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# Practical Aspects of Managing Patients with Cognitive Impairment

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[www.mascc.org/meeting](http://www.mascc.org/meeting)



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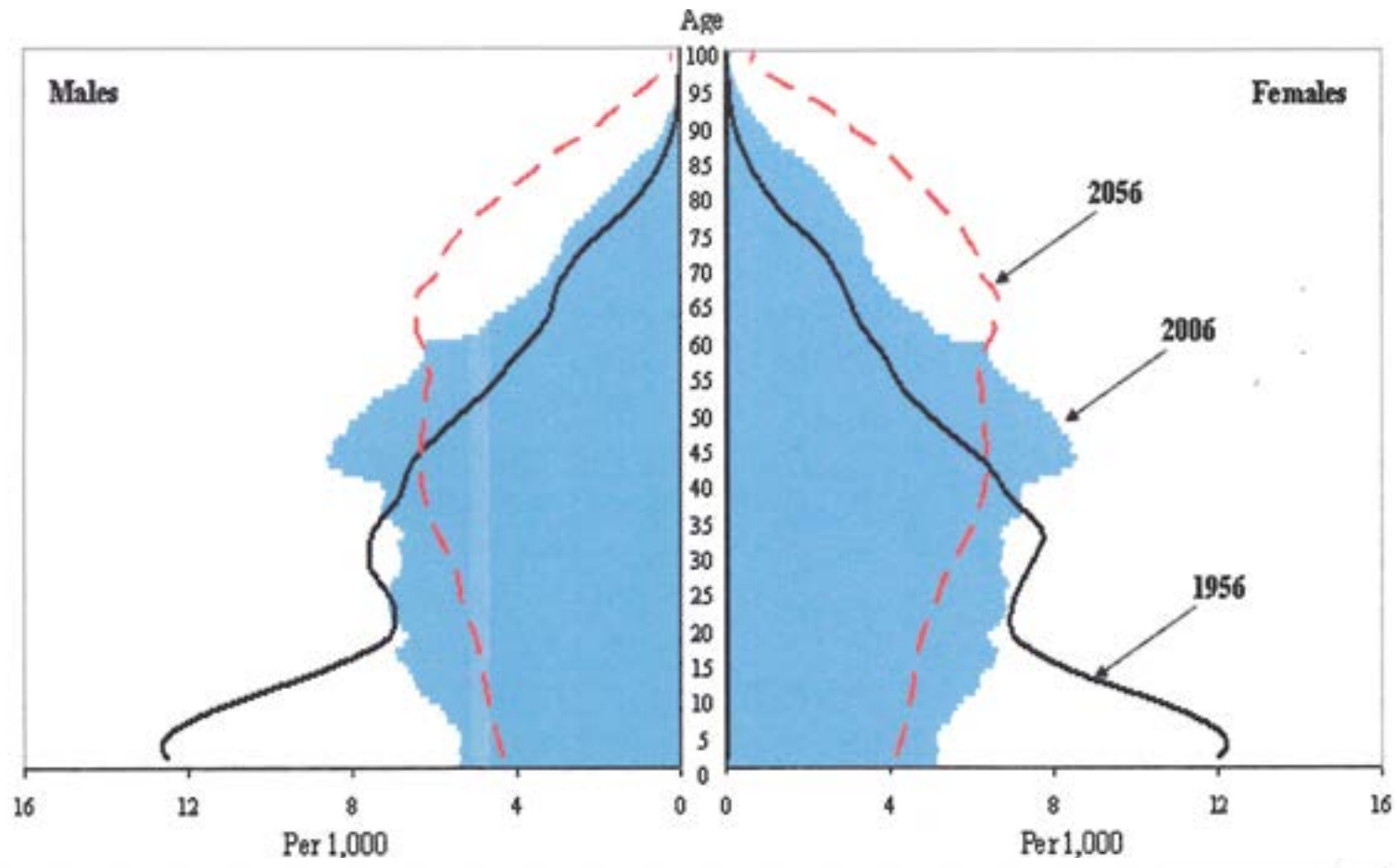
# Introduction



