

Alzheimer's Disease and Related Dementias for Community Health Representatives

Presenter information here

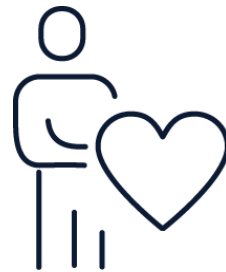
Indian Health Service

Training and Resources for the IHS
on Alzheimer's and Dementia (TRIAD)





This is the first session of a 3-part series presenting an overview and approach to dementia care for community health representatives.



TRIAD Community Health Representatives Training: Core Sessions

- 1 **Alzheimer's Disease and Related Dementias for Community Health Representatives**
- 2 **Person-Centered Care Strategies**
- 3 **Family and Caregiver Support**





Session Overview

Session Agenda and Learning Objectives

Session Agenda



Dementia Overview



Screening, Assessment, and Diagnosis



Causes of Dementia and Risk Factors



Approaches to Dementia Management



Learning Objectives

At the end of this session, participants will be able to

- Describe stages of dementia and behavior changes
- Understand roles of community health representatives (CHRs) in dementia care
- Describe screening and diagnosis of dementia
- Identify causes of and risk factors for dementia
- Describe treatment and prevention strategies for dementia
- Recognize mental health issues in dementia care



Community Health Representative Roles in Dementia Care

- CHRs screen, educate, and connect individuals to health care providers, support, and care resources
- CHRs provide education and resources
- CHRs help caregivers manage care challenges
- CHRs help ensure patient safety
 - Call 911 or refer urgently for sudden confusion, falls, dehydration, or suicidal thoughts



Clinical Story: Mr. Jones



- Mr. Jones is a retired school administrator and lives with his wife
- Mr. Jones tells the CHR that he struggles with finding the right words and remembering names
- His wife, Mary, says they are having more disagreements because of these struggles
- Mary discusses her concerns and frustrations with the CHR

Check In



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What to say

“Those disagreements must be difficult for you”
“I’m sure it’s frustrating for both of you when he has difficulty communicating”

What to do

- Gather more information and ask questions
- Is his forgetfulness and communication issues new?
 - Have these changes occurred suddenly?
-
- If changes are sudden, refer to urgent care or primary care provider to be evaluated same day
 - If changes have more gradually, refer to primary care provider for follow-up or screen

When to refer



Dementia Overview

Definition, Types, and Stages of Dementia



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What is Dementia?

Dementia is a general term for the loss of memory and thinking skills that can interfere with daily life

