



Each issue of *Assisted Living Consult* presents learning opportunities for assisted living facility staff. We urge practitioners and facility leaders to have their staff read the articles and challenge their knowledge using this Q&A section as a training test. By copying this page for each of your key staff, you can assess their knowledge on these critical issues by having them answer these questions. Please note that each article topic appears in color with specific related questions.

Assessment and Management of Behavioral Symptoms in Alzheimer's Disease

1. Approximately one-third of residential care/assisted living facility residents exhibit one or more behavioral symptoms:
 - a. At least once a day
 - b. At least once a week
 - c. Less than once a month
 - d. None of the above
2. Agitation could be caused by:
 - a. Delirium or depression
 - b. Anxiety disorder
 - c. Pain
 - d. All of the above
3. The most common causes of delirium are:
 - a. Sepsis, dehydration, and pain
 - b. Sepsis, dehydration, and medication affects
 - c. Dehydration, fever, and depression
 - d. None of the above
4. Residents with dementia who manifest physical or verbal aggression have been shown to have a higher prevalence of which condition than residents without such behaviors?
 - a. Heart disease
 - b. Anemia
 - c. Depression
 - d. All of the above

Sarcopenia: Hidden but Harmful Risk

5. Sarcopenia (or low muscle mass) has been linked to:
 - a. Increased fall risk
 - b. Decreased blood volume
 - c. Increased risk of diabetes and/or osteoporosis
 - d. All of the above
6. Treatments to slow or reverse age-related declines in muscle mass and quality generally can be divided in three categories:
 - a. Hormonal interventions, exercise, nutritional supplements
 - b. Hormonal interventions, dietary interventions, exercise
 - c. Nutritional supplements, exercise, dietary interventions
 - d. None of the above
7. Oxandrolone, a synthetic androgen, is:
 - a. A popular choice for treating sarcopenia in the elderly
 - b. Moderately effective and cost-effective
 - c. Prohibitively expensive for most individuals
 - d. Proven to significantly improve both muscle mass and strength in elderly men
8. Exercise is:
 - a. Risky for elderly residents with sarcopenia
 - b. A risk factor for falls in the elderly
 - c. Perhaps the most cost-effective, least risky treatment to address sarcopenia
 - d. Painful for seniors with sarcopenia

Survey Paints Portrait of Senior Care

9. Medical directors report spending what percentage of their time in ALFs?
 - a. 3%
 - b. 10%
 - c. 5%
 - d. 25%
10. More than half of pharmacists reported practicing in:
 - a. Prisons and jails
 - b. Assisted living facilities
 - c. Psychiatric facilities
 - d. All of the above
11. Over 90% of DONs said that the ALF they serve is:
 - a. Attached to a hospital
 - b. Part of a large chain
 - c. Attached to a nursing facility
 - d. None of the above
12. Medical directors, pharmacists, DONs, and nurse practitioners all identified what condition as one of their key focuses during the past year:
 - a. Hypertension
 - b. Dementia
 - c. Wound care
 - d. Urinary incontinence

Growing Threat of Lyme Disease

13. Between 2001 and 2002, the incidence of Lyme disease increased:
 - a. 40%
 - b. 50%
 - c. 100%
 - d. 10%
14. Lyme disease creates a lesion/rash around the tick bite that resembles a:
 - a. Starburst
 - b. Freckle
 - c. Bull's eye
 - d. None of the above

15. The recommended treatment for Lyme disease is:

- a. A course of antibiotics
- b. Bed rest and aspirin
- c. Anti-inflammatory drugs
- d. Antihistamines

16. Which of the following is not a common Lyme disease prevention strategy?

- a. Tucking long pants into socks
- b. Checking one's body for ticks frequently
- c. Checking pets for ticks frequently
- d. Avoiding all wooded areas during the summer

MDA Clinical Practice Guideline: Dementia

17. Residents with dementia tend to have fewer somatic symptoms than those with:

- a. Depression

- b. Delirium
- c. Schizophrenia

18. The primary aim of a diagnostic work-up in residents with dementia is:

- a. Determining the best combination of pharmacologic and nonpharmacologic treatment
- b. Identification of causes of the condition
- c. Identification of potentially treatable conditions
- d. None of the above

19. Residents with dementia often benefit from efforts to optimize their function and quality of life.

Such efforts may include:

- a. Activities that target cognitive function
- b. Activities that target physical function
- c. Activities that target spiritual well being
- d. All of the above

20. What medications may reduce the rate of decline in cognitive function and may improve behavioral symptoms?

- a. Anticoagulants
- b. Cholinesterase inhibitors
- c. SSRIs
- d. All of the above

ALC

Please see Answer Key below.

17. a	18. c	19. d	20. a
13. a	14. c	15. a	16. d
9. a	10. b	11. c	12. b
5. d	6. a	7. c	8. c
1. b	2. d	3. b	4. c
Answer Key			

Survey Paints Portrait of Senior Care Practitioners

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PDAs (hand-held computers), especially for drug information/drug interaction (56% of medical directors, 48% of nurse practitioners).

Pharmacists, medical directors, and NPs all agreed that administrative activities and billing are handled most frequently on laptop computers as opposed to other technologies.

With the explosion of new health information technology—including wireless device adaptation, it is likely that practitioners working in assisted living increasingly will rely on high-tech tools to perform their duties. These electronic devices likely will help improve efficiency, prevent medication errors, reduce adverse events, and offer other benefits.

However, while individuals have access to and use technology in assisted living and other long term care settings, facility-wide use of

electronic medical records (EMRs) still is in the early stages. The survey showed that only about one-third of pharmacists, DONs, and NPs—and only 12% of medical directors—indicated that they have EMRs in their facilities.

Watching Trends Over Time

This data presents an interesting snapshot of what is happening in ALFs and other long term care facilities. Clearly, there are many new and ongoing challenges and concerns. However, there also is much optimism and determination on the parts of the health care professionals who practice in this setting. ALC

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We welcome your input.

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