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Apathy…So What?

Dr. Andrew Wiens, Geriatric Psychiatry Services, Director of Outreach Services Royal Ottawa Hospital, Assistant Professor of Psychiatry, University of Ottawa

Apathy is one of the most common behavioural changes in Alzheimer's disease, affecting up to 80% in the mild-to-moderate stage. It is also found in other dementing disorders as well as patients with Minimal Cognitive Impairment. Despite this it is often not recognized.

It is characterized by loss of motivation and initiation, social withdrawal, indifference and blunted emotional responses. Apathetic patients have been found to have more pronounced cognitive impairment. Family members frequently feel the apathetic patient is depressed and suffering. Although it can be distinguished from depression by the absence of dysphoria, guilt, suicidal ideation and pessimism, up to almost 40% of patients with Alzheimer's have both apathy and depression.

Apathetic patients often require more support due to their lack of initiation and motivation, thus, placing great burden on the part of caregivers and can lead to early institutional care. Apathetic patients are perceived as insensitive, uncaring and lazy and their caregivers often suffer significant levels of distress and depression and report dissatisfaction with caregiving.

Apathy is felt to be due to dysfunction of frontal subcortical distributed networks and may be related to loss of cholinergic input into prefrontal and subcortical structures. An association with extra-pyramidal symptoms in more severe apathy suggests involvement in dopamine pathways responsible in mediating the activity level of frontal circuits.

There are several instruments available to assess apathy. The Neuropsychiatric Inventory (NPI) includes an apathy item; its scores have been shown to correlate with frontal pathology at autopsy. The NPI includes a depression item that may help distinguish these syndromes. Other longer rating scales include the Frontal Systems Behaviour Scale, the Apathy Evaluation Scale and the Apathy Inventory.

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Apathy… So What? *(...continued from page 1)*

Non-pharmacological interventions include education of caregivers, both to help them understand that the patient isn't suffering but also to lessen blame directed at the patient. This may allow caregivers to alter their perception of the apathetic patients and increase their ability to provide care. Verbal prompts, setting up daily routines and activities, and social stimulation have all been found to be beneficial.

Cholinesterase inhibitors have been shown to reduce severity and/or appearance of apathy and are the first line treatment in most of the common forms of dementia. Given the overlap between apathy and depression, a trial of antidepressants would be warranted especially in the presence of dysphoria. Other possible treatment modalities include dopaminergic agents such as bupropion or amantadine. Finally, there is some preliminary evidence supporting the use of psychostimulants including methylphenidate and dextroamphetamine.

Innovative, Needs-based Dementia Education Program for Family Physicians

Marg Eisner, Director Programs & Services, Alzheimer Society of Ottawa

The Champlain Dementia Network (CDN) has developed and implemented an innovative, needs-based, Dementia Education Program for family physicians which provides continuing education of family physicians in order to improve their diagnostic assessment and treatment of dementia. Working in collaboration with the Alzheimer Society, this program provides the teaching expertise of specialists, a Dementia Tool Box of information on 11 topics related to assessment, diagnosis and treatment as well as up-to date information on available community resources to assist the family physician in their practice.

The importance of dementia education is critical. We know that:

- The average delay in diagnosis of dementia from onset of first symptom is 2.5 to 3 years. The delay in seeking diagnosis is attributable to lack of family recognition and or family not seeking help, lack of professional recognition.
- Only 23% of individuals with dementia are currently receiving trial with medications used to alleviate symptoms of dementia.
- Over ½ of dementia cases is diagnosed beyond the mild stage. Earlier diagnosis facilitates earlier treatment with anti-dementia drugs and early family education and support which have all been shown to improve the situation for patients and caregivers and keep individuals at home longer.

The format of the learning session is a one hour breakfast/lunch and learn session on-site at the family physician office either as a one-on-one learning session or in a small group format. The content of the session is determined by the family physician through selection of specific topic areas from a needs assessment form. Content areas are:

- Early identification/screening for cognitive impairment
- Differing Mild Cognitive Impairment (MCI) from normal aging and from dementia
- Practical office based assessment of Dementia in 3 – 5 visits (a Dementia Toolkit)
- Diagnosis of more unusual Dementias: Lewy Body Dementia/ Fronto Temporal Dementia
- Approach to Vascular Dementia, Mixed Alzheimer's/ Vascular Dementia and treatment of "risk factors"
- Nuts and bolts of starting Cholinesterase Inhibitors
- How to monitor patient response to Cholinesterase Inhibitors
- Switching strategies: dealing with patients who don't tolerate or respond to the first Cholinesterase Inhibitor

