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2021 DEMENTIA CONFERENCE

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October 20 & 21 • A Zoom Virtual Event • 2 half-days



Humboldt Senior Resource Center

We provide programs and services that help older adults be as healthy and independent as possible. Our service area stretches from Scotia to Trinidad, with centers in Eureka and Fortuna.

Activities Program

Offers recreational and educational classes for older adults, as well as tax assistance, Senior Home Repair, “Are You Okay?” telephone check-ins, and more

Adult Day Health Services

A licensed, therapeutic day care program for adults age 18 and older with chronic health conditions and disabilities

Alzheimer’s Services

Provides resources and information about Alzheimer’s and other dementia-related conditions, including caregiver resources and support groups

Multipurpose Senior Services Program (MSSP)

A care management program for medically frail adults age 65+ that helps locate, arrange, and manage support services with the goal of helping them to continue living at home

Nutrition Program

- Senior Dining Centers in Arcata, Eureka, and Fortuna
- Home Delivered Meals program, providing meals to homebound seniors in Arcata, Eureka, Fortuna, and McKinleyville

Redwood Coast PACE

The Program of All-inclusive Care for the Elderly provides comprehensive medical care and support services for qualified adults age 55+ focused on each individual’s health needs

Senior News

The only publication on the North Coast featuring articles and info for those age 50+

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Conference Agenda

Day 1 - Wednesday, October 20th, 8:30 am - 12:15 pm

Dementia Research: Past, Present, Future

Jennifer Heidmann, PhD, Redwood Coast PACE Medical Director, HSRC

Is This Age-Typical Memory Loss?

Andrew Levine, PhD, ABPP, Neuropsychologist, North Coast Neuropsychology

Combatting Social Isolation in Older Adults with Evidence Based Programming

Samantha Day, DSW, LCSW, Director of Social Services, HSRC

Day 2 - Thursday, October 21st, 12 - 3:45 PM

Movement, Music, and Dance: A Prescription for Improved Cognitive Functioning

Bart Rankin, PT, Redwood Coast PACE & Adult Day Health, HSRC

Behavioral Health Interventions in Minds with Dementia

Samantha Day, DSW, LCSW, Director of Social Services, HSRC

Strategies for Optimal Brain Health

Andrew Levine, PhD, ABPP, Neuropsychologist, North Coast Neuropsychology

Course Description

This 2 half-day Virtual Conference will provide professionals in health care, long-term care, social services, and family caregivers education on optimizing care for people living with dementia. The conference will begin with an introduction to the history of research in the field of Alzheimer's and dementia and provide information on the status of research today. The conference will feature speakers in the

field of neuropsychology and behavioral health to discuss the neuropsychological underpinnings of dementia, and behavioral health interventions that can improve the lives of older adult with dementia. The conference will also include an interactive presentation on how music and dance can help to increase cognitive functioning.

2021 Dementia Conference Sponsors

The Humboldt Senior Resource Center and Conference Planning Committee want to thank our sponsors who kindly supported a transition from an in-person to a virtual format due to the COVID-19 pandemic!

Their continued support highlights a commitment to education in service of older adults experiencing cognitive decline, their families, caregivers, and the professionals who care for them.

If your organization is interested in supporting future events, please call 707-443-9747.

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Conference Speakers



Jennifer Heidmann, MD — Medical Director of Redwood Coast PACE, HSRC

Dr. Jennifer Heidmann attended medical school at the University of Wisconsin at Madison after earning her undergraduate degree in piano performance; and she completed her residency in internal medicine at University of California, San Francisco. Dr. Heidmann has practiced in Humboldt County and completed her residency in 2002, working in both outpatient and inpatient settings, as a hospice physician, and currently as the medical director of Redwood Coast PACE at Humboldt Senior Resource Center. Dr. Heidmann's special interests are geriatrics and end-of-life care.



Andrew Levine, PhD, ABPP, Neuropsychologist — North Coast Neuropsychology

Dr. Levine is a scientist/clinician and holds an appointment as Adjunct Professor with the Department of Neurology at the David Geffen School of Medicine at UCLA. With several grants awarded by the National Institutes of Health, he has developed a successful multidisciplinary international research program focused on psychometrics, neurodegenerative disease (e.g., Alzheimer's disease) and the neurocognitive effects of HIV infection.

