Early detection of dementia and the “Initial-phase intensive support team” for preventing BPSD.

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Japanese cat is now doing weight training. To prevent dementia ??
Exercise is the best way. But exercise prolongs one’s life, enhancing occurrence of dementia. Prevention is to postpone.

I found it at a souvenir shop in Takayama.
Cerebral association cortex
Senile plaques
Aβ
Neurofibrillary tangles
Phospho-tau
Cognitive impairment
Exercise, diet, etc.
Asymptomatic stage aMCI AD Dementia
Early detection by Amyloid imaging PIB-PET etc.
Early detection by CSF tau SPECT
Early detection of Dementia by Questionnaire

Early detection by
Amyloid imaging
PIB-PET etc.

Early detection by
CSF tau
SPECT

Early detection of
Dementia by
Questionnaire
# Advantages and Disadvantages of early detection of dementia

<table>
<thead>
<tr>
<th></th>
<th>Advantages</th>
<th>Disadvantages</th>
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<tr>
<td><strong>Patients</strong></td>
<td>Receiving pharmacological and non-pharmacological therapies</td>
<td>Psychological damages of anxiety and depression</td>
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<tr>
<td></td>
<td>Access to appropriate agencies and support networks</td>
<td>Risk of withdrawal, isolation, stigma and social exclusion</td>
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<td>Prevention of BPSD</td>
<td>Risk of false positive diagnosis</td>
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<tr>
<td><strong>Families and caregivers</strong></td>
<td>Mental preparation for disease progression</td>
<td>Stigma and exclusion</td>
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<tr>
<td></td>
<td>Access to appropriate agencies and support networks</td>
<td>Care burden from early stages</td>
</tr>
<tr>
<td><strong>Social services</strong></td>
<td>Net cost reduction effects including delay of institutionalized care</td>
<td>Shortage of social resources, including human resources</td>
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Early detection of dementia by SED-11Q, and assessment of anosognosia

Symptoms of Early Dementia-11 Questionnaire (SED-11Q)

<table>
<thead>
<tr>
<th>Patient</th>
<th>Caregiver</th>
<th>Cut-off 2/3</th>
</tr>
</thead>
</table>

**Caregiver answers**

1. He/she talks and asks about the same things repeatedly.
   - YES
   - NO
   - N/A

2. He/she has become unable to understand the context of facts.
   - YES
   - NO
   - N/A

3. He/she has become indifferent about clothing and other personal concerns.
   - YES
   - NO
   - N/A

4. He/she has begun to forget to turn off the faucet and/or close the door, and/or has become unable to clean up properly.
   - YES
   - NO
   - N/A

5. When doing two things at the same time, he/she forgets one of them.
   - YES
   - NO
   - N/A

6. He/she has become unable to take medication under proper management.
   - YES
   - NO
   - N/A

7. He/she has begun to forget to turn off the faucet and/or close the door, and/or has become unable to clean up properly.
   - YES
   - NO
   - N/A

8. He/she has become unable to make a plan.
   - YES
   - NO
   - N/A

9. He/she cannot understand complex topics.
   - YES
   - NO
   - N/A

10. He/she has become less interested and willing, and stopped hobbies, etc.
    - YES
    - NO
    - N/A

11. He/she has become more irritable and suspicious than before.
    - YES
    - NO
    - N/A

**Patient answers**

1. How do you feel?

2. He/she talks and asks about the same things repeatedly.
   - YES
   - NO
   - N/A

3. He/she has become unable to understand the context of facts.
   - YES
   - NO
   - N/A

4. He/she has become indifferent about clothing and other personal concerns.
   - YES
   - NO
   - N/A

5. He/she has begun to forget to turn off the faucet and/or close the door, and/or has become unable to clean up properly.
   - YES
   - NO
   - N/A

6. When doing two things at the same time, he/she forgets one of them.
   - YES
   - NO
   - N/A

7. He/she has become unable to take medication under proper management.
   - YES
   - NO
   - N/A

8. He/she has begun to forget to turn off the faucet and/or close the door, and/or has become unable to clean up properly.
   - YES
   - NO
   - N/A

9. He/she has become unable to make a plan.
   - YES
   - NO
   - N/A

10. He/she cannot understand complex topics.
    - YES
    - NO
    - N/A

11. He/she has become less interested and willing, and stopped hobbies, etc.
    - YES
    - NO
    - N/A

12. He/she has become more irritable and suspicious than before.
    - YES
    - NO
    - N/A

**TOTAL SED-11Q SCORE**

- 2 more Qs: Delusion and illusion for medicine

- Same 11 Qs

Free PCM article


日本語版の質問票は、山口晴保研究室HPよりダウンロード可能。
Anosognosia evaluated by SED-11Q
Symptoms of Early Dementia-11 Questionnaire

Subjects: 13 in aMCI (CDR 0.5); 73 in Mild ADD (CDR 1); 21 in Moderate ADD (CDR 2)

Discrepancy shows the degree of “Anosognosia”, and caregivers should understand the “Anosognosia”, and be careful not to warn patients to prevent BPSD.

Patients score shows “Awareness of illness”.

Easy, quick detection of dementia by the Yamaguchi fox-pigeon imitation test
Yamaguchi fox-pigeon imitation test (YFPIT); 20 secs.

