

Knowledge **BITE**

PSYCHOGERIATRIC NEWS AND INFORMATION FOR PRIMARY CARE PRACTITIONERS



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Editor's remarks: *This is the fifth issue of the Psychogeriatric Resource Consultant for Primary Care (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 depression and dementia.*

I would like to take this opportunity to let you know that as of this month, I will be away on maternity leave until May 2014. I am thrilled to introduce you to Jordanne Holland, who will be taking over the PRC-PC role during that time. Jordanne is an excellent professional with vast experience in dementia through both education and counseling roles. Thank you for your support and interest in dementia care throughout this past year. It has been inspiring to work with primary care practitioners across the Toronto Central LHIN, Einat Danieli – OT. Reg. Ont – PRC-PC.

GOOD TO KNOW ABOUT

Did you know that [CAMH](#) has programs that provide psychogeriatric services to seniors? Among their services are a **late life Mood disorder program**, a late life schizophrenia program, a Psychogeriatric Outreach Team, memory clinic and more. Contact the psychogeriatric outreach program at: 416-535-8501. ext. 33305

TIP OF THE MONTH

Depression can affect a patient's level of cognition and function and is often mistaken as the early signs of dementia. Here are some useful tools to help detect depression and differentiate dementia and depression.

- **SIG E CAPS** and pocket guide for detecting depression - [Link](#)
- Differentiating between the **3D's** Delirium, Depression and Dementia chart - [Link](#)

OUR DEMENTIA 'TOOLKIT'

We are happy to announce that our full Dementia Toolkit for Primary Care is now available for you to access at:

www.mountsinai.ca/Reitman/PRC-PC

The toolkit contains resources for the primary care of dementia and includes cognitive and capacity assessment, driving safety, behaviour management tools, our resource directory and referral form inventory.

WORKSHOPS, CONFERENCES AND ARTICLES OF INTEREST:

- Capacity 1,2,3- managing care in light of poor insight – free webcast for primary care practitioners – see poster attached or register at: prc-pc@mtsinaion.ca
- Emerging Concepts in Geriatric Psychiatry – Canadian Academy of Geriatric Psychiatry Annual Meeting September 25th, 2013 - [Link](#)
- Dementia Patients Miss Keys Tests- BBC news - [Link](#)
- Depression Vs. Dementia: How To Assess? (2009)- [Link](#)
- Depression and Dementia – Dementia Newsletter for Physicians - [Link](#)

STORIES FROM THE PRC-PC CONSULT LINE

Situation: A primary care RN consulted the PRC-PC on a case involving an 80 year-old patient. The patient is experiencing accelerated cognitive and functional decline but refuses home assistance, stating that she is grieving. Her family and medical team were worried about her safety at home, and the family wanted to have the patient transition to a nursing home.

Background: The patient is living alone with early-stage dementia and was widowed 3 months ago. Before her spouse passed away, she used to travel daily to the hospital to visit and care for her spouse.

Assessment: Things to consider: The PRC-PC offered some information regarding the effects of possible grieving and depression on cognition and function that should be considered in this case. A depression screen was recommended. In addition, the team engaged in a discussion on building a meaningful intervention around the patient's current goals (i.e. dealing with grieving). The expectation was to meet current needs and optimize willingness to engage in future interventions.

Recommendations:

- A family meeting was planned to discuss the intervention and identify future possibilities for care.
- PRC-PC facilitated collaboration with the Alzheimer Society of Toronto (AST). The AST sent a counselor to join the family meeting and support the team in introducing care options for both the family and the patient. The counselor also assisted with linking the patient to counseling services through AST.
- The FHT social worker will collaborate with the physician on conducting a depression assessment, and a follow-up cognitive assessment will be completed in six months to assess the true level of the cognitive impairment.

Outcomes to date: The family meeting went well, and the patient agreed to counseling services as well as home care.

How do you access the PRC-PC services such as case based consultation, additional information, support and resources? Simply contact us at: 416-585-4800 ext. 5251 or prc-pc@mtsinaion.ca or visit our website at: www.mountsinai.ca/Reitman/PRC-PC

No referral necessary. We are here at your service!