

Dementia

Clinical Guideline



Overview of the Condition/Disease

Definition: Dementia is a general term for a decline in mental ability severe enough to interfere with daily life. At least two of the following core mental functions must be significantly impaired to be considered dementia: Memory, communication and language, ability to focus and pay attention, reasoning and judgement, or visual perception

Pathophysiology: Dementia is caused by damage to brain cells and as a result the ability of brain cells to communicate with each other is impaired. The brain has distinct regions responsible for different functions and the manifestation of symptoms is specific to the type of dementia diagnosed.

- Types of dementia:**
- ◆ Alzheimer's disease
 - ◆ Vascular dementia
 - ◆ Dementia with Lewy bodies
 - ◆ Mixed dementia
 - ◆ Frontotemporal dementia
 - ◆ Chronic Traumatic Encephalopathy
 - ◆ Creutzfeldt-Jakob disease
 - ◆ Huntington's disease
 - ◆ Wernicke-Korsakoff syndrome

Best Practice Standards for Prevention and Management



- Interventions:**
- ◆ Neurological exam for baseline data
 - ◆ Accurate diagnosis of dementia type
 - ◆ Cognitive rehabilitation
 - ◆ Exercise programs
 - ◆ Occupational therapy
 - ◆ Pharmacologic therapy
 - ◆ Consistent daily routine
 - ◆ Consistent sleep schedule
 - ◆ Treat behavioral triggers
 - ◆ Adequate nutrition
 - ◆ Advanced care planning
 - ◆ IDT to coordinate with provider/neurologist/geropsychologist

Education: Stress importance of reporting significant and sudden changes in cognition and behavior to treating physician, continue to maintain treatment plan for comorbidities, maintaining routines and hobbies, and advanced care planning

Lifestyle changes: Heart healthy diet, physical activity, avoid drinking alcohol, sleep hygiene, quit smoking

Additional conditions that negatively impact the condition/disease:

- ◆ Depression/pre-existing psychiatric illness
- ◆ Medication side effects
- ◆ Poor swallowing/dentition/aspiration risk
- ◆ Thyroid problems
- ◆ Osteoporosis
- ◆ Pain
- ◆ Incontinence
- ◆ Diabetes
- ◆ History of stroke
- ◆ Cardiovascular disease
- ◆ High blood pressure

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Anticipating, Recognizing, and Responding to Symptoms

 **Seek timely medical attention when current interventions and/or medications are not managing symptoms.**

Manifestation of symptoms: Neuropsychiatric symptoms include: Agitation, aggression, delusions, hallucinations, wandering, depression, apathy, disinhibition, and sleep disturbances

 **Interventions to manage symptoms:** Include nonpharmacologic and pharmacologic

- ◆ Identify and treat potential medical causes (UTI, pneumonia, drug-drug interactions, metabolic disorders, pain, adverse reaction to new medication/s, among others)
- ◆ Review sleep hygiene, enforce consistent sleep-wake schedule, maximize morning light exposure
- ◆ Evaluate and optimize hearing and vision
- ◆ Caregiver education to include: redirection; validation of feelings; maintain eye contact, get to their level, and allow space; speak slowly and calmly in a normal tone of voice
- ◆ Identify causes of anxiety (i.e. potential incontinence) and provide incontinence products
- ◆ Play familiar music and have pictures of loved ones available/in view
- ◆ Cholinesterase inhibitors (Donepezil, Galantamine, and Rivastigmine) and Memantine can result in modest improvements in cognition
- ◆ Therapeutic trial of an antidepressant
- ◆ Individualized behavior support plan
- ◆ Antipsychotic agents (Olanzapine or Risperidone) may be deemed necessary if danger to self or others and should only be used short term when possible

Report Adverse Drug Reactions to Treating Physician: Donepezil, Galantamine, Rivastigmine, and Memantine's common side effects include nausea, vomiting, diarrhea, weight loss, dizziness, headache and muscle weakness/cramps

Contraindicated medications: Benzodiazepines and Antihistamines

Guidelines and Process for Interdisciplinary Team

Resources for negotiating incorporation of condition/disease prevention and management plan into the Member Centered Plan (MCP):

- ◆ Member Centered Plan Policy
- ◆ Collaboration with Primary Care Provider (PCP)/Neurologist/Geropsychologist
- ◆ Care Giver Strain Assessment

Quality Assurance Monitoring

Quality Management identifies members diagnosed with dementia. Cohort data will be analyzed at the one year timeframe to monitor members ability to remain in the least restrictive setting post dementia diagnosis.

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References

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