CALIFORNIA GUIDELINES FOR ALZHEIMER'S DISEASE MANAGEMENT—2008 REVISION

V. Porter[1], D. Feil[2], R. Jones[3], and J. Chodosh[4] for the California Workgroup on Guidelines for Alzheimer's Disease Management 2008

1UCLA Dept. of Neurology, Los Angeles, CA 90095. 2VA Greater LA Healthcare System at West LA, CA 90073. 3Clinical Psychology-Aging; University of Southern California, Los Angeles, CA 90089. 4VA Greater LA Healthcare System/UCLA Division of Geriatrics, Los Angeles, CA 90095.

BACKGROUND

The Guidelines, originally released in 1998, were last revised in 2002. New research on assessment and treatment of Alzheimer's Disease, and changing attitudes and emphases among researchers, healthcare providers, and patients and their families, have made it necessary to expand and revise the California Workgroup's recommendations.

METHODS

The California Workgroup is composed of 40 experts in the fields of Alzheimer's Disease assessment, treatment, patient and caregiver education and support, and legal considerations. They include clinicians, academics, public health administrators, elder law attorneys, consumer representatives, and other care providers from all over the State of California, who reviewed and evaluated relevant studies published since 2002 to produce a comprehensive survey of evidence-based reports and a one-page summary of clinical recommendations derived from them. When a thorough search turned up insufficient or inconsistent data with respect to a specific aspect of Alzheimer's Disease management, recommendations were based on expert opinion and Workgroup consensus.

INTENDED AUDIENCE

The Guidelines were developed for use by Primary Care Providers who encounter Alzheimer's Disease patients and families in the course of their work, including those in the fields of medicine, social work, mental healthcare, and law. The one-page list of recommendations is meant to be a quick and easy-to-use resource for busy professionals, while the accompanying report provides the information backing up the recommendations as well as the tools required to implement them.

Guideline for Alzheimer's Disease Management

ASSESSMENT

Monitor Changes
Conduct and document an assessment and monitor changes in:
- Daily functioning, including feeding, bathing, dressing, mobility, toileting, continence, and ability to manage finances and medications
- Cognitive status using a reliable and valid instrument
- Comorbid medical conditions which may present with sudden worsening in cognition, function, or as change in behavior
- Behavioral symptoms, psychotic symptoms, and depression
- Medications, both prescription and non-prescription (at every visit)
- Living arrangement, safety, care needs, and abuse and/or neglect
- Need for palliative and/or end-of-life care planning

Reassess Frequently
Reassessment should occur *at least* every 6 months, and sudden changes in behavior or increase in the rate of decline should trigger an urgent visit to the PCP.

Identify Support
Identify the primary caregiver and assess the adequacy of family and other support systems, paying particular attention to the caregiver's own mental and physical health.

Assess Capacity
Assess the patient's decision-making capacity and determine whether a surrogate has been identified.

Identify Culture & Values
Identify the patient's and family's culture, values, primary language, literacy level, and decision-making process.

TREATMENT

Develop Treatment Plan
Develop and implement an ongoing treatment plan with defined goals. Discuss with patient and family:
- Use of cholinesterase inhibitors, NMDA antagonist, and other medications, if clinically indicated, to treat cognitive decline
- Referral to early-stage groups or adult day services for appropriate structured activities, such as physical exercise and recreation

Treat Behavioral Symptoms
Treat behavioral symptoms 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 MedicAlert® + Safe Return®* program for patients who may wander

Non-Pharmacological Treatment First
IF non-pharmacological approaches prove unsuccessful, *THEN* use medications, targeted to specific behaviors, if clinically indicated. Note that side effects may be serious and significant.

Treat Co-Morbid Conditions
Provide appropriate treatment for comorbid medical conditions.

Provide End-of-Life Care
Provide appropriate end-of-life care, including palliative care as needed.

PATIENT & FAMILY EDUCATION & SUPPORT

Integrate Medical Care & Support
Integrate medical care with education and support by connecting patient and caregiver to support organizations for linguistically and culturally appropriate educational materials and referrals to community resources, support groups, legal counseling, respite care, consultation on care needs and options, and financial resources.
Organizations include:
- **Alzheimer's Association** (800) 272-3900 www.alz.org
- **Caregiver Resource Centers** (800) 445-8106 www.caregiver.org
- or your own social service department

Discuss Diagnosis & Treatment
Discuss the diagnosis, progression, treatment choices, and goals of Alzheimer's Disease care with the patient and family in a manner consistent with their values, preferences, culture, educational level, and the patient's abilities.

Involve Early-Stage Patients
Pay particular attention to the special needs of early-stage patients, involving them in care planning, heeding their opinions and wishes, and referring them to community resources, including the Alzheimer's Association.

Discuss Stages
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 End-of-Life Decisions
Discuss the intensity of care and other end-of-life care decisions with the Alzheimer's Disease patient and involved family members while respecting their cultural preferences.

LEGAL CONSIDERATIONS

Planning
Include a discussion of the importance of basic legal and financial planning as part of the treatment plan as soon as possible after the diagnosis of Alzheimer's Disease.

Capacity Evaluations
Use a structured approach to the assessment of patient capacity, being aware of the relevant criteria for particular kinds of decisions.

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

Driving
Report the diagnosis of Alzheimer's Disease in accordance with California law.

CALIFORNIA VERSION © April 2008

DISCUSSION

New developments and trends in Alzheimer's Disease treatment and care require new Guidelines:

ASSESSMENT:

- New discussion of regular reassessment in a variety of areas
- Added emphasis on cultural and linguistic factors
- New emphasis on importance of thorough, accurate assessment of both patient and caregiver

TREATMENT:

- New evidence-based interventions, both non-pharmacological and pharmacological, including a new class of medication approved since publication of the previous Guideline for moderate to severe Alzheimer's Disease
- Support for a team approach to Alzheimer's Disease management for high-quality care
- Increased attention to role of family members as primary care providers

PATIENT & FAMILY EDUCATION & SUPPORT:

- New discussion of special needs of early-stage and late-stage Alzheimer's Disease patients and their families
- Evidence linking positive patient outcomes to caregiver support and training

LEGAL CONSIDERATIONS:

- New emphasis on advance planning as part of treatment plan
- Structured approach to assessment of patient capacity
- Expanded discussion of abuse and neglect, including risk factors

ACKNOWLEDGMENTS

This project was supported by the State of California, Department of Public Health, and by the Alzheimer's Association, California Southland Chapter.

The Guideline and full report are available online at http://alz.org/californiasouthland/in_my_community_professionals.asp#Clinical_guidelines. F or more information, contact Carol Hahn at carol.hahn@alz.org.