



EMERGENCY DEPARTMENTS AND HOSPITALS

Many emergency departments (EDs) and hospitals have adopted no-visitor policies to reduce transmission of COVID-19 to patients and frontline health care workers. But caregivers for people living with dementia often are not “visitors;” rather they provide essential medical and emotional support that aids diagnosis and treatment. Specifically, caregivers help reduce fear and anxiety, describe symptoms, assist with communications, avert wandering, detect delirium early, act as advocates, and decipher behaviors related to pain.

KNOW THE FACTS

- » Many hospitalizations among adults aged 65+ with dementia are not for dementia itself, but for a condition often complicated by or resulting from Alzheimer's including diabetes, heart disease, and falls.
- » Among adults aged 65+ with Alzheimer's and other dementias, 23% of hospitalizations were preventable. For African Americans with dementia, 31% of hospitalizations were preventable.¹
- » People living with dementia may not recognize signs of deteriorating health, lack of self-care, or unexpected declines in functioning.
- » Caregivers typically decide if a situation with a person living with dementia can be managed at home. If caregivers are overwhelmed or ill, a manageable event at home may escalate to an ED visit or hospitalization.²
- » Dementia increases risk for delirium and complications associated with delirium.³

Delirium is a state in which a person is confused, disoriented, and not able to think or remember clearly. It usually starts suddenly. It is often temporary and treatable. In contrast, dementia symptoms typically develop slowly and become progressively worse. Many types of dementia are irreversible.

COVID-19 CHALLENGES

Persons living with dementia who are not accompanied by a caregiver may be:

- » Unable to provide essential information (such as name, birthday, health status, and medications), or the information may be inaccurate.
- » More likely to wander or develop delirium without caregiver support.
- » Confused or agitated in new or different environments. They may become unable to describe symptoms or pain, or they may not understand instructions from strangers.
- » Rehospitalized if caregivers are not involved in developing person-centered discharge plans and helping with adherence to treatment plans.

Further, if a caregiver has a sudden, unplanned hospitalization or ED visit, a person living with dementia may be left alone without back-up caregivers being notified. By themselves, individuals with dementia may not recognize they need help or know how to request help. These situations have increased risk for serious injury, illness, or neglect.

PUBLIC HEALTH RESPONSE

- » Avert avoidable ED use by educating families dealing with dementia how to manage health needs during the pandemic. Families will need guidance on how and when to seek emergency care.
- » Promote household safety to reduce falls and other preventable injuries associated with dementia.
- » Educate local hospital systems and Emergency Medical Services (EMS) that caregivers of persons with dementia are essential to quality care and should remain involved during care transitions, including hospital discharge (see resources below).
- » Provide frontline health care workers with tips about how to communicate with persons with dementia and provide person-centered care (see resources below).
- » Ensure hospital systems review and update their emergency plans should a natural or other disaster strike during the COVID-19 pandemic, including how to address the special needs of people with dementia.
- » Establish a community-level protocol between health systems and adult protective services (APS) for situations where persons with dementia are left alone without essential assistance from a caregiver. During admissions, asking “Is there someone at home alone who will need care?” could initiate further inquiry.

RESOURCES

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| Alzheimer's Association | Dementia behaviors response (Spanish) | Alzheimer's Association | Editable tipsheet for EMS | Centers for Disease Control and Prevention | Allowance for care partner visitation | Hartford Foundation | Resource library for providers, caregivers | Toronto Region Best Practice Initiative | Tip sheet: dementia vs. delirium vs. depression |
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Unless otherwise noted, all facts and statistics come from the 2020 Alzheimer's Disease Facts and Figures report available at alz.org/facts.

1. Healthy People 2020. Dementias, Including Alzheimer's Disease.

2. Alzheimer's Association. Reducing Potentially Preventable Hospitalizations for People Living with Alzheimer's and Other Dementias. Policy Brief. 2017.

3. Geriatric Medicine Research Collaborative (2019). Delirium is prevalent in older hospital inpatients and associated with adverse outcomes: results of a prospective multi-centre study on World Delirium Awareness Day. BMC medicine, 17(1), 229. <https://doi.org/10.1186/s12916-019-1458-7>.