National Center on Homelessness among Veterans

Cognitive Decline in Aging Homeless Veterans

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Presenters

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Polling Question

How long have you worked in VA Homeless Programs

- 1-3 years
- 4-6 years
- 7 plus years
- Do not work in VA homeless programs.

Polling Question

How often do you work with aging Veterans?

- Do not work with aging Veterans
- Occasionally work with aging Veterans
- Frequently work with aging Veterans
- Aging Veterans are my primary case load

Cognitive Decline in Aging Homeless Veterans

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3/Cognitive Ability

- Our daily functioning depends on a number of separate, but interconnected cognitive abilities. Among these are:
- attention: to focus on a stream of information, to disregard irrelevant information, to monitor multiple sources of information simultanously.

4/Cognitive Ability

- working memory: the active manipulation of information that is currently being maintained in focal attention (e.g., rehearsing a phone number); **critical for storing new information into long-term memory**.

5/Cognitive Ability

- long-term memory: episodic (memory for experienced events), semantic (store of general knowledge about the world), autobiographical memory (memory for one's personal past)
- and speech/language processing, decision-making, and, importantly, executive control (planning, organ-ization, coordination, implementation of other cognitive activities).

6/Cognitive Ability

- Across individuals there is a fair amount of variability in overall level of cognitive ability; within individuals, there is variability in the strength of different cognitive abilities.
- Few people have the same level of ability across cognitive domains. Most have relative cognitive strengths (e.g. attention) and weaknesses (e.g., memory), regardless of our overall level of cognitive ability.

7/Cognitive Ability

- In general, after age 55 there is a decline in:
- attention tasks that require dividing or switching of attention among multiple inputs or tasks (e..g, driving),
- working memory,
- episodic memory, namely memory for specific events or experiences that occurred in the past,
- executive control

8/Cognitive Ability

- However, it is important to note that there is also variability across individuals in terms of the impact of age on cognitive ability.
- Some older adults retain excellent cognitive function well into their 70s and 80s and perform as well or better than younger adults.
- Others, although within the normal range, show clear signs of decline by age 60.

9/Cognitive Ability

- In addition, decline is not uniform across cognitive domains. For example, some older adults have unchanged episodic memory function but show decline in executive function.
- Those with higher levels of ability may be protected to some degree from decline as they age, either in terms of declining at a later age or declining with less progression.

10/Cognitive Ability

- Lifestyle has been the focus of recent research on differential cognitive aging. Active lifestyles are associated with better outcomes, and aerobic exercise in particular has been shown to produce substantial benefits.
- Health factors obviously play into the maintenance of cognitive ability with aging, with chronic disorders such as diabetes and hypertension as risk factors for accelerated decline.

11/Definitions and Basic Facts

- Most cases of dementia are progressive and irreversible. The most common of these is Alzheimer's disease (AD), which accounts for 70+ percent of cases. The second most common dementia is vascular dementia.
- The very large majority of cases of dementia have late onset and occur at age 65+. Early onset AD is very uncommon (1% of cases of AD).

12/Definitions and Basic Facts

- Late onset AD and other dementias do have a complex genetic component. These dementias are not inherited in classic "dominant/recessive" pathways but rather as an interactive combination of multiple genes.
- The veteran population is aging and approximately 45% of veterans are now age 65+--they have entered the age of risk for dementia and particularly AD.

13/Definitions and Basic Facts

- The veteran homeless population also has a significant number of age 65+ veterans. In FY15, 8.3% (1 in 12) of veterans receiving housing services from VA were age 65+.

14/Assessing Cognitive Change

- ***Significant*** memory loss is not a characteristic of ***normal*** aging. However, as noted above, some degree of cognitive decline occurs as early as age 55 in some individuals.
- Normal cognitive decline is usually characterized by common complaints that do not interfere with functional capacity.

15/Assessing Cognitive Change

- "I came into this room to get something and I forget what it is."
- "I can't find my car keys (glasses, wallet).
- "I know I put that screwdriver (spatula, hairbrush) on that counter and now it is gone."
- "I ran into a person at Home Depot who is a church member but I couldn't remember her name."

