DEMENTIA  (The pearl card)

Definition: Dementia (Criteria For All Causes)
Acquired cognitive deficits (in two or more cognitive domains) that causes dysfunction at work or in usual activities and is a decline from previous function, not explained by delirium* or major psychiatric disorder and no other medical cause  NA & Alt. Ann 2011
Cog domains:
Memory, Orientation, Language, Visual-Spatial,  Exec.decision making, Personality/Behavior

*Delirium criteria-1) Acute, fluctuating change in mental status
2) Inattention
3) Disorganized thinking
4) Altered LOC  (CAM requires 1 & 2 plus 3 or 4)

The Work-Up:**********************************************************
A) H & P, Neurological exam and MMSE or MOCA to answer the following:
1) Is it dementia?  2) What kind of dementia?  3) Comorbid contributors?
B) LAB EVALUATION----Goal:
is to look for the rare reversible cause and for factors that affect cognition.

<table>
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<th>BASIC LABS</th>
<th>INDICATION DEPENDANT LABS</th>
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<td>CBC</td>
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<td>Chemistry Profile</td>
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<td>Lumbar puncture</td>
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ALZHEIMER’S DISEASE. (Probable AD)
1. Meets Dementia (All Cause Criteria) (see above)
Plus:
A: Insidious onset
B. Progressive Cognitive Decline (over time)
C. Prominent Cognitive Deficit of:
   (Diagnosis must include:  other c or h below plus 1 additional other cognitive domain)
   a. Amnestic presentation (memory)
   -Language (word finding)
   -Visual Spatial
   -Executive Dysfunction
D) No evidence of DLB, FTD or other Dementias
NIA & Alt. Ann 2011

VASCULAR DEMENTIA SYNDROMES—(must fulfill 1,2, & 3 below)
1) Diagnostic Criteria: 
   a. dementia diagnosis is established
   2) documented cerebrovascular disease
   3) demonstrable relationship between 1 and 2. 
   By:  a) onset of dementia within 3 months of stroke or 
   b) abrupt deterioration in cognitive function or 
   c) a stepwise course in cognitive decline.

For more information see, Web site: geriatrics.unmc.edu & visit GERI Pearls ev 5-30-11

BEHAVIORAL PROBLEMS in DEMENTIA

Adapted from Sink et al. JAMA Vol 2, 2005 Vol 293, no 5

#1 NEED IMMEDIATE TRANSFER OR MEDICATION FOR SAFETY
   -Improved
   -Not Improved

#2 MEDICAL EVALUATION & TREATMENT (aka a. Delirium w/u)
   -Improved
   -Not Improved

#3 CONTINUE TREATMENT & REASSESS
   -Improved
   -Not Improved

BEHAVIOR MANAGEMENT PLAN
   -Formulate and initiate behavior management plan
   -Educate caregivers

Symptoms of Depression or Anxiety? Add Antidepressant
   -Not improved
   -Add ACH-I with or without memantine**

Hallucinations/paranoia
1) Quetiapine 12.5mg-50 mg bid
2) Olanzapine 2.5 mg-10.0 mg q d.
3) Risperidone   0.25 mg-1 mg q.d
2) Clozaril (?psychiatry consult)

Impulsive, Disinhibited, Aggressive, Violent,
1) Valproic acid 125 mg bid- 500 mg tid
2) Gabapentin   100 q hs -300 mg tid

Insomnia
1) Trazadone  25-75 mg q HS
2) Ambien  5-10 mg q HS

*Depression SSRI’s
1) Quetiapine 12.5mg-50 mg bid
2) Olanzapine 2.5 mg-10.0 mg q d.
3) Risperidone   0.25 mg-1 mg q.d
4) Clozaril (?psychiatry consult)

**Memantine; 5 to 10 mg bid

*Acetyl-cholinesterase inhibitors: Donepezil 5- 10 mg q d, or Galantamine 4 mg bid -12 mg bid
**Memantine; 5-10 mg bid

OTHERS
- Bupropion SR 75 - 300 mg q d.
- Venlafexine XR  37.5 -100 mg  q d
- Remeron               7.5-30 mg HS

#4 CLASSIFY INTO DOMINANT BEHAVIOR SYMPTOMS: Hallucinations/paranoids vs Aggressive, violent or impulsive vs Sexual/sexual aggressive behavior vs. Anxiety or restlessness

Begins PHARMACOLOGIC TRIAL
   -Based on dominant behavior symptoms ( see below)

Hallucinations/paranoids
1) Quetiapine 12.5mg-50 mg bid
2) Olanzapine 2.5 mg-10.0 mg q d.
3) Risperidone   0.25 mg-1 mg q.d
2) Clozaril (?psychiatry consult)

Invasive, Disturbed, Aggressive, Violent,
1) Venlafaxine SR  150 mg bid
2) Gabapentin  100 q hs-300 mg tid

Symptoms of Depression or Anxiety?
Add Antidepressant

Is patient receiving Acetyl-cholinesterase inhibitor?*
Add ACH-I* with or without memantine**

#5 IMPROVED

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