Managing Depression

Jocelyn Chen Wise, LCSW, MPH

*Project Director and Clinical Social Worker*
Understanding Research Participation
Monica W. Parker, MD
Director, Minority Engagement Core
Goizueta Alzheimer’s Disease Research Center
“Clinical research” is research conducted with human subjects. Clinical research includes:

- Patient-oriented research
- Epidemiological and behavioral studies
- Outcomes and health services research
Epidemiologic and Behavior Studies

These types of studies examine

• the distribution of disease - Who gets it?
• factors that affect health
• How people make health related decisions
Outcomes and Health Services Research

These studies seek to identify the most effective

- Interventions (ways to stop the disease process)
  - COVID Vaccine development
- Treatments (medications, therapies)
- Services
  - How people obtain health information, care, and who provides it
Clinical Trial Phases
The Dementia “Umbrella”
Lenora Higginbotham, MD
Emory Movement Disorders Neurology
Dementia is an “umbrella” term that includes a variety of diseases that cause progressive declines in thinking and/or memory.
Alzheimer’s Dementia
Lewy Body Dementia
Creutzfeldt-Jakob Disease

Vascular Dementia
Frontotemporal Dementia
Huntington’s Dementia
These dementias differ in several **biological** ways:

- Protein accumulation
- Brain regions involved
- Cell types degenerating
These biological differences result in **clinical** differences:

- Rate of decline
- Aspects of thinking / memory affected
- Associated symptoms, e.g. **parkinsonism**
Lewy Body Dementia

Second most common cause of dementia worldwide and affects > 1 million in the US. ¹

Typically features motor symptoms of parkinsonism.

Timing of cognitive decline relative to motor symptoms dictates clinical diagnosis of Dementia with Lewy bodies (DLB) or Parkinson’s disease dementia (PDD).

Lewy Body Dementia

Compared to Alzheimer’s disease, Lewy Body Dementia tends to feature more **neuropsychiatric symptoms** (e.g. anxiety, hallucinations, other psychosis) and **fluctuations of consciousness**.

Management of Lewy Body Dementia

**Motor Symptoms:** Carbidopa / levodopa and other dopaminergic medications; typically lower doses.

**Cognitive Symptoms:** Rivastigmine*, donepezil, galantamine, memantine.

**Hallucinations / Psychosis:** Quetiapine, clozapine, pimavaserin.

**Fluctuations of Consciousness:** Difficult to treat.

*Rivastigmine is the only drug FDA approved for the treatment of Parkinson’s disease dementia.
Research Opportunities

We are establishing an LBD research cohort in collaboration with the ADRC to promote biomarker discovery.

We are collecting cognitive, imaging, blood, and CSF data.

**Me:** Lenora Higginbotham, lhiggi2@emory.edu.

**Research Coordinator:** Natalie Zimmerman, nzimmer@emory.edu.
Safety Assessments: Driving; Firearms; Power Tools; Kitchen Utensils; Etc.

Ken Hepburn, PhD
Emory Roybal Center for Dementia Family Caregiving Mastery
Goizueta Alzheimer’s Disease Research Center
Nell Hodgson Woodruff School of Nursing
The Reality

For most individuals

- There are important lifelong engagements and activities
- Many pose dangers that need to be acknowledged
- Not just driving. Knitting; outdoor walking; gardening (pesticides); hunting; carpentry

At some point

- Modulation, control and curtailing and elimination need to occur

First: Catalogue such Behaviors
Next: Assess Present and Future Threat from Disease Progression
Next: Develop an Abatement Strategy
Target Threat Behaviors?

• What does the person continue to do that poses risk to self and others?
  • Look past past successful and safe performance
  • Think worst case: What could go wrong?
  • Admit it: What’s your nightmare?
How Avoid the Nightmare?

Start by acknowledging that you do envision a nightmare scenario and that you might have to do something to prevent it.

Then Ask

• In what ways, if at all, can the person be involved in these decisions and risk avoidance activities?

• What are some possible strategies to de-escalate the risk that do not involve the person?