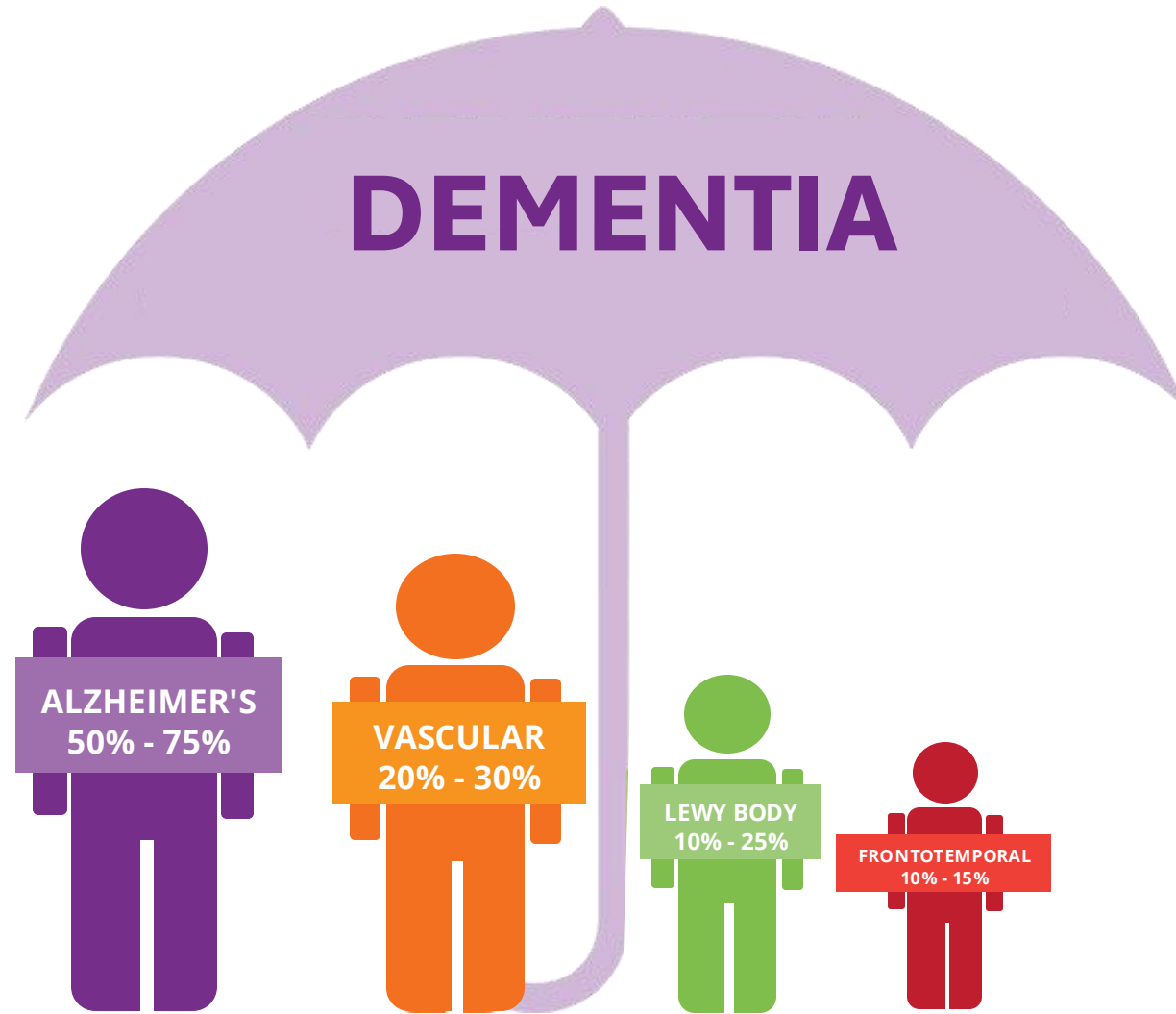
Individuals with dementia experience

- Memory loss
- Difficulties with language
- Changes in behavior
- Difficulties with daily tasks



(Alzheimer's Association, 2024)

Types of Dementia



(Alzheimer's Association, 2025)



Early-Stage Alzheimer's Disease



- Difficulty finding the right word
- Difficulty remembering new names
- Problems with work or visiting with others
- Difficulty remembering new things
- Problems with losing or misplacing things
- Problems with planning activities

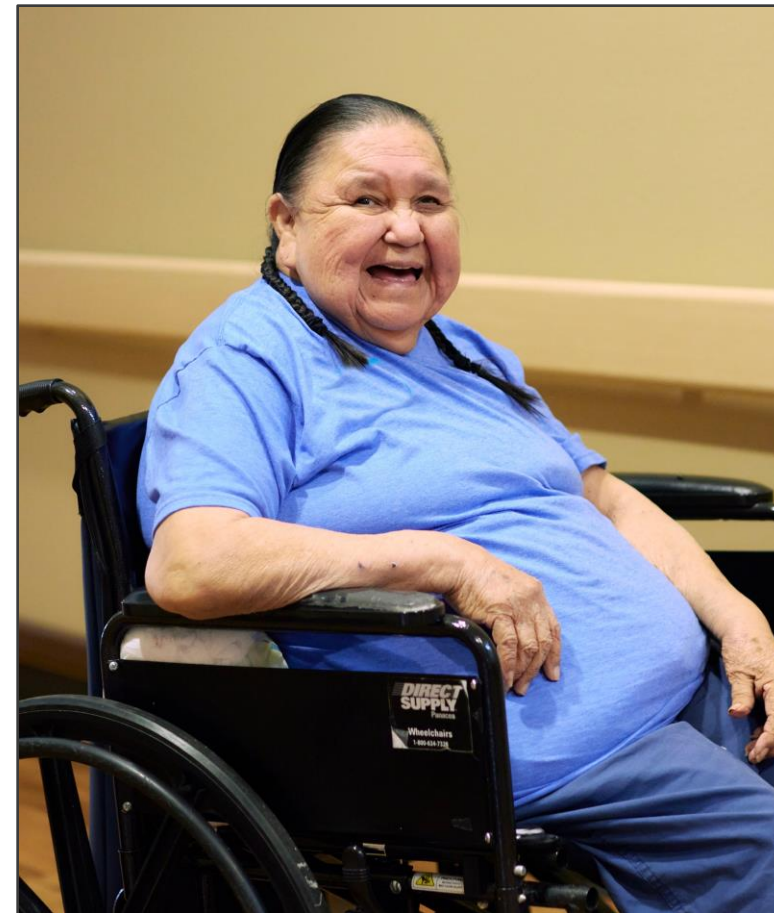




Middle-Stage Alzheimer's Disease



- No longer wishes to visit with others, or attend events
- Changes in mood
- Gets confused about time and where they are
- Needs more help with personal care
- Finds it difficult to remember familiar places and people
- May forget certain parts of their own past



