

Threats to safety in patients with dementia

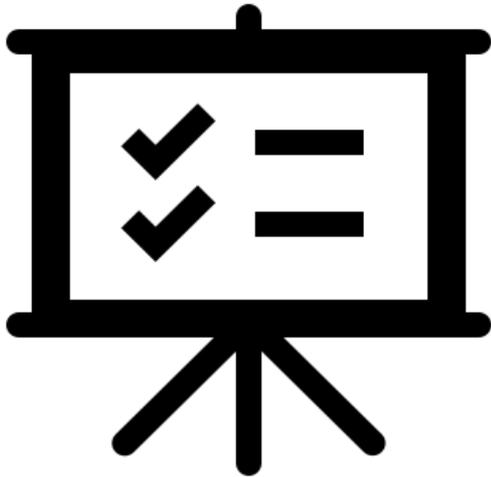
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May 3, 2021



Wisconsin Alzheimer's Institute

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Learning objectives



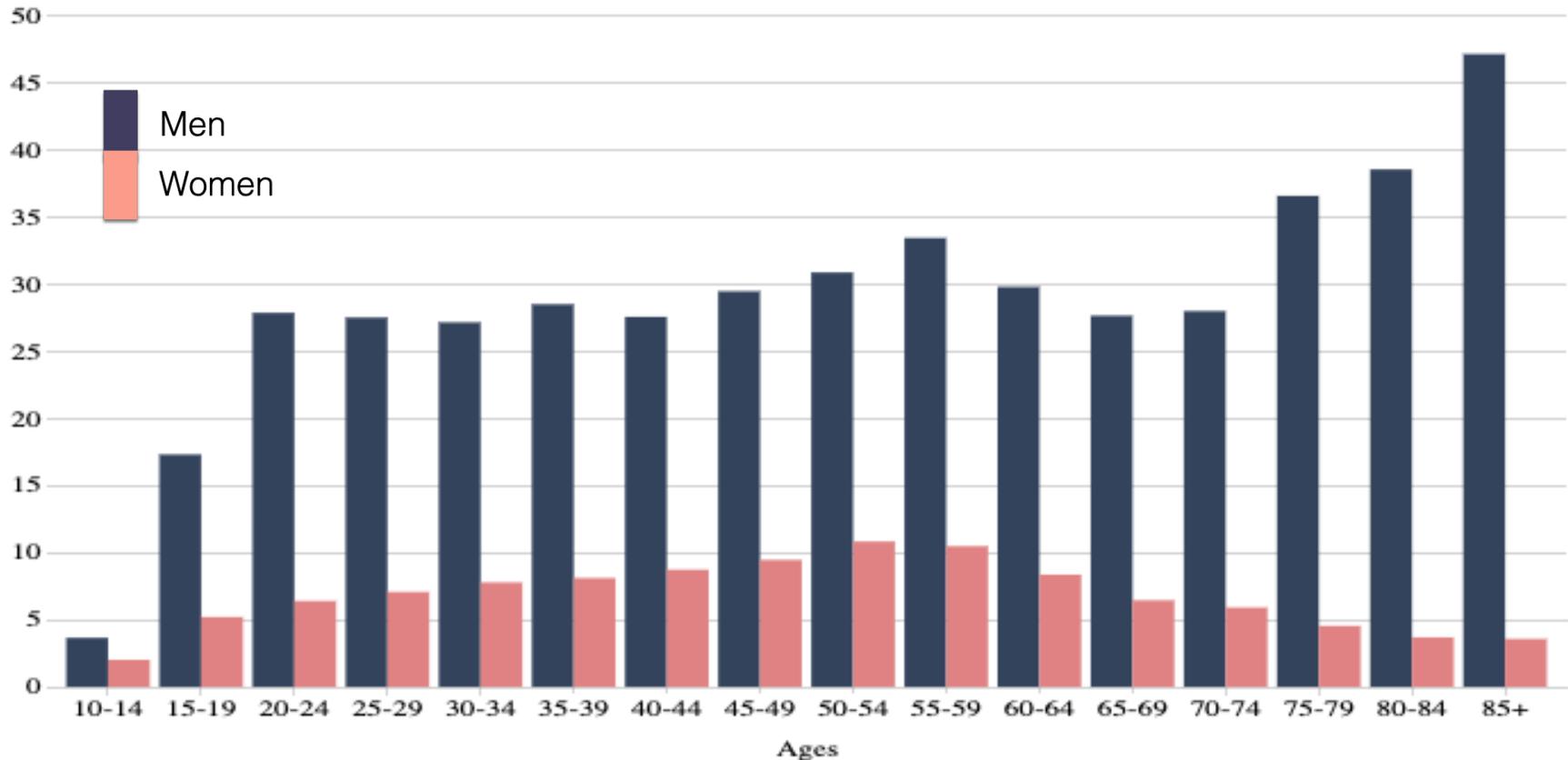
- Describe the assessment and management of suicide risk in persons with dementia
- List other safety issues: driving, guns, household safety, wandering, etc.

