



# Providence Alaska Project ECHO Dementia

## Honoring Cultural Connections

Kimberly Jung Arayarr' | April 18, 2022



# ECHO Clinics

## HUB Team Members:

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# Honoring Cultural Connections

Monday, April 18, 2022 | 12:00-1:00 PM AKST

Virtual Conference

## CME Credit

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# Course Disclosure Summary

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**The following planners and speakers have/had financial relationship(s) with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients: *P= Planner, S=Speaker***

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Nancy J. Isenberg, MD MPH (P, S); Kristoffer Rhoads, PhD (P, S); Kim Jung (S); Emma Dotson DNP AGPCNP-BC SCRNP (S);  
Laurie Turay, BA Ed (P)

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Your certificate will auto-populate after you submit your hours. Print, email, or save your certificate (you may need to have pop-ups enabled on your browser)

Past certificates or transcripts can be accessed at any time by returning to [www.swedish.org/cmeportal](https://www.swedish.org/cmeportal) and logging into your Swedish CME portal account. Questions? Contact [cn](mailto:cn)



# Honoring Cultural Connections

Kimberly Jung Arayarr

# Agenda for April 18, 2022

1. Didactic presentation: Honoring Cultural Connections
2. Case presentation
3. Closing notes and evaluation

# Learning Objectives

At the conclusion of this presentation, the participant will provide better patient care through an increased ability to:

1. Describe communication styles in the Yup'ik culture
2. Identify characteristics of Yup'ik culture that differ from Western culture
3. Identify modifiable activities for Yup'ik seniors







# Keys to Connection

- Personal History
- Culture
- Communication
- Modifying Activities
- Supportive Care at End of Life



# Personal History

- Personality Traits
- Likes and dislikes
- Work history
  - Not simply employment
  - Includes talents
- Personal experience





# Culture

- Language
- Subsistence activities
- Dance
- Food
- Artistry and craftsmanship
- Spiritual practices



