

1-24-2012

Screening for Alzheimer's Disease in Vermont Primary Care Practice

Bryan Chow

Anne Coleman

Daniel Liebowitz

Mairi Lindsay

Hayk Minasyan

See next page for additional authors

Follow this and additional works at: https://scholarworks.uvm.edu/comphp_gallery

 Part of the [Community Health and Preventive Medicine Commons](#), and the [Health Services Research Commons](#)

Recommended Citation

Chow, Bryan; Coleman, Anne; Liebowitz, Daniel; Lindsay, Mairi; Minasyan, Hayk; Mollo, Michael; Russo, Ashley; Hutchins, Jeanne; Pendlebury, William; and Richardson, Martha, "Screening for Alzheimer's Disease in Vermont Primary Care Practice" (2012). *Public Health Projects, 2008-present*. 64.

https://scholarworks.uvm.edu/comphp_gallery/64

This Article is brought to you for free and open access by the Public Health Projects, University of Vermont College of Medicine at ScholarWorks @ UVM. It has been accepted for inclusion in Public Health Projects, 2008-present by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.

Authors

Bryan Chow, Anne Coleman, Daniel Liebowitz, Mairi Lindsay, Hayk Minasyan, Michael Mollo, Ashley Russo, Jeanne Hutchins, William Pendlebury, and Martha Richardson

Screening for Alzheimer's Disease in Vermont Primary Care Practice

Chow, B¹; Coleman, A¹; Liebowitz, D¹; Lindsay, M¹; Minasyan, H¹; Mollo, M¹; Russo, A¹; Hutchins, J¹; Pendlebury, W¹; Richardson, M²
 University of Vermont College of Medicine¹ & Alzheimer's Association, Vermont Chapter²



Introduction

- Alzheimer's Disease (AD) is a form of progressive dementia that affects 5.3 million Americans and is the sixth leading cause of death in the US.
- Age is a major risk factor for disease, and 1 in 8 Americans over 65 can expect to develop AD.
- The U.S. healthcare system spends \$172 billion/year on patients with AD and dementia, more than half of the Medicare budget. This cost is estimated to increase to over \$1 trillion by 2050.
- In 2003, the US Preventative Services Task Force (USPSTF) concluded that screening older adults for dementia is ineffective due to insufficient means of preventing or slowing its progression.
- In 2011, the National Institute on Aging published new diagnostic criteria for AD.
- In accordance with these guidelines the Centers for Medicare and Medicaid Services released rules for the new Annual Wellness Visit that include the detection of cognitive impairment.
- Our goal was to identify the attitudes and practices of primary care physicians (PCPs) in Vermont (VT) related to screening for AD and dementia.

Methods

Survey:

- A survey was distributed to 280 PCPs throughout VT by email or fax; 63 surveys were completed.
- 19 multiple choice questions assessed practices and attitudes relating to the screening, early detection, and diagnosis of AD and dementia.
- Data was analyzed using Microsoft Excel.

Focus Group:

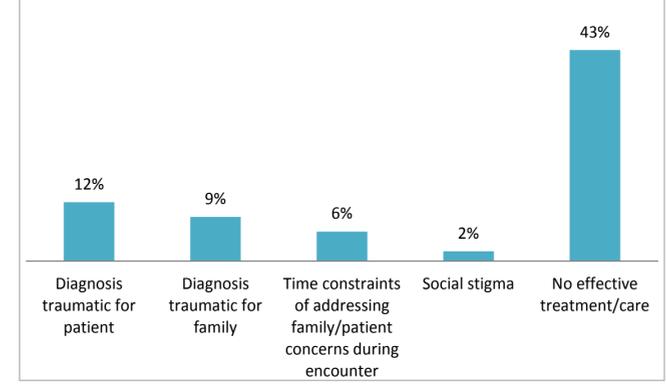
- Patients with AD and other forms of dementia, and their caregivers, attended a 2-hour focus group.
- 13 participants provided their perspectives on the benefit and/or harm of early detection of AD and dementia and shared their personal experiences.

Results



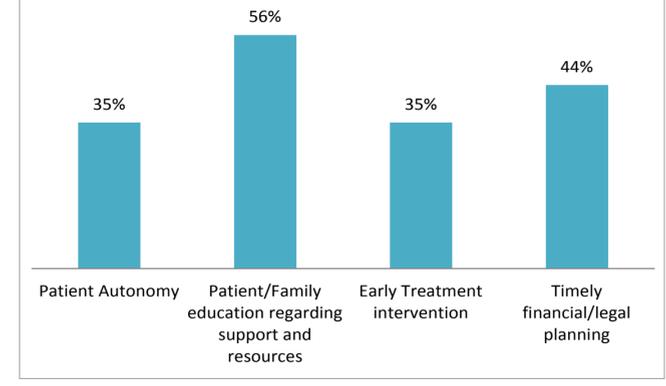
“The medical establishment doesn't think it makes a difference in terms of medication, but it makes a difference to the patient. I didn't know what was wrong, and that was scary. Having the diagnosis was a big help for me, personally.”
 - Focus Group Participant

