Quality Measures and Best Practices in Dementia Care

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September 14, 2019
SE Chapter ALCA conference
Objectives

• Outline the updated Dementia Management Quality Measures
  – Exclusions

• Discuss the value of providing quality dementia care

• Strategies to provide Quality Dementia care

• Role of the Aging Life Care Professional
Rationale for Dementia Management

Quality Measures

• Evaluate & confirm **diagnosis** as early as possible
• Increase patient and **caregiver’s awareness** of treatment plans
• Optimize clinical **outcomes** and therapeutic **options**
• Improve adherence with non pharmacological and pharmacological **therapies**
• Evaluate/monitor **symptoms** to guide treatment
• Increase **safety**
• Recognize and record patient’s wishes and directives about **end of life care**.
Goals of Dementia Management

Quality Measures

• Improve quality of care from team
• Increase satisfaction with care
• Address all needs, on a personal level
• Improve Quality of Life
• Reduce caregiver burden
• Assure patient’s end of life care adheres to their wishes
• Decrease complications
• Decrease behavioral and psychiatric symptoms
• Maintain or increase cognitive and physical function
• Decrease falls
• Reduce driving accidents
Updated dementia management quality measures- 2016

- American Academy of Neurology
- American Psychiatric Association
- Replaced 2009 quality measures
- Value
  - Measurable
  - Accountability across programs
- Evidence based
  - from 50+ guidelines and consensus documents
Dementia is a syndrome

- Group of symptoms r/t cognitive and functional decline
- Usually with a neurodegenerative basis
- In US
  - 14.7% >70 years old
  - 2017 – USA/year $232,000,000,000
  - Individual lifetime - $341,840
  - More costly than heart disease and cancer
  - AD- 6th most common cause of death
  - 1/3 of all seniors death each year, dx with dementia
  - By age 85+- 25-50% with dementia
  - 5.3 million
  - By 2015, expected to double
DEMENTIA
An umbrella term describing a set of symptoms causing a person to have changes in brain function that interfere with the ability to function and do everyday activities.

Alzheimer’s: 50% - 75%
Vascular: 20% - 30%
Lewy Body: 10% - 25%
Frontotemporal: 10% - 15%

https://www.alztennessee.org/info/related-dementias/dementia-the-basics
Dementia Management
Quality Measures

1. **Disclosure of diagnosis**
2. Caregiver education & support
3. Functional Assessment
4. Screen for Behavioral and Psychiatric symptoms r/t dementia.
5. Safety screening
6. Driving screening and follow up
7. Advanced Care Planning and palliative care
8. **Pain assessment**
9. **Pharmacological tx of dementia**
Quality Dementia Management

- Patient = patient/caregiver dyad
- Cannot provide/work on all measures at each visit
- Team approach
- Rapport
Patient = Patient/Caregiver Dyad

Patient's Distress

Caregiver's Distress
Mr. Rosey

• 84 yo man with memory problems x 3 years
• MMSE 19/30 at local neurologist 6 months ago
• Hypertension, Diabetes, Stroke 5 years ago
• Lives with his 82 yo wife in their home of 50 years.
• Still drives, manages his own meds
• Some falls
• Evening restlessness and
• sleep problems
• No advanced directives
1. Disclosure of dementia diagnosis
(2015 new measure)

– Told they have dementia, and most likely cause

– REASON:
  • Get a second opinion
  • Planning
  • Advanced care planning,
  • Legal issues
  • Consider research
  • Bucket list
2. Education and Support of Caregivers

- **Information about the dementia:**
  - Everyone is different, on average
  - Symptoms, course, resources
  - What you can expect

- **Resources**
  - Dementia Alliance of NC
  - Alzheimer’s Association
  - Local senior center, social services
  - Support groups
  - Reaching out to family and friends
  - Aging Life Care Professionals
  - Hiring help privately or through an agency
    - Long term care insurance

- **Caregiver risk of illness/depression**
  - Support groups
  - respite
Caregiver

• Assess caregiver distress
• Importance of clear, straight, gentle/kind info
• Caregiver burden/stress
• Support groups
  – “Just try it once”
  – Connect similar families
  – Educational, emotional
• Respite
• Verbal and written info
3. Functional Assessment

- ADL – Dressing, eating, ambulation, toileting, hygiene
- IADLS- meds, bills, driving, housekeeping, calendar, current events, socializing, games
- Behaviors, emotional control
- Staging
ADL/ IADLS

