

User:Britom/Sandbox

Under construction / Forgotten

This article was marked by its author as *Under construction*, but the last edit is older than 30 days.

If you want to edit this page, please try to contact its author first (you will find him in the history (<https://www.wikilectures.eu/index.php?title=Britom/Sandbox&action=history>)). Watch the page as well. If the author will not continue in work, remove the template {{Under construction}} and the page.

Last update: Tuesday, 25 Oct 2011 at 4.25 pm.

Alzheimer's disease (AD)

also called Alzheimer disease, senile dementia of the Alzheimer type, primary degenerative dementia of the Alzheimer's type, simply Alzheimer's, and folk-etymological names such as "old-timers' disease", is the most common form of dementia. This incurable, degenerative, and terminal disease was first described by German psychiatrist and neuropathologist Alois Alzheimer in 1906 and was named after him. Most often, it is diagnosed in people over 65 years of age, although the less-prevalent early-onset Alzheimer's can occur much earlier. In 2006, there were 26.6 million sufferers worldwide. Alzheimer's is predicted to affect 1 in 85 people globally by 2050.

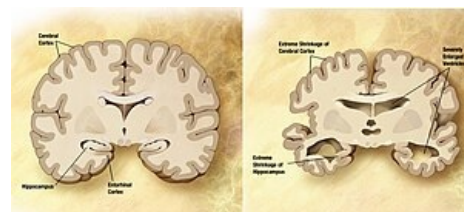
Guidelines for the Management of Alzheimer's Disease

Assessment

Conduct and document assessments of the following: Daily function, including feeding, bathing, dressing, mobility, toileting, continence, and ability to manage finances and medications Cognitive status, using a reliable and valid instrument such as the Mini-Mental State Examination Other medical conditions Behavioral problems, psychotic symptoms, and depression Reassess the patient every 6 months or more frequently if indicated. Identify the primary caregiver and assess the adequacy of family and other support systems. Assess the culture, values, primary language, and decision-making process of the patient and family.

Treatment

Develop and implement an ongoing treatment plan, with defined goals that include the following: Use of cholinesterase inhibitors, if clinically indicated, to treat cognitive decline Referral for appropriate structured activities such as exercise, recreation, and adult day care Appropriate treatment of comorbid medical conditions Treat behavioral problems and mood disorders using the following: Nonpharmacologic approaches such as environmental modification, task simplification, and appropriate activities Referral to social service agencies or support organizations, including the Alzheimer's Association Safe Return Program for people who wander Medications, if clinically indicated Patient and caregiver education and support Discuss the diagnosis and progression of Alzheimer's disease with the patient and family in a manner consistent with their values and preferences, as well as the patient's abilities. Refer the patient and family to organizations that can provide educational materials on community resources, support groups, legal and financial issues, respite care, and future care needs and options



Comparison of a normal aged brain (left) and the brain of a person with Alzheimer's (right). Differential characteristics are pointed out.

Further reading

CUMMINGS JL,. *Guidelines for managing Alzheimer's disease : Part I. Assessment*. 1st edition. 2002. ISBN 1;65(11):2263-2272.

CUMMINGS JL,. *Guidelines for managing Alzheimer's disease : Part II. Treatment*. 1st edition. 2002. ISBN 1;65(11):2263-2272.

this article is related to Multifactorial Inheritance, Heritability