



# Management Tips and Traps: Managing co-morbid disease in persons with dementia

## Series 1.2: A framework

### Background

A conceptual framework of how impairment in cognitive domains impacts the five key processes of chronic disease self-management is important for all clinicians.

The burden of chronic disease is greater in individuals with dementia, a patient group that is growing as the population is ageing (Schubert, 2006).

The cornerstone of optimal management of chronic disease requires effective patient self-management:

1. problem identification and solution generation;
2. decision making;
3. utilising appropriate resources;
4. working with clinicians; and
5. "taking action" (Lorig & Holman, 2003).

The impact of dementia on a person's ability to apply those five processes to self-manage their chronic disease varies according to the cognitive domain(s) affected, severity of impairment and complexity of self-care tasks.

Recognizing the presence of dementia in a patient with chronic disease may lead to better outcomes.

Patients with dementia require individually tailored strategies that accommodate and adjust to the cognitive domains that are impaired to optimize their capacity for self-management.

It is vital to continue supporting independence and empowering patients with co-morbid dementia within their capabilities.

### References

Ibrahim JE, Anderson LJ, MacPhail A, Lovell JJ, Davis M, Winbolt M. Chronic disease self-management support of clinicians for persons with dementia. *Journal of Multidisciplinary Healthcare*. 25 January 2017 Volume 2017:10 Pages 49–58 ; DOI <https://doi.org/10.2147/JMDH.S121626>

Lorig KR, Holman H. Self-management education: History, definition, outcomes, and mechanisms. *Ann Behav Med*. 2003;26(1):1-7.

Schubert CC, Boustani M, Callahan CM, Perkins AJ, Carney CP, Fox C, et al. Comorbidity profile of dementia patients in primary care: are they sicker? *J Am Geriatr Soc*. 2006;54:104–9.

### Contributors

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### Resources about dementia

Dementia Training Australia:  
<https://www.dementiatrainingaustralia.com.au>

Alzheimer's Australia: <https://www.fightdementia.org.au>

Dementia Support Australia: <http://dbmas.org.au>

### Acknowledgements

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**Table:** Effect of cognitive impairment due to dementia on chronic disease self-management (Ibrahim et al, 2017).

Patient Tasks of Self Management	Cognitive Domain	Impact of Impairment, Possible Presentations	Suggested Strategies
<b>1. Problem solving: identifying problems and generating solutions</b>			
Acquiring information	A , LM	Repetitive questioning or disengagement; unable to recall information; rapid forgetting	Patient to summarise and rehearse key points; carer attendance at appointments; information provided in manageable chunks; written notes/reminders
Understanding information	E	Unable to acknowledge extent of health issues; dismissive of solutions	Simple explanation of disease process with concrete evidence & examples of impact on meaningful activities
Generating solutions	E	Unable to generate simple solutions	Teach a limited variety of reference response options
<b>2. Decision making: acting in response to changes in disease condition</b>			
Appropriate solution choice	E , LM	Concrete responses; poor understanding of management	Access to home based supports; tailored flow charts/ checklists; regular monitoring/appointments
<b>3. Finding and utilising appropriate resources</b>			
Medical device use	P , V, La	Failure to adhere to medication and lifestyle regimen	Direct observation of use; tailored equipment; allied health input
Attending clinical appointments	E , V	Failure to attend appointments; gets lost; unable to access transport	Appointment prompts/reminders; routine appointments; escort provision; home visits
<b>4. Working with healthcare professionals to make decisions about treatment</b>			
Negotiating goals of care	E	Unable to agree upon goals of care and may appear stubborn	Rapport building; selection of management options; illustrate how health care addresses patient goals
Communicating with services & others	La	Unable to describe symptoms; delay to seek help; argumentative	Clarification of symptoms; collateral history from family members or carers
Psychological & emotional adjustment	E	Overwhelmed at changes in care regimen; frustration or aggression	Encourage supportive escort to clinic; physician training to respond to aggression; behavior support plans
<b>5. Taking action</b>			
Adhering to monitoring, medication and lifestyle change	E , LM , Mo	Impulsivity; unable to override ingrained behavior patterns; poor medication adherence; low mood	Repetition of new routines; provision of prompts or cues; electronic diary with reminders; community nursing support; alertness to and screening for depression

## Legend

### Cognitive Domains:

A = Attention and Information Processing

LM = Learning and Memory

E = Executive Function

P = Praxis

V = Visuospatial and Constructional

La = Language

Mo = Mood and Motivation