Overview of management

- treat underlying medical causes
- discontinue offending medications & substances
- support & educate caregivers & other family members
- develop a psychological, behavioral & environmental management plan
- avoid adding new medications, unless there is risk of harm to patient or others
- if a medication is added, regularly monitor outcomes & attempt discontinuation
- **ensure that patients & caregivers are in a safe environment**

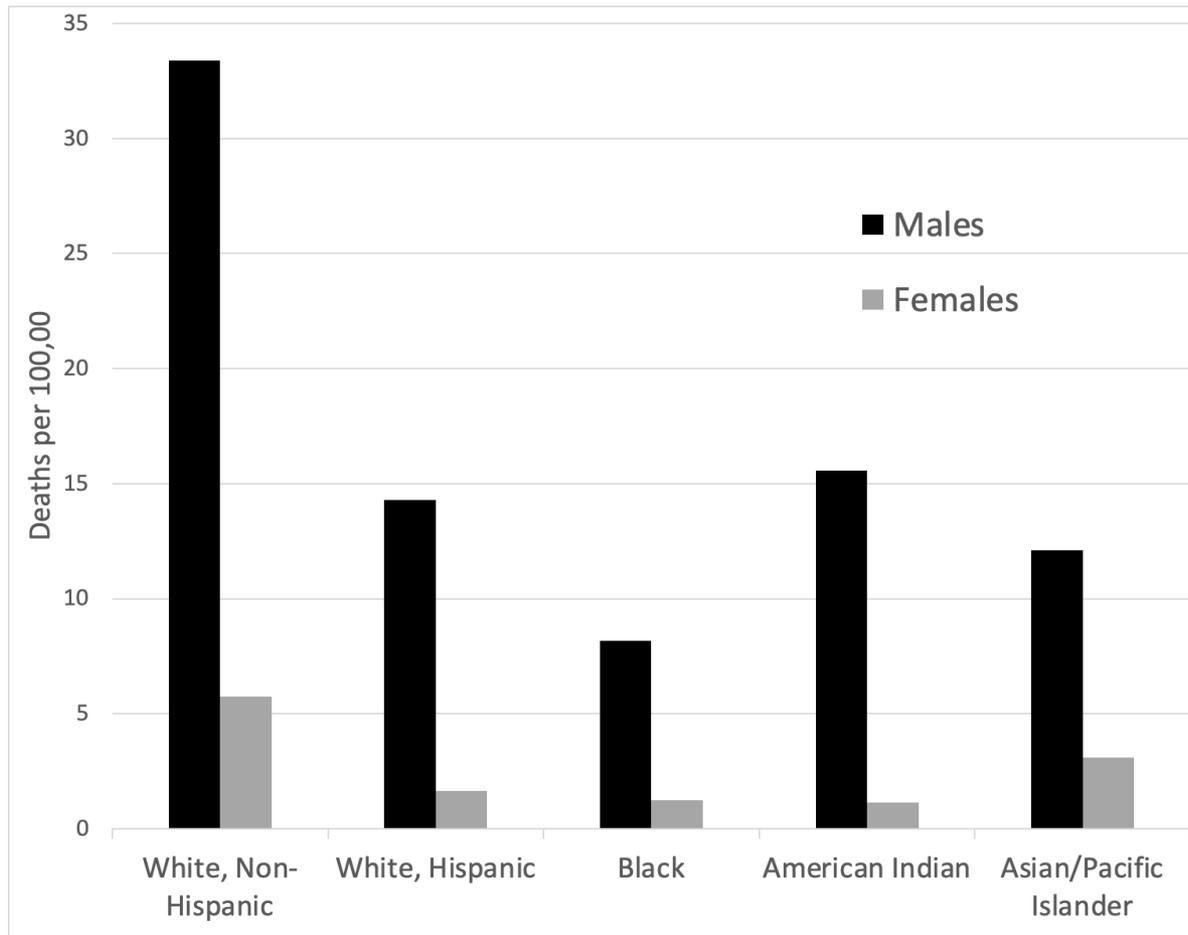
Suicide risk across the life span

Rate of suicide in 2018 in the U.S., per 100,000



Ethnicity, gender & suicide

Rate of suicide in 2018 among those 65 and older in the U.S., per 100,000 per year