• **Activities of Daily (ADLs)**
  - Dressing
  - Eating
  - Ambulating
  - Toileting
  - Hygiene

• **Instrumental Activities of Daily Living (IADLS)**
  - Meds management
  - Finances and bills
  - Driving
  - Housekeep-
    - cook, clean, shop
  - Calendar
  - Current events
  - Socializing
  - Games of skill
ADLS

• Majority of cost of dementia care is related to functional needs
  – needing help with personal care
  – 24/7 supervision
  – Caregiver no longer able to work outside the home/ loss of income

• Long term Care Insurance
  – Wide variability in coverage
<table>
<thead>
<tr>
<th>Stage</th>
<th>Stage Name</th>
<th>Characteristic</th>
<th>Expected Untreated AD Duration (months)</th>
<th>Mental Age (years)</th>
<th>MMSE (score)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Normal Aging</td>
<td>No deficits whatsoever</td>
<td>--</td>
<td>Adult</td>
<td>29-30</td>
</tr>
<tr>
<td>2</td>
<td>Possible Mild Cognitive Impairment</td>
<td>Subjective functional deficit</td>
<td>--</td>
<td>28-29</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Mild Cognitive Impairment</td>
<td>Objective functional deficit interferes with a person’s most complex tasks</td>
<td>84</td>
<td>12+</td>
<td>24-28</td>
</tr>
<tr>
<td>4</td>
<td>Mild Dementia</td>
<td>IADLs become affected, such as bill paying, cooking, cleaning, traveling</td>
<td>24</td>
<td>8-12</td>
<td>19-20</td>
</tr>
<tr>
<td>5</td>
<td>Moderate Dementia</td>
<td>Needs help selecting proper attire</td>
<td>18</td>
<td>5-7</td>
<td>15</td>
</tr>
<tr>
<td>6a</td>
<td>Moderately Severe Dementia</td>
<td>Needs help putting on clothes</td>
<td>4.8</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>6b</td>
<td>Moderately Severe Dementia</td>
<td>Needs help bathing</td>
<td>4.8</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>6c</td>
<td>Moderately Severe Dementia</td>
<td>Needs help toileting</td>
<td>4.8</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6d</td>
<td>Moderately Severe Dementia</td>
<td>Urinary incontinence</td>
<td>3.6</td>
<td>3-4</td>
<td>3</td>
</tr>
<tr>
<td>6e</td>
<td>Moderately Severe Dementia</td>
<td>Fecal incontinence</td>
<td>9.6</td>
<td>2-3</td>
<td>1</td>
</tr>
<tr>
<td>7a</td>
<td>Severe Dementia</td>
<td>Speaks 5-6 words during day</td>
<td>12</td>
<td>1.25</td>
<td>0</td>
</tr>
<tr>
<td>7b</td>
<td>Severe Dementia</td>
<td>Speaks only 1 word clearly</td>
<td>18</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>7c</td>
<td>Severe Dementia</td>
<td>Can no longer walk</td>
<td>12</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>7d</td>
<td>Severe Dementia</td>
<td>Can no longer sit up</td>
<td>12</td>
<td>0.5-0.8</td>
<td>0</td>
</tr>
<tr>
<td>7e</td>
<td>Severe Dementia</td>
<td>Can no longer smile</td>
<td>18</td>
<td>0.2-0.4</td>
<td>0</td>
</tr>
<tr>
<td>7f</td>
<td>Severe Dementia</td>
<td>Can no longer hold up head</td>
<td>12+</td>
<td>0-0.2</td>
<td>0</td>
</tr>
</tbody>
</table>
Dementiaaide.com

• Good disease information
• Product info
### Stages of Neurodegenerative Diseases

