylenko was recognized for his excellent work in the field of medical ethics with the Dr. William Marsden Award. This award is named after the 1873-74 Canadian Medical Association (CMA) president who lead the first draft of the CMA Code of Ethics. It recognizes a CMA member who has demonstrated exemplary leadership, commitment and dedication to the cause of advancing and promoting excellence in the field of medical ethics in Canada (https://www.cma.ca/En/Pages/marsden.aspx).

Dr. Wasylenko previously led Alberta Health Services' Clinical Ethics Department, and has since moved into a role in which he leads the development of a national interest group to address ethics in health care at correctional facilities (http://insite.albertahealthservices.ca/10864.asp).

SH SCN ED Accepted into Leadership Program

Dennis Cleaver has been accepted into the AHS Executive Leadership Program, along with Petra O'Connell of the Diabetes, Obesity & Nutrition SCN.

Dennis Cleaver, Executive Director of the Seniors Health SCN

The program officially launches in November and will prove to be a great learning experience for our Executive Directors.

Comfort Rounds
Support CoACT

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What is CoACT?

Providing the best possible care for patients is the goal of every healthcare provider. CoACT is a provincial AHS initiative that is strengthening our commitment to patient care by giving patients a voice in the care they receive. Clinicians are brought together with collaborative tools and processes that enable each provider to contribute to one complete and integrated patient care plan. With this work, our vision is to set the highest worldwide standard for collaborative care.

CoACT and Seniors Health SCN

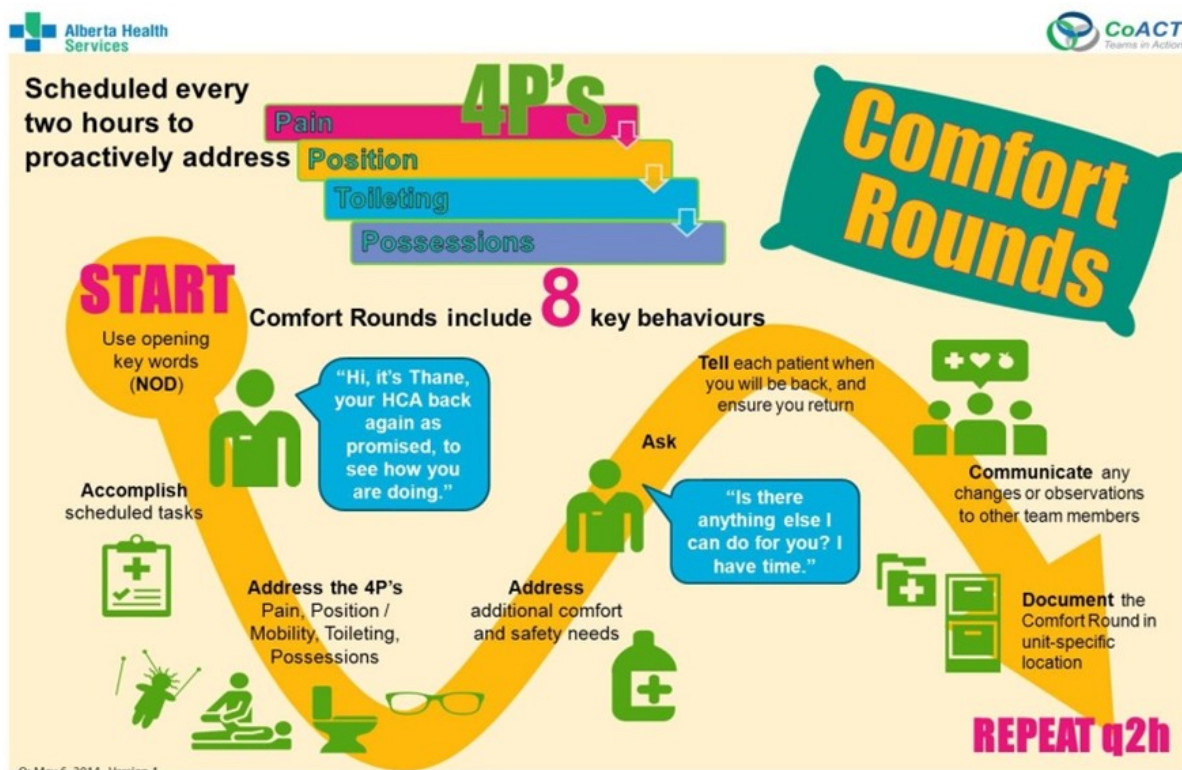
CoACT Collaborative Care is a comprehensive model designed by bringing together best practices that have been developed, largely by frontline staff, and piloted through various initiatives throughout the organization. As CoACT moves forward, CoACT is partnering with other ongoing projects and initiatives in the organization. One such point of alignment is with the Seniors Health Strategic Clinical Network and the implementation of Comfort Rounds.

