

# Hospitalization and Alzheimer's: A Difficult Mix

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# Disclosures

## Michael Splaine/Splaine Consulting

### Consulting Agreements as of 4/1/2015

- Alzheimer's Disease International
- Eli Lilly
- Bayer A.G. (non-U.S.)
- Alzheimer's Association (US) Healthy Brain Initiative
- Consumer Voice, Elder Justice Action SC
- National Center on Elder Abuse
- Alzheimer's Association Georgia
- Arthritis Foundation (US)
- Owner, Cognitive Solutions LLC and Recruitment partners LLC

# Conflict of Interest

- None of the views represented here are those of my clients nor have they had any control or input into this presentation.

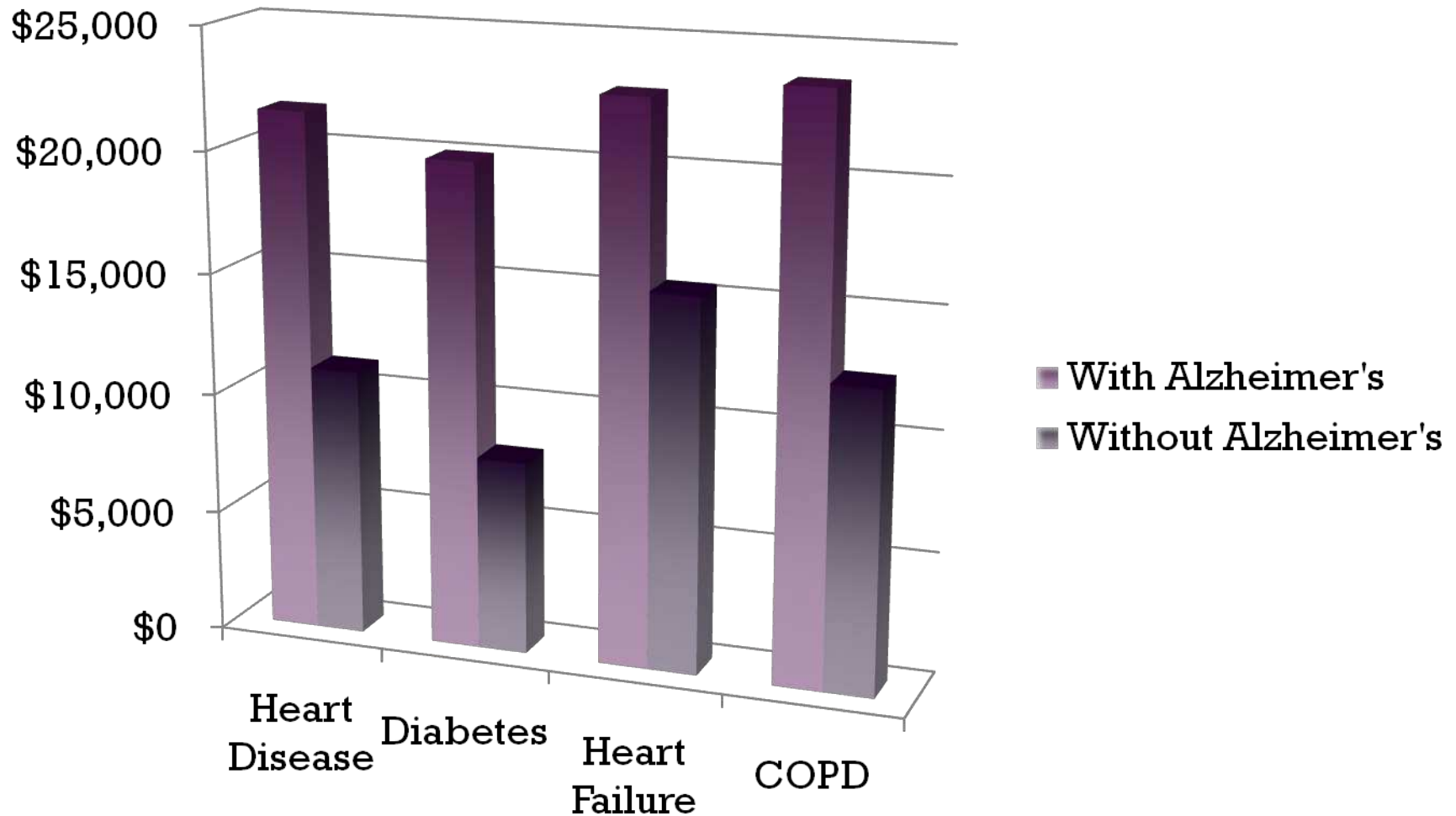
# Objectives

- Identify actionable intelligence about AD and hospitalization
- Strong focus on key steps in the hospital processes that could improve outcomes
- Examples of actions from national Alzheimer plans