<table>
<thead>
<tr>
<th>Stage</th>
<th>Alzheimer's Disease (AD)</th>
<th>Fronto-Temporal Dementia (FTD)</th>
<th>Lewy Body Dementia (LBD)</th>
<th>Vascular Dementia (VD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><img src="image1.png" alt="Image 1" /></td>
<td><img src="image2.png" alt="Image 2" /></td>
<td><img src="image3.png" alt="Image 3" /></td>
<td><img src="image4.png" alt="Image 4" /></td>
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<tr>
<td>2</td>
<td><img src="image5.png" alt="Image 5" /></td>
<td><img src="image6.png" alt="Image 6" /></td>
<td><img src="image7.png" alt="Image 7" /></td>
<td><img src="image8.png" alt="Image 8" /></td>
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<tr>
<td>3</td>
<td><img src="image9.png" alt="Image 9" /></td>
<td><img src="image10.png" alt="Image 10" /></td>
<td><img src="image11.png" alt="Image 11" /></td>
<td><img src="image12.png" alt="Image 12" /></td>
</tr>
<tr>
<td>4</td>
<td><img src="image13.png" alt="Image 13" /></td>
<td><img src="image14.png" alt="Image 14" /></td>
<td><img src="image15.png" alt="Image 15" /></td>
<td><img src="image16.png" alt="Image 16" /></td>
</tr>
</tbody>
</table>

- **High Functioning Individual**:
  - Green = Mental Impairment
  - Blue = Physical Impairment
  - Red = Behavioral Stability
  - Yellow = Emotional Stability

- **Low Functioning Individual**:
  - Red = Mental Impairment
  - Blue = Physical Impairment
  - Yellow = Emotional Stability
4. Screening and Management of Behavioral and Psychiatric Symptoms Associated with Dementia

- What are the symptoms?
- Which are the most distressing?
  - to the patient
  - to the caregiver
Patient = Patient/Caregiver Dyad

- Patient's Distress
- Caregiver's Distress
Psychiatric /Behavioral symptoms

- Delusions
- Hallucinations
- Agitation & Aggression
- Depression
- Anxiety
- Elation/Euphoria
- Apathy/
  - Indifference
- Disinhibition
- Irritability
- Motor Behaviors
- Nighttime Behaviors/sleep
- Appetite/weight
REVERSIBLE CAUSES

- Reversible - illness, meds, sleep, pain, environment
- Identify triggers - physiological or emotional
- Non pharmacological approaches -
  - Communication and approaches
  - Environmental strategies
  - Routines
- Pharmacological – MEDS
5. Safety Concern Screening and Follow up

Screen at least one concern from each of the 2 domains

• Dangerous to self
  ▪ Medication misuse
  ▪ Physical aggressiveness
  ▪ Wandering
  ▪ Inability to respond to emergencies
  ▪ Financial mismanagement – “scams”
  ▪ Caregiver concerns

• Environmental Risk
  ▪ Cooking, smoking safety
  ▪ Access to firearms/weapons
  ▪ Access to chemicals
  ▪ Access to tools/equipment
  ▪ Trip hazards- falls
  ▪ Caregiver concerns
How to determine if a person with dementia is safe home alone

• Confused / unpredictable if stressed
• Recognized and knows how to react in dangerous situations, such as a fire
• Able to use phone to call for help
• Socially isolated
• Wander, become disoriented
• Fall Risk
• Hazardous activities – cooking, woodworking, smoking
• Does not recognize friends/families, allows strangers in
• Telephone scams
• Proximity of family/friends/help/neighborhood
• Frequency of visitors
Home safety tools

• Home safety inventory
  – https://consultgeri.org/try-this/dementia/issue-d12
  – Routines
• Lifeline – fall sensor
• ROADID, Safe Return
• Technology
  – Motion sensors
  – Nanny cams
  – Electronic medication boxes
  – Stove monitors
  – Smart appliances
  – Social interaction tools
• Limiting risk
  – Turning off stove
  – Only showering with help
Options for Supervision

- Professional Life Care Professional
- Money Manager
- Family or friend
- Paid companion or CNA
- Adult day program
- Local council on aging/ social services
- Meals on wheels
- Knowing when 24/7 supervision is needed
- Neglect concerns
6. Driving Screening and follow up

- Documented driving screen for driving risk
- TRAILS A/B
- If screen is +, documentation of alternatives to driving in the past 12 months
6. Driving Screening and follow up

- Anosognosia
- ? Safe- lost, scratches, tickets
- Assessment/ restrictions
- Legal and liability
  - Driving assessment – OT
  - Family remove keys
  - DMV reevaluation
- Loss of independence
- Transportation alternatives
  - Huge loss of independence
  - Grief
Table 8–12. Trails Test: Time in Seconds (on Parts A and B) for Normal Control Subjects at Different Age Levels