Physician reported reasons why early detection of AD is *not* important*



*Participants could select more than one answer

Physician reported reasons why early detection of AD is important *

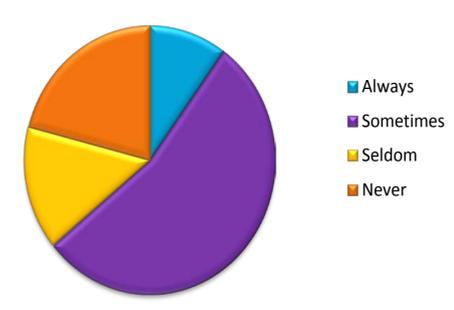


*Participants could select more than one answer

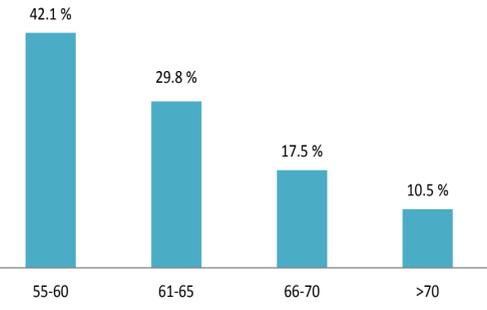


“Even if they don't have a lot of medication for me, I can make a new normal. Adjusting to that is what I need to do, not focus on what I can't do....One piece of information can make the difference in a family's whole life”
 - Focus Group Participant

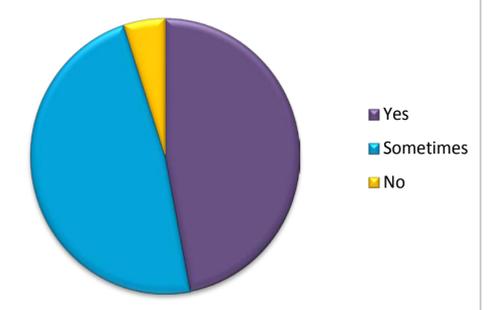
Tendency of physicians to screen older patients for AD during their annual wellness visit



Age of patient at which physicians first consider a clinical diagnosis of AD



Do you encourage family members to attend encounters with your elderly patients?



Discussion

- 78% of PCPs believe that there are reasons why early detection of AD is not important; of those, 87% cite no effective treatment or cure as the main reason. Those 94% of PCPs who think that it can be important believe that the most important reason for early detection is to provide support and resources for the patient and family.
- Focus group members felt that regardless of a cure, a diagnosis is essential in order to learn about and find ways to live happily with their disease, and stressed the importance of an early diagnosis in initiating support groups and family planning.
- While the most common reason why physicians don't always screen for AD is due to other medical issues that are more pressing, caregivers and patients believe that cognitive status should be addressed in every appointment because it's an everyday struggle.

Conclusion

- The USPSTF statement that there is insufficient evidence to recommend routine screening for dementia has caused controversy in the medical community.
- We have found that PCPs in VT are reluctant to routinely screen for AD and dementia, in large part due to the perception that early diagnosis of AD in the absence of a cure serves no purpose.
- Our interactions with patients and their caregivers taught us that experiencing cognitive decline without a diagnosis is extraordinarily distressing; the diagnosis itself facilitates acceptance of a “new normal” and enables adaptation to life with AD or other dementia.
- We conclude that screening and early intervention for AD and dementia are extremely important. We encourage PCPs to be proactive in screening so that patients can plan, and maintain quality of life, prior to the onset of late-stage disease.

Sources

1. "Changing the Trajectory of Alzheimer's Disease: A National Imperative." The Alzheimer's Association. 2010. www.alz.org/trajectory
 2. "Generations Alzheimer's: The defining disease of the baby boomers." <http://www.alz.org/babyboomers/index.asp>
 3. "Publication of New Criteria and Guidelines for Alzheimer's Disease Diagnosis." Alzheimer's Association. April 2011 http://www.alz.org/documents_custom/Alz_Diag_Criteria_FAQ.pdf
 4. "The diagnosis of dementia due to Alzheimer's disease: Recommendations from the National Institute on Aging-Alzheimer's Association workgroups on diagnostic guidelines for Alzheimer's disease." The Journal of the Alzheimer's Association. Vol 7, Issue 3, 270-279, May 2011. <http://www.alzheimersanddementia.org/content/7/3/270>
 5. Albert MS et al. "The diagnosis of mild cognitive impairment due to Alzheimer's disease: Recommendations from the National Institute on Aging-Alzheimer's Association workgroups on diagnostic guidelines for Alzheimer's disease." Alzheimer's and Dementia: The Journal of the Alzheimer's Association. Vol 7, Issue 3, 263-269, May 2011. <http://www.alzheimersanddementia.org/content/7/3/263>
 6. Fried, L. "Medicare Update: Annual Wellness Visit." Alzheimer's Association Medicare Advocacy Project. www.alz.org/national/documents/MedicareAnnualWellnessVisit.pdf, Jan 2011
 7. Solomon PR, Brush M, Calvo V, Adams F, DeVaux RD, Pendlebury WW, Sullivan DM. Identifying dementia in the primary care practice. Int Psychogeriatr. 2000 Dec;12(4):483-93.
 8. Sperling RA et al. "Toward defining the preclinical stages of Alzheimer's disease: Recommendations from the National Institute on Aging-Alzheimer's Association workgroups on diagnostic guidelines for Alzheimer's disease." Alzheimer's and Dementia: The Journal of the Alzheimer's Association. Vol 7, Issue 3, 280-292, May 2011. <http://www.alzheimersanddementia.org/content/7/3/280>