Comfort Rounds

Comfort Rounds focus on patients' comfort while they are receiving care. They address four key elements: pain, position, toileting, and possessions. Scheduled to occur every two hours, regularly addressing these four elements improves patient care by preventing patient falls, skin breakdown, and increasing patient awareness of their care team. Implementation of Comfort Rounds has resulted in reduced patient hospital stays.

Each Comfort Round begins with the healthcare provider introducing themselves with their name, what their occupation, and what they will be doing with the patient. This process is called NOD (Name, Occupation, Duty)

Following NOD, healthcare providers complete any scheduled tasks and address the four key elements of Comfort Rounds beginning with pain. Any pain or discomfort that a patient may be feeling is addressed, mobility concerns are attended to as they are assisted as needed with their positioning, and any toileting needs and assistance that a patient may need are provided. Finally, the patient's possessions are left within reach of the patient and the call button accessible. Additionally, in the evening, sleep and a restful atmosphere can be encouraged by dimming the lights, talking quietly, and giving patients a warm blanket.



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It's More Than Memory

"It's more than memory" may serve as a reminder that the cognitive changes of dementia are beyond these minor, however irritating, and common experiences. Well-established diagnostic criteria for dementia require memory changes are of sufficient severity to interfere with social or occupational functioning associated with impairments and at least one other area of cognitive function. Dementia is usually progressive and often accompanied by changes in personality, behaviour and judgment that compromise ability to live safely in the community without caregiver support.

Media reports claim that older adults fear dementia more than cancer and more individuals now seek advice from primary care providers for memory issues than ever before. Memory complaints in otherwise healthy individuals may be attributed to sleep deprivation and disorders," stress", anxiety, alcohol, depression and adverse effects of pharmaceuticals – both prescribed and over-the-counter. Early diagnosis of dementia is now advocated in North America and elsewhere, and while potentially beneficial ***if accurate***, it is accompanied by risks of misdiagnosis if not thoughtfully conducted. Individuals with AAMI, those with potentially remediable causes of their memory symptoms, and those with lower educational attainment and mild cognitive impairment (MCI) may be subjected to unnecessary investigation and drug therapy with associated societal and personal costs and "labelling". While a proportion of individuals correctly diagnosed with MCI do progress to dementia, others live the remainder of their lives without meeting dementia criteria and some even improve.

There can be little argument against the accurate diagnosis of dementia as long as it is made and communicated in a timely manner by clinicians who understand that it requires collateral information from relatives and friends and often requires repeated observations over time, particularly when individuals are anxious and report a family history of dementia. Many so-called "worried well" seek prescription drugs or nutraceuticals that they believe will preserve cognition, although to date no drug is approved for this purpose. Since currently available pharmaceuticals benefit only some symptoms in some patients, the most persuasive case for early diagnosis is that it enables persons with dementia and their caregivers to plan for the future. Patient and family-focussed care in these circumstances rests on timely, accurate diagnosis rather than early diagnosis with "timeliness" depending on individual circumstances, challenges and choices.

Cognitive impairment is first identified in many older persons during a hospital stay when they develop delirium in the course of an acute illness or following trauma or surgery. Unless there is clear evidence of progressive cognitive decline before the onset of delirium, a confident diagnosis of dementia cannot be made under these circumstances and re-evaluation following recovery from delirium is required. Since the transition to the point where a person meets criteria for dementia is subtle, a 2 - 3 month follow-up visit may be the most valuable diagnostic test!

The Seniors Health Strategic Clinical Network (SCN) proposes to use the phrase "it's more than memory" to help reassure those in midlife or old age anxious about normal age-associated changes in their memory. Redirecting them toward evidence-informed health promotion and lifestyle changes holds the promise of preventing or delaying cognitive decline and minimizing the risk of inaccurate diagnosis of dementia. Our SCN is collaborating with the Cardiovascular and Stroke SCN and with Alberta Health and AHS Public Health leaders to promote greater attention to vascular risk factors and physical exercise as interventions that may preserve cognitive function and delay onset of dementia. We will also support "Choosing Wisely" initiatives and advocate that physicians and patients guard against inappropriate polypharmacy in old age and consider thoughtful "deprescribing" or dose reduction of medications known to affect cognitive and functional abilities in old age.