<table>
<thead>
<tr>
<th>Percentile</th>
<th>15–20 Years (n = 108)</th>
<th>20–39 Years (n = 275)</th>
<th>40–49 Years (n = 138)</th>
<th>50–59 Years (n = 130)</th>
<th>60–69 Years (n = 120)</th>
<th>70–79 Years (n = 90)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>A</td>
<td>B</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>90</td>
<td>15</td>
<td>26</td>
<td>21</td>
<td>45</td>
<td>18</td>
<td>30</td>
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<tr>
<td>75</td>
<td>19</td>
<td>37</td>
<td>24</td>
<td>55</td>
<td>23</td>
<td>52</td>
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<tr>
<td>50</td>
<td>23</td>
<td>47</td>
<td>26</td>
<td>65</td>
<td>30</td>
<td>78</td>
</tr>
<tr>
<td>25</td>
<td>30</td>
<td>59</td>
<td>34</td>
<td>85</td>
<td>38</td>
<td>102</td>
</tr>
<tr>
<td>10</td>
<td>38</td>
<td>70</td>
<td>45</td>
<td>98</td>
<td>59</td>
<td>126</td>
</tr>
</tbody>
</table>

Source: Data extrapolated from Davies (1968), based on a representative British (Liverpool) sample; Fromm-Auch & Yeudall (1983); and Kennedy (1981).
7. Advanced Care Planning (ACP) and Palliative Care Counseling
Advanced Care Planning

• Dementia is a progressive and terminal illness
  • Weight loss, aspiration, bedsores, falls

• Goals of Care

• Legal documents
  – Health care power of Attorney
  – Living Will

• Medical Orders - PCP
  – DNR
  – MOST
Advanced Care Planning Discussions

• Early
• Normal part of visit
• Decrease stigma
  • “I ask all my patients this”
• Sooner, the better,
  • able to make decisions
  • understand ramifications of choices
• Discuss at 1\(^{st}\) or 2\(^{nd}\) visit
  • until documents are brought in and scanned to record
  • or patient/family clearly understands and chooses not to complete.
• Review periodically
Advanced Care Planning

• Goals of Care, Quality of life
• Risks and benefits of
  – Hospitalization
  – Treatment of infections
  – Surgery
  – Artificial nutrition and hydration - IV / Feeding tubes
  – CPR
  – Mechanical ventilation
  – Pacemaker/AICD
• Review periodically and when condition changes
• Palliative care- Symptom management, QoL, ACP
• Comfort care
• Hospice referral
Legal surrogate decision makers if no health care agent assigned

- Parent / guardian if minor
- Health care agent
- Legal Guardian of the Person
- Attorney-in-fact with power to make health care decisions
- Spouse
- Majority of patients reasonably available parents and adult children
- Majority of patients reasonably available adult siblings
- An individual with an established relationship with the patient who is acting in good faith and can reliably convey the wishes of the patient
Advanced Care Planning
Legal Documents

• Health care power of attorney and Living Will
• An Advance Directive For North Carolina, A Practical Form for All Adults
• Five Wishes
• Conversation Project
DNR and MOST
Medical Orders

• DNR- Do not resuscitate- Goldenrod form

• MOST- Medical orders for Scope of Treatment
  – Hot pink form
  – Last year of life
DNR- Do Not Resuscitate

MOST- Medical Orders for Scope of Treatment
Don’t Panic – It’s OK
A Letter to My Family By Karen Boudreau, MD

If you are faced with a decision that you’re not ready for, It’s OK
I’ll try to let you know what I would want for various circumstances,
But if you come to something we haven’t anticipated, It’s OK
And if you come to a decision point and what you decide results in my
death, It’s ok
You don’t need to worry that you’ve caused my death, you haven’t—
I will die because of my illness or my body failing or whatever.

You don’t need to feel responsible. Forgiveness is not required.
But if you feel bad/ responsible/ guilty, First of all don’t and second of all,
You are loved and forgiven
If you’re faced with a snap decision, don’t panic Choose comfort,
Choose home, Choose less intervention
Choose to be together, at my side, holding my hand
Singing, laughing, loving, celebrating, and carrying on
I will keep loving you and watching you and being proud of you
Hospice eligibility

- Alzheimers or specific type of dementia
- Neurological disease
- Stroke/coma
- Failure to thrive
Hospice Criteria for Dementia

