

Alzheimer's Disease and Its Impact

Alzheimer's Disease (AD) is the Most Common Form of Dementia and it Disproportionately Impacts Many Californians.

Dementia is a general term for memory loss and other impairments serious enough to interfere with daily life. Dementia accounts for 60 to 80 percent of dementia cases and currently impacts an estimated 610,000 Californians, a number projected to grow to 840,000 by 2025. Alzheimer's is the 5th leading cause of death in California and the only condition in the top 10 without a known cause, cure or prevention.

More **women** than men have AD and other dementias. Almost two-thirds of Americans with Alzheimer's are women, as are the majority of family caregivers. Older **African Americans** and **Hispanics** are more likely than older whites to have AD and other dementias with African Americans at twice the prevalence rate and Hispanics one and one-half times the rate.

This 2017 Update Reflects New Evidence, Improved Practice and Changes in Law — This is the 4th edition of the California Alzheimer's Clinical Care Guideline, first published in 1998 and created in statute (Chapter 577, 2016) to address changes in scientific evidence, clinical practice, and state and federal law since the 2008 edition. Changes include:

NEW GOVERNMENT POLICIES

Medicare Reimbursement — The Centers for Medicare & Medicaid Services (CMS) now reimburses physicians for annual wellness visits every 12 months and includes payment for a Health Risk Assessment, including reimbursement for a cognitive screen.

Adoption of Physician Order for Life Sustaining Treatment (POLST) — The POLST form gives patients more control over their end-of-life care, including medical treatment, extraordinary measures (such as a ventilator or feeding tube) and CPR. POLST can prevent unwanted treatments, reduce patient and family suffering, and ensure a patient's wishes are honored.

Social Security Grants Compassionate Allowance Benefit for Early-Onset Individuals — Individuals under age 65 [diagnosed](#) with AD are eligible for the Social Security Administration's compassionate allowance benefit with minimal objective medical information provided by a physician.

Healthy Brain Initiative — The Centers for Disease Control and Prevention has mapped out a strategy for state and national partnerships through [The Healthy Brain Initiative](#) emphasizing proven public health strategies such as monitoring and evaluation, education and training, policy development and workforce competencies.

EMERGING PRACTICE TRENDS

Emphasis on Early Detection, Early Diagnosis and Mild Cognitive Impairment (MCI) — Mild cognitive impairment can cause serious cognitive changes noticed by those individuals who experience changes or by other people, but not severe enough to interfere with daily life or independent function. As with other chronic diseases, public health experts are focusing on possible early interventions to delay the onset and slow the progression of AD.

New Evidence About Antipsychotic Medications and FDA Black Box Warning Labels — In April 2005, the U.S. Food and Drug Administration (FDA) notified healthcare professionals that both conventional and atypical antipsychotics are associated with an increased risk of mortality in elderly patients treated for dementia-related psychosis. The FDA notified healthcare professionals that patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk of death. Since issuing that notification, the FDA has reviewed additional information that indicates the risk also is associated with conventional antipsychotics.

Gaps in Disclosure and Documentation — Scientists who studied patient surveys and Medicare claims data were alarmed to discover only 45 percent of those billed for Alzheimer's-related care were told by their doctors of their disease. Overlooking or avoiding diagnosis impedes care and denies access to needed services. In an era of electronic health records, documenting the diagnosis is critically important in order to deliver person-centered care.

Lifestyle Modifications — Some risk factors for dementia, such as age and genetics, can't be changed, but the brain can be protected by some of the same strategies that guard against cardiovascular risk, including smoking cessation; keeping blood pressure, cholesterol and blood sugar within recommended limits; and maintaining a healthy weight. Regular physical exercise may help lower dementia risk. Diet may impact brain health through its effect on heart health. Evidence suggests heart-healthy eating patterns, such as the Mediterranean diet, may help protect the brain.