Dr. Levine is also a clinical neuropsychologist who is board-certified through the American Board of Professional Psychology. He has been involved in clinical and medico-legal practice and consultation since completing a post-doctoral fellowship at the UCLA Neuropsychiatric Institute in 2005. He has been a Qualified Medical Examiner for the California Department of Workers' Compensation since 2018 and FAA HIMS-certified neuropsychologist since 2019. He recently relocated to Humboldt County and opened a private practice: North Coast Neuropsychology.



Samantha Day, DSW, LCSW — Director of Social Services, HSRC

Dr. Samantha Day is the Director of Social Services at Humboldt Senior Resource Center where she oversees the Multipurpose Senior Services Program (MSSP) and has developed the new Behavioral Health Services (BHS) department, which is currently in its in-house launch and will be open to the public in late 2021.

She holds a Doctor of Social Work (DSW) with an emphasis in social change and innovation through University of Southern California (USC). Her research focused on ways to reduce older adult social isolation and promote healthy aging through evidence-based and culturally responsive strategies. Dr. Day holds a Master of Social Work (MSW) from Humboldt State University and is a Licensed Clinical Social Worker (LCSW) with over 10 years of behavioral health direct practice, training, evidence-based programming, and consultation experience.



Bart Rankin, PT — Redwood Coast PACE & Adult Day Health, HSRC

Bart has been the Physical Therapist for Redwood Coast PACE and Adult Day Health at Humboldt Senior Resource Center for the past six years. He has also worked as a traveling therapist in settings from pediatrics to home health. He has patented a device to exercise balance and coordination and has designed the associated exercise protocols. Bart dances and performs locally, with ballet and theatre groups, and incorporates what he's learned in dance and improvisation classes in exercise prescription for the clients he serves. He is interested in the effects of exercise and dance on older adults with decreased cognition.

Caring for a loved one with dementia or another disabling condition?



There are many challenges that friend or family caregivers face every day, and the COVID-19 pandemic has created an especially complex situation. There is support—caregivers do not have to go on this journey alone!

Redwood Caregiver Resource Center offers free and low-cost support throughout Humboldt / Del Norte Counties, serving unpaid friend or family caregivers regardless of income.



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Sign up for a CareNav™ account to receive customized resources and to connect with a family consultant.

Day 1 - Wednesday, October 20th

Presentation materials will be provided electronically.



8:30-8:45 am

Introduction & Announcements**Andrea Bruhnke, Director, Adult Day Health & Alzheimer's Services, HSRC**

8:45 -9:45 am

Dementia Research: Past, Present Future**Jennifer Heidmann, MD, Medical Director, Redwood Coast PACE, HSRC****Course Objectives:**

- Understand how dementia is studied by scientists and what the current research suggests.
- Understand the history of dementia as a medical condition.
- Understand who might be appropriate for referral to research studies on dementia.

9:45 - 10 am

Break

10 -11 am

Is This Age-Typical Memory Loss?**Andrew Levine, PhD, ABPP, Neuropsychologist —
North Coast Neuropsychology****Course Objectives:**

- Understand the difference between age-associated memory loss and pathological memory loss.
- Understand how neuropsychologists differentiate age-associated memory loss and pathological memory loss.
- Learn the various reasons for age-associated memory loss.

11-11:15 am

Break

11:15 am

Combatting Social Isolation in Older Adults

-12:15 pm

Samantha Day, DSW, LCSW, Director of Social Services, HSRC

Social isolation and loneliness of older adults in the United States is a pervasive public health issue that negatively impacts mental and physical functioning while placing a significant strain on the healthcare system. In addition to increased risk for depression, anxiety and suicide, socially isolated older adults are at higher risk for falls, strokes, and chronic disease, resulting in increased hospitalizations and premature death. This presentation discusses gaps in current services and programming to address this issue. It will discuss ways to utilize evidence-based strategies in innovative ways to address both the emotional impacts and contributing factors to this problem to improve the well-being of current and future generations of older adults.

Course Objectives:

1. Define social isolation and loneliness.
2. Identify individual and systemic risk factors for older adult social isolation.
3. Understand current methods to address this issue.



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For more information on services provided contact us at (707) 444-9640.

Day 2 – Thursday, October 21st

Presentation materials will be provided electronically.



12-1 pm

Movement, Music, and Dance:**A Prescription for Improved Cognitive Functioning****Bart Rankin, PT, Redwood Coast PACE & Adult Day Health, HSRC****Course Objectives**

- Review basic neuroscience behind cognitive impairment caused by dementia.
- Review the neurological and behavioral signs of dementia.
- Understand how the brain and cognition may be influenced by music and dance.
- Review research supporting dance and music as adjunctive therapy for older adults with risk for cognitive decline.

