

Therapeutic Goals

COMMON QUESTIONS

- What issues should persons with dementia and families consider when making decisions about the use of prescription medications to treat Alzheimer's disease?
- If a particular treatment for Alzheimer's disease exists, are families ethically obligated to make sure the person with dementia receives that treatment?

BACKGROUND INFORMATION

Current pharmaceutical treatments prescribed for people with Alzheimer's disease may improve cognitive functions such as memory and reasoning, or modify behaviors such as aggression or delusions. Research on new therapies focuses not only on treating these symptoms but also on slowing progression of the disease.

ASSOCIATION POSITION

The Association recommends persons with Alzheimer's disease and their families/care partners consider the goals of various therapies, especially as new treatments are being tested and developed. They should consider whether the medication is effective in improving cognition, function or quality of life for the person with Alzheimer's disease; whether it is making the task of providing care easier; and whether it should be applied in all stages of the disease. Physicians should be attentive to questions of therapeutic goals and consider the withdrawal of treatments based on perceptions by family members that burdens outweigh benefits.

Several questions are worthy of consideration by professionals, family members and persons with Alzheimer's disease in the decisions about therapeutic goals and with regard to improving cognition, function and quality of life:

- To what extent have diagnosed persons and their family members placed hope in medications and are these hopes realistic?
- What is the perception of the diagnosed person and his or her family members regarding the positive and negative effects of these treatments?
- If the treatment slightly improves cognition but lowers function and/or quality of life or complicates caregiving, is it worth using?

- What are the person with dementia's and/or family's therapeutic goals, and how long do they wish to use continue the treatment?
- What should professionals tell persons with Alzheimer's disease and their families about the usefulness of these medications and about the value of use in various stages of the disease?

With regard to slowing progression, the following questions should be considered:

- What does the caregiver or person with Alzheimer's disease think is meant by "slowing progression of disease"?
- At what stage in the disease would the use of such a treatment be most beneficial?
- Is there any stage in the disease when slowing the progression would be unacceptable?
- How do you balance the values of extended life and quality of life?
- Would you use such a medication to maintain independence as long as possible?

It is important that as new drugs are studied and approved in the future, those engaged in the care of persons with Alzheimer's disease critically reflect on the ethics of therapeutic goals.

When new treatments become available, there may be subtle forces on families to be sure the person with dementia receives them. These forces are increased by "direct-to-consumer marketing" practices of pharmaceutical companies and by cultural norms which create an expectations — even a moral obligation — that any and all treatments must be tried. Individuals always retain the right to refuse any treatment, and, by extension, if they are not capable of expressing their views, their surrogate decision-maker retains this same right.

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