Late-Stage Alzheimer's Disease



- No longer knows where they are or why they are there
- Changes in physical abilities
- Dislikes talking and visiting with others; not able to communicate to others very well



Clinical Story: Mr. Jones



- Mr. Jones is a retired school administrator who lives with his wife
- He struggles with finding the right words and remembering names
- His wife, Mary, has difficulty meeting his needs which leads to disagreement and frustration
- Mary discusses her concerns with the CHR
- Mary comments that these issues are not sudden and have been coming on slowly over time

Check In

Given Mr. Jones' symptoms, what do you suspect?

- A. Turn your camera on if you suspect that Mr. Jones is experiencing some type of cognitive impairment or dementia.
- B. Turn your camera off if you do not suspect that Mr. Jones is experiencing some type of cognitive impairment or dementia.



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Screening, Assessment, and Diagnosis

Screening, Detection, Tools, and Evaluation

Indian Health Service Dementia Care Pathway



IHS DEMENTIA CARE PATHWAY

1. Detect

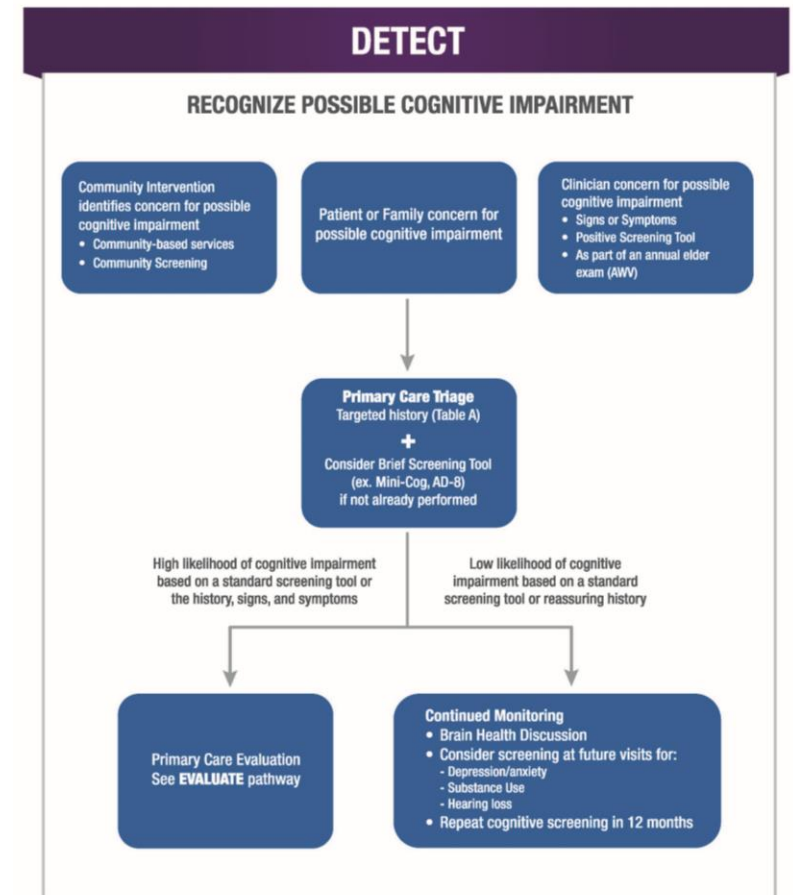
- Use Mini-Cog or AD8 to screen

2. Evaluate

- Primary care provider completes thorough cognitive assessment

3. Diagnose and Discuss

- Primary care provider establishes diagnosis and identifies treatment and referrals



(Indian Health Service, 2025)

Importance of Screening and Early Detection



- Get the most out of making lifestyle changes
- Plan for future health care and financial decisions
- Connect with community support services
- Control symptoms and behavioral changes
- Slow progression of dementia with medication
- Improve quality of life





Dementia Screening

- CHRs should screen patient if cognitive impairment is suspected
- IHS uses two short and simple screening tools
 - Mini-Cog
 - AD8
- If testing indicates possible cognitive impairment, refer to primary care provider
- If testing does not indicate impairment but concerns continue, rescreen in three months