# Communication

- Facial expressions
- Gestures
- Body language
- Inflection
- Humor



# Communication (cont.)

- Eye avoidance/contact
- Personal space
- Silence
- Familiar language

# Modifying Activities





# End of Life Care















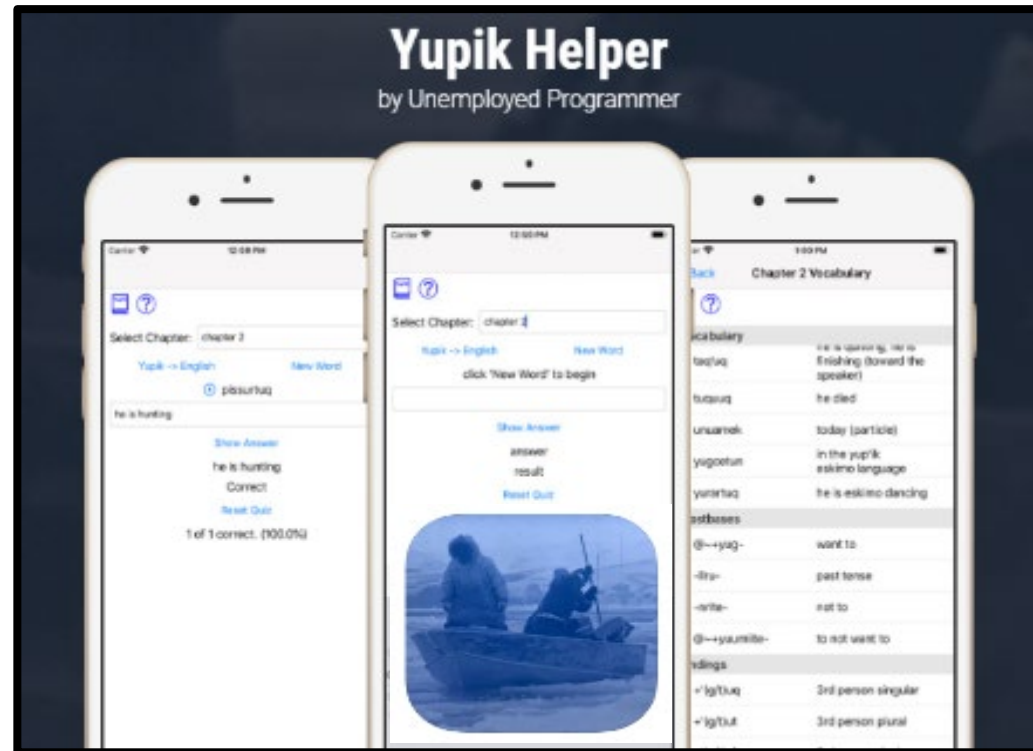




# Yup'ik Word Basics

- Waqaa: Hello
- Itra: Come in, enter
- Aquumi: Sit down
- Maaggun: This way
- Aspiaq: Very nice, beautiful
- Quyana: Thank you

# “Learn Basic Yup’ik” Apps



iPhone only

Android & iPhone



# References

- [https://www.oregonencyclopedia.org/articles/morningside\\_hospital/#.YkiOkOjMJPY](https://www.oregonencyclopedia.org/articles/morningside_hospital/#.YkiOkOjMJPY)
- <https://www.morningsidehospital.com/>



# Quyana!

This material was prepared by Mountain-Pacific Quality Health, a Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW-MPQHF-AS-NH-04/22-131

# CAA and AD case

Emma Dotson DNP AGPCNP-BC SCRNP  
SWEDISH CENTER FOR HEALTHY AGING

# Past Medical History and Social Hx

74 yo female with PMH of depression with anxiety, HLD, HTN symptomatic varicose veins, eczema, psoriasis, new dx of ADD

Social Hx: highest level of education is a masters degree in library science, worked as a librarian and teacher

Lives with husband who has multiple medical problems, MIL with dementia (supposed to be moving out to get more care soon)

Good support from daughter

Son in armed forces and just returned from Ukraine, prior to recent events

# History of Present Illness

Presents to clinic with her daughter who provides most of hx

Per daughter sxs are: rapid forgetting, forgetting where she lives, repeats self in conversation, decreased ability to drive (retired driving), difficulty with household tasks, can no longer manage finances, increased anxiety recently

No VH, delusions, mobility concerns or falls

No stroke like sxs, no head injuries

Hearing and vision good

No FH of dementia



# Medications- thoughts on meds?

Adderall XR 10mg every morning

Cyanocobalamin 1,000mcg

Fluoxetine 40mg

Lisinopril 5mg

Lovastatin 40mg

Clobetasol .05% lotion

Betamethasone .1% lotion

Zzquil OTC for sleep

The slide features a white background with decorative geometric shapes. In the top right corner, there are overlapping triangles in red, blue, and dark green. In the bottom left corner, there is a purple triangle.

Has trainer she sees once per week

Poor diet

Tobacco- never

Alcohol-never

Trouble initiating sleep, RBD behaviors (had sleep study scheduled but she cancelled)

# Recent Labs

TSH- 1.780

Liver studies WNL

Lipids- LDL 90, HDL 61, triglycerides 153 (unsure if fasting) total cholesterol 182

Vit D-43

B12- 329

CBC and BMP WNL



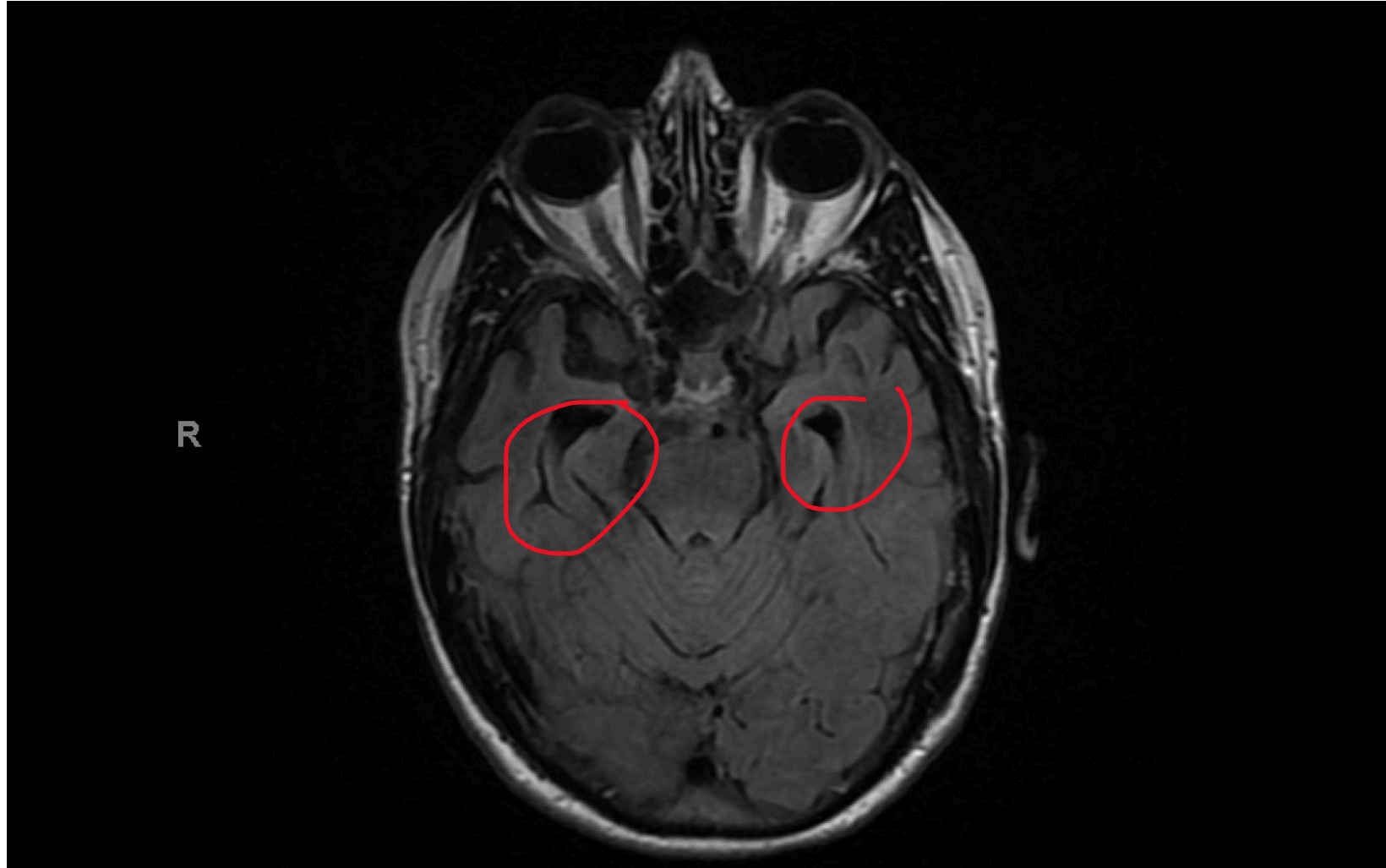
# Exam Findings:

Motor and neuro physical exam was WNL

MoCA was 25/30, deficits in delayed recall 2/5, no improvement with cueing, 4/5 in orientation (not exact date)

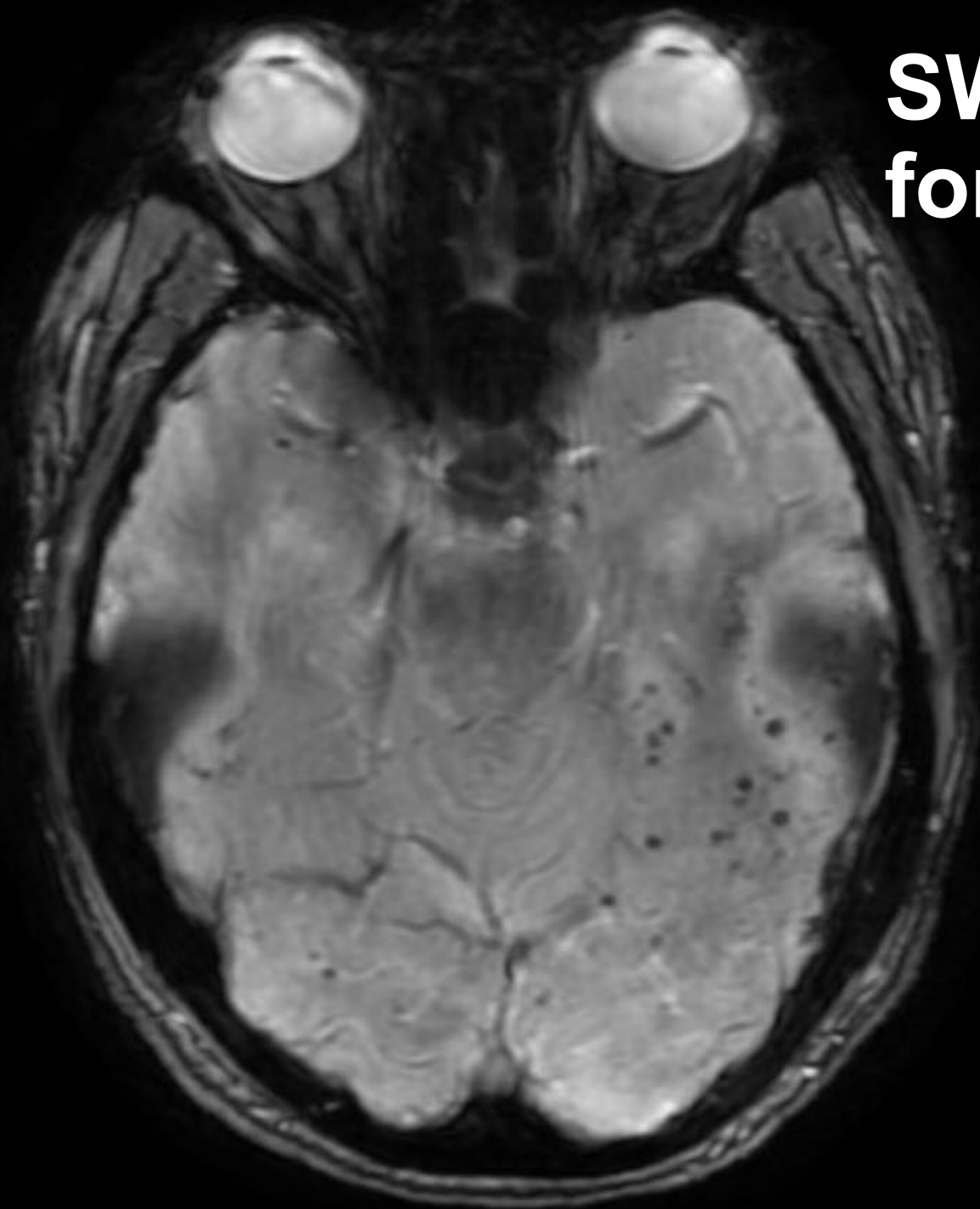
During exam repeated self, asked same questions over again, perseveration on son going to Ukraine, tearful at times, anxious, followed multi-step commands

