

Alzheimer's Disease and Other Dementias

Clinical Practice Guideline Summary for Primary Care

DIAGNOSIS AND CLINICAL ASSESSMENT

Alzheimer's Dementia is a progressive disease which includes a range of symptoms associated with the gradual onset and continued deterioration in the patient's cognitive ability and functioning. A careful and comprehensive evaluation is required to formulate a diagnosis. It is important to differentiate Alzheimer's Dementia from other potential reasons for the patient's cognitive impairment including Delirium and Vascular Dementia. Patients with Alzheimer's Dementia and other Dementias develop multiple cognitive deficits that include memory impairment and decreased ability to learn new information and/or to recall previously learned information. Patients also typically develop at least one or more of the following cognitive disturbances: Aphasia (language disturbances), Apraxia (impaired ability to carry out motor activities despite intact motor function), Agnosia (failure to recognize or identify objects despite intact sensory information) or a disturbance in Executive Functioning (i.e. planning, organizing, sequencing, abstracting, etc.). In addition, Alzheimer's Dementia along with other Dementias, may exist in conjunction with the onset of a medical problem or physical injury, and/or may be complicated by a co-morbid behavioral health diagnosis such as Bipolar Disorder, Major Depressive Disorder or Schizophrenia.

It is important to incorporate a multimodal approach when treating patients with Alzheimer's Dementia and other Dementias which include care coordination and collaboration with the patient's treatment team including behavioral health and/or other medical specialty practitioners. Patients presenting with Alzheimer's Dementia and acute co-morbid psychiatric issues may require more frequent monitoring (typically weekly to monthly); whereas patients presenting with less complex or potentially dangerous symptoms can be monitored less frequently (typically every three to six months).

It is especially important to include the patient's family and caregivers with treatment planning, provide education about Alzheimer's Dementia, the potential for caregiver stress and availability of community support services. It is also critical to monitor the patient's ability to remain unsupervised and/or drive safely and assess for potential abuse and/or neglect.

POTENTIAL WARNING SIGNS FOR TREATING PATIENTS WITH ALZHEIMER'S DISEASE OR OTHER DEMENTIAS

- Any significant or sudden change in a patient's mental status, such as a new onset of self-destructive and/or violent behaviors, warrant at least consultation with a

behavioral health specialist and may require urgent or emergent treatment including hospitalization.

- Patients presenting with co-morbid depressive disorders and risk for suicide may require hospitalization; patients presenting with co-morbid alcohol and/or substance use disorders may require detoxification.
- Patients may require additional support, supervision or additional levels of care due to the onset of more severe cognitive impairment including: concerns regarding self-preservation, wandering, getting lost or putting oneself at risk; inability to care for self or attend to activities of daily living; or risks related to unattended or forgotten items on the stove or concerns around the ability to drive safely.

EFFECTIVE TREATMENT

A complete history and understanding of the patient's individual circumstances is necessary for effective treatment planning. In addition, as previously noted it is important to determine if there are any current co-morbid psychiatric and/or general medical conditions that may be contributing to the patient's dementia.

A complete evaluation and diagnosis of Alzheimer's Dementia includes the following:

- Comprehensive review of the patient's pertinent medical history including recent medical problems and medications
- Psychiatric examination with focus on the patient's cognitive domains of attention, memory, language and visuospatial skills
- Timeline and onset of impairment and possible exploration of etiology beyond Alzheimer's Dementia
- Interviews with patient's family and caregivers to obtain an accurate picture of patient functioning, impairment and full disclosure of signs and symptoms
- Coordination of care and collaboration with the patient's behavioral health and/or medical specialty practitioners
- Individualized treatment plan based on the patient's functioning and level impairment

Patients with Alzheimer's Dementia are generally classified in one of three categories:

A. Minimally impaired:

- Memory loss and poor memory of recent events
- Trouble naming common items
- Asking the same question repeatedly

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- Get lost easily
- Lose interest in things they once liked to do
- Lose things more often than normal
- Personality changes
- Anxious and/or depressed

B. Moderately impaired:

- Have a hard time dressing for the season, weather or occasions
- Forget to attend to activities of daily living (i.e. shave/shower)
- Argue more often
- Believe that things are real when they are not
- Wander, often at night
- Need close supervision
- Have trouble with routine tasks such as washing dishes or setting the table

C. Severely or profoundly impaired:

- Problems with eating
- Problems with speech or do not speak at all
- May not recognize family or caregivers
- Incontinence
- Mobility issues; problems walking

Psychopharmacological Treatment

The goal of psychopharmacological treatment for a patient with Alzheimer's Dementia is to manage the progression of cognitive impairment and maintain the patient's current functioning for as long as possible. FDA approved medications for mild to moderate symptoms of Alzheimer's Dementia include the following Cholinesterase Inhibitors: Donepezil, Galatamine, Rivastigmine and Tacrine. In addition, Memantine is an NMDA (N-methyl-D-aspartate) and has been approved by the FDA for the treatment of moderate to severe symptoms of Alzheimer's Dementia.

Medications may also be indicated for symptoms of co-occurring depressive symptoms, psychosis, agitation and/or sleep disturbance. It is important to factor the patient's age, medical concerns, and other medications for consideration of psychopharmacological treatment. In general, elderly patients have decreased renal clearance and slowed hepatic metabolism. Therefore it is advisable to start new medications with low doses and small incremental increases, avoid polypharmacy whenever possible, and limit medication changes to monitor patient response and potential extrapyramidal side effects.

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Note: Vitamin E is no longer recommended for the treatment of cognitive impairment due to limited evidence for efficacy. In addition NSAIDs (Nonsteroidal Anti-Inflammatory Agents), Statin medications and Estrogen supplements have shown lack of efficacy and safety and, therefore, are not recommended.

RESOURCES

For further information see the complete version of the American Psychiatric Association's *Practice Guideline for the Treatment of Patients with Alzheimer's disease and Other Dementias*, available at <http://psychiatryonline.org/guidelines>.

OPTUM CONTACT INFORMATION

- Optum Physician Consultation Service (800) 292-2922 to discuss treatment concerns with an Optum psychiatrist.
- Optum Customer Service (888) 777-4742 if you would like to make a referral to a behavioral health professional.
- Optum 24/7 Substance Use Disorder Helpline (855) 780-5955 for education regarding substance use, treatment options and available community support services.

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