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Caring for the caregiver: Dealing with dementia

by Sarah-Lynn Dunlop, BA, MEd, RPhT



Learning objectives

After completing this lesson, the pharmacy technician participant will be able to:

1. Differentiate between various types of dementia
2. Understand the demands on caregivers looking after individuals with dementia
3. Locate and recommend appropriate resources that can provide support for caregivers looking after individuals with dementia
4. Identify strategies to help support caregivers looking after individuals with dementia.

Introduction

More than 747,000 Canadians are living with dementia, a progressive, irreversible neurodegenerative disease where brain cells become damaged and eventually die.^(1,2) The World Health Organization states “dementia has a physical, psychological, social, and economic impact, not only on the patient, but also on their

carers, families, and society at large.”⁽³⁾ As accessible front-line healthcare professionals, pharmacy technicians can apply their knowledge, skills and abilities to help support caregivers looking after a loved one with dementia. Pharmacy technicians should understand the symptoms of dementia, different types of dementia, dementia treatments, the toll caring

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for someone with dementia can take and how to support caregivers caring for a loved one with dementia.

Dementia itself is not a specific disease, but rather a term used to refer to a variety of chronic diseases caused by physical changes in the brain.^(1,4,5) Dementia is not a normal part of the aging process and the symptoms of dementia will gradually worsen

TABLE 1 - Common symptoms of dementia^(1,3,4,5,6)

- Difficulty completing tasks that were once easy
- Decline in cognitive abilities (e.g., memory, thinking, judgement, planning, reasoning)
- Decline in ability to perform activities of daily living (e.g., eating, bathing, dressing, toileting)
- Changes in mood, behaviour, personality
- Confusion with people, places, things
- Difficulty communicating

TABLE 2 - Overview of different types of dementia^(3,7,8,9,10,11,12,13)

Type of Dementia	Overview
Alzheimer's disease	<ul style="list-style-type: none"> • Progressive, eventually fatal disease affecting all areas of brain and therefore all aspects of an individual's life • Most common form of dementia, thought to contribute to 60-70% of cases • Typically affects individuals 65 years of age and older • More prevalent in women than in men • Characterized by formation of plaques and tangles throughout brain
Young-Onset Dementia	<ul style="list-style-type: none"> • Affects those under the age of 65 • Accounts for 2-8% of all cases of dementia • Presents unique challenges as many individuals diagnosed with Young-Onset Dementia are still working, managing major financial commitments, and tend to have more family commitments (e.g.: caring for dependent children or aging parents) • These individuals may have a more difficult time adjusting to or accepting their diagnosis as they are more aware of their symptoms and may find it more difficult to accept losing their skills and abilities
Frontotemporal Dementia	<ul style="list-style-type: none"> • Typically appears in men and women under the age of 65 years • Primarily affects frontal and temporal lobes of the brain which are responsible for voluntary motor activity (including motor speech), personality development, emotional and behavioural expression and high level tasks (e.g.: learning, thinking, making plans), as well as translating thoughts into words <p>Symptoms typically include:</p> <ul style="list-style-type: none"> - Changes in behaviour (e.g.: becoming inhibited or disinhibited; loss of interest in personal hygiene; easily distracted; engaging in repetitive behaviours; overeating or changes in food preferences; compulsively placing objects in mouth; inappropriate social behaviour; blunted emotion; decreased energy and motivation) - Speech and Language (e.g.: decrease in speech; possibly total loss of speech; difficulty finding words; echoing what has been said by others; stuttering; difficulty sustaining train of thought; difficulty maintaining conversation)
Lewy Body Dementia	<ul style="list-style-type: none"> • Accounts for 5-15% of all cases of dementia • Caused by deposits of a protein, called alpha-synuclein (Lewy bodies) that interrupt messages sent in the brain • Affects areas of the brain involving both thinking and movement • Includes symptoms typically seen in both Alzheimer's disease and Parkinson's disease, as well as depression, anxiety, and visual hallucinations. <p>Symptoms similar to Alzheimer's disease</p> <ul style="list-style-type: none"> - Progressive dementia - Loss of memory, language, reasoning, and other higher-level functions - Difficulty with short-term memory, finding the right words, keeping train of thought - Changes in alertness <p>Symptoms similar to Parkinson's disease</p> <ul style="list-style-type: none"> - Rigidity - Tremors - Stooped posture - Slow shuffling movements <p>Symptoms unique to Lewy Body Dementia</p> <ul style="list-style-type: none"> - Visual hallucinations - Delusions - Paranoia
Vascular Dementia	<ul style="list-style-type: none"> • Caused by lack of blood supply carrying oxygen and nutrients to brain due to blocked or damaged blood vessels • Can potentially be prevented by decreasing common risk factors (e.g.: high blood pressure, high cholesterol levels, smoking, physical inactivity, stress, unhealthy weight, unhealthy diet, diabetes, ischemic stroke, covert stroke, transient ischemic attack) • Individuals tend to exhibit an inability to make decisions, plan and organize, as well as experience difficulties with movement • Symptoms associated with vascular dementia tend to appear slowly and occur in fluctuating stages: deterioration, stabilization, then deterioration again