16/Assessing Cognitive Change

- What are signs of possible early dementia in someone who is age 65 or older?
- 1. Memory loss that disrupts daily life: forgetting recently learned information, important dates or events, asking for the same information over and over; relying on others to keep a calendar

17/Assessing Cognitive Change

- 2. Problems in planning and execution: difficulty in following a plan or working with numbers, confusion in following a familiar recipe or keeping track of monthly bills, taking much longer to do routine task, confusion in following the rules of a familiar game.
- 3. Repeatedly losing track of dates, seasons, and the passage of time.

18/Assessing Cognitive Change

- 4. Problems with conversation or language: stopping in the middle of a conversation, losing thread of conversation (“what was I talking about?”), repeating the same information, problems finding the right word or calling things by the wrong name (e.g., calling a wrench a "turn tool").

19/Assessing Cognitive Change

- 5. Losing or misplacing things: putting things in unusual places (e.g., wallet in bathroom cabinet), losing something and not be able to retrace steps to find the object, accusing others of stealing.
- 6. Poor judgment: giving large amounts of money to telemarketers, paying less attention to grooming or hygiene.

20/Assessing Cognitive Change

- 7. Withdrawal: decreased participation in social activities or sports, trouble keeping up with a favorite sports team, stopping a hobby or interest without a good reason.
- 8. Changes in mood/personality: episodes of confusion, suspiciousness, depression, fearfulness; easily upset at home, work, with friends or in places when out of comfort zone.

21/Some Considerations

- Sudden onset of confusion, disorientation, or behavioral change is not a feature of dementia or normal aging at any age and should trigger a medical evaluation.

22/Some Considerations

- There are few factors that produce an earlier age of onset. The most important of these is significant head trauma producing solid evidence of substantial brain injury or repeated minor incidents of head trauma (e.g., as is seen in professional boxers and football players.

23/Some Considerations

- A history of common head injury is reported by most older adults and the large majority of alcoholics. There is no evidence that these injuries are related to earlier onset of dementia.
- Alcohol abuse over long periods of time has a small effect on increase in risk for AD.

24/Some Considerations

- A family history of dementia should not be considered a diagnostic criterion in assessing cognitive decline.
- Reliable assessment of cognition in alcoholic veterans should be done after at least 30 days of sobriety.

Polling Question

Do you refer Veterans with apparent cognitive decline for a dementia evaluation?

- No
- No, do not have resources for referral
- Yes, occasionally
- Yes, most of the time
- Yes, Consistently
- N/A

Polling Question

How are you currently evaluating older Veterans with suspected cognitive decline?

- Do not have a method to evaluate
- Do not have a method, and use referral for evaluation
- I use screening protocol
- N/A

25/How to Assess and Refer

- If there are indications that a veteran age 65+ is showing signs of cognitive problems, a quick screening may help to focus a consult request.
- Currently, the most commonly used reliable and efficient of the screening instruments for dementia is the Montreal Cognitive Assessment (MOCA).

26/How to Assess and Refer

- The MOCA has been widely studied and used in the US and is frequently used in VA settings. It is relatively easy to learn to administer and can be completed and scored in about 15 minutes. There is no fee/charge.
- The MOCA form and instructions for administration/interpretation for the English version can be obtained at http://www.mocatest.org/

27/How to Assess and Refer

- MOCA consists of 13 mini-tests:
  - Trail-Making, Copying, Clock Drawing
  - Animal Naming
  - List Learning (Immediate Recall)
  - Digit Span, Letter ID, Serial 7s
  - Sentence Repetition, Letter Fluency
  - Abstractions
  - List Recall (Delayed Recall)
  - Orientation

28/How to Assess and Refer

- If your MOCA screen is positive, you want to refer the veteran for a full dementia workup.
- Check with your local VA hospital/clinic Neurology and/or Psychology Services to see which clinics handle these referrals.
- Your referral should briefly state the clinical reason for concern and the result of the MOCA evaluation.

29/Sample Consult Request

This is a 68 y/o homeless veteran with HS educ, previously employed as a store sales manager. He is sober X 2 mos, medically stable, has no acute health problems. In our program, he has difficulty organizing his day, becomes confused following even simple instructions, forgets appts, repeats same questions about appointment, tasks, etc. over and over. A MOCA administered yesterday revealed a score of 21. Please evaluate for cognitive decline/dementia.

