

## Alzheimer Dementia

**Work-up**

- ***Must meet clinical criteria of the following*** (“Alzheimer dementia,” 2018):

- Decline from previous level of functioning
- Impaired ability to function at work or at usual activities

**Diagnostic Process**

1. ***Question patient about the following*** (Cordell et al., 2013):
  - a. In last 12 months, has patient experienced confusion or memory loss that is happening more often or getting worse?
  - b. In past 7 days, has patient needed help to perform everyday activities such as eating, getting dressed, grooming, bathing, or using the toilet?
  - c. In past 7 days, has patient needed help with household activities, such as laundry and housekeeping, banking, shopping, using the telephone, food preparation, transportation, or taking his or her medications?
2. ***If patient answers yes to any of the previous questions that cannot be explained by a known physical or mental limitation, conduct a cognitive assessment using a structured tool, such as the following*** (Cordell et al., 2013):\*\*
  - a. **GPCOG** (General Practitioner Assessment of Cognition); **Mini-Cog**; **MIS** (Memory Impairment Screen); **MMSE** (Mini Mental Status Exam)

\*\*Provider can use alternative tool not listed, but the first three tools mentioned have been shown to be most suited for cognitive evaluations in primary care. The MMSE is the most widely used tool.
3. ***If results of cognitive evaluation reveal concerns for dementia, conduct a full dementia evaluation to include*** (Cordell et al., 2013):
  - Physical exam, including full neurologic exam; Activities of daily living (ADL) and instrumental activities of daily living (IADL) functioning; Depression assessment; Medication review
4. ***Order the following tests to rule out secondary causes of cognitive impairment*** (“Alzheimer dementia,” 2018):
  - Complete blood count, thyroid-stimulating hormone, serum B12, serum electrolytes, liver enzymes, fasting glucose, renal functions, serum folic acid

\*\*In appropriate patients or those with a history of prior infection, consider testing for (“Alzheimer’s dementia,” 2018):

  - Neurosyphilis, HIV infection, lyme disease
5. ***Provider’s discretion to order CT or MRI***
  - Some professional organizations recommend CT or MRI if cognitive impairment is found, regardless of clinical presentation (“Alzheimer dementia,” 2018; O’Brien et al., 2017).
  - Other professional organizations recommend imaging for focal neurologic symptoms, new onset dementia with rapid progression, younger onset dementia (<65 years of age), or history of head trauma (Cordell et al., 2013; Patel, Eisentein, & Holland, 2016).

6. **Official diagnosis is made if no underlying cause is found to explain cognitive impairment and patient has two or more of the following characteristics**

(“Alzheimer dementia,” 2018):

- **impaired ability to acquire and recall new information** (such as repeating questions and conversations, getting lost, forgetting appointments, misplacing items); **poor judgment or impaired reasoning** (such as trouble managing finances, making poor decisions, safety issues including driving); **impaired visuospatial skills** (such as problems dressing, trouble recognizing objects and using them properly, trouble recognizing people); **impaired language function** (such as trouble finding words while speaking, errors with spelling, trouble reading); **personality or behavior changes** (including apathy, social withdrawal, agitation, compulsive behavior or socially inappropriate behavior)

### Treatment

- **Treatment is not curative, only for slowing the disease process and to control symptoms.**
- **All patients, regardless of disease progression** (“Alzheimer dementia,” 2018; Lakhan, 2017)
  - ◆ Exercise program
  - ◆ Caregiver support
  - ◆ Home safety evaluation
  - ◆ Occupational therapy referral
  - ◆ Discussion about advance directive or power of attorney, if appropriate
- **Mild to moderate disease** (“Alzheimer dementia,” 2018; Lakhan, 2017)
  - ◆ Cholinesterase inhibitors (choose one)
    - Donepezil (Aricept, Aricept ODT)
    - Rivastigmine (Exelon, Exelon Patch)
    - Galantamine (Razadyne, Razadyne ER)
  - ◆ Mental activity to support cognition, such as crossword puzzles or brainteasers
- **Moderate to severe disease** (“Alzheimer dementia,” 2018; Lakhan, 2017)
  - ◆ Memantine (Namenda, Namenda XR) [with or without cholinesterase inhibitor]
- **Psychological disturbances** (“Alzheimer dementia,” 2018; Lakhan, 2017; Patel et al., 2016)
  - ◆ Nonpharmacological therapy should be considered first
    - Cognitive behavioral therapy, communication training, acupuncture, aroma therapy, light therapy, sleep hygiene, etc.
  - ◆ Last resort: If nonpharmacological interventions are not effective and symptoms are severe, consider **low dose** and **second-generation** medications
    - Anxiolytics for anxiety and agitation; neuroleptics and antipsychotics for delusions or hallucinations
- **Additional considerations: Depression in dementia** (Neugroschl, 2018)
  - ◆ Cognitive behavioral therapy, counseling
  - ◆ SSRI: First line options: sertraline, citalopram, and escitalopram
    - Drugs with long half-lives (fluoxetine) and higher activating types (paroxetine) should be used with caution
- **Follow-up** (Neugroschl, 2018): At least every six months to reevaluate cognitive function

## References

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