1-1:15 pm

Break

1:15-2:15 pm

Behavioral Health Interventions in Minds with Dementia**Samantha Day, DSW, LCSW, Director of Social Services, HSRC**

It is often assumed that individuals who experience dementia cannot benefit from direct therapy because of their cognitive impairment. However, evidence-based therapy and behavioral health techniques can be effectively tailored to meet the needs of individuals experiencing dementia. These tailored techniques can be used in individual, group, and family settings to improve older adult emotional functioning and increase overall well-being.

Course Objectives

1. Define behavioral health.
2. Understand the varying presentation of depression and anxiety in individuals experiencing dementia.
3. Identify 3 evidence-based techniques that can be tailored to this population.

2:15-2:30

Break

2:30-3:30 pm

Strategies for Optimal Brain Health**Andrew Levine, PhD, ABPP, Neuropsychologist — North Coast Neuropsychology****Course Objectives**

- Participants will be able to discuss accessible strategies to optimize brain health and reduce the risk of dementia.
- Participants will gain knowledge of the science behind optimal brain health.
- Participants will understand the limits of studies that support certain lifestyle behaviors as methods to mitigate dementia risk.

3:30-3:45 pm

Concluding Remarks**Andrea Bruhnke, Director, Adult Day Health & Alzheimer's Services, HSRC**



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About Continuing Education

Participants with any of the eligible credentials listed below will receive 6.0 credit hours of continuing education and will receive certificate of completion pertaining to his/her credential or certification. Other license or certificate holders will receive a certificate of completion and will be individually responsible to submit to his/her respective accreditation board for approval. All other registrants will receive a certificate of attendance. Certificates will be e-mailed in PDF format 1-2 weeks after conference completion.

All attendees who wish to receive continuing education credits must complete the Zoom evaluation of each course speaker and content. Evaluations will automatically appear at the end of each session via the Zoom Webinar survey function. The Alzheimer's Association does not approve partial credit. All sessions must be attended in order to be approved for continuing education. Attendance will be monitored by automatically generated Zoom attendance reports, including duration of each attendee's participation in each session.

Continuing Education Unit Accreditation

The Alzheimer's Association (California Chapters) is an approved vendor for continuing education. This course meets the qualifications for 6 hours of continuing education credit for the following licenses/certifications: Registered Nurse (RN) and Licensed Vocational Nurse (LVN). Approved by the California Board of Registered Nursing (Provider #CEP12415).

Licensed Marriage Family Therapists (LMFT) and Licensed Clinical Social Workers (LCSW). Approved by the California Association of Marriage and Family Therapists (Provider #63035). Course meets the qualifications as required by the California Board of Behavioral Sciences.

Nursing Home Administrator Program (NHAP) approved by the California Department of Public Health (Provider #CEP1546).

Residential Care Facility for the Elderly Administrator (RCFE). Application pending approval by the California Department of Social Services (Provider #2000072-740-2).

Should you require special accommodations, please contact Claire Day (cday@alz.org), Alzheimer's Association, within 72 hours so we can fulfill your needs. To submit a grievance regarding the course, please contact Claire Day (cday@alz.org), Alzheimer's Association and we will respond within 72 hours.

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Glossary of Terms

Dementia

Dementia is an overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities. Alzheimer's is the most common cause of Dementia. While symptoms of dementia can vary greatly, at least two of the following core mental functions must be significantly impaired to be considered dementia:

- Memory
- Communication and language
- Ability to focus and pay attention
- Reasoning and judgment
- Visual perception

Alzheimer's disease

- Most common type of dementia; accounts for an estimated 60 to 80 percent of cases.
- **Symptoms:** Difficulty remembering recent conversations, names or events is often an early clinical symptom; apathy and depression are also often early symptoms. Later symptoms include impaired communication, poor judgment, disorientation, confusion, behavior changes and difficulty speaking, swallowing and walking.
- Revised guidelines for diagnosing Alzheimer's were published in 2011 recommending that Alzheimer's be considered a slowly progressive brain disease that begins well before symptoms emerge.
- **Brain changes:** Hallmark abnormalities are deposits of the protein fragment beta-amyloid (plaques) and twisted strands of the protein tau (tangles) as well as evidence of nerve cell damage and death in the brain.