“as brain cells become more damaged and eventually die.”^(1,6) Symptoms of dementia typically affect cognitive abilities, mood and behaviour and become severe enough to interfere with activities of daily living.^(1,3,4,5) Table 1 lists common symptoms of dementia.

Many different diseases or conditions can cause dementia, including Alzheimer’s disease, Lewy body disease and injury or trauma to the head.^(1,3,5) Table 2 provides a brief overview of several types of dementia.

Pharmacological Treatment for Dementia

No treatments exist that can prevent, slow, or reverse the brain damage seen in dementia. There are, however, medications, such as acetylcholinesterase inhibitors (or cholinesterase inhibitors) and NMDA (N-methyl-D-aspartate) antagonists, “that can temporarily help improve the symptoms of dementia for some people”.⁽²⁾

Neurotransmitters are substances in the brain that allow neurons to communicate with each other. Acetylcholine (ACh) and glutamate are neurotransmitters involved in memory formation and cognitive functions (such as thinking and learning). Acetylcholine is also involved in movement.

Acetylcholine is broken down in the brain by an enzyme called acetylcholinesterase. In Alzheimer’s disease, there is an increased level of acetylcholinesterase, which leads to decreased levels of acetylcholine, and thus decreased memory and cognition. Acetylcholinesterase inhibitors block the action of acetylcholinesterase, helping increase acetylcholine levels.

As brain cells die, they release excess glutamate which can then be reabsorbed at levels that are toxic to brain cells. NMDA antagonists work by blocking the reabsorption of glutamate into brain cells, thereby delaying their toxicity to and death of brain cells.⁽¹⁵⁾

It is important to note that, while these medications may help improve symptoms, such as impaired memory, thinking and learning, in some patients, eventually, nerve endings will continue to degenerate and these medications will no longer be effective.⁽¹⁵⁾ Table 3 lists medications used in managing symptoms of dementia.

Caring for a loved one with dementia

Dementia is “a major cause of disability and dependency.”⁽³⁾ Regardless of the type of

TABLE 3 - Medications used in management of dementia

Cholinesterase Inhibitors	
Brand Name Medication	Generic Medication
Aricept	donepezil
Exelon	rivastigmine
Reminyl	galantamine
NMDA Antagonists	
Brand Name Medication	Generic Medication
Ebixa	memantine

dementia, those living at home with dementia require support from loved ones and, as their dementia progresses, will become more and more dependent on this support. Caregivers, or carers, are individuals who provide support and assistance to those with significant physical or cognitive conditions.^(16,17)

Caregivers supporting loved ones with dementia provide support and assistance with a variety of activities. One in five patients with dementia has severe cognitive impairment, which may require caregivers to take on managing their finances, as well as managing medications, providing transportation to medical appointments and making medical decisions.⁽¹⁶⁾ As dementia progresses, those living with dementia will require additional support from their caregivers. Among individuals living with dementia, 28% are dependent on others to assist with activities of daily living, such as household chores, bathing, dressing, toileting, preparing meals and feeding.^(16,18) In addition to these physical demands, caregivers may also have to manage challenging behaviours and provide emotional support.⁽¹⁶⁾ One-quarter of individuals living with dementia exhibit responsive behaviour (e.g., verbal and physical abuse, socially inappropriate behaviours), and may resist care being provided.⁽¹⁸⁾

