

**COMPREHENSIVE MEMORY CENTER  
MULVA CLINIC FOR THE NEUROSCIENCES**



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WHAT STARTS HERE CHANGES THE WORLD

## Learning Objectives



### Part 1: Comprehensive Memory Center

Recognize the elements of an **innovative care delivery** model that is co-designed by patients

### Part 2: Assessment Tools

Learn about common **evaluation tools** and assessments to determine a diagnosis

### Part 3: Frequently Asked Questions

A review of the most **common questions**  
I get asked by patient's and families

## Part 1: A New Model of Neurology Care



## Care Partner

### Diagnosis

Delayed  
Fragmented

### Support

Coping: anxiety  
Education

### Communication

Among providers  
Diagnosis feedback

### Exercise

Personalized  
Clinical Trial

## Patient

Legacy Projects

Caregiver Burden

Depression/loss  
of purpose after  
diagnosis

Faith/Spirituality  
and support  
groups

# Mission Statement

We provide **evaluation and treatment** to **patients and families** who are living with conditions that impact memory, behavior, and other cognitive functions. Our goal is to determine **what is causing the changes** and **provide support** throughout the process.

# What's different about us?

- More efficient path to diagnosis and treatment
- Interprofessional team housed in one location (diagnosis and treatment)
- Improved coordination of care
- Care for patient and care partner(s)
- Longer appointments to gain understanding of individual concerns
- Ongoing support services to help meet goals

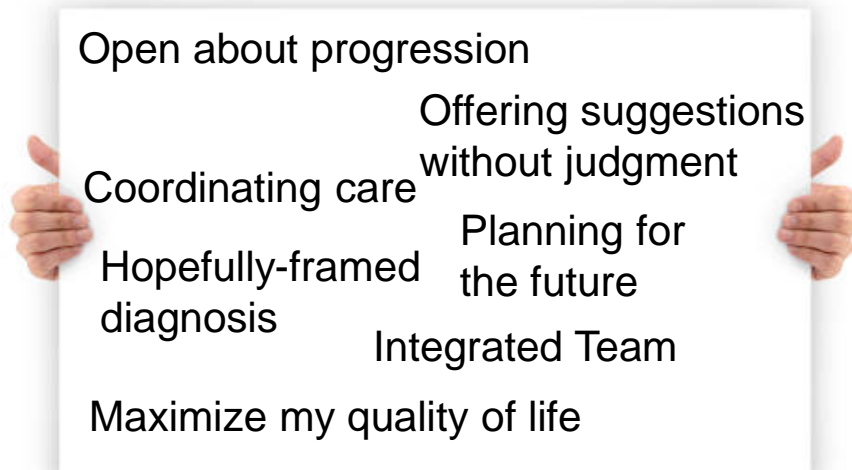
## Conditions We Treat

- Mild Cognitive Impairment (MCI)
- Alzheimer's Disease
- Posterior Cortical Atrophy
- Vascular Dementia
- Frontal Temporal Dementia
- Primary Progressive Aphasia
- Semantic Dementia
- Corticobasal Syndrome
- Dementia with Lewy Bodies
- Other Neurodegenerative Conditions

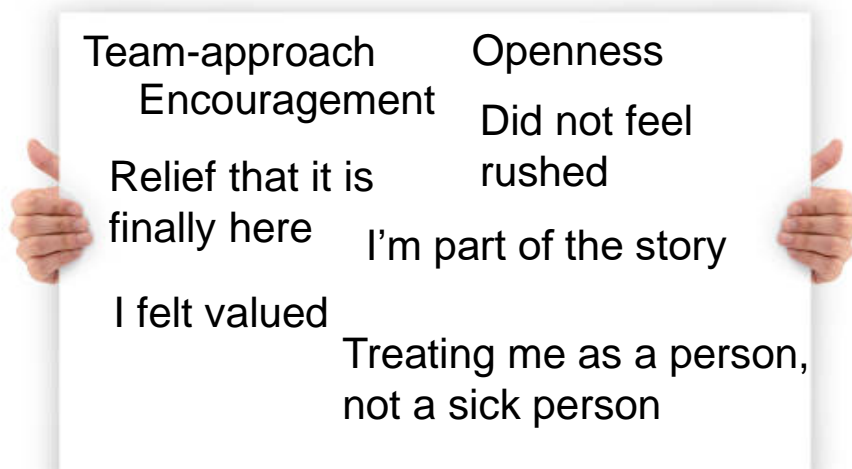
## Our Services

- Neurological evaluation and treatment
- Psychiatric evaluation and treatment
- Neuropsychological evaluation
- Cognitive-linguistic and swallowing treatment
- Psychotherapy and supportive counseling
- Imaging, pharmacy and lab on-site
- Advanced care planning

How did we help you?



