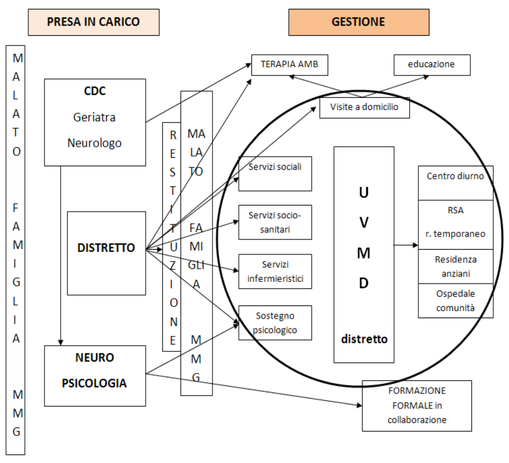
Diagnosis and management of Alzheimer's disease: Diagnostic pathways and Therapeutic Relief (PDTA) for people with dementia in High Vicentino

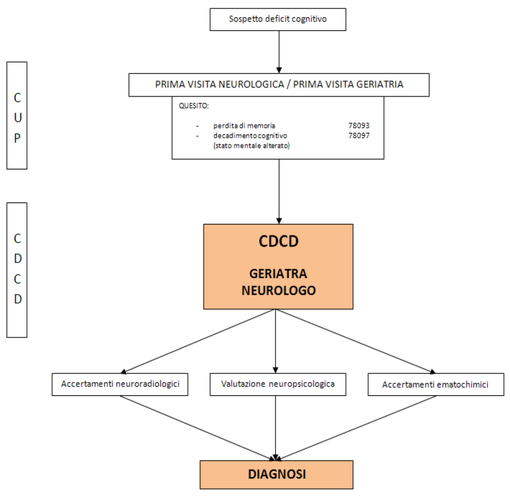
Michele Pistacchi[1],Sanson Flavio[1], Viviana Lunardelli[1], Laura Bologna[2], Franco Figoli[3], Matteo Napoli[4], Manuela Gioulis[5], Sandro Zambito Marsala[5]

1) Neurology Department, Santorso Hospital, Santorso (VI), Italy 2) Internal Department, Santorso Hospital, Santorso Hospital (VI), Italy 3) Territorial Palliative Care Coordinator, High Vicentino, Santorso Hospital (VI), Italy 4) Territorial General Physician Coordinator, High Vicentino, Santorso (VI), Italy 5) Neurology Department, San Martino Hospital, Belluno (BL), Italy

Introduction

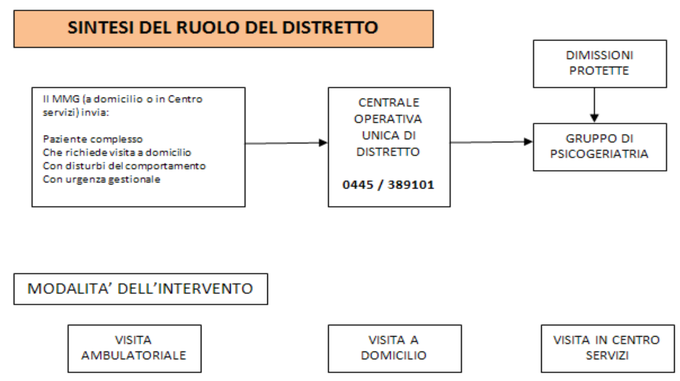
The growing numbers of people with dementia worldwide have recently attracted global interest – the World Alzheimer Report 2009 predicted worldwide estimates of 36 million people living with dementia in 2010, doubling every 20 years to 66 million by 2030 and to 115 million by 2050.
The goal of the Care Pathway Model for Dementia is to improve quality of life and daily functioning both for individuals diagnosed with dementia and for their families or other caregivers. Therefore we need to establish diagnostic and therapeutic pathway for this vulnerable population integrating hospitalation and community care according to the criteria established by international guidelines.





Discussion

The PDTA established for dementia patients in Hight Vicentino provides the following pathway and it is settled on three basic fields.
First step: the general physician plays a crucial role in the recognition of early cognitive impairment administering the Symptoms of dementia screneer (SDS) test.
When he suspects a possibile cognitive impairment (wrong answer by 5 of 11 items) further refers the patient to the Cognitive Disorders Center and Dementia (CDCD) where Neurologist and Geriatracian co-operate.
If the patient presents an advanced dementia pathology or whenever a social and family fragility may be suspected, the general physician refers the patient to the territorial district (signalling at the Territorial Operations Centre).
They activate a progressive schedule endorsed with electronic data connecting the specialists and general practitioners.
Second step: when the patient is taken into care by CDCD specific drug therapies may be administered (cholinesterase inhibitors and the NMDA receptor antagonist memantine) and a neurological, cognitive and psychiatric screening should be planed.
Specific interest might be set in the quality of daily living and activities.
This phase also involves initiating treatment at Day or Relief care centers and caregiver training programs (followed by the CDCD neuropsychologists team) starts.
The management of behavioral disorders includes pharmacological treatment with are managed of neuroleptics administration by the CDCD.
Third step: this phase includes the management of patients with severe loss of autonomy, hypokinetic syndrome, total dependence for the common activities daily living.
The Hight Vicentino PDTA is slowly moving towards a palliative care approach similar to oncological end life care.
The social health planning must therefore include a common planning between primary and secondary care, focusing the organizational strategy within the department of Primary Care, that, through the expertise of properly trained case managers, may drive the connectiong among the different specialists involved, outside the hospital.



References

1. Alzheimer's Disease International. *World Alzheimer Report 2009*. London: Alzheimer's Disease International; 2009. Available from: http://www.alz.co.uk/research/files/WorldAlzheimerReport.pdf. Accessed October 14, 2014.
2. Mundt JC, Freed DM, Greist JH Lay person-based screening for early detection of Alzheimer's disease: development and validation of an instrument J Gerontol B Psychol Sci Soc Sci 2000 May;55(3):P163-70 .
3. Morhardt D, Weintraub S, Khayum B, Robinson J, Medina J, O'Hara M, Mesulam M, Rogalski EJ. The CARE pathway model for dementia: psychosocial and rehabilitative strategies for care in young-onset dementias Psychiatr Clin North Am. 2015 Jun;38(2):333-52.

.