

Challenges in Management of Elderly and Frail Alzheimer's Disease Patients

Bharati K*

Health Policy Consultant - UNESCO, India

***Corresponding author:** Kaushik Bharati, PhD, MIPHA, FRSPH (London), Health Policy Consultant – UNESCO, New Delhi, India, Email: dr.kaushik.bharati@gmail.com

Keywords: Alzheimer's; Disease; Patients; Caregiving; People

Abbreviations: WHO: World Health Organization; ADR: Adverse Drug Reactions.

Introduction

Alzheimer's disease is a progressive neurodegenerative disorder, which is responsible for the majority of dementia cases across the globe. Approximately 50 million people are currently suffering from Alzheimer's worldwide [1]. Disease onset is clinically characterized by cognitive function impairment, which slowly progresses to loss of memory, confusion, behavioral and personality changes, difficulty speaking, loss of ability to live independently, and eventually resulting in a vegetative state [2]. As per the World Health Organization (WHO), the number of people suffering from dementia worldwide is likely to triple by 2050 [3]. In general, Alzheimer's develops after the age of 65 years, which accounts for 5-10% of this age group. This number increases to 50% in those above 85 years [4]. Notably, the prevalence of Alzheimer's disease is 19-29% lower in men than in women. Generally, Alzheimer's patients die within 5-12 years of disease onset [5].

There are two major pathological manifestations of Alzheimer's disease. These include (i) extracellular accumulation of amyloid- β peptide (A β), resulting in deposition of β -amyloid plaques in brain parenchyma and (ii) formation of intraneuronal aggregates of hyperphosphorylated tau protein, often termed as neurofibrillary tangles [6]. These proteins are responsible for the loss of connectivity between nerve cells, eventually resulting in neuronal death. The β -amyloid plaques bring about memory loss and other cognitive issues [7]. Some

Perspective

Volume 2 Issue 1 Received Date: March 25, 2024 Published Date: April 10, 2024 DOI: 10.23880/oajfs-16000105

risk factors for developing Alzheimer's include age, obesity, diabetes, brain inflammation, infections, and genetic predisposition.

The clinical features of Alzheimer's disease are much more severe in frail and elderly people. The unique challenges faced by this category of Alzheimer's patients should be taken into account while planning a tailored, patient-specific management strategy.

Psychiatric and Behavioral Aspects in Elderly Alzheimer's Patients

Alzheimer's patients often exhibit agitation and behavioral issues, especially in the elderly, which requires specialized attention. Strategies should be in place for proper management, employing pharmacological agents and environmental modifications, among others to negate the triggering stimuli, thereby ensuring safety of the patient [8]. Implementation of targeted approaches and evidence-based strategies will enable physicians to attenuate agitationrelated risks and improve the outcome [9].

Challenges for Alzheimer's Patients and Their Caregivers

Alzheimer's disease not only affects the lives of patients, but also has a significant negative impact on their caregivers. Patients and caregivers face numerous challenges during the entire course of the disease. This essentially stems from the progressive cognitive decline that hampers the patient's quality of life [10]. The caregivers also face tremendous emotional and psychological problems, including severe stress, anxiety, burnout, and even depression. Coupled with this is the huge financial burden that come part-and-parcel with the disease [11]. Having a proper understanding of



these challenges is of the utmost importance for physicians to provide holistic and patient-centred care. Additionally, this understanding will enable them to better support and advocate for the needs of this vulnerable group [12].

Challenges in Prescribing Medications for Alzheimer's Patients

Managing Alzheimer's patients involves following complex medication regimens that can be challenging for elderly and frail individuals. Some factors that influence prescribing practices for Alzheimer's patients include the degree of cognitive impairment, polypharmacy, and drug interactions, among others. Moreover, information of past medications is also a prerequisite while prescribing, in order to ensure patient compliance and avoid any chance of adverse drug reactions (ADR).

Judicious utilization of electronic health records can streamline medication regimens and enable smooth access to crucial medical information. Moreover, implementation of structured protocols that are tailored to the unique needs of elderly Alzheimer's patients will help physicians to optimize delivery of medication and improve overall patient safety and prognosis [13].

Addressing Comorbidity in Alzheimer's Patients

Physicians face unique challenges while managing elderly Alzheimer's patients with comorbidities. These include having strategies ready for thoroughly assessing the patient, ensuring timely medical intervention, as well as coordination of care in order to optimize outcomes while considering the complexities, such as cognitive and functional impairments [14]. Emphasis is laid on common comorbid conditions, such as cardiovascular diseases, diabetes, cancer, and HIV/ AIDS. This is coupled with implemention of evidencebased strategies tailored to the patient's individual needs. Integration of structured protocols in clinical practice will enhance the management of comorbidities in Alzheimer's patients, thereby ensuring holistic patient care [15].