Impact on Caregivers

While caring for a loved one with dementia can be a rewarding experience for caregivers, it can also be stressful. Different cultures may place particular value on caring for loved ones at home. For example, in Indigenous cultures in Canada, it is import-

ant to care for family members with dementia at home in order to maintain cultural continuity.⁽¹⁹⁾ This helps to ensure the individual receives culturally appropriate care, remains in a familiar place, is able to speak their own language, and allows Elders to maintain their roles.⁽¹⁹⁾ Caregivers are providing approximately 80% of home care in Canada and the physical, emotional and financial pressures can be a cause of great stress.^(3,17,19)

Financial Challenges

The Canadian Institute for Health Information projects that by the year 2031 Canadians will spend approximately \$2.4 billion annually out-of-pocket caring for loved ones with dementia.⁽¹⁶⁾ Caregivers are independently paying for transportation to healthcare appointments, home modifications to accommodate their loved ones with dementia, health or rehabilitation services, specialized aids or devices, and prescription and nonprescription medications.⁽¹⁶⁾

Caregiver Stress and Depression

Caring for a loved one with dementia is both an emotionally and a physically strenuous role. Many caregivers are trying to balance providing care and support to their loved one with their own regular life (work, family and other relationships).⁽²⁰⁾ All of this can be overwhelming and contribute to burnout, stress and depression. Individuals caring for people with dementia provide an average of approximately 26 hours of care each week and are at risk of experiencing stress, distress and/or depression.^(16,19) Approximately 45% of caregivers of seniors with dementia show signs of distress, with 38% of these caregivers expressing their symptoms as anger or depression, and 21% feeling unable to continue with their role as caregiver.⁽¹⁶⁾ Caregivers are more likely to experience distress if they:⁽¹⁶⁾

- Provide more than 20 hours of care each week
- Care for an individual with higher cognitive impairment
- Care for an individual with significant mood and behavioural symptoms, including depression, anger, delusions, wandering and responsive behaviours
- Care for an individual requiring high levels of assistance with activities of daily living
- Care for an individual with medical instability

- Experience their own medical instability or poor self-rated health.

Table 4 lists common signs and symptoms of caregiver stress. Table 5 lists signs of caregiver depression.

Caregivers tend to be caught up in their role as a caregiver and, with limited time to do everything, often neglect their own health and needs, leaving them at risk of developing their own health complications (see Table 6) and becoming socially isolated.^(2,20,21)

Support for Caregivers

In order for caregivers to be able to maintain their caregiving role and reduce the risk of developing caregiver stress or depression, it is crucial that caregivers take care of themselves, and seek and accept help. Caregivers should ensure they are maintaining a healthy diet, engaging in regular physical activity, and getting enough rest to help maintain their own health.^(14,19,21) Caregivers should keep track of any changes in their own health or well-being and have regular check-ups with their primary healthcare provider.^(2,19)

Caregivers are better able to provide care for their loved ones with dementia and have a “personally rewarding experience” when they receive support.⁽¹⁶⁾ Caregivers should seek support from family and friends or hire help when possible to assist with everyday tasks, such as grocery shopping and meal preparation. Caregivers should build a support network to help provide emotional support; it can consist of family and friends, online communities of other caregivers, or local caregiver support groups.^(2,20,21) Caregivers should be aware of and recognize the signs of caregiver stress, and take breaks from their caregiving duties through the use of respite care.^(2,20)

TABLE 4 - Signs and symptoms of caregiver stress^(2,20)

- Denial of diagnosis
- Anger
- Social withdrawal
- Anxiety
- Depression
- Exhaustion
- Sleeplessness
- Irritability
- Lack of concentration
- Health problems

How Pharmacy Technicians can help support Caregivers

Pharmacy technicians can help support caregivers looking after a loved one with dementia by providing information on how the pharmacy team can help manage medication regimes, encouraging self-care, providing appropriate resources, engaging in culturally-sensitive and respectful interactions, and recognizing the important role of caregivers.

Check Adherence and Monitor for Pharmacist Intervention

In community pharmacy, pharmacy technicians should monitor refills for the patient living with dementia, checking for patterns in adherence issues, and engaging in dialogue with the caregiver after consent from the patient or power of attorney is obtained. It is important to ask the caregiver open-ended questions in order to help ensure effective communication. It is helpful to ask the caregiver questions such as “Tell me how you are administering this medication” or “Tell me about any challenges you may be having with these medications.” These questions can also be asked in hospital pharmacy when conducting a best possible medication history (BPMH).

