



National Prescribing Service Limited



# Case study 54: Caring for patients with Alzheimer's disease

(for GPs, pharmacists, nurses and other health professionals)

NPS case studies are designed to help you refine your clinical decision-making skills. After you complete and submit the case study, you will receive expert commentaries along with aggregated responses that provide a snapshot of your colleagues' responses.

## Scenario

Joseph, a 75-year-old retired engineer complained of memory loss several months ago and was referred to a psychogeriatrician. He was diagnosed with mild Alzheimer's disease (Mini-Mental Status Examination [MMSE] score of 22). He and his wife come to you to discuss his treatment options.

Joseph has a two-year history of progressive short-term memory loss, and his ability to perform daily activities has declined. He has difficulty performing household tasks, such as preparing meals, which he had previously enjoyed doing and he often becomes disorientated when walking in familiar neighbourhoods. He no longer feels able to use his computer as he cannot remember what to do. He is still able to perform basic activities of daily living, such as personal hygiene and dressing, and instrumental activities like emptying the dishwasher. His short-term memory loss and problems with more complex activities of daily living were confirmed by his wife.

Joseph has no significant past medical history and is not on any regular medications. He does not drink alcohol or smoke.

On examination, Joseph is alert and interactive. He is afebrile. His MMSE is 22/30 with his major deficits being in short-term memory and orientation in time. His gait is steady and visual acuity is 6/6 in each eye. His physical examination is unremarkable except for his mental status exam revealing the deficits described above. No vascular changes were reported on his CT scan. Urea and electrolytes are normal as are his B-12 and thyroid function tests.

## How to participate

**All participants:** Complete ALL questions, fill in appropriate details and sign the consent agreement in the 'Your details' box (see over).

**GPs:** To be included in the **Quality Prescribing Initiative** of the **Practice Incentives Program (PIP)**, quote your **provider and prescriber numbers** in the spaces provided.

**Pharmacists:** This activity is recognised for continuing professional development by the Pharmaceutical Society of Australia (PSA), the Society of Hospital Pharmacists of Australia (SHPA) and the Australian Association of Consultant Pharmacy (AACP). PSA members, quote your membership number in the space provided. SHPA and AACP members, please self-record this activity. For details on recording participation, see <http://casestudy.nps.org.au>

**Send to NPS by:  
3 October 2008**

**Send to:** NPS  
PO Box 1147  
Strawberry Hills NSW 2012  
**Or fax to:** (02) 9211 7579

**Complete and submit your case study  
online at: <http://casestudy.nps.org.au>**

## Case study 54: Caring for patients with Alzheimer's disease

NPS office use only

Read the scenario overleaf and complete ALL the questions.

1. What non-pharmacological strategies (e.g. memory prompts) would you recommend to help him cope with his memory loss and activities of daily living?

\_\_\_\_\_

\_\_\_\_\_

2. a) Which of the following would you recommend for Joseph (please tick all that apply):

- non-pharmacological strategies
- donepezil (Aricept)
- galantamine (Reminyl)
- memantine (Ebixa)
- rivastigmine (Exelon) capsule
- rivastigmine (Exelon) patch
- other (please specify): \_\_\_\_\_

- b) Please state why:

3. What are the potential benefits and harms of cholinesterase inhibitors or memantine?

Potential benefits \_\_\_\_\_ Potential harms \_\_\_\_\_

4. If drug treatment was started, what investigations/assessments would you use to monitor its effectiveness and when would you undertake them?

Investigation/assessment \_\_\_\_\_ How soon after starting drug? \_\_\_\_\_

Two years later, Joseph's wife returns concerned after reading that risperidone is an 'antipsychotic'. Joseph has been using risperidone 0.5 mg twice daily for the last 6 months for agitation. She reports that his agitation has ceased and the only remaining problem is occasional wandering particularly in the late afternoon. On examination, he has no other physical complaint.

5. a) Would you consider trialling a withdrawal of risperidone?

Yes  No

- b) Why/ Why not?

### Your details

Please tick one

- GP  Pharmacist  Other health professional
- GP registrar  Intern pharmacist  Student – medical
- Other medical specialist  Registered nurse (RN Div 1)  Student – other
- Enrolled nurse (RN Div 2)

Title

Family name

Given name

Postal address

Suburb/town

State

Postcode

Phone number

### GPs

Provider no.

Prescriber no.

### Pharmacists (PSA members only)

Membership no.

(SHPA and AACP members, please self-report)

### Important:

Required for you to be included in the Quality Prescribing Initiative, or receive 1 PSA credit point.

All participants must sign: I consent to these data being recorded (as applicable) for the purposes of PIP, PSA credit points and NPS evaluation.

Participant's signature

\_\_\_\_\_

Date:

/   /

day month year