



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

ECHO Session Date: 4/22/25

Presenter Credential: LCSW

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

Summary:

This 68-year-old woman with Mild Vascular Neurocognitive Disorder and Adjustment Disorder shows behavioral and psychiatric symptoms, including delusions, paranoia, and safety issues, especially around technology use and financial exploitation. Despite caregiver support from her husband, she continues to access phones and internet, worsening marital stress. MRI showed microvascular changes, and there is interest in exploring possible Lewy Body Dementia due to tremors, unsteady gait, and hallucinations. Guidance is requested on managing tech use to prevent further harm.

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:

Consider Psychiatric Evaluation

- We suspect this patient may have a primary delusional disorder above and beyond the Mild Neurocognitive Disorder and strongly recommend that she receives a psychiatry referral to assess delusions, sleep disturbances, and possible benefit from medications given the diagnostic complexity.

Resulting decision-making & legal pathways:

- Neurocognitive evaluation: If the patient has Mild Cognitive Impairment and is still deemed to have capacity, she retains the right to make her own decisions. It is important to establish a Durable Power of Attorney for healthcare.
- Psychiatric assessment: If a psychiatric assessment indicates incapacity or psychiatric illness affecting decision-making, this may support pursuing legal guardianship or conservatorship through the court. A judge ultimately decides if this route is appropriate.

Supporting her Family

- As it appears that the family is withholding or delaying key information, continue efforts to improve communication and transparency across care team.
- We advise holding a family meeting to align goals of care, reduce conflict, and limit unhelpful external influences (e.g., friends derailing efforts). Consider including key family friends to ensure alignment of goals and expectations.



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Clinical & Medication Management

- Continue to try to address the sleep apnea by reinforcing CPAP compliance through education and support, as poor sleep exacerbates cognitive decline and behavioral issues.
- If she has vascular dementia:
 - Recommend optimizing cardiovascular disease therapy (e.g., statin therapy, blood pressure control).
 - No aspirin, unless CVA is identified.
 - These interventions would not reverse disease but would decrease the risk of the progression of vascular dementia.
- Considerations regarding Solifenacin (Vesicare):
 - Prescribed for bladder issues, has a high anticholinergic burden, which can negatively impact cognition, especially in older adults or those with dementia.
 - It may worsen cognitive symptoms by disrupting the dopamine-acetylcholine balance in the brain. While it addresses urinary frequency, its cognitive side effects often outweigh benefits, and most patients can discontinue it safely.

Safety & Technology Management

- Limit tech/internet access to reduce vulnerability to scams:
 - Use prepaid debit cards or monitored accounts.
 - Consider supervised or restricted internet access tools.
- Family Tech Support: Continue working with the family to secure devices and accounts permanently.
- [Here](#) are some ideas on computer safety.

Social and Emotional Support

- Encourage continued engagement with her faith and community, as this remains a major source of comfort.
- Preserve dignity and a sense of purpose:
 - Explore safe online activities (e.g., genealogy research).
 - Redirect focus to meaningful but controlled interactions.

Additional Resources:

- Although not likely associated with this case, [this](#) is a helpful resource from a UK group on Lewy Body Disease.
- A skin biopsy is a minimally invasive test that can detect pathological alpha-synuclein aggregates in peripheral nerves, offering diagnostic value for synucleinopathies such as Parkinson's disease and Lewy Body Dementia. This test may be especially useful in cases with atypical symptoms or diagnostic uncertainty, helping differentiate synucleinopathies from other conditions like Alzheimer's disease, which lack alpha-synuclein pathology.