• What resources exist to support efforts
Progressive Losses in Neurocognitive Illnesses Affect the Person’s Involvement

• Judgment
  • Ability to assess threats from behavior to self or others

• Reasoning
  • Ability to consider situation from multiple perspectives and reach a balanced conclusion

• Organization
  • Ability to create and follow an intentional sequence of actions

• Perception
  • Ability to properly discern and respond to visual and auditory stimuli
Possible Strategies

• Mutual Decision:
  • A kind of advance directive for safety
• Agreed-upon constrained use
  • Only drive together to the store
• Disablement
  • Battery disconnected
  • Trigger lock installed
• Substitution
  • Use peeler rather than paring knife
• Disappearance
  • Car in shop/given to granddaughter . .
Resource Support

Enlist support

• Primary care provider
  • Order a driving assessment
  • Provide a “prescription”
• Department of Motor Vehicles
• Department of Veterans Affairs
• Aging and Disability Resource Centers
  • Area Agencies on Aging
STRATEGIES TO MAXIMIZE ATTENTION

Kayci Vickers, PhD
Clinical Neuropsychology Fellow
Cognitive Empowerment Program
WHAT IS ATTENTION?

• Our ability to selectively focus or concentrate
• An important building block for memory
STRATEGIES WE’LL TALK ABOUT TODAY

Create an Attention Space

Use DIRECT Strategies
CREATING AN ATTENTION SPACE

Separate the space

Get rid of distractions

Have everything you need
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distractions</td>
<td>Reduce distractions</td>
</tr>
<tr>
<td>Interruptions</td>
<td>Reduce (or manage) interruptions</td>
</tr>
<tr>
<td>Rate</td>
<td>Increase or decrease rate of performance</td>
</tr>
<tr>
<td>Earnings</td>
<td>Increase earnings</td>
</tr>
<tr>
<td>Complexity</td>
<td>Reduce complexity</td>
</tr>
<tr>
<td>Tiredness</td>
<td>Reduce tiredness</td>
</tr>
</tbody>
</table>
THANKS FOR YOUR ATTENTION
Covid-19: recommended guidelines from the CDC for mitigation strategies for long term care and nursing homes:

Krystle Johnson RN, MSN, CIC
Infection Prevention
Emory Saint Joseph’s Hospital
Office of Quality
If you have a loved one in a nursing home, assisted living, or long term care
• I encourage you to contact the facility and see what strategies they are taking to prevent and reduce spread among the residents and staff and if there is someone identified what their process is
Keep COVID-19 from entering your facility:

• Restrict all visitors except for compassionate care situations (e.g., end-of-life).
• Restrict all volunteers and non-essential healthcare personnel (HCP), including consultant services (e.g., barber, hairdresser).
• Implement **universal use of source control** for everyone in the facility. (Universal masking)
• Actively screen anyone entering the building (HCP, ancillary staff, vendors, consultants) for fever and symptoms of COVID-19 before starting each shift; send ill personnel home. Sick leave policies should be flexible and non-punitive.
• Cancel all field trips outside of the facility.
Identify infections early:

- Actively screen all residents daily for fever and symptoms of COVID-19; if symptomatic, immediately isolate and implement appropriate Transmission-Based Precautions.
- Older adults with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.
Prevent spread of COVID-19:

• Actions to take now:
  • Cancel all group activities and communal dining.
  • Enforce social distancing among residents.
  • Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments.
  • Ensure all HCP wear a facemask or cloth face covering for source control while in the facility. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required.
Prevent spread of COVID-19:

- If COVID-19 is identified in the facility, restrict all residents to their rooms and have HCP wear all recommended PPE for care of all residents (regardless of symptoms) on the affected unit (or facility-wide depending on the situation). This includes: an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and gown. HCP should be trained on PPE use including putting it on and taking it off.
- When a case is identified, public health can help inform decisions about testing asymptomatic residents on the unit or in the facility.
Identify and manage severe illness:

- Designate a location to care for residents with suspected or confirmed COVID-19, separate from other residents.
- Monitor ill residents (including documentation of temperature and oxygen saturation) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.