DECISIONAL CAPACITY AND GUARDIANSHIP

Lisa Parker Moody, LCSW
HUD VASH Clinician

Polling Question

Have you noticed an increase in the number of Veterans with cognitive decline?

- Yes
- No

Who is Incapacitated?

An incapacitated person is an adult who has been judicially determined to lack the capacity to manage at least some of his or her property or to meet at least some of the essential health and safety requirements of the person.

Assessing Decisional Capacity:

- The ability to understand the relevant information.
- The ability to appreciate a situation and its consequences.
- The ability to reason rationally.
- The ability to communicate a choice.

(Appelbaum and Grisso, 1988)

Understand and Appreciate Test

- Understand the information relevant to making a decision
  - Cognitive ability to factually grasp and retain information

- Appreciate the reasonably foreseeable consequences of a decision or lack thereof
  - Factually understand information **and** rationally manipulate the information and appraise it in a reality-grounded fashion.

(Capacity Assessment Office, 2005)

Guardianship process reserved for:

- People who are very impaired
- Not expected to recover
- Making decisions that adversely affect their well-being

Decisional Capacity and the Guardianship Process

- Petition the court to implement a guardian
- Should be the last resort
- Three-person examining committee

- Independent examinations and reports:
  Must include physical exam, mental health exam, and functional assessment

- Adjudication hearing to determine capacity/incapacity

Plenary vs. Limited

According to the Florida guardianship statutes, before depriving an individual of all of his or her civil and legal rights, “the individual must be incapable of exercising his rights at all, whether wisely or otherwise.”

(Chapter 744, Florida Statutes)

These rights can be removed during the incapacity determination process:

- Commit a Person to a facility, institution or licensed service provider without formal placement proceeding
- To contract
- To petition for dissolution of marriage
- To apply for a Driver's License
- To seek or retain employment

- To consent or participate in experimental Biomedical or Behavioral Procedures or Experiments
- To apply for Governmental Services
- To sue and defend lawsuits
- Right to decide living arrangements
- To marry

- To consent to Medical, Dental, Surgical and Mental Health Treatment
- To manage money and property
- Consent to termination of parental rights
- Consent to social aspects of life
- Consent to sterilization or abortion
- To travel
- To vote

Florida law prohibits the removal of the following basic civil rights:

- To Be Represented by an Attorney
- To Have Access to a Court
- To Receive a Proper Education
- To Be Free from Abuse, Neglect and Exploitation
- To Remain as Independent as possible
- To Receive Necessary Services and Rehabilitation
- To Be Treated Humanely, with Dignity and Respect

The Guardian

- A “surrogate decision-maker”
- Manages the Ward’s personal and/or financial affairs
- Can be family, professional or public