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# Introduction

## “Cognitive Impairment”



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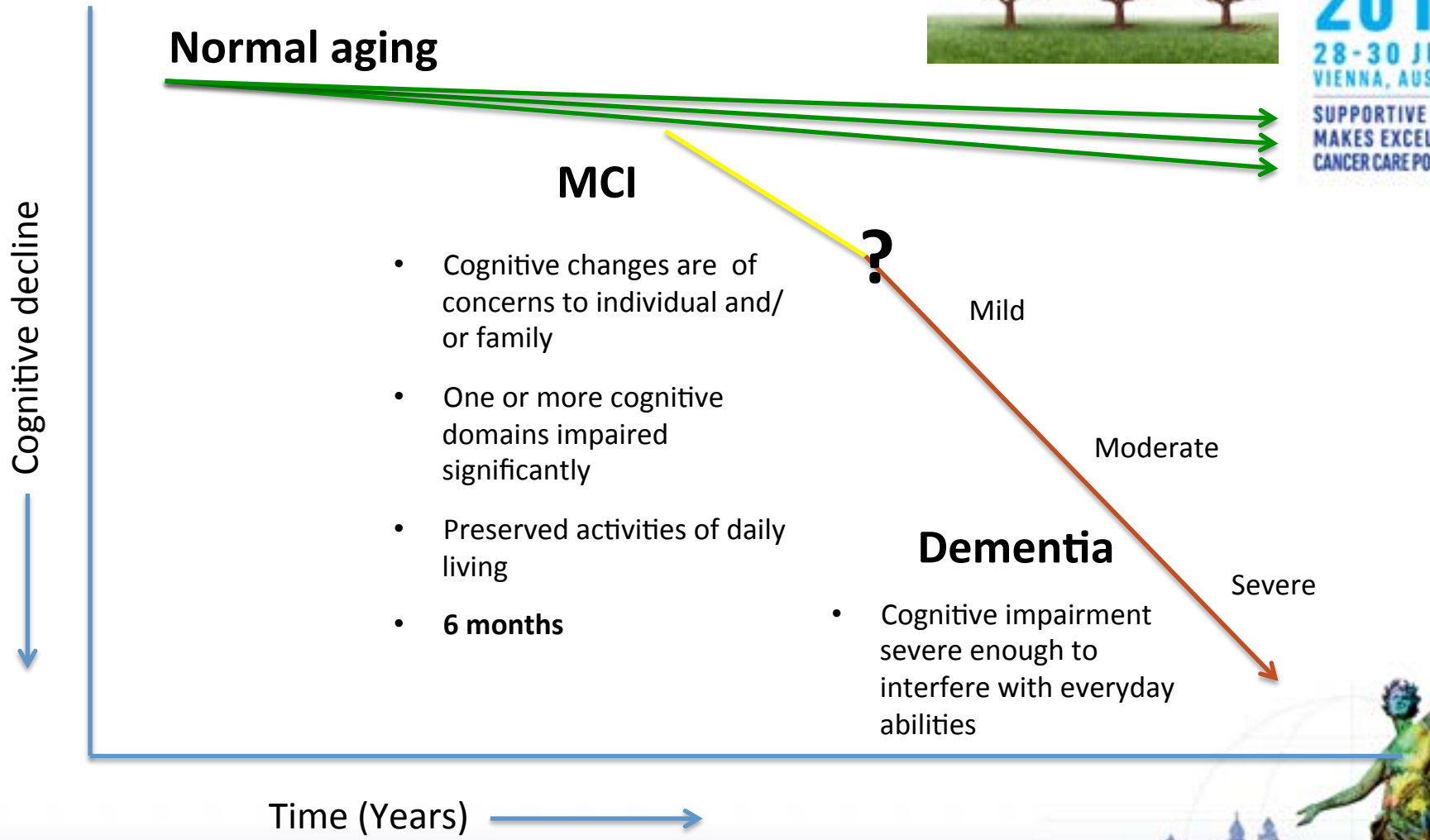
Mild  
Cognitive  
Impairment

Dementia

Delirium



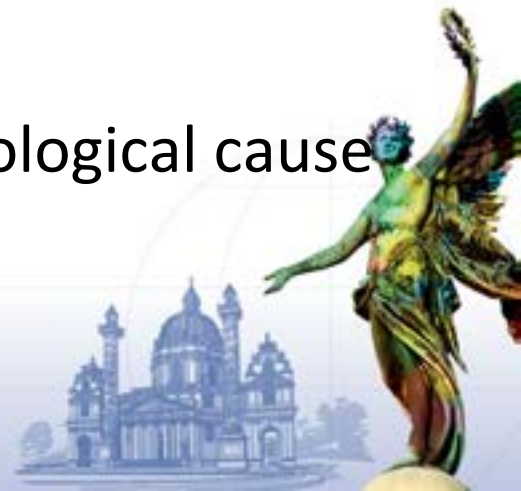
# Introduction



# Introduction

## Delirium

- Unexpected start
- Disorder of attention
- Alteration of consciousness
- Fluctuating during the day
- Secondary to an organic and/or psychological cause
- MCI, dementia => delirium +++





# Introduction



## Cognitive Impairment and cancer

- ✓ Impact of cancer and cancer treatment on cognitive function (Magnuson 2016, Curr Geriatr Rep)
- ✓ Impact +++ in the most vulnerable patients (Ahles 2010, JCO)
- ✓ 4% to 7 % of older cancer patients have dementia (Raji 2008, Arch inter med)
- ✓ 41% to 50% of older cancer patients have CI prior to treatment (Dubruille 2015, psychooncology)
- ✓ 8% to 57 % of older cancer inpatients declare a delirium (Stewart 2006, ONF)



# First step in managing CI is

To detect pre-existing cognitive changes prior to therapy in order to :

- To help in the management of associated symptoms
- To help in a better support and leads to useful intervention
- To predict overall survival and toxicity to therapy
- To help treatment decision-making





# How to screen delirium?

## Delirium Symptom Interview

32 items

20 to 30 minutes (not use every day)

