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THE GCM TEAM...

*the Solution to
Challenging
Cases*



INSIDE

The Bumpy
Road to
Recovery

Enhanced Member
Benefits

Election Results



National Association of
Professional Geriatric Care Managers

To advance professional geriatric care management through education, collaboration, and leadership.

Care Management with Early Onset Alzheimer's Population

By Jennifer E. Voorlas

Care management with early onset individuals may be one of the most unique and heartbreaking experiences we have as GCMs. While our usual client over the age of 65 may have some form of dementia (suffering from memory loss, confusion, and difficulty performing usual tasks), navigating this terrain with younger individuals requires a much wider lens from which we view the patient, the family system, and ultimately the interventions and resources we utilize. The term early onset dementia is usually used to describe any form of dementia commencing in people under age 65. As many as a half million people have early-onset Alzheimer's (EOA), which develops any time before age 65, sometimes in the 40s and 50s. This debilitating disease interferes with employment, intimate relationships, and impairs judgment — crucial to decision-making regarding their own care.

Problems with Diagnosis

Symptoms of EOA are not always easy to detect, and without early detection, time is lost; the quicker the disease progresses. Tragically, many EOA individuals often go through multiple doctors and substantial time delays. According to the Early Stage Advisory board, 61% of early stage patients have three to six physicians involved before they are properly diagnosed. Some primary physicians may be reluctant to diagnose because of the incurable nature of the disease, while others may be

inadequately trained to recognize it, attributing symptoms to other medical/psych disorders.

GCMs play an integral role in steering family members in the right direction of competent specialists. The importance of a good diagnostic workup must be emphasized to facilitate appropriate documentation needed to obtain resources for care — such as disability benefits. In addition, a baseline diagnosis is critical for the development and implementation of a comprehensive care plan. GCMs must become aware of top-rated University-based facilities devoted to EOA research/treatment in their respective geographic areas, and a well-respected neurologist. This referral can circumvent what might otherwise be a long, drawn out process, draining financial and emotional resources.

Denial and Difficulties in the Family System

Many family members of EOA patients may be in denial of needing support for themselves as well as accepting interventions. They are often acutely aware of their decline and may have significant shame around changed identities. The GCM is challenged by:

- Intense caregiver burden: “well” spouse caring for EOA individual, young children at home, while trying to care for elderly parents.
- Minimization or refusal of home care services
- Minimization or refusal of the need for community resources, placement, and or psychological support.
- Intense grief/distress of family members
- Spouses who suffer from caregiver burden may still be in their 40's and 50's
- Children who face the absence of a “well” parent

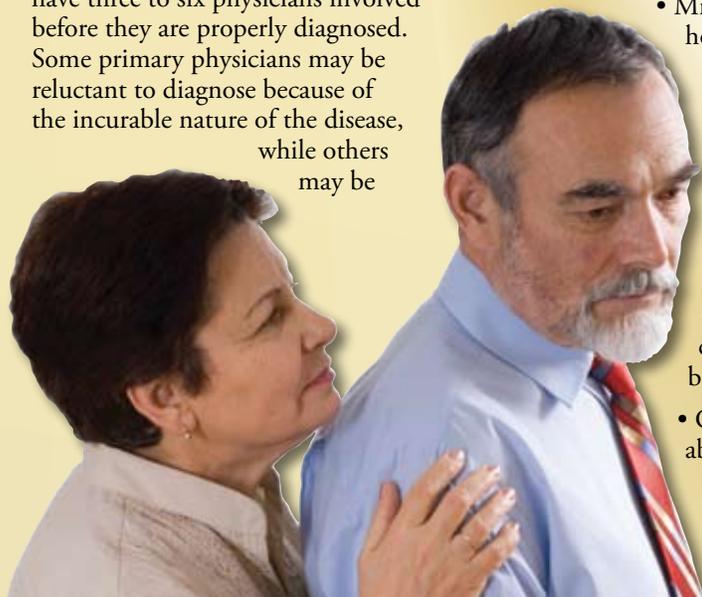
- Finding EOA support groups (difficult to locate especially in rural areas)
- The Lack of available resources for EOA education/support
- Ineligibility of Medical benefits and social support programs for Alzheimer's individuals under age 65.