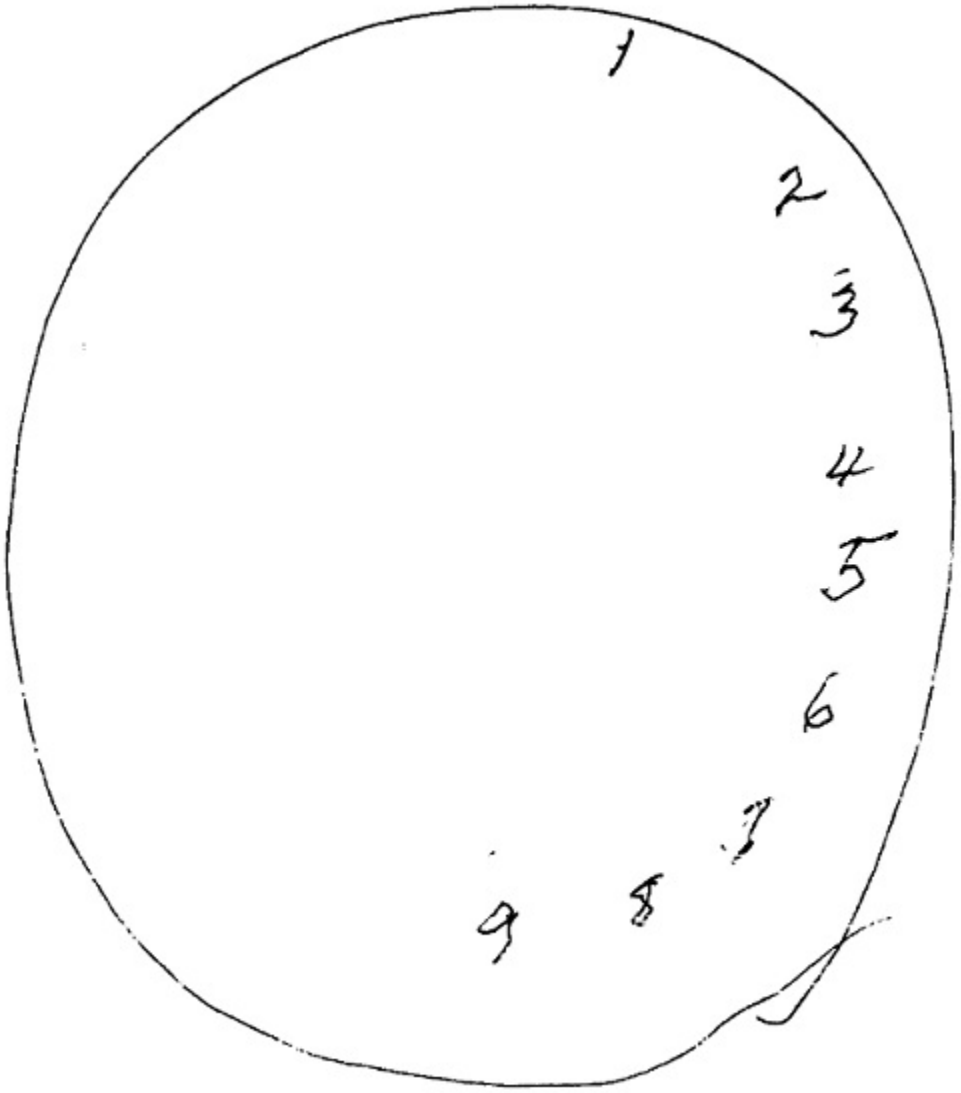
Useful Screening Tools

- Folstein Mini-Mental State Exam
- VAMC SLUMS Examination
- Montreal Cognitive Assessment (MoCA)
- Clock Drawing Test

Polling Question

In your work with aging Veterans do you believe that cognitive decline has impacted the Veterans' ability to continue to live independently?