Alzheimer's* Clinical Care Guideline

ASSESSMENT

Understand (or Know) the Patient

Address the Patient Directly

- Confirm, disclose and document the diagnosis in the patient record.
- Identify the patient's culture, values, primary language, literacy level and decision-making process.
- Identify the primary caregiver and assess the adequacy of family and other support systems, paying attention to the caregiver's own mental and physical health.

Monitor and Reassess Changes

Upon sudden changes or significant decline, and at least annually, conduct and document the following:

- Ability to manage finances and medications, as well as daily functions, including feeding, bathing, dressing, mobility, toileting and continence;
- Cognitive status, using a valid and reliable instrument, e.g., [MoCA](#) (Montreal Cognitive Assessment), AD8 (Ascertain Dementia 8) or other tool;
- Comorbid medical conditions, which may present with sudden worsening in cognition and function or changes in behavior, and could complicate management of dementia;
- Emotional, behavioral and/or mood symptoms;
- Medications, both prescription and non-prescription, for appropriate use and contraindications; and
- Adequacy of home environment, including safety, care needs, and [abuse and/or neglect](#).

CARE PLAN

Beneficial Interventions

Disease Management

- Discuss the progression and stages of the disease.
- Evaluate and manage comorbidities in context of dementia and prognosis.
- Consider use of cholinesterase inhibitors, NMDA antagonist, and other medications, if clinically indicated, to slow cognitive decline.
- Promote and refer to social services and community support.

Treat Emotional, Behavioral and/or Mood Symptoms

- First consider non-pharmacologic approaches such as counseling, environmental modification, task simplification, activities, etc.

- Consult with or refer to mental health professionals as needed.
- If non-pharmacological approaches prove unsuccessful, THEN use medications targeted to specific emotions, behaviors or moods, if clinically indicated. Note, many medications carry an FDA black box warning and side effects may be serious, significant or fatal.

Evaluate Safety Issues

- Discuss driving, wandering, firearms, fire hazards, etc. Recommend [medical identification](#) for patients who wander.

Document Goals of Care

- Explore preferred intensity of care to include end-of-life options such as hospice.
- Ensure completion of advance healthcare directives, DNR, [POLST](#), [DPOA](#) and other documents.

Promote Healthy Living

- Discuss evidence in support of modifiable risk factors, e.g., regular physical activity and diet/nutrition.

Refer to Clinical Studies

- If interested, advise patient and family of opportunities to participate in [research](#).

EDUCATION AND SUPPORT

Engage with the Community

Connect with Social and Community Support

- Involve the patient directly in care planning, treatment decisions and referrals to community resources.
- As the disease progresses, suggest appropriate home and community-based programs and services.
- Link the patient and caregiver to support organizations for culturally appropriate educational materials and referrals to community and government resources.

CHECK FOR LOCAL SERVICES IN YOUR AREA

For statewide patient and family resources, and local services in your area, link to:

[California Department of Public Health Alzheimer's Disease Program](#), (916) 552-9900, www.cdph.ca.gov/programs/Alzheimers/Pages/default.aspx

IMPORTANT CONSIDERATIONS

Time Sensitive Issues

Advance Planning

- Discuss the importance of basic legal and financial planning as part of the care plan and refer for [assistance](#).

Capacity Evaluations

- Assess the patient's decision-making capacity and determine whether a legal surrogate has been or can be identified.
- Consider literacy, language and culture in assessing capacity.

Elder Abuse

- Monitor for evidence of and report all suspicions of abuse (physical, financial, sexual, neglect, isolation, abandonment and/or abduction) to Adult Protective Services, Long-Term Care Ombudsman or the local police department, as required by law.

Driving

- [Report the diagnosis](#) of AD in accordance with California law.

Eligibility for Benefits

- Patients diagnosed with early-onset AD may be eligible for [Social Security compassionate allowance](#).
- Other benefits may include Department of Veterans Affairs or long-term care insurance coverage under existing policies.