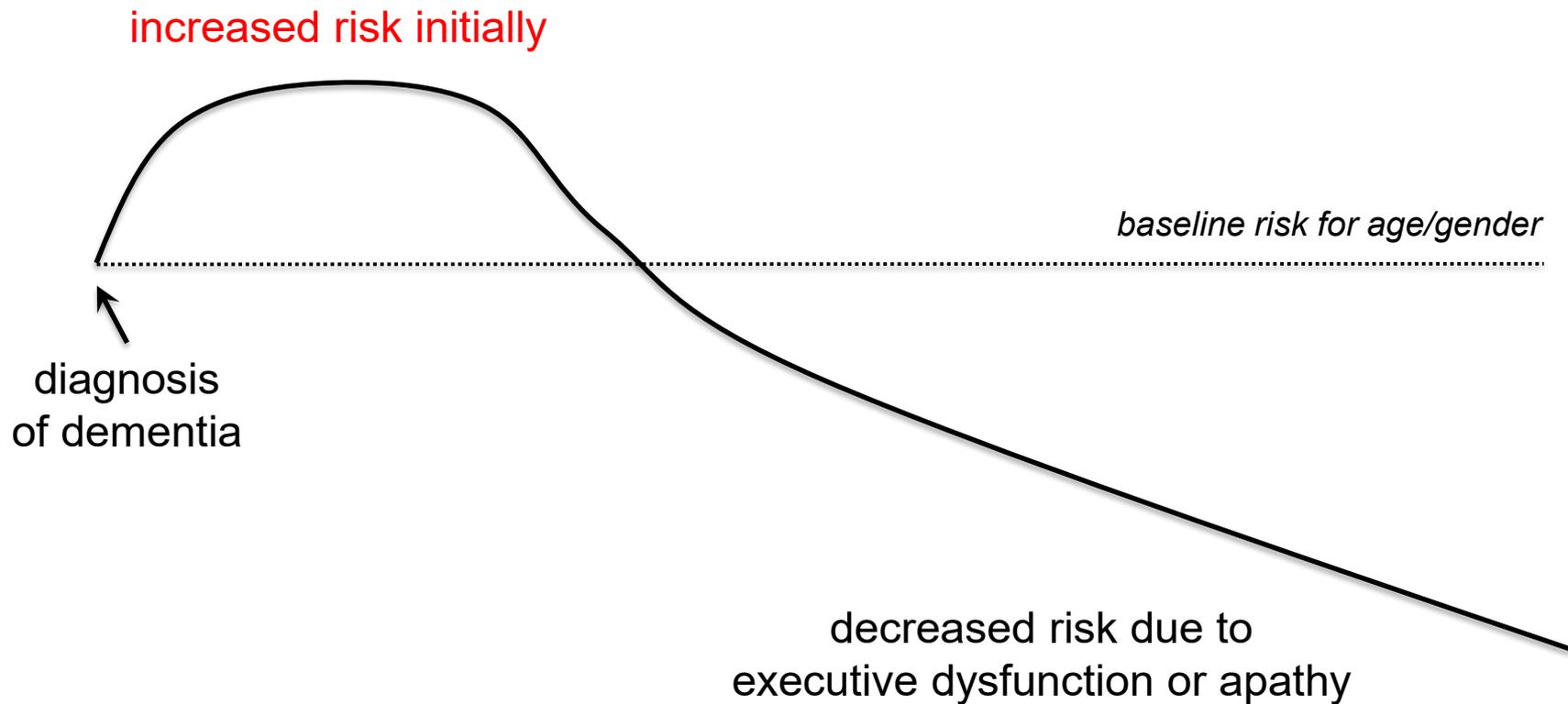
Elder suicide risk factors

- gender: men > women
- marital status: widowed/divorced/separated > married
- ethnic: white > African-American & Asian > Hispanic
- prior suicide attempts
- depression, anxiety, suicidal ideation, hopelessness, feeling like a burden
- alcohol use

Suicide among older adults

- suicide attempts in older adults are more likely to be lethal because of:
 - greater planning & resolve
 - fewer warnings to others of suicide plans
 - less physical resilience
 - more violent and potentially deadly means, namely guns (80% of male suicides, 37% of female suicides)
- access to guns: 28% of older adults have a gun in the home; 91% of elder suicide are by gun
- warning sign: recent purchase of a firearm

Suicide in persons with dementia



Reducing the risk of suicide in dementia

- address access to means of self-harm
 - guns
 - medications
 - knives
- treat modifiable risk factors:
 - depression, anxiety, insomnia
 - alcohol use
- no studies of medications to reduce suicide risk in persons with dementia; one small study of psychotherapy

Addressing safety concerns

- falls
 - fires
 - other threats in the home
 - lack of adherence to medications
 - driving
 - wandering
 - hoarding
 - elder abuse
- ✓ CDC Older Adult Fall Prevention
 - ✓ cooking safety, tobacco cessation
 - ✓ guns, chemicals, power tools
 - ✓ pill boxes, blister packs, automated dispensers
 - ✓ encourage to stop driving
 - ✓ door locks/alarms, wearable GPS
 - ✓ address comorbidities, “dig out”
 - ✓ maintain high index of suspicion

Staging dementia – and safety

CDR	0.5	1	2	3
diagnosis	MCI	mild dementia	moderate dementia	severe dementia