Challenges in Communication

Proper management of elderly Alzheimer's patients requires effective communication skills. Effective communication with these patients requires patience, empathy, and compassion. The unique needs of these patients require communication strategies that are tailored to suit each patient. These will help to establish rapport and build trust and bondage, which will lead to meaningful interactions. Simple language should be used that is spoken slowly and clearly, maintaining eye-to-eye contact all along. Listening intently, validating emotions, using visual aids or gestures can facilitate communication and establish a sense of connection. Caregivers should be taken into confidence, as they are likely to be valuable partners in caring and fostering a supportive therapeutic environment. Using these approaches, physicians can promote dignity, reduce frustration, and improve the overall quality of care for elderly Alzheimer's patients [16,17].

Besides the patients themselves, it is of vital importance to effectively interact with the caregivers for comprehensively managing frail Alzheimer's patients [18]. They should be made to feel important in the care pathway. This will encourage them to participate proactively in the process of caring for these patients. Addressing the concerns of the caregivers is also vital. Moreover, providing guidance on sharing sensitive information, offering resources, and involving them in health decision-making for the patients are very important. Therefore, through open communication and partnership with caregivers, physicians can enhance patient-centred care, improve outcomes, and alleviate the burden of caregiving [19].

Informed Consent and Ethical Considerations

Addressing informed consent and decision-making capacity is of paramount importance when managing Alzheimer's patients. Decision-making capacity should be based on factors such as the degree of cognitive impairment, fluctuating mental status, and the ability to comprehend treatment options [20]. Additionally, the role of surrogate decision-makers and legal frameworks in guiding the decision-making process are also very important. By taking these aspects into consideration with sensitivity and diligence, physicians can uphold the autonomy of the patients, promote shared decision-making, and ensure ethically sound delivery of care [21].

Ethical issues are crucial in managing elderly Alzheimer's patients. Some important aspects include ethical dilemmas related to end-of-life care, stopping treatment, and allocation of resources. By adhering to ethical principles and legal mandates, physicians can ensure the provision of compassionate, respectful care, while upholding patient rights and dignity during the entire course of treatment [22].

End-of-Life Care Decisions

Taking end-of-life care decisions is very difficult, both for the physicians, as well as the patient's loved ones. This decision depends of various factors, encompassing ethical, legal, and emotional aspects, considering the fact that this is a highly sensitive topic. In order to proceed, conversations with the patient and next-of-kin should be initiated. These discussions usually include end-of-life preferences, respecting patient autonomy, and honoring advance directives, such as living wills and do-not-resuscitate orders. Also, approaches to support families, provide compassionate care, and facilitate shared decision-making during end-of-life transitions are also important. By addressing these aspects with empathy and professionalism, physicians can uphold patient wishes, minimise suffering, and promote dignity and comfort for terminally ill Alzheimer's patients and their families [23,24].

Future Directions

With regard to the future prospects for the management of Alzheimer's patients, some aspects should be taken into consideration. There should be more focus on innovative research, technological advancements, and out-of-thebox thinking directed at improving the care and prognosis of Alzheimer's patients. Other thrust areas should be the development of predictive tools for detecting at-risk patients, the integration of telemedicine and remote monitoring systems, and the implementation of specialized training programs for neurologists. Moreover, collaborations with community resources, advocacy efforts, and development of evidence-based policies to address the evolving needs of Alzheimer's patients should be encouraged. Additionally, multidisciplinary collaboration, technology integration, and personalized medicine should be explored for shaping the future of Alzheimer's therapies. Thus, the future appears to be bright, as the sustained commitment of the medical fraternity towards providing holistic, patient-centred care, promises to ensure that people living with Alzheimer's receive the dignity, respect, and support they deserve.

References

- 1. Martinez LG, Calfío C, Farias GA, Vilches C, Prieto R, et al. (2021) New frontiers in the prevention, diagnosis, and treatment of Alzheimer's disease. J Alzheimer's Dis 82(s1): S51-S63.
- 2. Stone JG, Casadesus G, Rothenberg KG, Siedlak SL, Wang X, et al. (2011) Frontiers in Alzheimer's disease therapeutics. Ther Adv Chronic Dis 2(1): 9-23.
- 3. Kaplan W, Laing R (2004) Priority medicines for Europe and the world. WHO, Geneva, Switzerland, pp: 1-154.
- 4. Arvanitakis Z, Shah RC, Bennett DA (2019) Diagnosis and management of dementia. JAMA 322(16): 1589-1599.
- 5. Long JM, Holtzman DM (2019) Alzheimer disease: An update on pathobiology and treatment strategies. Cell 179(2): 312-339.
- 6. Scheltens P, Blennow K, Breteler MM, De Strooper B,

Frisoni GB, et al. (2016) Alzheimer's disease. Lancet 388(10043): 505-517.