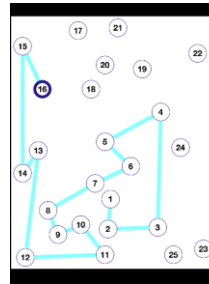
What did you like?



## Part 2: Getting a Diagnosis & Assessment Tools

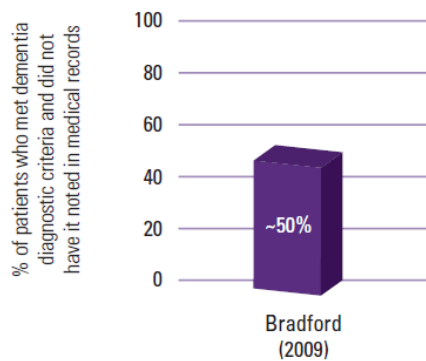
### Benefits to getting a diagnosis

- Clinical trials
- Accurate medications
- Family conversations (travel, housing, finances)
- Apply for programs
- Legal planning
- Managing other medical conditions
- An explanation for worrisome symptoms

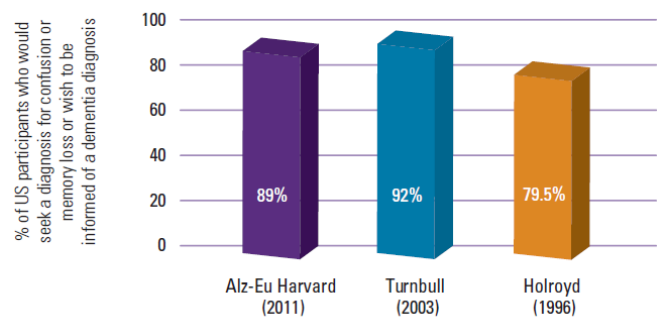


# Disclosure of Diagnosis

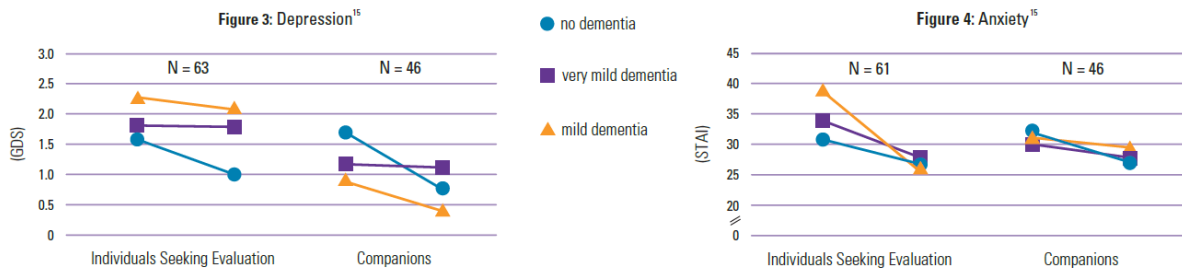
**Figure 1.** 50% of patients with dementia have no medical record of diagnosis



**Figure 2.** Surveys of US adults  
Majority want to know dementia diagnosis



Changes in depression and anxiety, pre-evaluation vs post-disclosure, in individuals and companions seeking a dementia evaluation.



Symptoms of **anxiety and depression remain stable or even decline** immediately after diagnosis (Carpenter, et.al (2008) JAGS 56:405–412)

# MoCA (Montreal Cognitive Assessment)

## Pros

- Much more sensitive than MMSE in detecting MCI and early dementia
- More content tapping higher level executive functioning
- 30-point scale similar to MMSE
- Translations available in 35+ languages
- Free online

## Cons

- Takes 10-14 min. to administer
- More complex administration and directions than MMSE

**MONTREAL COGNITIVE ASSESSMENT (MOCA)**

Education : \_\_\_\_\_ Sex : \_\_\_\_\_ Date of birth : \_\_\_\_\_

Copy cube \_\_\_\_\_ Draw CLOCK (Ten past eleven) \_\_\_\_\_

Contour \_\_\_\_\_ Numbers \_\_\_\_\_ Hands \_\_\_\_\_

**NAMING** \_\_\_\_\_

**MEMORY** \_\_\_\_\_

**ATTENTION** \_\_\_\_\_

**LANGUAGE** \_\_\_\_\_

**ABSTRACTION** \_\_\_\_\_

**DELAYED RECALL** \_\_\_\_\_

**Optional** \_\_\_\_\_

**ORIENTATION** \_\_\_\_\_

© Z.Nasreddine MD Version 7.1 www.mocatest.org Normal:  $\geq 26 / 30$  Add 1 point if  $\leq 12$  yr old



## Part 3: Frequently Asked Questions



## FAQ's

- “What will the doctor do when I see him/her?”
  - You may answer questions about health history, family history, medication review, mood assessment, brain scan, blood tests or other lab work

## FAQ's cont'd

- “My family thinks I have a problem with my memory, but I do not have a problem.”
- “Everyone is a little forgetful sometimes.”
  - Sometimes, memory loss can be reversed with treatment. In other cases, early diagnosis of a problem offers the best chance to treat symptoms and stay well.