- Yes
- No
- N/A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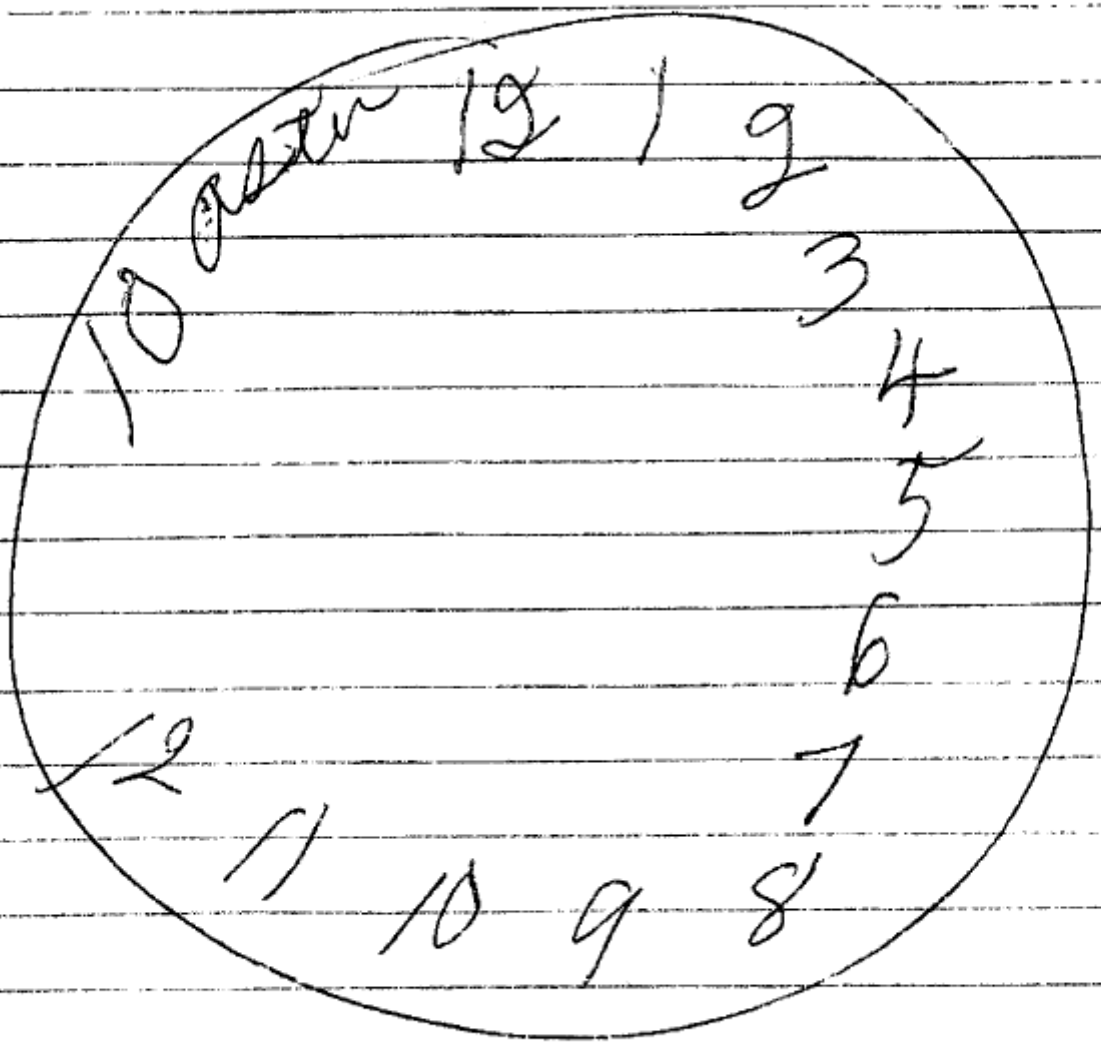
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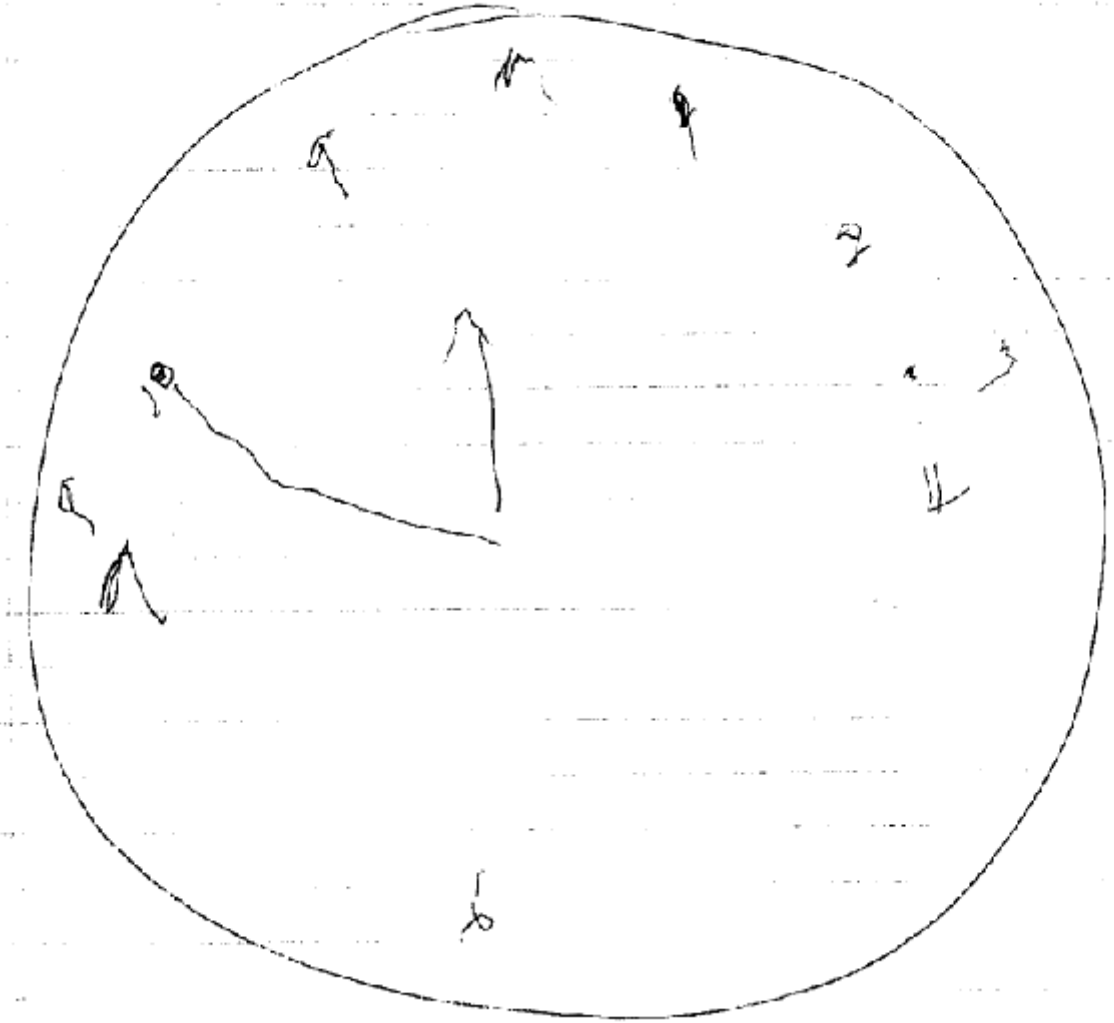

