



# Health Bulletin



## Alzheimer's Disease And Long-Term Care: Important Things to Consider

(NAPSA)—With the aging of the U.S. population, Alzheimer's disease is estimated to affect 4.5 million Americans by 2010. This means, in the near future, many families will have to face difficult decisions about long-term care for their loved ones with the disease.

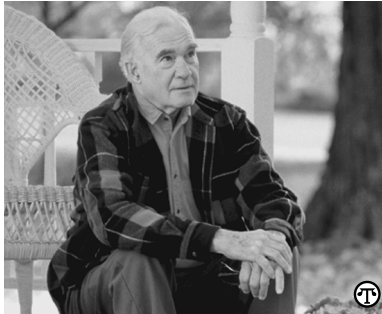
What are some important things families should consider before placing a loved one in a nursing home or assisted living facility? Here, from Lynn Heup, MSN, GNP, RN, a nurse practitioner with extensive experience caring for patients with Alzheimer's disease in the long-term care setting, are a few answers.

*Q: How do you know when it's time to place a loved one with Alzheimer's into a long-term care setting?*

When there is no other alternative to meet the physical, medical, cognitive, social, emotional, safety, and/or financial needs of your loved one within your own home. Common factors that precipitate placement include functional and cognitive impairment and/or decline, multiple medical comorbidities, recent hospitalization, and any event or decline that requires closer medical supervision and safety monitoring. Each family has to weigh all the variables, but it's important for them to know that they do have options.

*Q: What should you look for in a nursing home?*

Examine the systems the facility has in place to ensure the safety of its residents. Inquire as to whether staff has been trained to care for geriatric patients and their needs. Ask about the staff-to-patient ratio for all shifts, including the weekend. Make sure the facility is clean, and that doctors visit patients with appropri-



ate frequency and are available to answer your questions.

*Q: Should I look for a facility with a dementia care unit?*

I suggest you look for a facility that has either a dementia care unit or a clear understanding of the specific needs of someone with dementia.

*Q: What type of support should one expect to get from the staff at a long-term care facility?*

Staff should be respectful and empathetic to the family and the patient. This means allowing residents to make as many decisions for themselves as possible and listening to their concerns and responding appropriately. Staff should give the patients as much privacy as possible, and should consistently be assigned to the same patients in order to build relationships with them. Overall, it's important for the staff, family and entire healthcare team to work together to reach the patient's goals.

*Q: Is it inevitable that dementia patients in a long-term care setting will show behavioral symptoms? Are there treatments that can help?*

Many patients with moderate to severe Alzheimer's disease have behavioral issues, which are often the result of unmet needs, such as frustration from being unable to

communicate. Interventions include: decreasing or eliminating stimuli that precipitate agitation and aggression, such as changing a resident's schedule, activities, room or unit; music therapy; and family interaction. Prescription medications may also help.

A study published in the *Journal of the American Medical Association* (JAMA) found that treatment with Namenda® (memantine HCl), the first and only NMDA (N-methyl-D-aspartate) receptor antagonist indicated for the treatment of moderate to severe Alzheimer's disease, along with a cholinesterase inhibitor, provides greater cognitive, functional and behavioral benefits to people with moderate to severe Alzheimer's than treatment with donepezil plus placebo. An in-depth behavioral analysis of the JAMA study found that, in patients maintained on stable therapy with a cholinesterase inhibitor, treatment with Namenda was associated with improvement in behavior, such as agitation, irritability, and appetite changes, compared to patients receiving a placebo.

Namenda is available by prescription in the U.S. For more information, ask your doctor about Namenda or visit [www.namenda.com](http://www.namenda.com). Individual results may vary by patient.

Namenda (memantine HCl) is contraindicated in patients with known hypersensitivity to memantine HCl or any excipients used in the formulation. The most common adverse events reported with Namenda vs placebo (>5% and higher than placebo) were dizziness, confusion, headache, and constipation. In patients with severe renal impairment, the dosage should be reduced.