Comprehensive Planning

The need for advanced planning is essential. GCMs must provide a structure for the development, planning, and implementation of a care plan which takes into account the progressive nature of the disease and the costs involved. GCMs can utilize their skills to:

- Help the “well” spouse adapt to his/her role of “decision-maker”
- Recognize signs of early memory loss
- Problem solve/disease planning: for LTC needs
- Manage behavioral issues: Referral to neuropsych specialist
- Advocate for building upon a “team” approach (GCM, family, friends, professional)
- Disease management: Medication use, lifestyle changes
- Locate well-qualified caregivers
- Locate support group for EOA individual/caregiver
- Provide educational resources (www.alz.org)
- Implement a care plan which involves legal/financial issues (incapacity/POA finances/health)
- Facilitate the Preparation of legal documents such as advanced directives for medical treatment
- Assist with applying for disability benefits (income loss due to diminished job skills)

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With respect to the elderly population, there has been some controversy regarding a possible drug interaction between Tamiflu and Coumadin.

It has been noted that between 1-2% of patients on Coumadin will experience a major bleeding event in any given year. There are also some reports of a drug interaction between Coumadin and Tamiflu. Nonetheless, according to a study by Health Canada, "available data indicate that the potential for drug interactions with Oseltamivir (Tamiflu) is minimal" ... "As with any drug prescribed to patients taking Warfarin, more frequent monitoring of INRs may be prudent when Oseltamivir is prescribed concurrently ..."

Additional information and detail can be obtained through CDC at www.cdc.gov/h1n1flu/ and www.flu.gov/.

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- Designation of residence/placement in the event of incapacitation
- Encourage Proactive lifestyle changes: Diet, physical exercise, relaxation techniques

As GCMs, we may find it difficult to discern the breadth and longevity of our role in the EOA patient's and his/her family's life. While there is considerable research and information about the disease, there still remains a lot we don't know. Perhaps one of the biggest challenges is that each individual not only declines at different rate, but copes with their disability differently. While one person's decline might be a steep slope leading towards institutionalization, other EOA individuals seem to take this hardship as incentive to taking a proactive stance and become empowered; living well with their disability for many years; teaching others to do the same.

While the outcome remains different for EOA individuals, within the GCM's grasp remains the skillset to help each person adapt to his/her own experience of the disease, supporting independence for as long as possible. Undoubtedly, this relationship will challenge and expand our own perceptions of loss, deepening our knowledge of how this disease can potentially rob individuals of independence in the prime years of their life.

Recommended reading: Alzheimer's from the Inside Out, Richard S. Taylor PHD

Executive Director's Message

Kaaren Boothroyd



Summertime at NAPGCM was anything but slow and easy! We've had two elections – one for Board Members and Officers and one for Bylaws revisions – as well as the approval and implementation of the Enhanced Membership Program, a website homepage redesign, and a flurry of activity in the national press. We were also planning our Advanced Practice Retreat – the first one to feature a

general session speaker. You can read about all this and more in the pages of this issue of *Inside GCM*.

As others have said, this is an exciting time for the profession of geriatric care management and for NAPGCM and our members. While the challenge to educate the public, policy makers, and other health care professionals continues, we are committed to serving all our members. The enhanced membership benefits speak to the voices we hear, asking for more education, continued presence in the press, and more support for business marketing, development, and best practices.

Our vision statement – "Defining excellence in geriatric care management" – is being pursued in so many ways. And it does indeed "take a village" to make it so.

That is why it is so important to keep the energy and participation levels high among all our members. In 2010 we will enter the third year of our strategic plan. There is still work to be done to accomplish our goals to:

1. Strengthen NAPGCM by retaining and increasing membership at all levels
2. Improve effectiveness and efficiency of governing structure, at all levels from national board to local units
3. Gain recognition as the experts in geriatric care management
4. Build collaborative relationships within the NAPGCM membership

We invite you to add your energy and expertise to the work of your Association, to ensure its value, professionalism, and relevance for every member. 2010 is almost here and will be present its own set of challenges and opportunities. We hope you will be beside us as we enter this new season of possibilities.

Please feel free to contact me directly or any of our Board members with your questions, concerns, or offers of your time and talent to join one of our committees. Thank you!