## What is dementia?

de•men•tia: a group of symptoms affecting memory, thinking and social abilities severe enough to interfere with daily functioning- Mayo clinic

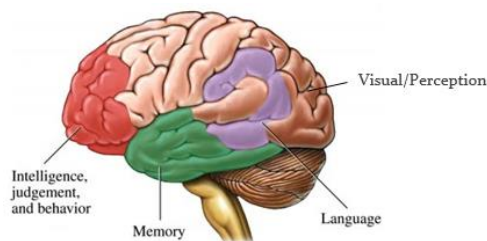


Figure 1. Common Forms of Dementia

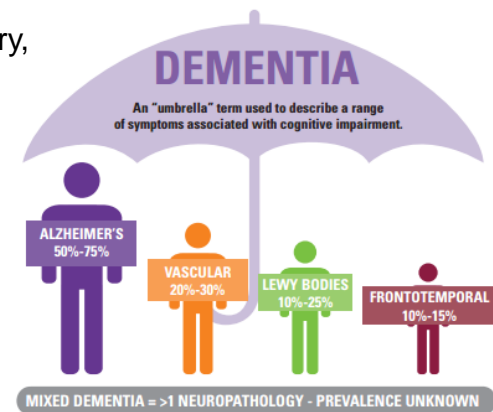


Image: Alzheimer's Association Facts & Figures

# Location, location, location!

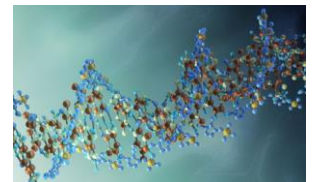


## Risk Genes

- Increase the likelihood of getting a disease, but don't guarantee it
- Several AD risk genes
- Strongest is APOE- e4
- APOE-e4 may be a factor for 40-65% of AD cases

## Deterministic Genes

- Directly cause the disease
- Called autosomal dominant Alzheimer's disease (ADAD) or familial
- Family members in multiple generations affected
- Extremely rare- only a few hundred families worldwide



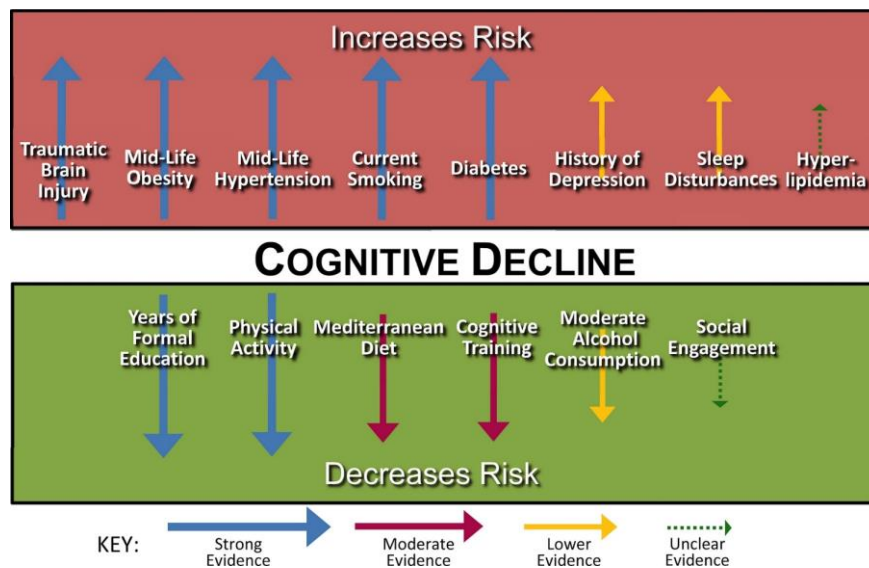
# Women and AD risk

Alzheimer's disease is the only neurodegenerative condition that affects women more than men.



**Women are at the epicenter of the Alzheimer's crisis. Almost two-thirds of American seniors living with Alzheimer's disease are women.**

- An estimated 3.8 million women aged 65 and older are living with Alzheimer's.
- Among those aged 65 and older, 12% of women have Alzheimer's, compared with 9% of men.
- At age 65, women without Alzheimer's have more than a 1 in 5 chance of developing Alzheimer's during the remainder of their lives, compared with a 1 in 9 chance for men.
- Women in their 60s are more than twice as likely to develop Alzheimer's disease over the rest of their lives as they are to develop breast cancer.



Baumgart, M., Snyder, H., Carrillo, M., Fazio, S., Kim, H., Johns, H. (2015) Summary of the Evidence on modifiable risk factors for cognitive decline and dementia: A population-based perspective. *Alzheimer's & Dementia* (11)6: 718-726.