When completing a BPMH with family members of a patient living with dementia in hospital, pharmacy technicians who notice or detect signs of caregiver stress or depression can collaborate with the transition to home team or the crisis team to help offer additional support to the caregiver, especially when the patient living with dementia will be returning to the family member’s care.

Adherence issues, such as early or late refills, could indicate that extra doses are being given, doses are being missed, or a change in dose has been given verbally by the prescriber to the caregiver. If the caregiver is unsure as to why the refill is early or late, pharmacy technicians should remain understanding, empathetic and nonjudgmental. The caregiver may be struggling to remember if a dose was given or not with the demands of balancing caregiving with their “regular” lives. Use this opportunity to engage in a discussion about strategies for ensuring adherence to medication regimens, pharmacy-provided compliance packaging services, as well as proper stor-

TABLE 5 - Signs of caregiver depression⁽²⁾

- Easily agitated or frustrated
- Feelings of worthlessness
- Feelings of guilt
- Thoughts of death, dying or suicide
- Disturbed sleep
- Fatigue
- Loss of energy
- Loss of interest or pleasure
- Difficulty thinking or concentrating
- Changes in appetite or weight

TABLE 6 - Health Complications seen in Caregivers⁽²⁰⁾

- Cardiovascular issues
- Decreased immunity
- Slow wound healing
- Higher levels of chronic conditions (e.g., diabetes, arthritis)
- Increased use of prescription medications
- Increased smoking
- Increased alcohol intake
- Poor sleep patterns
- Decreased physical activity
- Decreased healthy eating

age of medications. If the caregiver confirms that the prescriber advised to change the dose, pharmacy technicians can follow up with the prescriber and take a verbal order for regular prescription medications to ensure the pharmacy has an accurate medication profile.

Adherence issues could indicate challenges in administering doses to the patient. If there are challenges in administering the medication to the patient, such as number of pills per dose, dosing frequency, size of tablet or capsule, dosage form, or unpleasant taste, pharmacy technicians can look at alternate options, including compounding, where appropriate and refer to the pharmacist when a therapeutic decision is required.

Pharmacy technicians should also be familiar with adverse effects and major drug interactions associated with the medications used to help manage the symptoms of dementia. Pharmacy technicians should watch for signs of these during their conversations with caregivers and refer to the pharmacist where appropriate. Table 7 lists some adverse reactions and drug interactions of which pharmacy technicians should be aware.

Encourage Self-Care

To help ensure that caregivers are taking care of themselves, pharmacy technicians should take the opportunity to check on the well-being of the caregiver during interactions. When the caregiver is dropping off or picking up a medication for their loved one, ask the caregiver how they are feeling and how they have been managing providing care with maintaining their own daily life. Watch for increased purchases of over-the-counter (OTC) medications as well as increased use of prescription medications for the caregiver and adherence issues with refills for the caregiver. Pharmacy techni-

cians should inquire if OTC purchases are for the caregiver or the patient. Increased use of OTC products and prescription medications for the caregiver could indicate the caregiver is experiencing caregiver stress and increased health complications related to the stress of providing care. Pharmacy technicians should alert the pharmacist to OTC purchases made for the patient living with dementia to ensure there are no interactions with prescription medications.

Pharmacy technicians can also promote additional strategies to help caregivers maintain their overall health and well-being. Remind caregivers how important self-care is

and provide information on ways caregivers can manage or reduce stress (see Table 8).

Engage in Culturally Sensitive and Respectful Interactions

Pharmacy technicians should work with the pharmacy team to help create an environment in which all patients and caregivers feel supported and safe. Culturally inclusive environments are those which help reduce and eliminate barriers to access, such as stigma and fear.⁽²⁵⁾ To help ensure a dementia-inclusive environment, promote the elimination of stigmatizing language and behaviours such as making age-related assumptions about abilities, stereotyping, making dementia-related jokes, using discriminatory language (e.g., demented, senile, crazy).⁽²⁵⁾

For example, when communicating with Indigenous caregivers and patients, it may be helpful to ask them about their understandings and beliefs about dementia and to ask about the acceptability of using the term dementia.⁽²³⁾ Indigenous cultures may refer to dementia as being forgetful, confused, or having mixed-up thoughts.⁽²³⁾ Pharmacy technicians should discuss this with the caregiver and the patient and adjust their language accordingly to help promote respectful interactions and build trusting relationships.^(19,23) To help build trusting relationships with Indigenous caregivers and patients with dementia and help promote access to dementia care, pharmacy technicians can obtain education and training on cultural competence, the colonial history of

