

Non-Pharmacological Treatments Of Alzheimer Disease

Dr. Elahe Adollahi
psychiatrist



- Psychological, behavioral, and psychosocial interventions are an important component of the management of the patient with dementia of any type.
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- Educating patients and families about dementia and the course and what to expect at each stage is important for general treatment and anticipatory planning.

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- Maintaining safety, ensuring adequate supervision and support, connecting patients and their families with community supports and resources, providing support for caregivers, and encouraging legal and financial planning, all play an important role in the management of the patient with dementia.

- **Treatment of dementia requires a multimodal approach**

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- cognitive deficits
 - neuropsychiatric symptoms
 - overall level of functioning
 - caregiver issues
 - legal issues
 - safety
 - community support
 - levels of care



Verbal skills in communication

- Single activities
- One step instructions
- Avoid arguing/accept different perceptions of time and reality
- Use yes/no choice questions
- Suggest words
- Use positive statements

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- Change perspective
 - Try to increase pleasant events
 - Use a calm approach
 - Avoid over nurturing

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- Respond to behavioral disturbances
 - Use distraction techniques
 - Avoid confrontation
 - Be practical
 - Set realistic goals
 - Know about dementia and symptoms
 - Develop appropriate expectations



- Physical activity
- Combined exercise interventions and aerobic-only exercise interventions
- Both low and high frequency interventions

Reminiscence therapy

- allows patients to recall and relive past life events, stimulating memory and mood within the context of their life history. modest short-term gains in mood, behavior and cognition in “confused” elderly persons. Reminiscence therapy has also been studied in dementia.



- Psychotherapy may be useful in earlier stages of dementia before short-term memory is too impaired.
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- therapeutic counseling, cognitive behavioral therapy, brief interpersonal psychodynamic therapy: improving interpersonal relationships and included the caregiver for a brief portion of each session.



Behavioral Management

- Behavioral management has an important role in the management of dementia.
- Identify antecedents and consequences of behaviors and then effect changes in the environment to alter the behaviors have been shown to be beneficial in reducing disruptive behaviors
- For example, scheduled toileting can reduce the frequency of urinary incontinence.
- Improvement in mood, cognition and physical role function.



Cognitive Retraining

- Cognitive skills training exercises focused on maintaining specific cognitive skills and reality orientation focused on improving orientation, have limited support from reported studies.
- The benefits for orientation, cognition, behavior, function, and social interaction are generally short-lived. In addition, these approaches may actually be detrimental to patients as several studies have reported anger, frustration and depression in patients and depression in caregivers with these cognitive-oriented approaches.



Stimulation-Oriented Therapies

- Enhancing pleasurable activities have some support from clinical trials.
- Examples include recreational therapy (i.e., crafts, games), art therapies, pet therapy, multisensory stimulation, simulated presence, aromatherapy, and exercise.



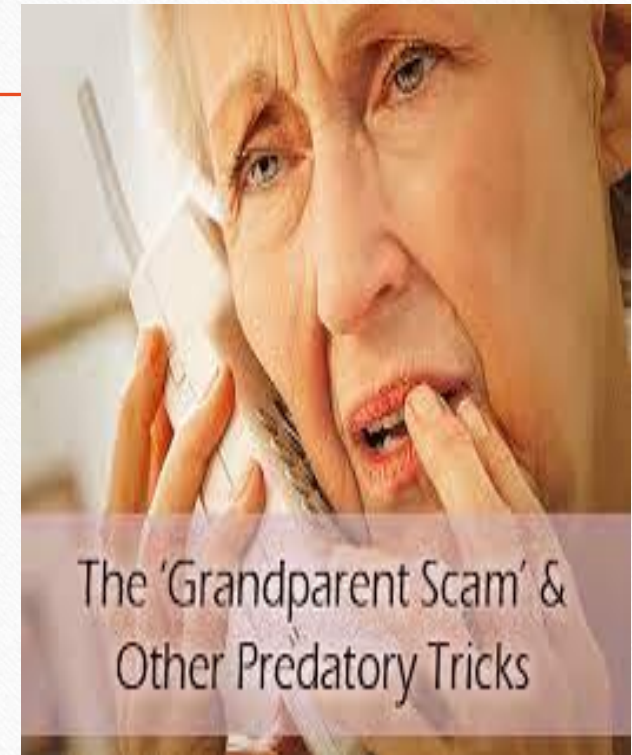
Psychoeducation

- Providing education to patients and their families about dementia, its course and consequences, and treatment is important in helping them to plan for future disability.
- While anticipating the upcoming stages can be difficult, it affords patients the opportunity to make arrangements while they are still able to be involved in the decision-making process.
- There are many excellent resources, including books and community agencies, available to help guide families through the caregiving process.



Safety Awareness and Management

- maintaining safety in the community and at home.
- Accidents
- Forgetting to turn off the stove
- difficulty preparing meals, and so assistance for this from family or supplemental meal programs may be helpful.
- Forgetting to lock doors
- Wandering , and so door alarms or identification bracelets may be necessary.
- vulnerable to predatory scams through door to door, phone or mail solicitation.
- Assessing gait and risk of falls
- a patient's insight into what to do during an emergency is also important.



