



ECHO Idaho: Alzheimer's Disease and Related Dementias CASE RECOMMENDATION FORM

Project ECHO Idaho (ECHO) case presenters are responsible for ensuring that no personally identifiable information (PII) nor protected health information (PHI) is shared during an ECHO session, in compliance with HIPAA privacy laws, to ensure patient privacy and confidentiality. Panelists and participants involved in reviewing the case may provide recommendations, suggestions, or considerations based on the information presented during an ECHO session. The professional practitioner presenting the case is free to accept or reject the advice and remains in control of the patient's care. ECHO case presentations are informal consultations that do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in an ECHO session.

ECHO Session Date: 9/24/2024

Presenter Credential: MD, HMDC

Thank you for presenting your patient at ECHO Idaho –Alzheimer’s Disease and Related Dementias session.

Summary:

81 yo M w/ PMH of HLD, PTSD, BPH w/ LUTS, and reported progressive dementia asked to be seen by local facility administrator, pt lives 1hr away. Sister is the power of attorney for healthcare (DPOA) and reports she is wanting to move him locally to a memory care due to safety concerns. Pt neglecting animals on the property (horses/cows/dogs), neglecting self-care, concerns of eating unrefrigerated foods. APS report already made. Facility admin and sister asked this provider to prescribe medication, so he can be transported to facility. Sister is fearful to drive him due to history of behaviors and agitation. Spoke with pt's PCP and he defers, feeling uncomfortable with this type of thing.

Question:

How do I safely get him out of the home and into a facility?

After review of the case presentation and discussion of this patient’s case among the ECHO Community of Practice, the following suggestions have been made:

Thank you for sharing this case study where you helped preserve this patient’s dignity and navigated a tricky situation moving him into a place where he could be kept clean to a level of standard that we all deserve.

RECOMMENDATIONS:

Transition to memory care- ethical challenges placed on the healthcare team

- Collaborative geriatric medicine or geriatric psychiatry care via telemedicine (where the geriatrician or geriatric psychiatrist joins palliative care physician or PCP virtually to do a joint assessment, discuss care plan and recommendations) in ethically challenging cases such as the case presented should be considered where available or efforts made to make it available in large healthcare systems such as Saint Alphonsus or St. Lukes where they have such expertise within the system.
- When dementia causes a loss of insight, families must act on the person’s behalf, making decisions about their care, even if it feels uncomfortable. This includes moving them to a facility or discreetly giving medication to ensure safety and well-being.
- Preserving dignity means ensuring a baseline standard of care, like hygiene, even if it requires placing someone in a safer environment. Framing decisions as something the person would have wanted can help families feel more at ease with difficult choices. Consider asking the DPOA:

If you could have asked this gentleman 10 years ago if your sister would have felt at risk of you potentially harming her by trying to help transport you to a place that was in your best interest? And if she were to sneakily give you a medication to help that be a safer trip, would you want that for yourself and for her?



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Guardianship Considerations

- While he has a DPOA, this person is unable to carry out some of the tasks so a professional guardian may be worth considering

Transition/ transportation to memory care

- Typically, memory care facilities and skilled nursing facilities are reluctant to accept a resident who requires medication to support transition
- As far as the actual transport, if they can do a gradual introduction; tour of the facility, drives to discuss, deciding what to take with him, etc.
- Case Management services, while expensive, can take the lead in transitioning into placement.
- While medications can help with behaviors, they are only part of the solution. Non-drug strategies are often more effective, as highlighted in the examples given during the 9/24/24 ADRD ECHO presentation.
 - Non-drug interventions like changing the environment and interactions with people with dementia are far more effective and have fewer side effects than medications.
 - Chamomile extract as needed may be used to manage anxiety and carries lower risk than lorazepam although it is also weaker than lorazepam.
 - Medications like lorazepam and antipsychotics can be used, but these carry risks, including black box warnings. It becomes ethically challenging because we don't know the level of medication intervention the person would have wanted.

Consideration of Idaho's new crisis hold statute

- The new statute does not appear to apply in this situation.
- The statute applies when there is an imminent risk of harm to the person or others, not just potential risk. It is designed for situations where a person may be experiencing agitated or acute delirium, which could have a reversible cause. However, the statute could also be used in other cases where medication or care placement needs to be optimized.

Review decision making capacity

- Consider completing a Decisional Capacity Assessment to determine his ability to live independently.
- It would be important to know his cognitive level as well

APS involvement

- Often APS will only get involved under one of two main circumstances: person cannot independently ambulate OR the person has such severe cognitive deficits they are fully dependent on caregivers AND they are engaging in self-neglect or subject to abuse. The bar is very high for them to get involved.
- In Idaho, while there are no self-neglect statutes, animal neglect laws can be used as an intervention technique.

Technology support

- Technology supports such as cameras to see what he was doing can help buy time and keep people home longer.



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Resources:

[Agitation Associated with Dementia](#)

[Dementia Caregiver Wellness Guide](#)

[Agitation associated with Alzheimer's Disease](#)