## Delirium Rating Scale (revised-98)

16 items

No evaluation of consciousness state

Only a psychiatrist or an expert can interpret the result

## Confusion Assessment Method (CAM)

Easily to use

5 to 10 minutes

Not necessary to be an expert



# How to screen MCI and dementia?



## Mini Mental State Examination (MMSE)

Screening tool for MCI (<27/30) and dementia (<23/30)

6 domains

## Mini-Cog

Short screening tool (3 minutes)

Similar sensitivity and specificity than MMSE

## Montreal Cognitive Assessment (MoCA)

Better sensitivity and specificity than MMSE for MCI and dementia

8 domains

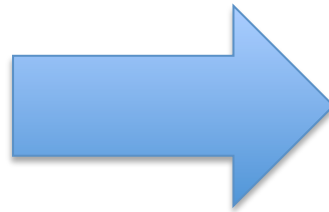


# How to manage ? At the beginning



## A comprehensive geriatric assessment

- ✓ Evaluation of pain
- ✓ Fatigue
- ✓ Anxiety/depression
- ✓ Malnutrition
- ✓ Comorbidities
- ✓ Polymedication



*Cognitive Impairment*

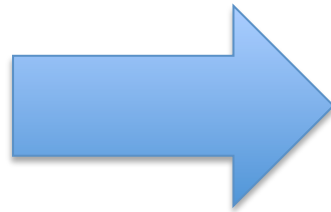


# How to manage ? At the beginning



## A blood simple test

- ✓ Anemia
- ✓ Infection
- ✓ Renal dysfunction
- ✓ Liver dysfunction
- ✓ Nutritional deficiencies/ metabolic disturbance
- ✓ Thyroid dysfunction



*Cognitive Impairment*



# How to manage ? Generally



A good communication is necessary !!!

To manage behaviour troubles and anxiety !



We need to explain and explain again to the patients what is going on !

=> Also for the caregivers and relatives



# How to manage ? Generally



## What you say

Are-you cold?

Don't be afraid

It will be not long

Don't worry

It will not hurt

It's not difficult

And the time is getting longer

## What his brain perceives

He is cold

He is afraid

It will be long

He is worried

He is in pain

It's difficult

And the pending also





# How to manage ? Generally



## What you say

## What his brain perceives

Are-you hot enough?

He is hot

Be calm

I'm calm

Be sure

He is sure

It will least the useful time

It's useful

Are-you comfortable enough?

He is comfortable

Time is slowing down

And the pending is getting shorter



# How to manage ?



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Depending on the severity of CI	Delirium/severe dementia	MCI
Non-pharmacological interventions	Safety interventions	Exercises, cognitive interventions, psychoeducation, psychosocial interventions
Pharmacological interventions	Haloperidol, Donepezil	Antidepressant, Anti-psychotic, Anti-inflammatory,...



# Non-pharmacological interventions for delirium and severe dementia

## SAFETY INTERVENTIONS

Speak with a calm voice	Involve the family during care
Be calm, reassuring	Increase socialization
Explain easily all acts	Take the patient out of his room
Clock, calendar, pictures, ...	Introduce itself each time
Put hearing aids	Ensure good hydration



# Pharmacological interventions for delirium and dementia

## For delirium:

First line agent => Haloperidol

Others alternatives: Olanzapine, Risperidone, or Quetiapine (Lonergan 2007)

Cochrane Syst Rev)

## For dementia:

Acetylcholine inhibitors such as Donepezil  
Other drug: Memantine



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# Non-pharmacological interventions for MCI



- Exercise and physical activities

Yoga, meditation, Qigong (Derry 2015, Psychooncology; Oh 2011, Support Care Cancer)

Aerobic walking and band resistance training (Knobf 2014, Cancer Nurs; Baumann 2011, Eur J Haematol)

=> Reduce stress and inflammation (Allen 2018, NPJ)

- Cognitive training

Based on repeated and structured practice of tasks (Von Ah 2012 Breast Cancer Res Treat; Bray 2017, JCO; Damholdt 2016, Psychooncology; Gehring 2009 JCO)

=> promoting neuroplasticity (Allen 2018, NPJ)

- Psycho-social interventions

Psychological support and psychoeducation (sleep hygiene, ...)

Adaptation of life (home nursing, pillbox support, ...)





# Pharmacological interventions for MCI



## Methylphenidate and dexamethylphenidate

=> Mixed results  
(2012, Neurooncol)

## Modafinil and armodafinil

=> Mixed results

## Donepezil

=> Mixed results

## Memantine

=> Reduced risk

## Fluoxetine and Indomethacin

=> Preserve the proliferating cells in the hippocampus (Lasio 2017, PhD thesis)



npt manag; Gehring





# To take home

- CI is a large group of cognitive deficits
- Evaluate others vulnerabilities (CGA)
- Take a full blood simple test
- Use adapted screening tool (such as CAM and MocA)
- Use a good communication
- Involve the relatives (specially the primary caregiver)
- First the non-pharmacological interventions !!!



# Acknowledgement



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