Looking ahead, the development of a comprehensive Aging Brain Care Pathway is prioritized in our Transformational Roadmap (http://www.albertahealthservices.ca/7702.asp). We will collaborate with the newly established Primary Care and Chronic Disease SCN to address diagnosis and management of dementia in community settings with support from Specialized Geriatric Services and Geriatric Psychiatry. As a support to those caring for dementia in the community our SCN initiative, Dementia Link, is expected to be launched in October 2014. Accessed through Health Link, it will feature telephone advice and follow up to caregivers of people with dementia from a dementia specialist nurse.

Choosing Wisely Canada
In partnership with the Canadian Medical Association

CGS·SCG

Choosing Wisely Canada

Choosing Wisely Canada (in partnership with the Canadian Medical Association) is a campaign to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures, and to help physicians and patients make smart and effective choices to ensure high-quality care.

For more information on *Choosing Wisely Canada*, please visit www.choosingwiselycanada.org.

1. Don't use antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present.

Cohort studies have found no adverse outcomes for older men or women associated with asymptomatic bacteriuria. Antimicrobial treatment studies for asymptomatic bacteriuria in older adults demonstrate no benefits and show increased adverse antimicrobial effects. Consensus criteria has been developed to characterize the specific clinical symptoms that, when associated with bacteriuria, define urinary tract infection. Screening for and treatment of asymptomatic bacteriuria is recommended before urologic procedures for which mucosal bleeding is anticipated.

2. Don't use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium.

Large scale studies consistently show that the risk of motor vehicle accidents, falls and hip fractures leading to hospitalization and death can more than double in older adults taking benzodiazepines and other sedative-hypnotics. The number needed to treat with a sedative-hypnotic for improved sleep is 13, whereas the number needed to harm is only 6. Older patients, their caregivers and their health care providers should recognize these potential harms when considering treatment strategies for insomnia, agitation or delirium. Use of benzodiazepines should be reserved for alcohol withdrawal symptoms/delirium tremens or severe generalized anxiety disorder unresponsive to other therapies. Prescribing or discontinuing sedative-hypnotics in hospital can have substantial impact on long-term use. Cognitive behavioural therapy, brief behavioural interventions and benzodiazepine-tapering protocols have proven benefit in sedative-hypnotic discontinuation. These non-pharmacologic interventions are also beneficial in improving sleep.

3. Don't recommend percutaneous feeding tubes in patients with advanced dementia; instead offer oral feeding.

Careful hand-feeding for patients with severe dementia is at least as good as tube-feeding for the outcomes of death, aspiration pneumonia, functional status and patient comfort. Food is the preferred nutrient. Use of oral nutritional supplements may be beneficial. Tube-feeding is associated with agitation, increased use of physical and chemical restraints and worsening pressure ulcers.

4. Don't use antipsychotics as first choice to treat behavioural and psychological symptoms of dementia.

People with dementia often exhibit aggression, resistance to care and other challenging or disruptive behaviours. In such instances, antipsychotic medicines are often prescribed, but they provide limited benefit and can cause serious harm, including premature death. Use of these drugs should be limited to cases where non-pharmacologic measures have failed and patients pose an imminent threat to themselves or others. Identifying and addressing causes of behaviour change can make drug treatment unnecessary.

5. Avoid using medications known to cause hypoglycemia to achieve hemoglobin A1c <7.5% in many adults age 65 and older; moderate control is generally better.

There is no evidence that using medications to achieve intense glycemic control in older adults with type 2 diabetes is beneficial (A1c under 7.0%). Among non-older adults, except for long-term reductions in myocardial infarction and mortality with metformin, using medications to achieve glycated haemoglobin levels less than 6 % is associated with harms, including higher mortality rates. Intense control has been consistently shown to produce higher rates of hypoglycemia in older adults. Given the long timeframe (approximately 8 years) to achieve theorized benefits of intense control, glycemic targets should reflect patient goals, health status, and life expectancy. Reasonable glycemic targets would be 7.0 – 7.5% in healthy older adults with long life expectancy, 7.5 – 8.0% in those with moderate comorbidity and a life expectancy < 10 years, and 8.0 – 8.5% in those with multiple morbidities and shorter life expectancy.

"The Canadian Geriatrics Society is pleased to be partnering with Choosing Wisely Canada to promote safety in the care of older adults."

Karen Fruetel,
Vice President, Canadian Geriatrics Society

Research Update

Project Updates:

Baseline screening and recruitment is underway for the Elder-friendly Approaches to the Surgical Environment (EASE) Study (formerly EFSU), with the University of Alberta Hospital (intervention site) a few weeks ahead of the Foothills Medical Centre (control site) in recruitment due to the timeline of hiring of project staff. Principal Applicant Dr. Khadaroo recently presented the study overview at the Research Network Fest meeting and received a very favourable response from attendees.

