

# GUIDELINES FOR ALZHEIMER'S DISEASE MANAGEMENT

## ASSESSMENT

- Conduct and document an assessment of:
  - Daily function, including feeding, bathing, dressing, mobility, toileting, continence and ability to manage finances and medications
  - Cognitive status using a reliable and valid instrument (e.g. the MMSE)
  - Other medical conditions
  - Behavioral problems, psychotic symptoms, or depression
- Reassessment should occur every 6 months or more frequently with any sudden decline or behavioral change.
- Identify the primary caregiver and assess the adequacy of family and other support systems.
- Assess the patient's decision-making capacity and whether a surrogate has been identified.
- Caregiver's needs and risks should be assessed and reassessed on a regular basis.
- Assess the patient's and family's culture, values, primary language, literacy level and decision-making process.

## TREATMENT

- Develop and implement an ongoing treatment plan with defined goals. Include:
  - Use of cholinesterase inhibitors, if clinically indicated, to treat cognitive decline
  - Appropriate treatment of medical conditions
  - Referral to adult day services for appropriate structured activities, such as exercise and recreation
- Treat behavioral problems and mood disorders using:
  - Non-pharmacologic approaches, such as environmental modification, task simplification, appropriate activities, etc.
  - Referral to social service agencies or support organizations, including the Alzheimer's Association's Safe Return Program for people who may wander
  - Medications, if clinically indicated and non-pharmacologic approaches prove unsuccessful

## PATIENT & CAREGIVER EDUCATION & SUPPORT

- Discuss the diagnosis, progression, treatment choices and goals of AD care with the patient and family in a manner consistent with their values, preferences and the patient's abilities.
- Refer to support organizations for educational materials on community resources, support groups, legal and financial issues, respite care, future care needs and options. Organizations include:
  - Alzheimer's Association      1-800-272-3900      [www.alz.org](http://www.alz.org)
  - Family Caregiver Alliance      1-800-445-8106      [www.caregiver.org](http://www.caregiver.org)
  - or your own social service department
- Discuss the patient's need to make care choices at all stages of the disease through the use of advance directives and identification of surrogates for medical and legal decision-making.
- Discuss the intensity of care and end of life care decisions with the person with AD and the family.

## REPORTING REQUIREMENTS

- Abuse: Monitor for evidence of and report all suspicions of abuse (physical, sexual, financial, neglect, isolation, abandonment) to Adult Protective Services, your local police department, or the appropriate state agency, as required by law.
- Driving: Report the diagnosis of AD in accordance with applicable state law.

## **Alzheimer's Disease and Its Impact:**

As the population ages, the incidence of Alzheimer's disease (AD) becomes greater. One in ten persons over 65 and nearly half of those over 85 have AD. Currently, 4 million persons in the U.S. have a diagnosis of Alzheimer's disease. A person with AD can live from 3-20 years or more from the onset of symptoms and at some point that person will require 24 hour care including assistance with daily activities such as eating, grooming and toileting. The yearly monetary costs of AD exceed \$100 billion in the U.S. The social and emotional toll on caregivers and families is immeasurable. Fortunately, there are effective strategies for management of Alzheimer's disease and related dementias that are covered in this guideline.

## **About the Guideline:**

This document was developed by the California Workgroup on Guidelines for Alzheimer's Disease Management through a collaborative effort of healthcare providers, consumers, academicians, professional and volunteer organizations, and purchasers of health care. A companion document is available which explains each of the areas of the Guideline in greater detail. To download a copy of the Guideline and related information, visit the California Council of the Alzheimer's Association website at [www.caalz.org](http://www.caalz.org).

## **Purpose of the Guideline:**

This clinical practice guideline represents core care recommendations for AD management that are clear, measurable, practical and based on scientific evidence, as available. The California Workgroup has provided its expert opinion when research evidence has been unavailable or when research results were inconsistent. The intended audience of this guideline is primary care practitioners, including physicians, nurse practitioners, physician assistants, social workers, and other professionals providing primary care to AD patients and their families.

**\*Note: Many of the activities mentioned in the Guideline do not require a physician and can be done by other members of the treatment team.**

## **Guidelines for the Diagnosis of Alzheimer's Disease:**

The guideline suggests care management principles and is based on the assumption that a proper diagnosis of Alzheimer's disease has been made using reliable and valid diagnostic techniques. For organizations seeking guidance in developing or adopting a diagnostic guideline for Alzheimer's disease, a useful reference is the *Clinical Practice Guideline on Early Alzheimer's Disease: Recognition and Assessment* developed by the Agency for Health Care Research and Quality. To obtain a copy, contact the AHRQ Publications Clearinghouse at 1-800-358-9295 or visit them on the web at [www.ahrq.gov](http://www.ahrq.gov). Additional guidelines and references are available from the National Guideline Clearinghouse at [www.guidelines.gov](http://www.guidelines.gov).