TABLE 7 - Adverse Reactions and Drug Interactions⁽²²⁾

Medications	Adverse Effects	Drug-drug interactions	Notes
donepezil, galantamine, rivastigmine	GI side effects (diarrhea, nausea); Dizziness and increased risk of accidental falls	Anti-psychotics (e.g., olanzapine, quetiapine, risperidone)	Development of extrapyramidal symptoms (e.g., generalized rigidity, shuffling gait, facial grimacing)
		Beta-blockers (e.g., bisoprolol, metoprolol)	Bradycardia (slowed heart rate), syncope (fainting), hypotension
		Systemic corticosteroids (e.g., prednisone)	Increased muscular weakness
memantine		trimethoprim	Delirium or myoclonus (quick, sudden, involuntary jerk of muscle)

BOX 1 - Resources on Dementia

- Alzheimer Association www.alz.org/ca/dementia-alzheimers-canada.asp
- Alzheimer Society of Canada <https://alzheimer.ca/en/Home>
- Bayshore Health Care www.bayshore.ca/care-by-medical-condition/dementia/
- Centre for Addiction and Mental Health – Alzheimer’s Disease or Dementia www.camh.ca/en/health-info/mental-illness-and-addiction-index/alzheimers-or-dementia
- Dementia Friends Canada <https://dementiafriends.ca/dementia-101/>
- First Link Program <https://alzheimer.ca/en/Home/We-can-help/Resources/For-health-care-professionals/first-link>
- Lewy Body Dementia www.lewybodydementia.ca/

BOX 2 - National Resources to Support Caregivers

- Alzheimer Association www.alz.org/help-support/caregiving
- Alzheimer Society of Canada <https://alzheimer.ca/en/Home/Living-with-dementia/Caring-for-someone>
- Canadian Mental Health Association <https://cmha.ca/documents/care-for-the-caregiver>
- Carers Canada www.carerscanada.ca/
- National Initiative for Care for the Elderly www.nicenet.ca/tools-early-onset-dementia-advice-for-caregivers
- Teva Caregivers Resources <https://tevacaregivers.com/>
- Canadian Institute for Health Information, Caregiver Supports www.cihi.ca/en/dementia-in-canada/unpaid-caregiver-challenges-and-supports#care

TABLE 8 - Strategies to help caregivers manage stress^(2,20,21,24)

- Meditation, yoga, visualization, breathing exercises
- Set and maintain clear boundaries with time and commitments
- Learn about the disease and be realistic about dementia and own abilities
- Accept changes
- Maintain social ties and find time to engage in activities they enjoy
- Communicate concerns and struggles with appropriate healthcare professionals
- Express emotions, both positive and negative, to a friend, a mental health professional, or through journaling
- Seek and accept help

Indigenous people in Canada and how this impacts health and well-being.⁽¹⁹⁾ Cancer Care Ontario has several on-line learning modules on Indigenous history, knowledge, health and cultural competence (see <https://elearning.cancercare.on.ca/>).

Regardless of cultural background, pharmacy technicians should understand how to communicate and interact with all patients with dementia and their caregivers in a respectful, sensitive and compassionate manner.

Provide Resources

Pharmacy technicians can help provide information on dementia and caring for loved

ones with dementia, as well as offer support to caregivers by gathering reliable and reputable resources, making referrals to resources, and having these accessible and available for caregivers. Box 1 lists resources on dementia, Box 2 lists resources for dementia care support, and Box 3 lists provincial and territorial resources that can help caregivers find information regarding home care, respite care and funding. Pharmacy technicians should locate additional local resources within their community as well.

In community pharmacy, pharmacy technicians can help organize an in-pharmacy event to recognize the important role of caregivers on National Carers Day, which

occurs annually on the first Tuesday in April. Pharmacy technicians can work with community partners (e.g., local health unit, local caregiver support groups) to raise awareness of the demands on caregivers and remind caregivers of their important role and the importance of taking care of themselves in order to continue to provide care while minimizing high levels of stress or distress.