The patient engagement project titled Meaningful Results from Meaningful Engagement (led by Dr. Hanson) has begun recruiting community-based older adults for participation. The data collection, in collaboration with the University of Calgary PACER Program, will gather older adults' perspectives on the issues they see as most affecting their health, and will map their views against the SH SCN priority areas.

Grant Applications Submitted:

The SH SCN supported three applications submitted to the full proposal competition of the *Partnerships for Research and Innovation in the Health System* (PRIHS) competition. In brief, the proposals addressed improvements to osteoporosis detection and secondary fracture prevention (lead SCN; Principal Applicant Dr. Majumdar, U of A); an innovative device for the prevention of pressure ulcers (co-lead SCN; Principal Applicant Dr. Mushahwar, U of A); and an evidence-informed patient-centered care pathway for frail seniors with chronic kidney disease (co-lead SCN; Principal Applicant Dr. Davison, U of A). The PRIHS competition began with a Letter of Intent stage, in which 17 out of 45 submitted applications were invited by the review committee to move forward to the full proposal stage. The outcome of this competition is expected in early 2015 and we wish these 3 project teams success in their applications.

We also collaborated with colleagues on a large multi-investigator research initiative grant application submitted to Brain Canada proposing an Alberta consortium for healthy brain aging and the prevention of dementia (Principal Applicant Dr. Dixon, U of A).

1) Contact Information:

If you are interested in joining the Seniors Health SCN Research Community, please contact Dr. Heather Hanson, Assistant Scientific Director (Heather.Hanson@albertahealthservices.ca).

2) Researcher Acknowledgments:

We would like to congratulate Dr. Estabrooks on receiving the 2014 CIHR Betty Havens Prize for Knowledge Translation in Aging. We would also like to acknowledge Dr. Duggleby on her appointment as Director of a newly emerging research unit focused on seniors care within the Faculty of Nursing, U of A. Both Drs. Estabrooks and Duggleby are faculty members in the Faculty of Nursing, which has recently been recognized as a leader in enhancing care of older adults in joining the National Hartford Centres of Gerontological Nursing Excellence.

Successfully Awarded Grants:

In collaboration with researchers from Ontario (led by Drs. Straus and Liu) who originally designed and implemented the Mobilization of Vulnerable Elderly (MOVE) Study, Dr. Holroyd-Leduc (Principal Knowledge User) was successfully awarded a 2-year CIHR grant to spread the program from the Ontario sites to interested sites here in Alberta, with the goal of promoting early mobilization in acute care and prevention avoidable functional decline. Four zones will be participating in this project. The study will be the foundation of a PhD program for Kelly Mrklas, who is beginning her studies at the University of Calgary this fall under the supervision of Drs. Straus and Holroyd-Leduc.

The Calgary zone Elder Friendly Advisory group (co-Chaired by Dr. Holroyd-Leduc and Cory Banack) was also successful in receiving 1-year funding from the Calgary Zone Quality Improvement Fund to conduct an Elder-Friendly Care initiative. The project will utilize the innovation collaborative approach and balanced scorecards to aid teams at four acute care sites in developing and implementing quality improvement cycles to improve care to older patients with a focus on comfort rounds, delirium detection, and restraint use.

These two projects will be supported by the Seniors Health SCN Elder Friendly Coordinating Group (co-Chaired by Jane Bankes and Dr. Holroyd-Leduc).

Capacity Building:

The SH SCN supported two students over the summer months. Madison Riddell, 3rd year Life Sciences student at Queens University, has been collaborating with the Emergency SCN on a project investigating the use of femoral nerve blocks for pain management among hip fracture patients. Madi received a Summer Studentship from TVN (Technology Evaluation in the Elderly Network) NCE to conduct this research project. Colton Chipak, high school graduate soon to start a Bachelor of Science degree in neurosciences at University of Calgary, has been assisting with the collation of documents for the Elder Friendly Care initiative. We wish Madi and Colton success in the upcoming year of their studies.

Finally, we have received funding from Alberta Innovates-Health Solutions to bring in an external evaluator to assess the development and activities of the Research Network. Dr. Straus, internationally recognized knowledge translation researcher and geriatrician from the University of Toronto, will be visiting in September to conduct interviews and town hall sessions as part of her assessment of the research network activities. The results of her evaluation will be used to inform the development of the strategic research plan for the scientific activities of the SH SCN.