Mini-Cog[®] Screening Tool



Detects cognitive impairment

Maximum score = 5

Score ranges

- 0-2: High chance of impairment
- 3-5: Lower chance of impairment

Mini-Cog[™] **Instructions for Administration & Scoring**

ID: _____ Date: _____

Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.^{1,2} For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version: _____ Person's Answers: _____

Scoring

Word Recall: _____ (0-3 points)	1 point for each word spontaneously recalled without cueing.
Clock Draw: _____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score: _____ (0-5 points)	Total score = Word Recall score + Clock Draw score. A cut point of <3 on the Mini-Cog [™] has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.

Mini-Cog[™] © S. Borson. All rights reserved. Reprinted with permission of the author solely for clinical and educational purposes. May not be modified or used for commercial, marketing, or research purposes without permission of the author (sborson@uiowa.edu). v. 01/19/16

(Alzheimer's Association, 2016)



AD8 Screening Tool

8-item interview completed by an informant to differentiate aging and dementia

Maximum score = 8

Score ranges

- 0 to 1: High chance of normal cognition
- ≥ 2 : Likely cognitive impairment

Original AD8 Dementia Screening Interview

Patient ID#: _____
 CS ID#: _____
 Date: _____

Remember, "Yes, a change" indicates that there has been a change in the last several years caused by cognitive (thinking and memory) problems.	YES, A change	NO, No change	N/A, Don't know
1. Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)			
2. Less interest in hobbies/activities			
3. Repeats the same things over and over (questions, stories, or statements)			
4. Trouble learning how to use a tool, appliance, or gadget (e.g., VCR, computer, microwave, remote control)			
5. Forgets correct month or year			
6. Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills)			
7. Trouble remembering appointments			
8. Daily problems with thinking and/or memory			
TOTAL AD8 SCORE			

Adapted from Galvin JE et al. The AD8, a brief informant interview to detect dementia. Neurology 2005;65:559-564
 Copyright 2005. The AD8 is a copyrighted instrument of the Alzheimer's Disease Research Center, Washington University, St. Louis, Missouri.
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(Wenjun and Jiahui et al, 2025)



Dementia Evaluation

If cognitive impairment is suspected, refer to primary care provider for further evaluation which includes

- Additional cognitive testing
- Medical and family history
- Past and current health conditions
- Physical and neurological examination



Additional Testing



Clinical Team Roles

- Order blood tests and scans, as available, to learn more about diagnosis

CHR Roles

- Explain purpose of the testing
- Support transportation needs
- Ensure that the person and caregiver follow through with testing
- Confirm understanding of test results and diagnosis after tests are completed



What are Alzheimer's Disease Biomarkers?

- Blood biomarkers are lab tests for abnormal proteins that contribute to the cause of Alzheimer's disease
- They can be used as one part of an evaluation and never used alone to diagnose dementia
- Other tests for abnormal proteins include:
 - Imaging (PET scans)
 - Spinal tap (cerebrospinal fluid)

Some biomarker blood tests are now FDA-approved.

- ✗ **Not currently recommended** to detect memory changes in primary care
- ✗ **Not used** in people without symptoms
- ✓ **Useful** to test for abnormal proteins in Alzheimer's disease in specialty clinics

Clinical Story: Mr. Jones



- Mr. Jones is a retired school administrator and lives with his wife
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Check In



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What to say

“Many things can cause memory problems. A quick screen helps us choose next steps.”

What to do

- Screen with Mini-Cog
- If Mr. Jones declines screening with the Mini-Cog, you can ask Mary to complete the AD8

When to refer

Refer to primary care provider if

- Mini-Cog score is ≤ 2 : Likely cognitive impairment
- AD8 score ≥ 2 : Likely cognitive impairment