clinical presentation	mild problems with memory and/or other domains; no significant functional decline	moderate cognitive problems; problems with driving, finances	severe memory problems; problems with meals, other tasks	severe memory loss, problems with judgment; cannot function outside home or institution
impact on safety	should be encouraged to voluntarily stop driving or get formal drivers evaluation		should not be allowed to drive; find alternate method of transportation	
		47-87% have financial problems	financial incapacity nearly universal	
	educate patient and family and risk of owning a firearm, e.g., 91% of elder suicides are by gun		should not have access to firearm	

Driving safety

- predictors of risk:
 - MVA in last 5 years
 - traffic citation in last 3 years
 - caregiver report of safety concerns
 - driving < 60 miles/week d/t self-imposed restrictions (e.g., not driving at night)
 - aggressive/impulsive personality
- also consider:
 - getting lost driving
 - vision/hearing loss
 - parkinsonism
 - neuropathy
 - decreased head-turning ability
 - daytime sleepiness
 - symptomatic cardiac disease
 - seizures
 - poorly controlled diabetes
 - alcohol use

Addressing driving concerns

- gold standard is professional driving evaluation
 - occupational therapist who is a certified driver rehabilitation specialist, or
 - Wisconsin DMV
- reporting to WI DMV by medical professionals
 - Wisconsin does not have mandatory reporting
 - physicians, PAs & NPs may report driving concerns to DMV
 - use form MV3141 to recommend:
 - immediate cancellation of license
 - re-examination of driving ability
 - driving with restrictions