Medication Management

- As patients have more difficulty with memory and executive functioning, it may be more difficult for them to manage their own medications, particularly if they are required to take multiple medications or medications multiple times a day.
- Assistance of a family member is often necessary, and at times may be needed during the MCI stage.



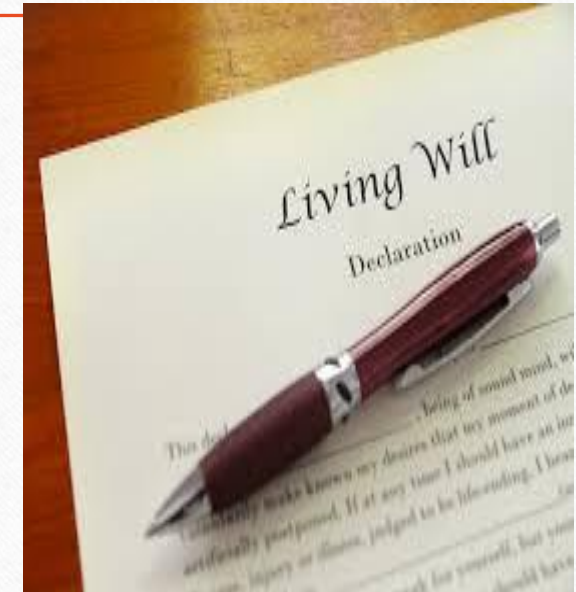
Driving

- greater risk for motor vehicle accidents.
- Patients should be advised to limit their driving in the mild stages of dementia and to stop driving at the first signs of impaired driving ability or accidents, or when they have reached the moderate stage of illness.
- Driving restrictions can be very difficult for patients to accept due to the loss of independence. Families often need to get involved to enforce these restrictions, removing keys or disabling or removing vehicles



Legal and Financial Planning

- Patients and their families should be encouraged to pursue legal planning such as living wills, power of attorney, and guardianship for when they no longer have the capacity to make decisions for themselves.
- Careful financial planning for in home or facility based care is often needed, and is best accomplished in advance.



Caregiver Support

- Caregiver burden associated with caring for a loved one with dementia is great.
- As demented patients decline, they become more dependent and require help with more activities of daily living.
- Caregiving is physically as well as emotionally, because the patient has less ability to communicate, eventually may not recognize the caregiver, and frequently exhibits inappropriate and difficult behaviors.
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- caregivers are at risk of physical injury by the patient during periods of providing direct assistance with activities of daily living, or due to agitation or acting on delusional beliefs.
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- Behavioral disturbance in patients is a major source of caregiver burden and also increases risk for caregiver depression.

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- caregivers also frequently become isolated from their social supports as they can no longer engage in their usual social functions. The lack of social support is another risk factor for developing depression.
 - Caregiver stress and depression can also impair the caregiver's ability to provide adequate and appropriate care and is a risk factor for abuse and neglect of the demented patient.

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- Therefore, treatment of the demented patient must also include addressing the needs of, and when appropriate, treating the caregiver.

Abuse and Neglect

- Patients with dementia are at greater risk for elder abuse and neglect.
- The strains of caregiving are a risk factor for caregivers to abuse those in their care.
- Due to the demented patient's poor memory and inability to recall or solve problems, they may be less likely to report abuse or the veracity of their report may be questioned.
- In situations where abuse or neglect of the demented patient is suspected, further evaluation is indicated.
- Reporting is mandated in some states when elder mistreatment is suspected so that a complete investigation can be conducted and interventions performed when necessary.



End-of-Life Issues

- Dementia is a terminal illness.
- While patients often die of intercurrent illnesses before the end stage of dementia, many patients succumb in the end stage of dementia, often due to pneumonia or other infections.
- Complications of end-stage dementia include loss of appetite, inability to feed oneself, and swallowing difficulties
- placement of feeding tubes and treatment of emergent infections.
- Ideally, these issues will have been addressed with the patient while in early illness stages, or via a preexisting advance directive, so the patient's wishes can be used to guide the decision-making process.
- Alternatively, involvement of hospice or palliative care services can be considered.



Psychosis and Behavioral Disturbance

- Agitation : first-line
- identifying the context of problem behaviors can aid in the development of strategies for intervention.
- modifying the activity, or avoiding it if possible, can eliminate the behavior.
- Simplifying activities or modifying expectations to the cognitive and skill level of the patient



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- Modifying the environment to compensate for the patient's deficits
 - Ensuring adequate sleep, nutrition and activities can also help reduce agitation.
 - When the behavior poses a threat to the patient's or caregiver's safety, more restrictive measures must be considered.
 - In a nursing home or hospital setting, one-on-one supervision may be required.
 - The use of physical restraints should be avoided if possible as it may increase the risk of falls and mortality.

Sleep Disturbance

- Sleep disturbance is common in dementia, with individuals having decreased nocturnal sleep time, increased sleep fragmentation and increased daytime sleepiness.



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- A dual approach of enhancing sleep at nighttime, through improved sleep hygiene and decreasing nocturnal interruptions, like light and sound, coupled with increasing daytime wakefulness through social and physical activity is important.