# 6 Pillars of Brain Health



-  Physical Exercise
-  Food & Nutrition
-  Medical Health
-  Sleep & Relaxation
-  Mental Fitness
-  Social Interaction

*Adapted From: Cleveland Clinic – 6 Pillars of Brain Health <https://healthybrains.org/pillars/>*

## Care Partner Statistics

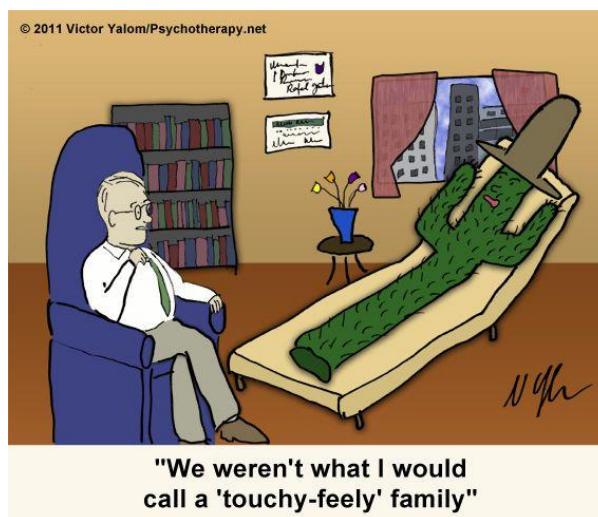
- **60%** of dementia care partners experience **moderate to severe stress** and rated emotional stress as high to very high.
- **About half** of care partners suffer from **anxiety** and reported feeling a high level of **burden**.
- **35%** of care partners report that their **health has gotten worse** due to care responsibilities.
- **30-40%** of family care partners of people with dementia suffer from **depression**.
- Spouses are at **2.5 times higher** odds to have **depression** than non-spouse care partners.
- In the year prior to care recipient's death, **59%** of care partners felt they were on duty 24 hours a day, many felt it was **extremely stressful**.
- **84%** of caregivers say they could use **more information** or support on caregiving topics

- Counseling the Alzheimer's Caregiver: A Resource for Health Care Professionals
- 2017 Alzheimer's Association Facts & Figures
- Caregiving in the US, 2015, National Alliance for Caregiving and AARP

# Is my family member in denial?

- Patients may have a range of reactions
- Acceptance, rejection, Anosognosia

So....What exactly happens in psychotherapy?





# What do you talk about in counseling?

- Getting a diagnosis
- Telling family and friends
- Accepting the diagnosis
- Legal and Financial
- Communication
- Driving
- Emotional, spirituality, hope
- Routine and Structure
- Long term housing planning
- Long distance caregiving
- Grief and loss
- Intimacy
- Managing behaviors
- Caregiver Identity
- Feelings towards accepting help
- Community resources
- Understanding what to expect as the disease progresses
- Depression, Anxiety, Burden

# Is counseling covered by insurance?

- ★ 90791 → Psychiatric Diagnostic Interview
- 90832 → Psychotherapy, 30 minutes with patient and/or family member
- 90834 → Psychotherapy, 45 minutes with patient and/or family member
- ★ 90837 → Psychotherapy, 60 minutes with patient and/or family member
- ★ 90846 → Family psychotherapy without patient present
- 90847 → Family psychotherapy with patient present
- 90849 → Multiple-family group psychotherapy
- 90853 → Group psychotherapy
- 90839 → Patient in crisis



# The Cues and Clues Model

- Is this behavior a problem?
- What is the behavior that concerns us and what is it related to?
- When does it happen?
- Where does it happen?
- Who is with the person when it happens?
- Why does it happen?
- Who is the person ie. Life experiences?
- Does the action need to change or can we live with it?
- If it needs to change, what can we do? How many potential solutions can we come up with?

# What are some communication strategies?

- It's hard when it's your own family member
- It's like learning a new language
- Role Play
- Self-compassion: You are going to make mistakes, we are all human
- Education: Reality-oriented vs. validation oriented
- Affirm the persons' feelings, show empathy
- Join with them in their reality
- Distract and/or relocate

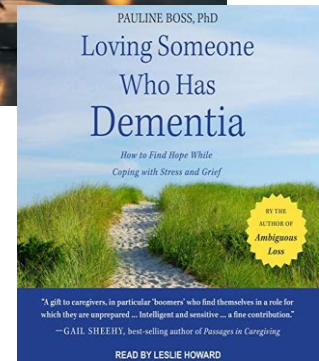


# Grief & Loss

- Ambiguous Loss
- Anticipatory Grief
- Photo activity
- Discussing the future
- Narrative life review



<https://letsreimagine.org/1754/grief-and-loss>



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