Causes of Dementia and Risk Factors

Types of Dementia and Risk Factors

Causes of Different Types of Dementia: Part 1

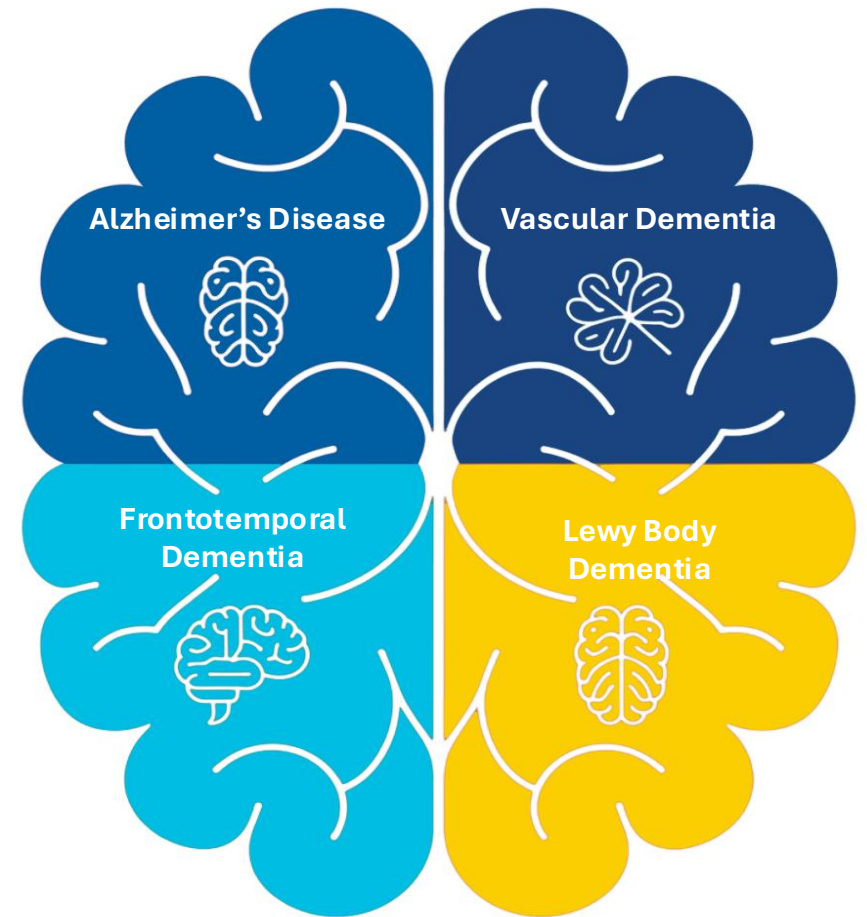


Alzheimer's disease

- Buildup of amyloid plaques and neurofibrillary tangles in brain
- Damage and death of nerve cells follows

Vascular dementia

- Reduced flow of blood and oxygen supply to the brain damages blood vessels
- Causes can include strokes and other conditions that interrupt blood flow to the brain



Causes of Different Types of Dementia: Part 2

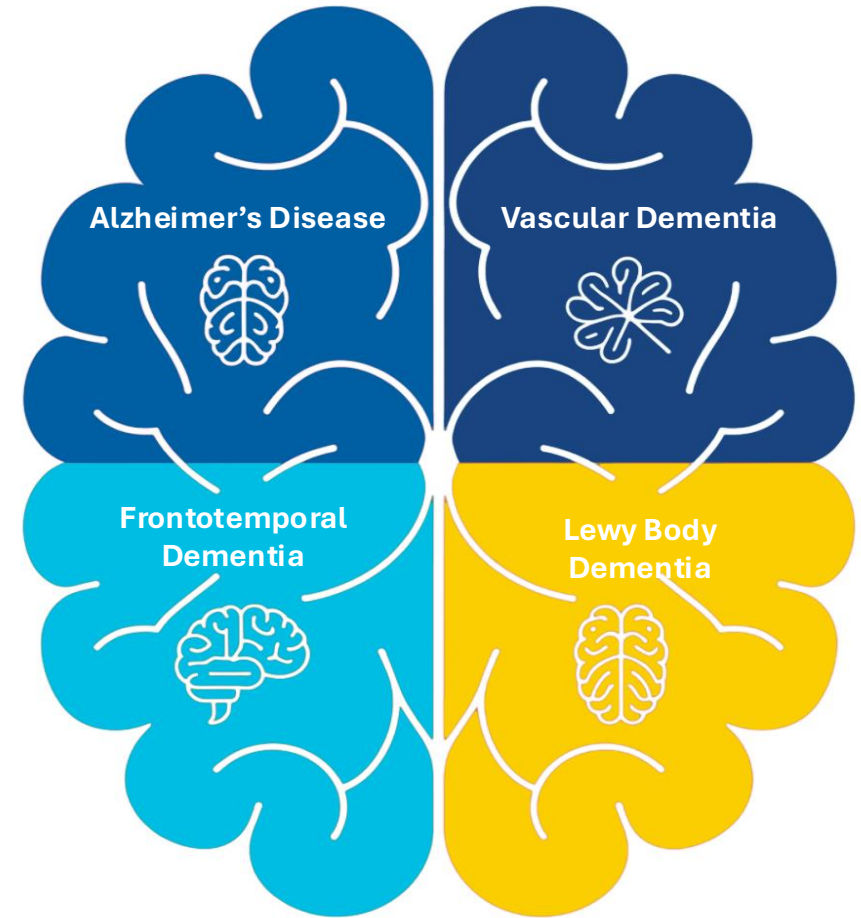


Lewy body dementia

- Lewy bodies are abnormal deposits of protein called alpha-synuclein in brain that affect function
- Symptoms include memory loss, visual hallucinations