Vascular dementia

- Previously known as multi-infarct or post-stroke dementia, vascular dementia is less common as a sole cause of dementia than Alzheimer's, accounting for about 10 percent of dementia cases.
- **Symptoms:** Impaired judgment or ability to make decisions, plan or organize is more likely to be the initial symptom, as opposed to the memory loss often associated with the initial symptoms of Alzheimer's. Occurs from blood vessel blockage or damage leading to infarcts (strokes) or bleeding in the brain. The location, number and size of the brain injury determines how the individual's thinking and physical functioning are affected.
- **Brain changes:** Brain imaging can often detect blood vessel problems implicated in vascular dementia. In the past, evidence for vascular dementia was used to exclude a diagnosis of Alzheimer's disease (and vice versa). That practice is no longer considered consistent with pathologic evidence, which shows that the brain changes of several types of dementia can be present simultaneously. When any two or more types of dementia are present at the same time, the individual is considered to have mixed dementia.

Dementia with Lewy bodies (DLB)

- **Symptoms:** People with dementia with Lewy bodies often have memory loss and thinking problems common in Alzheimer's, but are more likely than people with Alzheimer's to have initial or early symptoms such as sleep disturbances, well-formed visual hallucinations, and slowness, gait imbalance or other parkinsonian movement features.
- **Brain changes:** Lewy bodies are abnormal aggregations (or clumps) of the protein alpha-synuclein. When they develop in a part of the brain called the cortex, dementia can result. Alpha-synuclein also aggregates in the brains of people with Parkinson's disease, but the aggregates may appear in a pattern that is different from dementia with Lewy bodies.
- The brain changes of dementia with Lewy bodies alone can cause dementia, or they can be present at the same time as the brain changes of Alzheimer's disease and/or vascular dementia, with each abnormality contributing to the development of dementia. When this happens, the individual is said to have mixed dementia.

Mixed dementia

- In mixed dementia abnormalities linked to more than one cause of dementia occur simultaneously in the brain. Recent studies suggest that mixed dementia is more common than previously thought.
- **Brain changes:** Characterized by the hallmark abnormalities of more than one cause of dementia —most commonly, Alzheimer's and vascular dementia, but also other types, such as dementia with Lewy bodies.

Parkinson's disease

- As Parkinson's disease progresses, it often results in a progressive dementia similar to dementia with Lewy bodies or Alzheimer's.
- **Symptoms:** Problems with movement are common symptoms of the disease. If dementia develops, symptoms are often similar to dementia with Lewy bodies.
- **Brain changes:** Alpha-synuclein clumps are likely to begin in an area deep in the brain called the substantia nigra. These clumps are thought to cause degeneration of the nerve cells that produce dopamine.

Frontotemporal dementia

- Includes dementias such as behavioral variant FTD (bvFTD), primary progressive aphasia, Pick's disease, corticobasal degeneration and progressive supranuclear palsy.
- **Symptoms:** Typical symptoms include changes in personality and behavior and difficulty with language. Nerve cells in the front and side regions of the brain are especially affected.
- **Brain changes:** No distinguishing microscopic abnormality is linked to all cases. People with FTD generally develop symptoms at a younger age (at about age 60) and survive for fewer years than those with Alzheimer's.

Reversible dementia

Having trouble with memory does not mean you have Alzheimer's. Many health issues can cause problems with memory and thinking. When dementia-like symptoms are caused by treatable conditions — such as depression, drug interactions, thyroid problems, excess use of alcohol or certain vitamin deficiencies — they may be reversed.

Diagnosis

There is no single test that shows a person has Alzheimer's. While physicians can almost always determine if a person has dementia, it may be difficult to determine the exact cause. Diagnosing Alzheimer's requires careful medical evaluation, including:

- A thorough medical history
- Mental status and mood testing
- A physical and neurological exam
- Tests (such as blood tests and brain imaging) to rule out other causes of dementia-like symptoms

Treatments-at-a-glance

Generic	Brand	Approved For	Side Effects
donepezil	Aricept	All stages	Nausea, vomiting, loss of appetite and increased frequency of bowel movements.
galantamine	Razadyne	Mild to moderate	Nausea, vomiting, loss of appetite and increased frequency of bowel movements.
memantine	Namenda	Moderate to severe	Headache, constipation, confusion and dizziness.
rivastigmine	Exelon	Mild to moderate	Nausea, vomiting, loss of appetite and increased frequency of bowel movements.
memantine + donepezil	Namzaric	Moderate to severe	Headache, diarrhea, dizziness, loss of appetite, vomiting, nausea, and bruising.