Dementia Care

Developed by	American Geriatrics Society
How developed	Literature review and consensus process engaged in by members of expert panel and society leadership.
Additional essential patient information	Why did you refer the patient to us? • Place/level of care • Benefits of specific drug treatment (e.g. donepezil, memantine) for Alzheimer's disease for this patient. • Management of specific behaviors • Goals of care and provide recommendations for the management of other medical problems in this patient with dementia. • Patient's ability to drive a vehicle • Safety concerns in the home • Possibility of a mood disturbance. • Nutritional concerns. • End of life care. Contact information for a collateral information source such as a family member, caregiver, or friend. Ideally this person or persons should attend the appointment with the patient.
Additional patient information, if available	Recent chemistries, CBC, vitamin B12, vitamin d 25-OH, TSH, cognitive testing, depression screening, brain scans, consultations from neurology or psychiatry, copies of advance directives
Alarm symptoms	N/A
Tests/Procedures to avoid prior to consult	N/A
Common rule-outs to consider prior to consults	Acute changes in behavior warrant an urgent evaluation for medical causes of delirium by the referring physician.

©2015 American College of Physicians www.acponline.org. All rights reserved.

Relevant "Choosing Wisely" elements	1. Don't recommend percutaneous feeding tubes in patients with advanced dementia; instead offer oral assisted feeding. 2. Don't use antipsychotics as the first choice to treat behavioral and psychological symptoms of dementia. 3. Don't use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium. 4. Don't prescribe cholinesterase inhibitors for dementia without periodic assessment for perceived cognitive benefits and adverse gastrointestinal effects. 5. Don't recommend screening for breast, colorectal, prostate or lung cancer without considering life expectancy and the risks of testing, overdiagnosis and overtreatment. 6. Avoid using prescription appetite stimulants or high-calorie supplements for treatment of anorexia or cachexia in older adults; instead, optimize social supports, discontinue medications that may interfere with eating, provide appealing food and feeding assistance, and clarify patient goals and expectations. 7. Don't prescribe a medication without conducting a drug regimen review.
Physician and/or patient resources	Healthcare Professional Information: AGS Position Statement --- Feeding Tubes in Advanced Dementia http://geriatricscareonline.org/ProductAbstract/american-geriatrics-society-feeding-tubes-in-advanced-dementia-position-statement/CL017 Gitlin LN, Kales HC and Lyketsos, CG. (2012) Nonpharmacologic Management of Behavioral Symptoms in Dementia. JAMA Care of the Aging Patient: From Evidence to Action. Patient Information: http://www.alz.org/ http://www.healthinaging.org/

©2015 American College of Physicians www.acponline.org. All rights reserved.