Frontotemporal dementia

- Frontal and temporal lobes of brain affected
- Changes in personality, behavior, language
- This happens to people at younger age than Alzheimer's disease



Other Conditions Associated with Dementia



- Parkinson's disease
- Chronic traumatic encephalopathy
- HIV
- Huntington's disease
- Creutzfeldt-Jakob disease
- Alcohol-related brain damage



Conditions that Mimic Dementia



- Depression
- Delirium
- Vitamin B12 deficiency
- Hypothyroidism – low levels of thyroid hormone
- Urinary tract infections



Risk Factors for Alzheimer's disease



Not modifiable

- Age
- Family history
- Genetics for Alzheimer's disease

Modifiable

- High blood pressure, diabetes, obesity
- Hearing and vision changes
- Physical activity levels and smoking
- Social isolation





Approaches to Dementia Management

Conventional and Traditional Approaches and Mental Health Challenges

Dementia Treatment



- Dementia is progressive and irreversible
- No cure exists

Focus is on:

- Brain health interventions
- Symptom reduction
- Medications



Brain Health Interventions



Maintain a healthy lifestyle

- Exercise and walk regularly
- Eat a balanced diet
- Get adequate sleep



Stay mentally active

- Engage in cognitively challenging activities
- Maintain social connections



Manage health conditions

- Control blood pressure, diabetes, and cholesterol levels
- Address hearing and vision loss
- Seek help for depression
- Lose weight
- Avoid medications that can worsen thinking



Medications Used in Dementia Care

- **Cholinesterase inhibitors:** Donepezil, galantamine, rivastigmine
 - May improve memory and concentration
- **N-methyl-D-aspartate (NMDA) receptor antagonists:** Memantine
 - May improve cognitive function in more advanced dementia
- **Antidepressants**
 - May improve mood
- **Antipsychotics**
 - Can help manage difficult behaviors in extreme or emergent situations

New medications for Alzheimer's are coming out that can slow progression, but only used in specialized settings. Current ones are given by infusion (IV).

Medications may slow dementia progression, but are not a cure

Medication Basics



Provider/Pharmacist Roles

- Answering questions about medication side effects and price

CHR Roles

- Ensure proper dose and frequency
- Monitor for side effects
- Discuss concerns with the team

Clinical Story: Mr. Jones



- CHR referred Mr. Jones and Mary to the primary care provider following the screening test
- Mr. Jones was diagnosed with early-stage Alzheimer's disease
- His provider recommended a cholinesterase inhibitor
- Mary has filled this prescription and comments that she has not seen any change since starting the medication
- She comments that she has had problems getting her husband to go to community events since this started

Check In



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What to say

“What do you remember about purposes of the medications?”
“What kinds of activities does your husband like?”

What to do

- Teach about purposes of the medications
- Emphasize that change may not be sudden or dramatic
- Identify activities Mr. Jones enjoys and encourage his participation

When to refer

Refer to primary care provider if

- He has side effects from the medication
- He begins to withdraw from all activities or mood is depressed

Traditional Healing Approaches in Dementia Care



Treatments can include

- Herbal medicines
- Visits with traditional healers
- Participation in cultural ceremonies
- Guidance from community leaders, religious leaders

American Indian and Alaska Native practitioners include

- Elders and knowledge holders
- Spiritual and faith healers or practitioners
- Medicine people
- Herbal or plant-based medicine practitioners

Community Health Representative Role: Ensuring Cultural Safety



- Ask about traditional practices
- Obtain approval before sharing practices with the care team
- Offer privacy, avoid assumptions, and document preferences
- Build local resource list of tribal programs, elder services, transportation providers, and respite care