- Li X, Li TQ, Andreasen N, Wiberg MK, Westman E, et al. (2014) The association between biomarkers in cerebrospinal fluid and structural changes in the brain in patients with Alzheimer's disease. J Intern Med 275(4): 418-27.
- Halpern R, Seare J, Tong J, Hartry A, Olaoye A, et al. (2019) Using electronic health records to estimate the prevalence of agitation in Alzheimer disease/dementia. Int J Geriatr Psychiatry 34(3): 420-431.
- Fillit H, Aigbogun MS, Gagnon-Sanschagrin P, Cloutier M, Davidson M, et al. (2021) Impact of agitation in longterm care residents with dementia in the United States. Int J Geriatr Psychiatry 36(12): 1959-1969.
- 10. Grabher BJ (2018) Effects of Alzheimer disease on patients and their family. J Nucl Med Technol 46(4): 335-340.
- 11. Hiyoshi-Taniguchi K, Becker CB, Kinoshita A (2018) What behavioral and psychological symptoms of dementia affect caregiver burnout? Clin Gerontol 41(3): 249-254.
- 12. Hill JD, Schmucker AM, Siman N, Goldfeld KS, Cuthel AM, et al. (2022) Emergency and post-emergency care of older adults with Alzheimer's disease/Alzheimer's disease related dementias. J Am Geriatr Soc 70(9): 2582-2591.
- Lennox A, Braaf S, Smit DV, Cameron P, Lowthian JA (2019) Caring for older patients in the emergency department: Health professionals' perspectives from Australia - the Safe Elderly Emergency Discharge project. Emerg Med Australas 31(1): 83-89.
- 14. Kaczynski A, Michalowsky B, Eichler T, Thyrian JR, Wucherer D, et al. (2019) Comorbidity in dementia diseases and associated health care resources utilization and cost. J Alzheimer's Dis 68(2): 635-646.
- 15. Strac DS, Konjevod M, Sagud M, Perkovic MN, Erjavec GN, et al. (2021) Personalizing the care and treatment of Alzheimer's disease: An overview. Pharmgenomics Pers Med 14: 631-653.
- 16. Schmidt KL, Lingler JH, Schulz R (2009) Verbal communication among Alzheimer's disease patients, their caregivers, and primary care physicians during primary care office visits. Patient Educ Couns 77(2): 197-201.
- 17. Egan M, Berube D, Racine G, Leonard C, Rochon E (2010) Methods to enhance verbal communication between

individuals with Alzheimer's disease and their formal and informal caregivers: A systematic review. Int J Alzheimer's Dis 2010: 906818.

- Bachmann P (2020) Caregivers' experience of caring for a family member with Alzheimer's disease: A content analysis of longitudinal social media communication. Int J Environ Res Public Health 17(12): 4412.
- Svendsboe E, Terum T, Testad I, Aarsland D, Ulstein I, et al. (2016) Caregiver burden in family carers of people with dementia with Lewy bodies and Alzheimer's disease. Int J Geriatr Psychiatry 31(9): 1075-1083.
- 20. Angelopoulou E, Papachristou N, Bougea A, Stanitsa E, Kontaxopoulou D, et al. (2022) How telemedicine can improve the quality of care for patients with Alzheimer's disease and related dementias? A narrative review. Medicina (Kaunas) 58(12): 1705.
- 21. Del Bene VA, Geldmacher DS, Howard G, Brown C,

Turnipseed E, et al. (2023) A rationale and framework for addressing physician cognitive impairment. Front Public Health 11: 1245770.

- Kumar N, Fatima M, Ghaffar S, Subhani F, Waheed S (2023) To resuscitate or not to resuscitate? The crossroads of ethical decision-making in resuscitation in the emergency department. Clin Exp Emerg Med 10(2): 138-146.
- 23. Siu HYH, Elston D, Arora N, Vahrmeyer A, Kaasalainen S, et al. (2020) The impact of prior advance care planning documentation on end-of-life care provision in long-term care. Can Geriatr J 23(2): 172-183.
- 24. Dorsemans AC, Coarelli G, Heinzmann A, Verdon B, De Luca M, et al. (2023) End-of-life discussions with patients and caregivers affected by neurogenetic diseases. Neurol Clin Pract 13(6): e200199.