### ASSESSMENT

- Conduct and document an assessment of:
  - Daily function, including feeding, bathing, dressing, mobility, toileting, continence and ability to manage finances and medications
  - Cognitive status using a reliable and valid instrument (e.g., MMSE)
  - Other medical conditions
  - Behavioral problems, psychotic symptoms, or depression
- Reassessment should occur every 6 months or more frequently, if indicated.
- Identify the primary caregiver and assess the adequacy of family and other support systems.
- Assess the patient’s decision-making capacity and whether a surrogate has been identified.
- Assess the patient’s and family’s culture, values, primary language, and decision-making process.

### TREATMENT

- Develop and implement an ongoing treatment plan with defined goals, including:
  - Use of FDA approved medications (Aricept®, Exelon®, Razadyne®, Namenda®), as clinically indicated, to treat cognitive and other symptoms.
  - Referral to appropriate structured activities such as exercise, recreation and adult day services.
  - Appropriate treatment of concurrent medical conditions.
- Treat behavioral problems and mood disorders using:
  - Nonpharmacologic approaches, such as environmental modification, task simplification, appropriate activities, etc.
  - Referral to social service agencies or support organizations listed below, including MedicAlert® + Safe Return®, an identification program for memory impaired persons.
  - Medications, if clinically indicated.

### PATIENT & CAREGIVER EDUCATION & SUPPORT

- Discuss the diagnosis and progression of AD with the patient and family in a manner consistent with their values, preferences and the patient’s abilities.
- Refer to support organizations for educational materials on community resources, support groups, legal and financial issues, respite care, future care needs and options. Support Organizations include:
  - Alzheimer’s Association: 1-800-272-3900 [www.alz.org/mnnd](http://www.alz.org/mnnd)
  - Senior LinkAge Line™: 1-800-333-2433 [www.minnesotahelp.info](http://www.minnesotahelp.info)
  - Or, your own social service department
- 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 the intensity of care and end of life care decisions with the person with Alzheimer’s disease and the family.

For more information contact: Alzheimer’s Association Information Helpline 1-800-272-3900; Senior LinkAge Line 1-800-333-2433; or visit Minnesota Memory Care: [www.mnagingproviders.org](http://www.mnagingproviders.org)
Alzheimer’s Disease and Its Impact:
As the population ages, the incidence of Alzheimer’s disease (AD) becomes greater. One in ten persons over 65 and nearly half of those over 85 has AD. Currently, 5.3 million persons in the U.S. have a diagnosis of Alzheimer’s disease. A person with AD can live from 3-20 years or more from the onset of symptoms and at some point that person will require 24-hour care including assistance with daily activities such as eating, grooming and toileting. The yearly monetary costs of AD exceed $100 billion in the U.S. The social and emotional toll on caregivers and families is immeasurable. Fortunately, there are effective strategies for management of Alzheimer’s disease and related dementias that are covered in this guideline.

About the Guideline:
This document was developed by the California Workgroup on Guidelines for Alzheimer’s Disease Management through a collaborative effort of healthcare providers, consumers, academicians, professional and volunteer organizations, and purchasers of health care. A companion document is available which explains each of the areas of the Guideline in greater detail. To download a copy of the Guideline adapted for use in Minnesota and related information, visit the Minnesota Memory Care website at www.mnagingproviders.org. The Minnesota Memory Care Initiative made adaptations to the guideline with permission.

Purpose of the Guideline:
This clinical practice guideline represents core care recommendations for AD management that are clear, measurable, and practical and based on scientific evidence, as available. The California Workgroup has provided its expert opinion when research evidence has been unavailable or when research results were inconsistent. The intended audience of this guideline is primary care practitioners, including physicians, nurse practitioners, physician assistants, social workers, and other professionals providing primary care to AD patients and their families.

*Note: As indicated on the reverse side, many of the activities mentioned in the Guideline do not require a physician and can be completed by your support organization (as indicated in brown type).

Guidelines for the Diagnosis of Alzheimer’s Disease:
The guideline suggests care management principles and is based on the assumption that a proper diagnosis of Alzheimer’s disease has been made using reliable and valid diagnostic techniques. For organizations seeking guidance in developing or adopting a diagnostic guideline for Alzheimer’s disease, guidelines and references are available from the National Guideline Clearinghouse at www.guidelines.gov.

For more information contact:
Alzheimer’s Association 1-800-272-3900 or www.alz.org/mnnd
Senior LinkAge Line 1-800-333-2433
Minnesota Memory Care www.mnagingproviders.org