# AX T2 flair

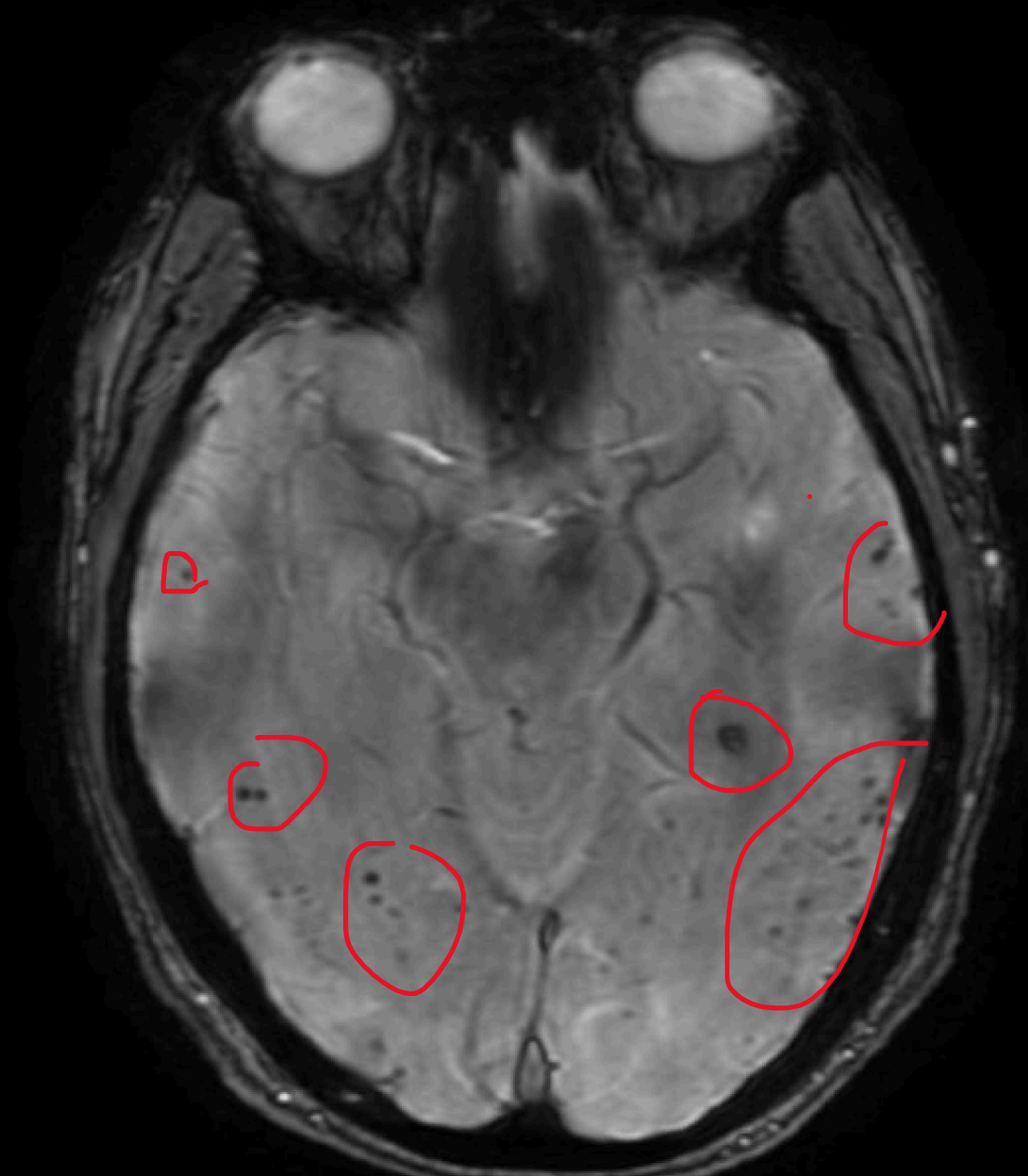


**SWAN or GRE  
for CAA**

R



R



# MRI brain impression

1. No acute intracranial abnormality. Specifically, no evidence of acute infarct or hemorrhage.
2. Focal encephalomalacia with hemosiderin staining in the anterior right frontal lobe, most consistent with remote hemorrhage. See comment below.
3. Innumerable remote microhemorrhages primarily in the supratentorial subcortical white matter. Hemosiderin staining is also present in the subarachnoid spaces along the bifrontal sulci, consistent with remote subarachnoid hemorrhage.
4. Hippocampal volume loss greater than expected for age.

Comment: Extent and distribution of remote hemorrhages is suspicious for amyloid angiopathy, but differential diagnosis also includes other vasculopathies or insults.

# Cerebral Amyloid Angiopathy

Amyloid beta-peptide deposits within small-medium blood vessels in the brain

Causes small microhemorrhages from vascular rupture in the cortex and subcortical white matter

Important cause of lobar intracerebral hemorrhage in older adults

Common in conjunction with AD, possibly more severe cognitive impairment with both

# Plan

Tp Ab and HIV labs

Try discontinuing Adderall

Sleep med consult for RBD behaviors

Stop zzquil

Trazodone 25mg-50mg PRN HS for sleep

Cont 40mg Fluoxetine

Donepezil 5mg > 10mg titration

Consider psychotherapy for anxiety

# Plan cont.

Neuropsych testing with neuropsychologist, will see in MWV F/U

Information on advanced directives and legal planning

Dementia care roadmap

Therapeutic lifestyle interventions including MIND diet, increasing personal training sessions, more help in the home, DCC referral for daughter, cognitive and social stimulation, stress management, meditation/mindfulness practice



# CAA management

Avoiding aspirin, ibuprofen, warfarin, DOACs, OTC such as Gingko Biloba, Vit E

Counseling regarding risk of large hemorrhage

Decreased level of alertness spells