



Managing Older Patients with Cognitive Impairment

A Guide for Primary Care Providers

Management of cognitive impairment requires a multidisciplinary approach integrating the services of physicians, nurses, social workers, other health care professionals, and community resources to improve medical and behavioral outcomes for patients and caregivers.

Develop a Management Plan

- ✓ **Discuss the diagnosis**
 - Explain the diagnosis to the patient with a care partner or trusted friend present and provide written information about diagnosis and care plan.

- ✓ **Review the patient's prescription and over-the-counter medications.**
 - Reassess need for anticholinergics, antihistamines, narcotics, sedatives, and benzodiazepines. A good reference for medications to avoid in older adults is the [American Geriatrics Society Beers Criteria](#).
 - Review whether the patient takes medications as prescribed, uses a pill organizer, and has caregiver oversight.

- ✓ **Consider Alzheimer's disease medications when indicated.**
 - The current standard of care for Alzheimer's disease dementia is treatment with a cholinesterase inhibitor (donepezil, rivastigmine, galantamine) initiated in the mild stage and N-Methyl-D-aspartate (NMDA) receptor antagonist (memantine) added in the moderately severe stage of the illness. Discuss treatment goals and possible side effects with patients and caregivers before beginning therapy. Follow patients closely while starting new medication.

- ✓ **Assess for mood and behavior changes**
 - Many patients with dementia experience changes in mood including depression, anxiety or changes in personality and behavior. Non-pharmacologic approaches are the recommended first line treatment for these symptoms. If non-pharmacologic approaches are unsuccessful, a serotonin reuptake inhibitor is the recommended first line pharmacological treatment.
 - In general, benzodiazepine-based drugs have limited usefulness in dementia because of their side effects like sedation, gait unsteadiness, and worsened memory. If used, they should be used cautiously and prescribed for a limited period of time, monitoring the patient very closely for effectiveness and side effects.

- If treatment is unsuccessful, consider referring your patient to a provider who specializes in managing behavior changes in dementia such as a geriatric psychiatrist or a memory and aging clinic.
- Many providers choose to use antipsychotic medications as off-label therapy for behavioral disturbances. While these medications are not FDA approved for this indication, they can be effective and should be used cautiously.
- Avoid antipsychotics in patients with Parkinson's disease dementia or dementia with Lewy bodies.

✓ **Evaluate patient safety**

- Ask about driving abilities, problems managing finances, wandering, firearms in the home, and cooking
- Recommend enrollment in the Medic Alert + Safe Return Program www.medicalert.org/safereturn
- Suggest aids for daily functioning including to-do lists, a calendar, and other written reminder, technology for medication management, safety (e.g., emergency response, door alarms)
- Consult with specialists (neurology, neuropsychology, geriatrician) to determine with the older adult has the capacity to make medical or financial decisions. To learn more about decisional capacity: <https://www.rush.edu/services-treatments/geriatric-services-older-adult-care/assessing-decisional-capacity-curriculum>

✓ **Recommend regular physical activity, a healthy diet, social activity, hobbies, and intellectual stimulation.**

- Memory Cafes, Adult Day Services, Creative Arts Therapies (art, dance, music), Silver Sneakers, etc. can be very helpful programs for adults with dementia.

✓ **Make referrals and follow-up plan.**

- Provide appropriate referrals: occupational therapy, physical therapy, social work, speech language pathology, psychiatry, home health, homemaker services
- Plan to follow the patient regularly; request that the patient select a relative or trusted friend to serve as a care partner who can attend each medical appointment and help monitor changes in the patient's daily routine, mood, behavior, and sleep
- Write down all recommendations/treatment plans, ensuring that treatment plans are understood and feasible for the patient and caregiver. Offer the patient and caregiver a checklist of "next steps and resources" [Now What? Next Steps After a Diagnosis of Alzheimer's Disease or Other Dementias](#) about Alzheimer's disease or other dementias.



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- Consider referring the person with impairment to a dementia specialty clinic if diagnostic or management concerns remain.
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More Information

✓ **Clinical Trials resources**

- NIA ADEAR Center clinical trials finder: www.nia.nih.gov/alzheimers/clinical-trials
- Alzheimer's Association's TrialMatch service: www.alz.org/trialmatch
- ClinicalTrials.gov: www.clinicaltrials.gov

✓ **National and community resources:**

- Alzheimer's Disease Education and Referral (ADEAR) Center: 1-800-438-4380 and adear@nia.nih.gov
- National Institute on Aging www.nia.nih.gov/alzheimers
- Alzheimer's Association: 1-800-272-3900 and www.alz.org
- Alzheimer's Foundation of America: 1-866-232-8484 and www.alzfdn.org
- The Association for Frontotemporal Degeneration: 1-866-507-7222 www.theaftd.org
- The Lewy Body Dementia Association: 1-800-539-9767 www.lbda.org
- Cure PSP: 1-800-457-4777 www.psp.org
- Eldercare Locator: 1-800-677-1166 and www.eldercare.gov
- National Academy of Elderlaw Attorneys www.naela.org
- Home Care Association of American www.hcaoa.org
- Resources for Clinicians <http://www.alz.org/health-care-professionals/health-care-clinical-medical-resources.asp>
- Example of physician communicating diagnosis: <https://www.youtube.com/watch?v=vy2ZC5ZSZL8>
- Comprehensive safety measures brochure: http://www.alz.org/national/documents/brochure_stayingsafe.pdf
- Driving evaluation programs: <https://lifecenter.ric.org/index.php?tray=content&tid=top6&cid=3257>
- Local nonprofit organizations:
 - Illinois Department on Aging 1-800-252-8966 www.illinois.gov/aging
 - Illinois Department of Rehabilitation Services www.dhs.state.il.us

✓ **Illinois Memory and Aging Specialty Clinics**

- Advocate Memory Center www.advocatehealth.com/memorycenter
- Alexian Brothers Memory & Cognitive Disorders Center www.alexianbrothershealth.org/neurosciences/services/memory-disorder
- Northshore University Neurological Institute northshore.org/neurological-institute/centers-and-programs/alzheimers-disease-and-memory-disorders-program/
- Northwestern Medicine Neurobehavior and Memory Clinic www.brain.nm.org
- Northwestern Medicine Central DuPage Hospital www.cadencehealth.org/what-we-offer/specialized-care/neurosciences/dementia#locations
- Rush Memory Clinic <http://www.rush.edu/services/memory-clinic>
- SIU School of Medicine Memory and Aging Clinic <http://www.siumed.edu/alz>
- University of Chicago Center for Comprehensive Care and Research on Memory Disorders <http://www.uchospitals.edu/specialties/neurosciences/memory/>

- UIC Memory and Aging Clinic
http://chicago.medicine.uic.edu/departments_programs/departments/neurology/patient_care_neurology/memory_aging_clinic

For links to the resources listed in this guide, go to www.nia.nih.gov/alzheimers/publication/managing-older-patients-cognitive-impairment.