- **DEMENTIA**
- The patient has both 1 and 2:
  - 1. Stage 7C or beyond according to the FAST Scale
  - **AND**
  - 2. One or more of the following conditions in the 12 months:
    - Aspiration pneumonia
    - Pyelonephritis
    - Septicemia
    - Multiple pressure ulcers (stage 3-4)
    - Recurrent Fever
    - Other significant condition that suggests a limited prognosis
    - Inability to maintain sufficient fluid and calorie intake in the past 6 months (10% weight loss or albumin < 2.5 gm/dl)
8. Pain Assessment
   (new measure)

- Documented at every visit
- Plan for pain management
Pain Assessment

• Verbal Descriptor
  – None, mild, moderate, severe, worse ever
• Numeric
  – 0-10
• Faces
• Behavior
• Pain AD
  – https://consultgeri.org/try-this/dementia/issue-d2.pdf
### Pain Assessment in Advanced Dementia Scale (PAINAD)

**Instructions:** Observe the patient for five minutes before scoring his or her behaviors. Score the behaviors according to the following chart. Definitions of each item are provided on the following page. The patient can be observed under different conditions (e.g., at rest, during a pleasant activity, during caregiving, after the administration of pain medication).

<table>
<thead>
<tr>
<th>Behavior</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breathing</td>
<td>Normal</td>
<td>Occasional labored breathing</td>
<td>Noisy labored breathing</td>
<td></td>
</tr>
<tr>
<td>Independent of vocalization</td>
<td></td>
<td>Short period of hyperventilation</td>
<td>Long period of hyperventilation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cheyne-Stokes respirations</td>
<td></td>
</tr>
<tr>
<td>Negative vocalization</td>
<td>None</td>
<td>Occasional moan or groan</td>
<td>Repeated troubled calling out</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low-level speech with a negative or disapproving quality</td>
<td>Loud moaning or groaning</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Crying</td>
<td></td>
</tr>
<tr>
<td>Facial expression</td>
<td>Smiling or expression</td>
<td>Sad</td>
<td>Facial grimacing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Frightened</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Frown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body language</td>
<td>Relaxed</td>
<td>Tense</td>
<td>Rigid</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Distressed pacing</td>
<td>Fists clenched</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fidgeting</td>
<td>Knees pulled up</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pulling or pushing away</td>
<td></td>
</tr>
<tr>
<td>Consolability</td>
<td>No need to console</td>
<td>Distracted or reassured by voice or touch</td>
<td>Unable to console, distract, or reassure</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL SCORE**

(Warden et al., 2003)

**Scoring:**
The total score ranges from 0-10 points. A possible interpretation of the scores is: 1-3=mild pain; 4-6=moderate pain; 7-10=severe pain. These ranges are based on a standard 0-10 scale of pain, but have not been substantiated in the literature for this tool.

**Source:**
9. Pharmacological treatment of Dementia (new measure)

- Goals of therapy
  - Preserve cognitive and functional ability
  - Manage symptoms
    - Mood
    - Behavioral disturbance
    - Distress
  - Slow disease progression
  - Maintenance of patients’ and caregivers’ QoL
Pharmacological treatment of Dementia

• Guideline appropriate
  – Pharmacological tx options
  – Non pharmacological behavior and lifestyle modifications
Non pharmacological management of behavioral symptoms of dementia

- Communication, Approaches
- Try to be proactive, assess basic needs before they become frustrations
  - Snacks
  - toilet
  - change of environment
  - exercise
  - comfort
- Music / Aroma/ Massage therapy
- Pet therapy
- Reminisce
- Light therapy
- Activities
10 Absolutes of Communication

1. Never argue, Instead AGREE
2. Never reason, Instead DIVERT
3. Never shame, Instead DISTRACT
4. Never lecture, Instead REASSURE
5. Never say remember, Instead REMINISCE
6. Never say “I told you”, Instead REPEAT
7. Never say “you can’t”, Instead “DO WHAT YOU CAN”
8. Never command or demand, Instead ASK /MODEL
9. Never condescend, Instead ENCOURAGE / PRAISE
10. Never force, Instead REINFORCE

Source: Steffens & Gwyther, February 1999
Medication Management

• Start low and go slow
• Monitor for Side Effects
• Gradual dose reduction (GDR)
Pharmacological treatment of Dementia

• Memory inhaner/stabilizers
• Medications to treat symptoms of dementia
Mr. Rosey

- 84 yo man with memory problems x 3 years
- MMSE 19/30 at local neurologist 6 months ago
- Hypertension, Diabetes, Stroke 5 years ago
- Lives with his 82 yo wife in their home of 50 years.
- Still drives, manages his own meds
- Some falls
- Evening restlessness and
- sleep problems
- No advanced directives
Mr. Rosey