Case Study

JB is a 39-year-old female who is a regular patient at your community pharmacy. She has 3 children ages 4, 2, and 5 months and is currently on maternity leave. Her husband commutes an hour for work and frequently

BOX 3 - Provincial/Territorial Resources for Caregivers

Provincial Caregiving Organizations & Resources	
https://healthexperiences.ca/family-caregiving/provincial-caregiving-organizations-resources	
Province	Resources
British Columbia	<ul style="list-style-type: none"> • Caregiver Respite/Relief: www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/caregiver-respites-relief • Care Options and Cost: www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost • Family Caregivers of British Columbia: www.familycaregiversbc.ca/home-support/ • Home and Community Care: www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/accountability/policy-and-standards/home-and-community-care-policy-manual
Alberta	<ul style="list-style-type: none"> • Alberta Health Services Home Care: www.albertahealthservices.ca/cc/Page15488.aspx • Community Care Services and Information: www.alberta.ca/continuing-care.aspx
Saskatchewan	<ul style="list-style-type: none"> • Home Care: www.saskatchewan.ca/residents/health/accessing-health-care-services/care-at-home-and-outside-the-hospital/home-care • Senior Services: www.saskatchewan.ca/residents/family-and-social-support/seniors-services
Manitoba	<ul style="list-style-type: none"> • Caregiving: www.gov.mb.ca/health/caregiving.html • Home Care Services in Manitoba: www.gov.mb.ca/health/homecare/
Ontario	<ul style="list-style-type: none"> • Home Care: www.ontario.ca/page/homecare-seniors?_ga=2.133810701.2067214005.1592348529-2081103087.1566576076 • Respite Care: www.ontario.ca/page/respites-care
Quebec	<ul style="list-style-type: none"> • Programs and Services for Seniors: www.quebec.ca/en/family-and-support-for-individuals/seniors/
Newfoundland Labrador	<ul style="list-style-type: none"> • Programs Funded through the Department of Health & Community Services: www.health.gov.nl.ca/health/personsdisabilities/fundingprograms_hcs.html#phsp
New Brunswick	<ul style="list-style-type: none"> • Caregivers Guide: www2.gnb.ca/content/gnb/en/departments/social_development/seniors/content/caregivers_guide.html • Home First: www2.gnb.ca/content/gnb/en/departments/social_development/promos/home_first.html
Nova Scotia	<ul style="list-style-type: none"> • Caregivers Nova Scotia: https://caregiversns.org/resources/government-and-other-programs/#2 • Continuing Care: https://novascotia.ca/dhw/ccs/home-care.asp
Prince Edward Island	<ul style="list-style-type: none"> • Home Care Program: www.princeedwardisland.ca/en/information/health-pei/home-care-program
Yukon	<ul style="list-style-type: none"> • Learn about the Home Care Program: https://yukon.ca/en/health-and-wellness/care-services/learn-about-home-care-program
Northwest Territories	<ul style="list-style-type: none"> • Home and Community Care: www.hss.gov.nt.ca/en/services/continuing-care-services/home-and-community-care
Nunavut	<ul style="list-style-type: none"> • Home and Continuing Care: www.gov.nu.ca/health/information/home-and-continuing-care

travels for his job. JB visits your pharmacy regularly every 3 months for a renewal on her thyroid medication and inhalers for one of her children. She also regularly visits your pharmacy for over-the-counter needs.

One day, JB arrives at your pharmacy with an older lady she introduces as her mom. JB's mom, AM, has recently been diagnosed with Alzheimer's disease and has moved in with JB and her family so JB can help care for her. They provide power of attorney for JB and request all of AM's medications be transferred from her previous pharmacy to your pharmacy. Upon receiving the transfers you note that AM is on several medications for multiple co-morbidities.

A few months later, JB arrives at your pharmacy to pick up refills for her thyroid medication, her child's inhalers, as well as her mom's medications. You notice that JB looks different. She is thinner and looks tired. You use open-ended questions to ask JB how she has been feeling lately and how she has been managing caring for her children as well as her mom. JB reveals that she has not been sleeping or eating well lately and feels overwhelmed. She thought caring for her mom would not be much of an added stress; however, her mom's condition has been progressing quickly. JB has found herself having to help her mom with eating, bathing, and dressing, which JB has been finding difficult to manage while also caring for her small children. JB admits that she is finding herself easily frustrated and short-tempered lately, for which she feels guilty. JB feels sad about losing the relationship she previously shared with her mom, as her mom is no longer able to communicate the way she once could. She reveals that while she has been busy with her children, her mom has left the house and gotten lost wandering around town. JB is also concerned about whether or not she will be able to return to work with her mom's condition and the financial impact this may have on her family. You offer JB some information on local care facilities that may be suitable for AM. However, JB tells you that she refuses to place her mom in a facility and would prefer to continue to have her mom live with her. You alert the pharmacist to JB's concerns and proceed to process their refills.