Model Questions for the Assessment of Psycholegal Capacities

Ability to render a choice

Have you decided whether to go along with your doctor's suggestions for treatment? Can you tell me what your decision is? (Can be repeated to assess stability of choice.)

Ability to understand relevant information

1. Please tell me in your own words what your doctor told you about:
a) the nature of your condition
b) the recommended treatment (or diagnostic test)
c) the possible benefits from the treatment
d) the possible risks (or discomforts) of the treatment
e) any other possible treatments that could be used, and their risks and benefits
f) the possible risks and benefits of no treatment at all

2. You mentioned that your doctor told you of a (percentage) chance the (named risk) might occur with treatment. In your own words, how likely do you think the occurrence of (named risk) might be?

3. Why is your doctor giving you all this information? What role does he/she expect you to play in deciding whether you receive treatment? What will happen if you decide not to go along with your doctor's recommendation?

Ability to appreciate the situation and its consequences

1. Please explain to me what you really believe is wrong with your health now.
2. Do you believe you need some kind of treatment? What is treatment likely to do for you?
3. What do you believe will happen if you are not treated?
4. Why do you think your doctor has recommended (specific treatment) for you?

Ability for rational manipulation of information

1. Tell me how you reached the decision to accept (reject) the recommended treatment.
2. What were the factors that were important to you in reaching the decision?
3. How did you balance those factors?

Ganzini, L., Volicer, L., Nelson, W., Fox, E., & Derse, A., 2002

Questions/Discussion

Presenter Bios

John Schinka, PhD

After receiving his PhD at the University of Iowa, John A. Schinka joined the staff of the Tampa VA Medical Center and the Department of Psychiatry at the University of South Florida. He established the Memory Disorder Clinic at the Tampa VA and helped to develop the Byrd Alzheimer's Disease Center at the University. After thirty years of clinical work, research in aging and cognition, and supervision of interns and residents, Dr. Schinka joined the National Center on Homelessness among Veterans to work on research on homeless veterans. He recently retired from the VA and is now a Professor of Aging Studies at the University of South Florida.

Lisa Moody, LCSW

Lisa Moody is a Licensed Clinical Social Worker currently working with the HUD VASH team in Tallahassee, Florida. Ms Moody also worked with Home Based Primary Care with the VA before transferring to HUD VASH. Lisa holds a small clinical practice outside the VA and conducts capacity evaluations for the Courts.