

*Multi-Morbidity and
Behavioral and
Psychological
Symptoms in
Individuals with
Alzheimer's Disease
(AD) in
South Carolina*

CCADMR Series

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Outline



Background



Purpose of the Study



Literature Review



Methodology

Background



Alzheimer's Disease and Related Dementias
- AD/ADRDs



Multi-morbidity



Behavioral and psychological symptoms in dementias
(BPSD)



SC Alzheimer's Disease Registry Sub-sample

Literature Review: Alzheimer's Disease

Prevalence

*5.6 million Americans ≥ 65 and older living with AD

*92,000 persons ≥ 65 and older living with AD in SC; projected to increase to 120,000 by the year 2025

Burden

*Increase use of healthcare services and systems by patients

*Increase cost for treating AD

*Older African Americans are about twice as likely to have AD as older Whites

Literature Review: Alzheimer's Disease

Studies and Reports:

*Alzheimer's Association 2019 Facts and Figures

*Babulal et al., 2018 (expected growth of in numbers of AD cases.

*Cerejeira, Lagarto & Mukaetova-Ladinska, 2012 (indicated that AA more likely to have ADRD.

*

*Mayeda et al., 2016 (found noticeable racial disparities in dementia incidence, with highest rates among AA, American Indians, and Alaska Natives

*Happ et al. 2018 (indicated the burden of AD)

Literature
Review:
Multi-morbidity
Studies



Prevalence



Burden



Common Clusters

Literature
Review:
Behavioral
and
Psychological
Symptoms
in Dementias
(BPSD)



Prevalence



Burden



Frequency
& Severity



Importance
in AD

Purpose of the Study

To explore multi-morbidity and BPSD factors associated with Alzheimer's Disease in older adults by race.

To contribute to the study of ADRD by investigating factors associated with Alzheimer's Disease in older persons by race.

Hypothesis

- We predict that there will be more cases of multi-morbidity and behavioral and psychological symptoms among African Americans than Whites living with Alzheimer's Disease in South Carolina using a sub-sample from the South Carolina Alzheimer's Disease Registry.



Research Questions



To what extent do clusters of multi-morbidity associated with Alzheimer's Disease differ by race?



To what extent do BPSDs associated with Alzheimer's Disease differ by race?



Are clusters of multi-morbidity associated with the frequency and severity of BPSDs? Are there differences by race?

Methodology



Research Design and Sample



Description of Variables



Data Collection Procedures



Statistical Analysis

Behavioral Factor Study- Interviewer Introduction Questions NPI Instrument

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A. DELUSIONS

Does the patient have beliefs that you know are not true (for example, insisting that people are trying to harm him/her or steal from him/her)? Has he/she said that family members are not who they say they are or that the house is not their home? I'm not asking about mere suspiciousness; I am interested if the patient is convinced that these things are happening to him/her.

Yes (If yes, please proceed to subquestions)

No (If no, please proceed to next screening questions)

N/A

Statement	Yes	No
1. Does the patient believe that he/she is in danger - that others are planning to hurt him/her?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the patient believe that others are stealing from him/her?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the patient believe that his/her spouse is having an affair?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the patient believe that unwelcome guests are living in his/her house?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the patient believe that his/her spouse or others are not who they claim to be?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the patient believe that his/her house is not his/her home?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the patient believe that family members plan to abandon him/her?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the patient believe that television or magazine figures are actually present in the home? (Does he/she try to talk or interact with them?)	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the patient believe any other unusual things that I haven't asked about?	<input type="checkbox"/>	<input type="checkbox"/>

Behavioral Factor Study- Interviewer Introduction Questions NPI Instrument

If the screening question is confirmed, determine the frequency and severity of the delusions.

- Frequency:**
- Rarely - less than once per week
 - Sometimes - about once per week
 - Often - several times per week but less than every day
 - Very often - once or more per day

- Severity:**
- Mild - delusions present but seem harmless and produce little distress in the patient.
 - Moderate - delusions are distressing and disruptive.
 - Severe - delusions are very disruptive and are a major source of behavioral disruption.
(If PRN medications are prescribed, their use signals that the delusions are of marked severity.)

Distress: How emotionally distressing do you find this behavior?

- Not at all
- Minimally (almost no change in work routine)
- Mildly (almost no change in work routine but little time rebudgeting required)
- Moderately (disrupts work routine, requires time rebudgeting)
- Severely (disruptive, upsetting to staff and other residents, major time infringement)
- Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)



Future Direction

- Provide preliminary findings that will...
 - Improve quality of life for older adults living with AD/ADRD
- Future research
 - Expand analyses into a larger sample
 - Planning of public and community health programs, facilities

Thank You

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