Upon processing the refills for AM's medications you notice that she is overdue. You ask JB if there have been any changes

in AM's medications and when she responds no, you inquire as to how she has been administering her medications. JB says that she is giving the medications according to the instructions on the label, but admits that with everything going on she finds it difficult to remember if she gave her mom her medications or not and is afraid of giving her too much, so it is possible she missed some doses.

You show JB an example of a multi-medication compliance pack and explain the benefits of using them. You also tell JB that the pharmacy can deliver these to her home every week so she does not have to worry about remembering to pick them up or having to venture out to the pharmacy every week.

You also provide a list of supports you encourage JB to utilize, including information on home care and respite care, funding for home care, a local support group for those caring for a loved one with dementia, and remind JB that in order for her to provide care for both her children and her mom, she needs to ensure that she is taking care of herself first.

Conclusion

Working with caregivers looking after a loved one with dementia allows pharmacy technicians to apply their knowledge and abilities, and strengthen their skills in providing patient care, health promotion, knowledge application, communication and education, as well as intra-professional collaboration. Armed with knowledge about dementia and dementia care, pharmacy technicians can play an important role in supporting caregivers looking after a loved one with dementia, helping ensure positive outcomes for both the patient and the caregiver.

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QUESTIONS

Please select the best answer for each question and answer online at eCortex.ca for instant results.

- Which of the following is not a responsive behaviour exhibited in individuals with dementia?
 - Confusing people, places and things
 - Physical or verbal abuse
 - Resisting care being provided
 - Socially inappropriate behaviours
- In order to establish a culturally safe environment for individuals with dementia and their caregivers, pharmacy technicians can help by:
 - Addressing both the individual with dementia and the caregiver during interactions
 - Avoiding use of discriminatory language including “demented, senile, crazy”
 - Making dementia-related jokes to help caregivers find the humour in their situation
 - A & B only
- Which of the following statements is TRUE?
 - Acetylcholinesterase inhibitors and NMDA antagonists help slow the progression of neuronal death in all dementia patients
 - Examples of medications that delay the toxicity of glutamate on brain cells include galantamine and memantine
 - Both A & B are true
 - Both A & B are false
- All of the following can contribute to the development of distress in caregivers EXCEPT:
 - Caring for a person with high cognitive impairment
 - Caring for a person who can manage activities of daily living
 - Caring for a person who wanders
 - Caring for a person experiencing delusions
- AB is a 54-year-old mother of 3 teens and has a demanding career. AB is also now caring for her 87-year-old mother with dementia. AB should pay regular visits to her physician as she is at risk of developing:
 - Cardiovascular conditions
 - Decreased immunity
 - Dementia
 - A & B
 - A, B & C
- AB requests a refill on her mother's prescription for Reminyl (galantamine) 20 days late. What should the pharmacy technician do first?
 - Ask AB how she is administering the medication
 - Fill the prescription without question
 - Immediately alert the pharmacist
 - Remind AB that it is important to administer the medication as prescribed
- AB confides that she has been struggling to balance her family, work life and social life with caring for her mother. Which of the following are recommendations the pharmacy technician can make to help AB manage her stress?
 - Ask for and accept help managing her responsibilities
 - Prioritize family, work and caregiving above social life with friends
 - Practise meditation, yoga, or breathing exercises
 - A & C
 - A, B & C
- A few months later, AB returns to your pharmacy to request a refill on her mother's prescription. You notice that AB has gained an unhealthy amount of weight and you detect the smell of cigarette smoke on her. AB also drops off a new prescription for herself for an anti-anxiety medication and a blood pressure medication. You ask AB how she has been managing caring for her mother recently and if she tried any of the suggestions you made on her last visit regarding self-care. AB admits that she found it too overwhelming with the current demands on her time. Which of the following would you recommend to AB?
 - Ask AB if she has started smoking or being exposed to significant second-hand smoke and remind her of the dangers of smoking
 - Provide AB with the website and contact information for local respite care and provincial/territorial funding for respite care
 - Reinforce that AB should be prioritizing the care of her ailing mother and remind her that she should continue to spend as much time caring for her while her mother is still alive
 - All of the above
- CD is a 41-year-old kindergarten teacher and mother of 2 who has been caring for her 70-year-old father with Alzheimer's disease for the past 3 years. CD is requesting an early refill on her father's Aricept (donepezil) 5 mg po once daily; however, CD tells the pharmacy technician that the doctor advised CD to increase her father's dose to 10 mg once daily. What course of action should the pharmacy technician take?
 - Alert the pharmacist
 - Call the doctor's office to receive a verbal order for the new dose
 - Tell CD that she should have informed the pharmacy of this right away instead of leaving it for this long
 - None of the above
- EF is new to your pharmacy. He is an Indigenous man caring for his elderly father with dementia. When discussing EF's father's care, what should the pharmacy technician keep in mind?
 - EF and his father may have different views of dementia and the pharmacy technician should educate them on dementia and dementia care
 - Interact with EF in the same manner that the pharmacy technician would interact with any other patient with dementia and their caregiver
 - Ask EF and his father what language/word they prefer to be used when referring to his father's medical condition
 - All of the above
- Pharmacy technicians can help recognize and support caregivers by participating in National Carers Day which occurs:
 - April 2
 - April 7
 - The first Thursday in April
 - The first Tuesday in April
- You have been asked to complete a best possible medication history on FP, a patient who has just been admitted to the medical unit at your hospital. Upon reviewing FP's chart you see the doctor has indicated that FP has received a diagnosis of frontotemporal dementia and that his son, JP, is his caregiver. You identify that while you will address FP you will most likely need to interview JP regarding medications. What behaviours should you be prepared to see in the patient?
 - Complete loss of speech in FP
 - Extreme paranoia with FP not wanting you discussing his medications with his son