# **People with ADRD don't just have ADRD**

75% have at least one additional  
chronic disease

# Health system consequences



# Labeling in hospitals

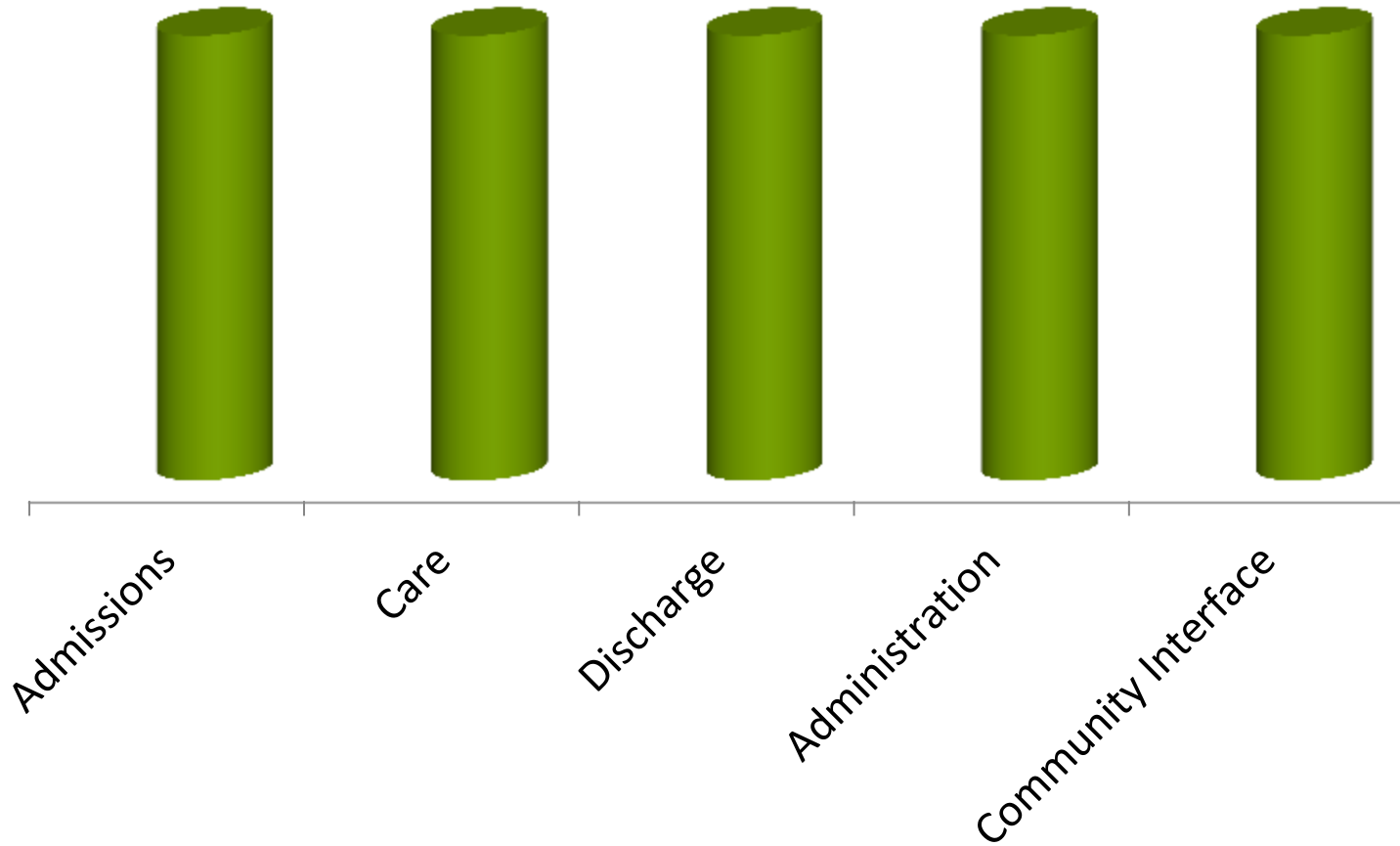
- Combative
- Non-adherent
- Frequent flier (in emergency departments)
- Crazy
  
- Delirium—this one is important!

# Numbers don't add up

- 1/9 over age 65 have ADRD
- 1/2 hospital customers are 60 or older
  - A problem that units cannot solve
  - Complicated by poor overall diagnostic rates



# Thinking About Thinking<sup>™</sup> Pillars



# Hospitalization and dementia: pressure points

- Admission
- During the stay
- Discharge

# Admission

Medical Historian impaired

Confusion and acting out

Inability to express basic needs

# During the stay

- Negotiating treatment
- Nutrition and hydration
- Accommodation for family carers

# Discharge

- Family capacity for follow on care
- Handoff to General Practitioner? Family?
- Community resources

## Initiatives from Alzheimer plans

- Consumer pressure
- Environment change
- Dementia leaders
- Assessment in Emergency department
- Mental health consultation teams
- Partnerships with community agencies
- Training for all staff

# Contact information

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