

OASIS Alert

Risk Management: Stay On High Alert For Signs Of Dementia

Detect hidden cognitive problems to improve outcomes and avoid adverse events.

If your patient has unrecognized dementia, you may end up with poor outcomes no matter how well you create the plan of care and execute the clinical interventions.

Hidden trap: Patients with dementia experience problems with memory, reasoning, planning and behavior, all of which are important in achieving a successful home care episode outcome. And discharging a patient with behavior problems is an adverse event you may need to explain to surveyors. So even mild dementia needs to be considered in your plan of care.

Because they make repeated visits to a patient's home, home health agency staff could be the first to recognize the early stages of dementia. The greater challenge is to detect the problem behaviors during the OASIS assessment, rather than later in the episode.

Reality: Alzheimer's disease or other forms of dementia are rarely the primary reason for a patient's home health episode. But in looking at older people with dementia, re-searchers found 30 percent also had coronary artery disease, 28 percent had congestive heart failure, 21 percent had diabetes and 17 percent had chronic obstructive pulmonary disease, according to a 2004 study the **American Geriatrics Society** reported in its journal.

Although dementia is not an inevitable part of aging, the older your patient is, the greater the chances the person is in some stage of dementia. Various kinds of dementia affect from 5 to 8 percent of those between 65 and 74 years of age and up to 20 percent of those between 75 and 84, experts say. Patients over the age of 85 have a 30 to 47 percent chance of suffering from dementia, studies suggest. Alzheimer's disease is the most common dementia, followed by vascular or multi-infarct dementia.

10 Questions That Can Point To Dementia

Ask yourself these questions about the patient when you're considering the possibility of dementia, experts recommend:

1. Is he distractible and in need of repeated directions?
2. Does she need written reminders to remember events or tasks?
3. After you give him information -- such as your name or the day of the week -- does he remember it?
4. Does she mention having memory problems?
5. Can he follow the conversation?
6. Was she able to give you directions to her home?
7. When you ask about family members, does he know his children's names?
8. Does she know her medication regimen?
9. Does he need help choosing clothes or deciding what to eat?
10. Does the caregiver report episodes of paranoia, unusual outbursts or the patient seeing or hearing things that others do not?

Caution: When you finish your assessment, review the clues you accumulated. And be careful not to excuse significant memory problems as a normal byproduct of aging.

Choose Your Tools For Recognizing Dementia

As part of your assessment process, you can use tools developed for screening purposes. The **John A. Hartford**

Institute for Geriatric Nursing provides a family questionnaire and a list of behavior triggers for clinical staff at www.hartfordign.org.

Note: More information is at the Alzheimer's Disease Educational and Referral Centers at www.alzheimers.org. A comparison of 13 screening tests is at www.cpa-apc.org/Publications/Archives/CJP/2002/october/borson.asp.