Supportive Approaches in Dementia Care

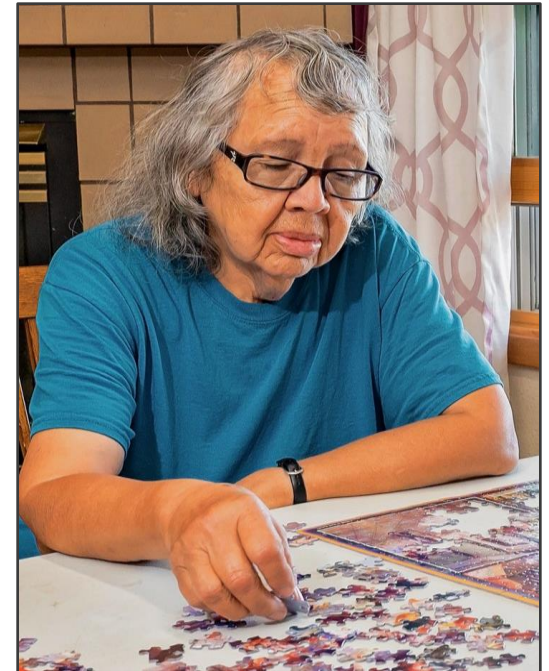


Approaches include

- Meaningful activity
- Music therapy
- Physical activity
- Reminiscence therapy
- Caregiver support

Approaches focus on

- Improving quality of life
- Managing symptoms
- Decreasing isolation
- Supporting cognition



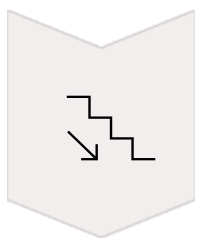


Managing Behavioral Symptoms

Assess behavioral symptoms such as agitation, aggression, and withdrawal and ask



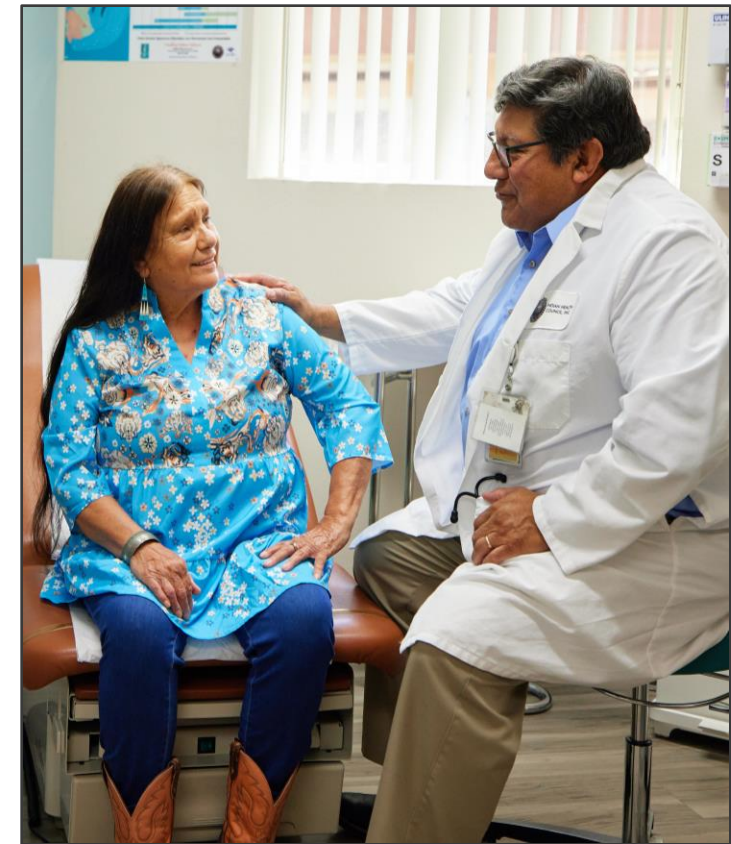
What unmet need is causing the behavior?



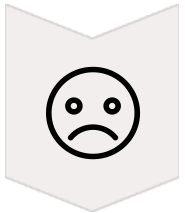
Use de-escalation techniques such as redirection or distraction



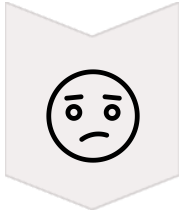
Approach person calmly, validate feelings, and do not argue



Common Mental Health Challenges



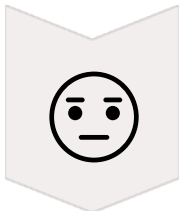
Depression: Can make cognitive impairment and quality of life worse



Anxiety: Contributes to agitation and behavioral problems



Psychosis: May require treatment for delusions or hallucinations



Apathy: Impacts daily functioning and well-being

Clinical Story: Mr. Jones



- It's been several years since Mr. Jones was diagnosed with Alzheimer's disease
- CHR has continued to work with the family during that time
- On the most recent visit, CHR notices that Mr. Jones is more confused about time of day and who his wife is
- Mary reports that her husband is requiring a lot more help with bathing, dressing, and sometimes feeding himself
- CHR observes that Mary seems tired and weary

Check In



What do you suspect is happening with Mr. Jones?

