Prevention and Cognition: Annual Wellness Visit

Monica W. Parker, MD
Director, Minority Engagement Core
Schedule your Medicare Annual Wellness Visit (AWV) today

This establishes your Personalized Prevention Plan for health.

The plan includes:

- Memory loss and depression screening
- Screening for all chronic diseases
- Update medical history, medications, family history
- Update immunizations
- Schedule hearing evaluation
- Maintain annual oral health visit
Risk Reduction: Active Brain

- Mental activity:
  - Learning new information and skills
  - Volunteering
  - Reading
  - Playing challenging games
- Social connections (friends, social groups, volunteering)
- Promotion of cognitive health
Control Chronic Diseases

Heart disease, diabetes, COPD, and high blood pressure can cause strokes. Strokes can cause some types of dementia.

- Diabetes control with A1C less than 8
- Blood pressure controlled with systolic less than 150/diastolic less than 90
- Cholesterol less than 200; HDL greater than 60
- Stop smoking
- Take your prescribed medicines daily
- Get screened for hearing loss
- See your dentist every six months
Eat Healthy Foods

The proper diet can help slow decline in reasoning and understanding.

• Eat heart-healthy low-fat, lean-meat and vegetable-rich meals
• Mediterranean, MIND and DASH diets are suggested
• Visit [www.myplate.gov](http://www.myplate.gov) for specific recommendations
Stay Physically Active

Daily exercise maintains strength, controls chronic disease and the ability to live independently.

- 150 minutes of aerobic activity per week
- Examples are walking, swimming, dancing, cycling and gardening
Maintain Brain Connections

Learning new things

- Music, language hobbies
- Play games-
  - Bridge
  - Chess
  - Crossword puzzles

Social Engagement

Positive interactions improve well being and prevent mood disorders

- Attend Church, family and community events
- Engage in those activities that give YOU purpose

Adapted from the Brain Strong Flyer
Websites

- [www.alzu.org](http://www.alzu.org) Tutorial about the disease
- [www.alz.org](http://www.alz.org) Resources for caregivers
- [www.alzheimers.emory.edu](http://www.alzheimers.emory.edu) Emory Goizueta Alzheimer’s Disease Research Center
A Visit to/with a Clinical Provider

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

Emory University
Consider Three Possible Scenarios

• Two possible in-person visits:
  • Scheduled Office Visit
  • Emergency Department Visit

• A Telemedicine Visit
Infection Control and on In-Person Visits

• Leaving the Safe Home
  • Masks
    • Strategies if Person won’t Mask
      • Call ahead; work it out
  • Distancing; Touching; Sanitizing
    • There and on return to car

• Returning Home Safely
  • Wash or Sanitize Hands
SBAR: A Method for Effective Communication in All Encounters with Clinicians

S: Situation: Who are you and what is happening that brings you here?

B: Background: Describe person’s medical condition (dementia + something) and information pertinent to present visit

A: Assessment: Provide specific observations that have raised concerns for you (e.g., change in behavior; shift from normal)

R: Recommendation: Ask for what you want for your person (and you); if you have an idea about what might help, present the idea
Create a Caregiver Grab N Go Portfolio. Things to Have in Place under Every Circumstance

- Power of Attorney
- Health Care Power of Attorney
- Advanced Care Directives
- SSN and financial information
- Provider Information
- Insurance Information
- Medication and Treatment Lists

- Multiple Methods to identify you as responsible party
  - Med-alert methods
- Multiple methods of contacting you
- Alternative Contact Information (if you are unreachable)
  - Make this arrangement in advance

Always Be Able to Act on Behalf of the Person, Even at a Distance
Scheduled Office Visit

• Is it really necessary? Can it be done virtually?

• Check in Advance:
  • what precautions in place?
  • Wait outside?

• What expectations?
  • What information to compile
    • Bring Grab N Go portfolio

• Prepare for the unexpected
  • Have hospital bag with you
A Visit to the Emergency Department

• If possible: Call ED or PCP to ensure necessity of the visit

• Bring with you:
  • Grab N Go portfolio
  • Hospital bag in case of admission
  • Activity bag to deal with the wait

• Prepare for Admissions/Triage Process
  • Use SBAR technique to establish standing and clearly convey situation
  • Inform about person’s dementia condition and special needs
  • The need for you to accompany the person during exam
    • Continue to assert standing and speak for the person
Telemedicine Visit

• Ensure connectivity and functioning access to telemedicine platform

• In Advance:
  • What information will be needed for the visit
  • Can/should that information be provided before hand
  • Establish your standing as patient surrogate

• During the visit:
  • Be prepared to assist with assessment (prompt/guide person)
  • Have your own list of questions and desired outcomes in mind
  • Be prepared to raise concerns (use SBAR techniques)
  • Confirm your own summary of the visit:
    • What was concluded
    • What next steps (by you/by provider), including any follow up visit, or consult referral, or admission