

DEMENTIA NEWSLETTER FOR PHYSICIANS

A Publication of the Ontario Dementia Network

In this issue

- How to decide if an elderly person with dementia can stay at home: The “interval of need” concept - Dr. William Dalziel
- Interval of Need ↔ Interval of Support - Part 2 - Dr. William Dalziel

Editorial Committee

Dr. Andrew R. Frank
(Ottawa)
Dr. Bill Dalziel
(Ottawa)
Dr. Andrea Moser
(Muskoka)
Dr. Joanne Clark
(Sudbury)
Dr. Lisa Van Bussel
(London)
Dr. Patricia LePage
(Thunder Bay)

Editor

Dr. Andrew R. Frank
B.Sc.H. F.R.C.P.(C)
Cognitive and Behavioural
Neurologist,
Memory Disorder Clinic,
Elisabeth Bruyère Hospital,
Ottawa, Ontario

Resources for Physicians

Visit
www.champlainedementia.org
and go to “Physicians” tab

For more Information

Ontario Dementia Network
c/o Alzheimer Society
of Ottawa and
Renfrew County
Tel: 613-523-4004
Fax: 613-523-8522

HOW TO DECIDE IF AN ELDERLY PERSON WITH DEMENTIA CAN STAY AT HOME: THE “INTERVAL OF NEED” CONCEPT

Dr. William Dalziel, Professor, Geriatric Medicine, University of Ottawa, Regional Geriatric Program of Eastern Ontario



The “Interval of Need” concept was first described to me by a brilliant Geriatrician, Dr. Bernie Isaacs, when I spent part of my Geriatric Fellowship in the UK in 1980. He is famous for the term “Geriatric Giants”, illustrating his penchant for clinical aphorisms. Some of my favourites are:
On frailty: “One straw breaks the camel’s back, removal of one straw preserves the camel’s back.”
On depression: Man says, “I am sad”, woman says: “I am sore”.

(For more, read “The Challenge of Geriatric Medicine”, Oxford University Press, 1992.) There are three important considerations affecting someone’s “ability” to go home, or stay at home. The first involves safety: mostly falls, cooking, and unsafe behaviour, particularly wandering. Much can be done to mitigate these risks (e.g. alert systems, medication delivery, appropriate barriers to wandering). The second and third

Cont’d on page 2

WEBINAR FOR FAMILY PHYSICIANS

Topic: How to decide if an elderly person with dementia can stay at home

Presenter: Dr. William Dalziel, Professor, Geriatric Medicine
University of Ottawa, Regional Geriatric Program of
Eastern Ontario

Date/Time: Wednesday, Nov. 20, 2013 12 noon to 1pm

Link: <http://tinyurl.com/DementiaHome>

Technical requirements:

Visual Support — The presentation will be accessible via an internet connection. This connection can be any web-enabled laptop or desktop computer of your choice.

Audio Support— Audio support for the presentation will be provided through your telephone via a toll-free line.

You will receive a confirmation email 24-48 hours prior to the session.
Thank you, we look forward to your participation!



Register now

HOW TO DECIDE IF AN ELDERLY PERSON WITH DEMENTIA CAN STAY AT HOME: THE “INTERVAL OF NEED” CONCEPT

considerations involve “INTERVAL OF NEED” and “INTERVAL OF SUPPORT”.

The “Interval of Need” is how long a caregiver can safely leave a person without seeing them. The “Interval of Support” is how often a caregiver is ABLE to see the person. If one compares the Interval of Need to the Interval of Support, one has a framework to decide whether someone can return home from hospital, or will require relocation to a retirement residence or nursing home. This applies to persons with or without dementia. The Interval of Support calculation involves live-in caregivers, “live-out” family, friends, CCAC/home care, and paid support. If one can engineer a match between the Intervals of Need and Support, an individual can safely go home.

The following chart was developed for persons with dementia, though the Interval of Need/Support concept applies to cognitively-well elderly who are frail, or dependent for activities of daily living.

Interval of Need	AD Stage (MMSE)	Functional Loss	Formal Services	Caregiver Situation
2 - 7 days	Mild (23-28)	Some Instrumental ADLs Behaviour 0 to +	+ to ++	- Alone - May have CG
24 - 48 hours	Mild-Mod (18-22)	Most Instrumental ADLs Behaviour 0 to +	+ to +++	- Alone, RH, or LTC - Family visits - May have CG
4 – 12 hours	Moderate (14 to 18)	Some Personal ADLs Behaviour 0 to ++	+ to +++ <u>with respite</u> (underutilized)	- Needs live-in CG, or RH - LTC needs to be considered
1 – 4 hours	Mod-Sev (10 to 13)	Most Personal ADLs Behaviour + to +++	++ to +++ <u>with respite</u>	- Live-in CG (usually spouse), or RH (assisted), or LTC (suggest apply now)
< 1 hour	Severe (<10)	All Personal ADLs Behaviour + to ++++	++ to ++++ <u>with respite</u>	- Devoted spouse CG or LTC (definitely apply now)

Legend: ADLs (activities of daily living), CG (caregiver), RH (retirement home), LTC (long-term care/nursing home).

INTERVAL OF NEED ↔ INTERVAL OF SUPPORT— Part 2



Dr. William Dalziel, Professor, Geriatric Medicine, University of Ottawa, Regional Geriatric Program of Eastern Ontario

The first principle of Geriatric care is to maximize the “individual and family” before looking at supportive service options. For a person with dementia (PWD), this involves appropriate assessment – to confirm a diagnosis of dementia, what type of dementia, and the level of severity. If this cannot be established by the patient’s family physician, referral for specialist care is indicated.