- Diagnosis
- Caregiver education/support
- Functional assessment
- Behaviors, psychiatric issues
- Safety
- Driving
- Advanced care planning
- Pain
- Pharmacological treatment of dementia
Medications Commonly used for people with Dementia**

• Memory enhancer/stabilizer
  • Donepezil (Aricept)
  • Galantamine (Razadyne)
  • Rivastigmine (Exelon)
  • Memantine (Namenda)
  • Namzeric (Donepezil/Memantine)
  • Huperzine
Antidepressants

- **SSRI:**
  - **Citalopram (celexa)**
  - **Escitalopram (lexapro)**
  - **Sertraline (Zoloft)**
  - Fluoxetine (prozac)
  - Fluvoxamine (Luvox)
  - Paroxetine (paxil)

- **SNRI**
  - **Duloxetine (cymbalta)**
  - **Venlafaxine (Effexor) and XR**
  - Desvenlafaxine (pristiq)
Other Antidepressants

- **Bupropion (Wellbutin) plain, XL, SR**
- **Mirtazipine (remeron)**
- **Trazodone (desyrel)**
- Nefazodone (serzone)
Older antidepressants
(less commonly used)

- **Tricyclic antidepressants:**
  - Amitryptyline (elavil)
  - Clomipramine
  - Desipramine
  - Doxepin
  - Imipramine (tofranil)
  - Nortryptyline (pamelor)
  - Trimipramine (Surmontil)
  - Protriptyline (vivactil)

- **MAO inhibitors:** not usually used
Benzodiazepines (Antianxiety, Anxiolytics)

- Alprazalam (xanax)
- Clonazepam (klonipin)
- Lorazepam (ativan)
- Oxazepam (serax)
- Diazepam (valium)
- Flurazepam (Dalmane)
- Chlordiazepoxide (Librium)
- Chlorazepate (tranxene)
Mood Stabilizers

- Valproic acid (Depakote)
- Lamictal (lamotrigine)
- Carbamazepine (tegretol)
- Oxycarbamazepine
- Lithium
Insomnia

- Zolpidem (ambien) reg and cr
- Eszopicline (lunesta)
- Trazolam (halcion)
- Flurazepam (dalmane)
- Temazepam (restoril)
- Ramelteon (Rozerem)
- **Trazodone**
- Triazolam (halcion)
- **Melatonin - OTC**
Typical Antipsychotics
1st Generation

- Haloperidol (haldol)
- Fluphenaxine (prolixin)
- Perphenazine (trilafon)
- Trifluoroperazine (Stelazine)
Atypical antipsychotics
2nd generation

- Aripiprazole (abilify). Reg and discmelt
- Olanzipine (zyprexa) reg and discmelt, (new long acting q4wks)
- **Quetiapine** (seroquel)
- **Risperidone** (risperdal) solu , reg, long acting injectable
- Clozapine (clozaril)
- Ziprazadone (Geodon)
- Paliperdone (invega)
Stimulants

• **Stimulants** (Increase motivation, energy, alertness)
• Methylphenidate (ritalin)
• Modafanil (provigil)
• Cytomel, (Thyroid replacement)

• Aspirin
Alzheimer’s Request

Do not ask me to remember,
Don’t try to make me understand.
Let me rest and know you’re with me,
Kiss my cheek and hold my hand.

I’m confused beyond your concept
I’m sad and sick and lost.
All I know is that I need you
To be with me at all cost.

Do not lose your patience with me,
do not scold or curse or cry.
I can’t help the way I’m acting,
I can’t be different though I try.

Just remember that I need you,
That the best of me is gone.
Please don’t fail to stand beside me,
Love me ‘til my life is gone.
A Caregiver’s Response by Albert Reinsch, Sr.

I shall do my best beloved,
To do all you’ve asked of me.
When I fail you must forgive me,
For where you are I cannot see.

What I know is that I love you,
More than the world can ever know.
Yet, so often I fail to show it,
I’m so ashamed that this be so.

Please forgive me for my failings,
It is not for lack of trying.
I know you need me to be strong,
But it’s so hard when I am crying.

I, too, need you so much my darling,
Until we’re renewed in heaven above.
Your smiles reward and give me courage,
Our hugs and kisses seal our love.
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