- A. He is depressed
- B. His Alzheimer's disease has progressed
- C. He is having an adverse reaction to his medication

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Check In



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What to say

“How are you doing Mary?”
“What can we do to help you?”

What to do

- Identify community resources to assist with daily care
- Provide caregiving resources and education to support Mary

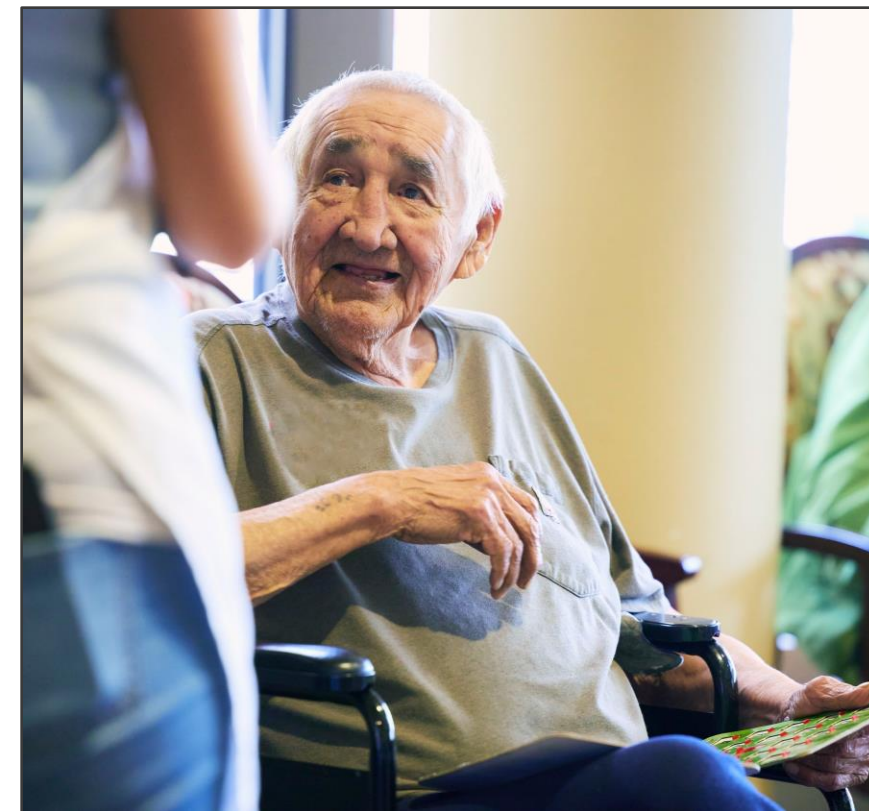
When to refer

- If Mary states she is overwhelmed and exhausted, refer to respite care
- If Mary asks about assistance with care needs



Follow-up and Navigation

- Set reminders for laboratory testing and provider visits
- Confirm transportation and visits day before and remind patient and their family
- Close the loop
 - Did the visit occur?
 - What was discussed?
 - Do you have any additional questions?
- Update team notes and escalate if red flags appear



Importance of Integrated Care



Early identification
Enables planning



Individualized interventions
Address specific needs

Open communication
Supports effective management

Emotional support
Enhances well-being



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Password: UWT

Key Takeaways

Effective, individualized care can include various treatments.

Dementia progresses in stages, each with distinct changes that change care needs.

Understanding dementia risk factors can help develop prevention strategies.

Screening supports early diagnosis and more effective care management.



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Thank you again for participating in this training session!

To obtain continuing education credits for this session, please complete the post-activity evaluation at XXXX (unique URL to evaluation and post-testing, as required).



Next, Part 2 of the **Community Health Representative Training** Core Sessions

1 — Alzheimer's Disease and Related Dementias for Community Health Representatives

2 — Person-Centered Care Strategies

3 — Family and caregiver Support



Acknowledgements



We acknowledge and thank the American Indian and Alaska Native people and communities who allowed their photographs to be used in this presentation. These photographs are for informational and educational purposes only and do not imply a dementia diagnosis or any other health condition. We appreciate their contribution to improving the care of Native elders.

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