About 70% of demented subjects failed the imitation of pigeon.

ADD patients showed difficulty in taking the 3rd person’s viewpoint.

→ Self-monitoring ↓
Anosognosia

Yamaguchi H: Dement Geriatr Cogn Disord 2:254-258, 2010
Yamaguchi H: Psychogeriatrics 11:221-226, 2011
Looking down causes being out of luck.
Neck flexion causes depressive feeling.

He was given a diagnosis of dementia just now.
He said,
“Early diagnosis” thrown me into “Early despair”.

Early diagnosis should be associated with early support to reduce psychological damages of anxiety and depression.
**Initial-phase Intensive Support Team (IPIST)**

**Purpose**: to organize supporting system for early detection and early diagnosis. To enable elderly people to live in their community in a pleasant and familiar environment throughout their life, even if they come to require advanced-level care.

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**What is IPIST?**

IPIST visit people with dementia (and their households).

IPIST support includes:
- assessments of patient's state,
- supports for family in initial-phase (<6-months) etc.

Community general support center

Members of IPIST
- Medical and Care specialists (public health nurse, nurse, occupational therapist, social worker, LTC public aid worker)

Certified doctor

**People supported by IPIST**

- People with or suspected to be with dementia (40 years old and over)
- People live in home
- Person with one of (a) to (d)
  - (a) without proper diagnosis.
  - (b) without continual medical services.
  - (c) without proper welfare services
  - (d) with proper diagnosis and discontinuous services
- Person with severe BPSD

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"Earlier diagnosis and Intervention" < Orange Plan >
Stream of the task
Meeting → Assessment → Meeting → Support → Connecting → Monitoring

- Family of demented people
- Neighbors
- Welfare volunteer commissioner
- Hospitals & Clinics
- Consultation Requests
- Medical centers for dementia
- 11 Community general support centers
- Care manager (Long-Term Care Support Specialists)
- Primary doctor
- Visiting staffs
- IPIST
- Subjects (Family)
- Assessment Support Connecting/Passing Follow up monitoring
- Report of assessment/results 46 subjects
- Asking provision of information Medical information 38/44
- IPIST Team meeting + Doctors + City officers
- Orange Plan
- Family care Guidebook
- Maebashi city 3 hundred thousand people
IPIST in Maebashi city

- Subjects: 63 persons (Visited: 58 persons; Not visited 5 persons)
- Number of visit: $2.5 \pm 1.9$ times First visit 101 min.

- Disease: Dementia? 51; Psychiatric? 3; Alcoholic 5
- Problem in caregiver rather than in subjects 8
- Family doctor (GP): Having 46; Not having 17
  → Response form GP: 38/44 informed
- Diagnosis of dementia: Already 11; Not yet 31

Independence degree of daily living for the demented elderly
# Dementia severity, assessed by DASC21, did not change.
# Behavioral disturbance, assessed by DBD13, tended to improve.
# Care burden, assessed by ZBI_8, improved significantly.

DASC21 is a Dementia Assessment Sheet in Community-based Integrated Care System, which consisted of 21-items questionnaire asking living functions
Initial-phase intensive support team in **Maebashi city**: 1 year achievement from Sep 2013 to Sep 2014

Total 63 Subjects; Visits 2.5 +/- 1.9 times (n=46)

Most were connected to medical treatment

More than half were connected to welfare service

<table>
<thead>
<tr>
<th>Category</th>
<th>Newly</th>
<th>Already</th>
<th>Arranging</th>
<th>Not</th>
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</thead>
<tbody>
<tr>
<td>Medical treatment</td>
<td>38.1%</td>
<td>44.4%</td>
<td>9.5%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Welfare service</td>
<td>30.1%</td>
<td>20.6%</td>
<td>20.6%</td>
<td>27%</td>
</tr>
</tbody>
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Initial-phase intensive support team for dementia in 2013 in Japan <Orange plan> 

# 14 areas (city, town, village, ward)

# Cases: Total 636 cases, 45.4 cases/area (mean) 
50% of cases have difficulty in support 
<anosognosia (refusal), neglect, alcohol, etc>

# Visits: Total 2,106 visits, 3.14 visits/case (mean) 
First visit 77 min. (mean); Third visit 55 min.

# Team staff meeting: Total 316 times, 22.6/area (=1/w) 
Taking 89 min. ; 20 min./case (mean)

Now going on in 108 areas (2014.9)
Take Home Message
Early detection & Initial-phase intensive support team (IPIST)

# Questionnaire (SED-11Q) and the Yamaguchi fox-pigeon imitation test (taking 30 sec.) contribute to early detection of dementia as a screening.

# Furthermore, SED-11Q evaluates “anosognosia” that is difficulty in self-awareness, and is useful to prevent BPSD through caregiver education.

# As an early support system, IPIST in the orange plan connects demented subjects to medical and social supports to reduce care burden, and to prevent BPSD.

# We hope the subjects continue to live at-home with dignity.

“Earlier diagnosis and Intervention” < Orange Plan >
Thank you for your attention.

Mt. Fuji & cherry blossoms

Oshino-Hakkai 忍野八海 2006.5.4