










Dementia: Treatment

Reference
Link

NON-PHARMACOLOGIC TREATMENT

Key Care Plan Actions (See CPM for details)	Role*	
Provide Patient/Caregiver Education — Provide printed materials (see listing in CPM on page 19)		
Care Coordination — <ul style="list-style-type: none"> • (If high risk/high caregiver stress): Refer to Care Manager for care plan. • (If homebound) Refer to Home Health (see coordination checklist in CPM) • Evaluate and treat behavioral disturbance (see CPM) • Advise on home environment issues (sleep hygiene, physical and social activity, importance of routines) 		
Safety — <ul style="list-style-type: none"> • Evaluate for driving safety, elder abuse, medication safety, fall risk, and home safety • Refer to resources as needed (e.g., Safe Return Program, financial assistance, home supervision, area agency on aging) 		
Maximize Function — Consider referral to audiology, ophthalmology, speech therapy, physical therapy, and/or occupational therapy.		
Caregiver Support — Assess for caregiver burden regularly (see CPM). Give Alzheimer's Resources fact sheet.		
Advance Care Planning — <ul style="list-style-type: none"> • Assist patient/family to complete advance directive or POLST • Provide Advance Care Planning booklet 		

* Icon Legend:  Physician  Care Manager

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PHARMACOLOGIC TREATMENT

Dementia Diagnosed

REVIEW and CONSIDER stopping offending medications*

DISCUSS medication risks, benefits, and preferences with patient/caregivers

CONSIDER prescribing medications per dementia type (See [CPM](#))

Type	Medication Considerations
Alzheimer's Disease	<ul style="list-style-type: none"> • MILD: Donepezil (Aricept), dosing is 5 mg daily (am) X 1 mo.; can titrate to 5 mg BID X 1 mo. and then to 10 mg daily (am) • MODERATE/SEVERE: Add memantine (Namenda), dosing is 5 mg daily X 1 wk.; titrate up to 10 mg BID over 4 wks.
Vascular/mixed (See Alzheimer's for dosing)	<ul style="list-style-type: none"> • Aspirin (unless contraindicated) • Treat vascular risk factors as appropriate • Donepezil (Aricept): Dosing as above • Consider memantine (Namenda) if moderate to severe
Frontotemporal, Lewy Body, and Parkinson's Dementia	<ul style="list-style-type: none"> • ALL: Refer to neurology • ALL: Memantine IS NOT recommended • Lewy Body/Parkinson's: <ul style="list-style-type: none"> – Avoid antipsychotics** – Trial of cholinesterase inhibitors

ASSESS medication and ADJUST dosing, as needed, at each follow-up appointment

* Especially anticholinergics, diphenhydramine (Benadryl), benzodiazepines, and muscle relaxants (see [CPM](#) for more).

** If antipsychotic needed, choose quetiapine (Seroquel) at lowest possible dose (12.5 mg QHS).