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Innovative, Needs-based Dementia Education Program for Family Physicians *(...continued from page 2)*

- Assessing driving safety (a Driving and Dementia Toolkit)
- Behaviours and Psychological Symptoms of Dementia
- Diagnosis Disclosure
- Other

Each participant receives a Dementia Tool Box which contains teaching material for each topic in the program, CDN Diagnostic Assessment & Treatment Services, Driving & Dementia Toolkit, Practical Guide to Capacity & Consent Law of Ontario, First Link Program Information (a patient & family referral system to support & education), and Dementia Newsletters for Physicians.

Funding has been provided by four pharmaceutical companies (Pfizer, Novartis, JOI, Lundbeck). Physician educators are geriatricians, neurologists and psychogeriatricians from diagnostic assessment and treatment units in Ottawa. The Alzheimer Society of Ottawa provides the administrative support for the program. Since April 2003, more than 360 family physicians have received one hour of education in Ottawa and Renfrew County through this program.

In January 2005, this program was approved by The College of Family Physicians of Canada (CFPC) and has been accredited for up to 1.0 Mainpro-C credits. Evaluation data has been collected on the effectiveness of the learning strategy as well as a comparison to traditional CME lectures in terms of changing behaviour/practice.

Family physicians were asked to compare this program to traditional CME lectures in terms of "changing behaviour/practice:

- 45% said it was significantly superior
- 42% said it was a little superior
- 14% said it was equal

Family physicians have said that the presentations are clear and concise, objectives are clearly delineated, new information/knowledge is provided, new concepts are clarified, and the content of the Dementia Tool Box meets their needs. On the three-month self-reflective evaluation,
family physicians are asked, "What has been the major impact of the program on your practice?" Responses include:

- Reassessing need for antipsychotics
- Being more aware of screening opportunities
- Things to R/O before proceedings with major investigations
- Probably about same (so far)
- Better comfort with original issues

This innovative, needs-based program is available for all family physicians practicing in Eastern Counties, Ottawa and Renfrew County. In January 2007, Hamilton and London began to offer the program in collaboration with their Regional Geriatric Assessment Programs in collaboration with their local Alzheimer Society. For more information please call 613-523-4004 or check the Champlain Dementia Network website at: www.alzheimerottawa.org

A New Resource for Persons with Dementia and their Family Caregiver

The Guest House is a home-like 12 bedroom bungalow providing short and long-term respite care [a few hours to a couple of weeks]. It is for individuals with early to mid-stage dementia and provides needed relief for the caregiver. The Alzheimer Society of Ottawa, Carefor Health and Community Services,[formerly the VON Ottawa –Renfrew County Branch] and the Perley and Rideau Veterans' Health Centre have partnered to develop and operate this innovative and much-needed option for respite care. The Guest House is being built on the grounds of the Perley and Rideau Veterans' Health Centre and will open to receive clients in March 2007.

For information on the Program contact the Program Manager at 613-526-7170[8808]
To apply contact the Community Care Access Centre Intake Worker at 613-745-5525.

Education Resources for Family Physicians

www.dementiaeducation.ca Physician education website for Ontario's Stratefy for Alzheimer's Disease and related dementias
www.rpgs.on.ca Regional Geriatric Programs of Ontario
www.rgapottawa.com Regional Geriatric Assessment Program of Ottawa
www.mocatest.org Montreal Cognitive Assessment Test

First Link - Your Partner in Caring for Patients Affected by Alzheimer's Disease

First Link is an Alzheimer Society of Ottawa program implemented in collaboration with the Champlain Dementia Network. A First Link referral will save you valuable time and energy. It's simple – just fax a referral form and First Link will take it from there.

Your patients will then receive:
1. Telephone contact offering information and support
2. A package of information about Alzheimer's disease and related dementias
3. Opportunities to register for a progressive Learning Series
4. Linkages to appropriate community services

Once the First Link is made, you will notice:
1. Fewer and less intense crises impacting your patients and families
2. Patients and families will be more knowledgeable and prepared with enhanced coping skills

To obtain the First Link referral form contact:
krobinson@alzheimerott.org
For more information:
www.alzheimerottawa.org/first_link or phone 613-523-4004

Did You Know That...

You can download all previous editions of the Dementia Newsletter for Physicians at the Champlain Dementia Network website at:
www.alzheimerott.org

THANK YOU

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