What Do They Mean for Patients with AD and their Caregivers?

The Third Canadian Consensus Conference on the Diagnosis and Treatment of Dementia (CCCDTD3) recommendations were created and targeted towards healthcare professionals, though there are several important recommendations that may have significant impact on patients and their caregivers. In reviewing some of the key points of the recommendations, patients and caregivers can become more educated about AD care and develop reasonable and informed expectations about the course of disease and the types of treatments that may be used.

Reviewed by Dave Fost

In the fall of 2007, the Third Canadian Consensus Conference on the Diagnosis of Treatment of Dementia (CCCDTD3) published a comprehensive set of review articles providing detailed recommendations for the diagnosis, treatment and assessment of Alzheimer’s Disease (AD) and other dementias.1 While the target audience for these recommendations was healthcare professionals (e.g., family physicians, neurologists, and other specialists with an interest in the care of patients with AD), there are several important recommendations made in the various documents that have a significant impact on patients and their caregivers.

The following review outlines some of these recommendations and discusses how they might influence AD patient and caregiver expectations for care.

**Prevention of AD**

Perhaps the most important aspect of the CCCDTD3 recommendations for the general public is the section dedicated to preventing AD.2 To reduce the risk of developing AD, the authors of the guidelines recommend that physicians ensure that their patients have normal blood pressure (BP). If the pressure is high, it should be...
treated to get it to a safe level. Maintaining a normal BP is also important for reducing the risk of stroke, heart attacks and other problems, so it is clearly a goal that physicians should be working towards for all of their patients.

The use of estrogen (alone or in combination with progesterone)—hormone replacement therapy (HRT)—is also associated with an increased risk of AD. Physicians should therefore assess the use of HRT for older women and determine whether the benefits of continuing therapy outweigh the potential dangers. There are many other potential ways to reduce the risk of developing AD, but the authors of the CCCDTD3 recommendations caution that none of these have been conclusively proven to do so.

**Making and Communicating the Diagnosis of AD**

The CCCDTD3 is clear in stating that the diagnosis of AD is usually made by a patient’s family doctor. He or she can usually tell if AD is present based on the description of symptoms by the patient and/or family members. Essentially, the patient exhibits a sustained pattern of worsening memory problems, accompanied by difficulties performing daily tasks or by changes in behavior.

If the doctor suspects AD or a related dementia, the guidelines recommend that he or she evaluate the patient with a “brief cognitive test.” This is usually a short, verbal test given by the doctor in his or her office. There are many different tests that can be used; all are useful in helping the doctor determine whether the changes discussed with the patient are indicative of dementia or are less severe changes associated with normal aging. The physician should also order a simple blood test to determine the patient’s level of vitamin B12, which is often low in people with AD. If the diagnosis is still not clear, the doctor may opt to send a patient for further testing. Most often, this is done by a specialist, although the family doctor will be kept informed of the results. The types of testing done to help verify a diagnosis may include scans of the brain (e.g., computed tomography [CT] or computerized axial tomographic [CAT] scan, magnetic resonance imaging [MRI]). More specialized scans may also be used in particularly complex cases; positron emission tomography (PET) and single photon emission computed tomography (SPECT) are two of the methods used to investigate whether or not there are changes in the brain that would indicate the presence or absence of AD.

Once the diagnosis has been made, doctors are instructed by the CCCDTD3 recommendations to communicate these findings to the patient and his or her family as soon as possible. Indeed, the authors recommend that the disclosure of possible AD be done as soon as the possibility of disease is suspected.

In such a case, patients should expect to learn about the disease: how it affects the brain, what the prognosis is and how it is to be treated. The latter consideration should involve mapping out a plan for regular follow-up visits and a discussion of possible drug therapies that can help delay the progression of the disease.

**Driving and AD**

The ability to drive is a very important issue for patients and their families. The CCCDTD3 guidelines recognize this importance and devote a significant amount of space to its discussion. They state that physicians need to communicate to their patients with AD that giving up driving will be an inevitable consequence of their disease. The guidelines recommend that patients be tested on an individual basis to assess their suitability for driving. The testing should be done by a healthcare professional.
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Non-drug Strategies for AD
Patients who have been diagnosed with AD should be aware that the CCCDTD3 has recommended individualized exercise programs to help improve functional performance (i.e., ability to continue carrying out daily activities). Family doctors may have experience in helping develop such programs, or they may have colleagues with such expertise, to whom they can refer their patients.

Drug Treatments for AD
To date, there is no cure for AD. The treatments that are currently recommended are used to slow down its inevitable progression. There are essentially two types of drugs recommended by the CCCDTD3 that a doctor may choose to use: cholinesterase inhibitors and memantine. The cholinesterase inhibitors available in Canada are donepezil, rivastigmine, and galantamine (Table 1). The recommendations state that memantine can be used alone or in combination with one of the cholinesterase inhibitors in moderate or severe AD, while one of the cholinesterase inhibitors should be used for mild disease (Table 1). The CCCDTD3 does not make a specific recommendation for the choice of cholinesterase inhibitor. This is left up to the physician and the patient (and family) to discuss and decide.

Clinical research. In Canada, there are usually opportunities for patients to take part in a research study in AD. After making a diagnosis, doctors may inform their patients of such opportunities. The patient should expect to be told exactly what the study is investigating, and what they would need to do to participate. Doctors should not put any pressure on patients and their families either to take part or to opt out.

Herbal supplements. The CCCDTD3 states that there is no compelling evidence to suggest that any herbal or vitamin supplements are of any use in patients with AD.

The Importance of Caregivers
The CCCDTD3 authors clearly recognize the importance of care-
givers for patients with AD; approximately 90% of AD patients live at home and are cared for by family members and/or friends.

One of the aspects of caregiving that the CCCDTD3 encourages doctors to recognize is that caring for a loved one with AD can have a detrimental effect on the caregiver’s health as well. Doctors are encouraged to reach out to caregivers during appointments and inquire not only about the health of the AD patient, but about the health of the caregiver him/herself.

Furthermore, physicians are encouraged to direct caregivers to community support services, such as the Alzheimer’s Society, community-based dementia programs and memory clinics.

The CCCDTD3 also states that providing medical therapy (e.g., cholinesterase inhibitor) for patients with AD can provide indirect benefit to the health of caregivers. This is thought to be through a reduction of time required to care for the patient.

Conclusions
The CCCDTD3 provides doctors and other healthcare professionals with a guideline of how to diagnose and care for their patients with AD. This educational and decision-making tool is an invaluable resource for providing the best care possible, based on the best research conducted to date.

In addition to providing education for healthcare professionals, the CCCDTD3 offers some insights to patients and AD caregivers. By reviewing some of the key points of the recommendations, patients and caregivers can become more educated about their care and develop reasonable and informed expectations about the course of disease and the types of treatments that may be used. By becoming active and informed members of the care team, patients and caregivers can help their physicians diminish the impact of this devastating disease and provide the best level of care for as long as possible.

Impact on Patients and Their Caregivers

References: