KnowledgeBITE

PSYCHOGERIATRIC NEWS AND INFORMATION FOR PRIMARY CARE PRACTITIONERS

Editor's remarks: *In this eighth PRC-PC Newsletter, providing quick tips and useful information to fit your fast-paced work environment and to help you in the care of patients with dementia. This issue focuses on addictions and dementia. The consequences of addictions complicate the onset of dementia due to poor recall of substance use, reduced impulse control, increased falls risk, confusion and delirium(Einat Danieli – OT.Reg. Ont; PRC-PC).*

GOOD TO KNOW ABOUT

The Community Outreach Programs in Addictions - COPA provides an outreach service supporting seniors coping with addictions. For more information contact COPA at: T: 416.516.2982; or visit their website at: http://www.copacommunity.ca/

TIP OF THE MONTH

Interesting facts:

- Harmful drinking tends to be more hidden in older adults. (Adlaf, 2005 and Nicenet.ca, 2014)
- Symptoms of substitute/alcohol abuse can easily be confused with signs of cognitive impairment.

General approach tips:

- Avoid using words like "alcoholic" or "Addiction"
- Don't assume the patient is aware of his/her challenges
- Encourage talking about daily life activities and about feelings
- Describe what you are seeing e.g." I see you haven't eaten much today are you feeling ok?
- Encourage the patient to participate in activities they enjoy
- Avoid judgmental comments

(Tsokas. M.(2012), Mental Illness and Dementia Quick Reference Guide. PRCP. SPRINT)

OUR DEMENTIA 'TOOLBOX'

Withdrawal Ax' of Alcohol scale – Link

Older Adult Specific Approaches for alcohol abuse, Fact sheet - NICENET - Link

WORKSHOPS, CONFERENCES AND ARTICLES OF INTEREST:

- Seniors: Addictions & Concurrent Disorders- Webinar on CHNET, Nov' 13th at 1-2:30pm -Link
- New self-help resources on Late Life Depression at www.baycrest.mentalhealth

STORIES FROM THE PRC-PC CONSULT LINE

Situation: *Patient with cognitive decline and anxiety disorder has visited the emergency department 90 times in the past 2 months with shortness of breath. No physical cause is discovered. The patient is feeling distressed that nothing is being done and feels frustrated and unsupported by the medical system.*

Family physician's main concern: *The family physician feels that these visits may be triggered by the patient's alcohol use and anxiety wants to support the patient and reduce ED visits but is unsure of what to offer.*

Background: *Patient is in his 80's living alone with a long history of alcohol misuse and gradual cognitive decline. The patients family is uninvolved and social contact is restricted to a friendly neighbor who reports falls and blackouts.*

***Assessment*: Things to consider**:

- Nutritional status and B12 deficiency
- Possibility of Depression
- cognitive status and competence
- role of anxiolytics
- Explore possibility of the patient misinterpreting withdrawal symptoms as physical illness
- Availability of community resources for addictions management in seniors
- Home safety assessment for falls prevention

Recommendations:

- Assess cognition – PRC-PC recommended to use GP-COG as a shorter and thus less intrusive assessment that the patient is more likely to tolerate
- Refer to CCAC for OT assessment to assess risks such as fire, falling, etc.
- Consult with geriatric psychiatrists to optimize medication for anxiety
- Exploring with the patient possible LTC placement application through CCAC
- PRC-PC suggested referral to the Community Outreach Programs in Addictions (COPA) for harm reduction intervention and support. PRC-PC provided information about the program and discussed with the FP approaches to introducing the service to the patient in a way that would meet patient's goals.

Outcomes to date

- Patient successfully connected with COPA counselor
- Application for LTC is being processed
- Visits to emergency department decreased significantly

For additional information, support, resources or case-based consultation, please contact your PRC-PC directly at: 416-586-4800 ext. 5251 or edanieli@mtsinai.on.ca or visit our website at www.mountsinai.ca/reitman/prc-pc

Baycrest INNOVATIONS IN AGING

Ontario Toronto Central Local Health Integration Network

PRCP psychogeriatric resource consultation program of toronto

MOUNT SINAI HOSPITAL Joseph and Wolf Lebovic Health Complex The Cyril & Dorothy, Joel & Jill Reitman Centre for Alzheimer's Support and Training

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