- c) FP trying to respond to you with frequent stuttering and incoherent sentences
 - d) A & C only
 - e) All of the above
13. While you are conducting the BPMH interview with FP and his son, JP, a volunteer arrives to take FP for an X-ray. You stay to discuss FP's medication with JP while FP is taken for his X-ray as JP is the one who manages and administers FP's medications. You notice that JP seems run down. He looks tired, has large, dark circles under his eyes, and frequently loses his train of thought when discussing his father's medications with you, repeatedly asking "Where was I?" and "I'm sorry, what were you asking again?". You are concerned that JP may be:
- a) Developing dementia like his dad
 - b) Experiencing caregiver stress
 - c) Experiencing depression
 - d) Simply tired from having spent hours in the emergency department with his dad before his dad was admitted to hospital
14. The doctor who has been looking after FP during his stay in hospital is ready to discharge FP who will be continuing to live with his son, JP, and his family. The doctor has prescribed new meter-dose inhalers to be used with a valved-holding chamber for FP. You arrive in FP's room to demonstrate to FP and JP how to use these devices before being discharged home. JP is overwhelmed by having to learn how to administer inhalers to his dad and all of the new medications his dad has been prescribed, as well as all of the changes that were made to his dad's medications while in hospital. Which of the following should you do?
- a) Discuss the possibility of a referral to the transition to home team with FP's nurse
 - b) Explain multi-medication compliance packaging to JP and encourage him to inquire about this service at his regular community pharmacy
 - c) Recommend JP look for a nursing home that can provide care for FP and properly manage his medications
 - d) A & B only
 - e) All of the above
15. WF is an 87-year old patient living with dementia. Her son reports seeing some new and concerning symptoms in WF such as seemingly involuntary facial expressions, like grimaces and lip smacking. What should the pharmacy technician do?
- a) Review WF's medication profile to determine if there could be an interaction with anti-psychotics and refer to the pharmacist if necessary
 - b) Tell WF's son that he should take WF to their primary care physician immediately to be assessed for Parkinson's Disease
 - c) Tell WF's son that he should take WF to their primary care physician immediately to be assessed for Lewy-Body disease
 - d) B & C

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| 1. abcd | 4. abcd | 7. abcde | 10. abcd | 13. abcd |
| 2. abcd | 5. abcde | 8. abcd | 11. abcd | 14. abcde |
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