Date (dd/mm/yy): _____
Physician Name:

PCDATA
Primary Care | Dementia Assessment & Treatment Algorithm

PC-DATA Diagnosis and Initial Management Flow Sheet:

1. Determine Type of Dementia:

☐ **Alzheimer's Disease**: Onset insidious: Yes ☐ Slow Progression Yes ☐ Initial Symptoms Often Deficits in STM: Yes ☐
☐ **Vascular Dementia**: Evidence of CVD by: History (stroke): Yes ☐ Neuroimaging: Yes ☐ Physical Exam: Yes ☐
☐ **Mixed Alzheimer's and Vascular**: Evidence of both AD and Vascular
☐ **Parkinson's Disease Dementia**: Parkinsonian Symptoms (tremor/rigidity/postural instability/bradykinesia): Yes ☐ Duration of Parkinsonism for at least one year preceding dementia: Yes ☐
☐ **Dementia with Lewy Bodies**: Onset of dementia before or within one year of Parkinsonism: Yes ☐ Major Criteria: Parkinsonism Visual Hallucination early in course Yes ☐ Fluctuations in Cognition or LOC: Yes ☐ Minor criteria: neuroleptic sensitivity Yes ☐ other psychotic symptoms early Yes ☐ Falls Yes ☐

2. Disclosure of Diagnosis:

☐ Discuss differences between normal aging and dementia ☐ Discuss difference between dementia and Alzheimer's
☐ Acknowledge uncertainty if early dementia ☐ Discuss importance of function in dx

3. Information about Dementia and Services:

Information About Dementia: ☐ Discuss course of dementia (slowly progressive) ☐ Highlight strengths ☐ Online resources
☐ Discuss follow-up plans after diagnosis, monitoring every 3 – 6 months
Information about Services: ☐ Discuss current needs for supports and services and next services most likely required
☐ Provide information from Alzheimer Society ☐ Refer to local Alzheimer Society ☐ Local CCAC for Eligibility for Services
☐ Discuss with Dementia Care Manager about other Services. Depending on stage of dementia and caregiver may discuss: ☐ Day Programs ☐ Respite ☐ Long Term Care

4. Nonpharmacological Management:

☐ Regular exercise ☐ Enjoyable mental activities ☐ Management of HTN and other cardiovascular risk factors ☐ Limit intake of alcohol ☐ Low fat diet ☐ Treatment of risk factors for stroke

5. Discussion of Treatment with Cholinesterase Inhibitors:

☐ Indication for mild to moderate Alzheimer's disease (also have evidence in Vascular, PDD, DLB). Goals of treatment: ☐ Improvement or stabilization in memory and function ☐ Prolong independence ☐ Behavioral benefits
Discussion of Cholinesterase Inhibitors: ☐ Donepezil (Aricept) ☐ Galantamine (Reminyl) ☐ Rivastigmine (Exelon)
Discussion of Tx Benefits: ☐ Not a cure ☐ Average 6 - 12 months stabilization, some people have significant benefit
Contraindications (any): Consider EKG if one not on file, look for evidence of: LBBB: Yes ☐ 2 or 3 degree AV block: Yes ☐ Sick Sinus Syndrome: Yes ☐ Sympotmatic bradycardia/syncope without pacemaker: Yes ☐. **Precautions**: History of Seizure Yes ☐
Severe COPD: Yes ☐ PUD: Yes ☐ Renal Impairment (if yes Donepezil preferred): Yes ☐
If contraindication present may consider starting with Memantine: ☐

6. Initiating Treatment with Cholinesterase Inhibitor:

Dosing: Donepezil: Initial: 5 mg daily Maximum: 10 mg daily Titration: Increase from 5 → 10 in 4 weeks
Galantamine ER: Initial 8 mg daily Maximum: 24 mg daily Titration: Increase 8 → 16 → 24 every 4 weeks (little difference between 16 and 24 mg dose
*Rivastigmine (oral – second line due to higher rate of side effects): Initial: 1.5 mg BID, Maximum: 6 mg BID: Titration: Increase 1.5 BID →3 BID →4.5 BID → 6 BID (little difference between 4.5 BID and 6 BID). Patch : Initial: 5 Maximum: 10: Titration Patch 5 → Patch 10 in 4 weeks (Note: Cost of $167.00/month)

7. Adverse Events with Cholinesterase Inhibitors:

Most individuals have no side-effects. Discuss Serious but rare side-effects: Syncope/bradycardia and risk of falls: ☐
Common Side Effects: ☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Decreased appetite/wt loss ☐ Muscle aches ☐ Vivid dreams/insomnia

8. Preventing Side-Effects:

☐ Take medications with meals ☐ Take medications in morning

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9. Monitoring Treatment Benefits and Emergent Side-Effect with Cholinesterase Inhibitor:

Follow-up visit every 3 – 6 months. Goal to see stabilization or initial improvement over first 6 month of treatment
Review: Memory symptoms: ☐ Functioning: ☐ Behaviors: ☐ Caregiver Impression
If no benefit noted on first trial: Discuss of switching from one cholinesterase inhibitor to another
Management of Side Effect: ☐ Reduce dose to lowest effective dose (Donepezil 5, Galantamine 16, Rivastigmine 3 BID)
☐ Rechallenge at higher dose using longer time period ☐ Switch to another ChEI ☐ Switch to memantine if unable to tolerate any ChEI

10. Discussion of Treatment with Memantine (Ebixa):

☐ Indication for moderate to severe Alzheimer's disease (also have evidence in Vascular, PDD and DLB) Goals of treatment: ☐ Improvement or stabilization in memory and function ☐ Prolong independence ☐ Behavioral benefits ☐Augment existing ChEI treatment
Contraindications: Severe renal impairment (eGFR < 30) ☐, Maximum of 10 mg daily in moderate renal impairment (eGFR: 30 – 60)
Dosing: Initial: 5 mg QAM, Maximum: 10 mg BID; Titration 5 mg QAM → 5 mg BID → 10 mg QAM + 5 mg at 17:00H → 10 mg PO BID increase dose every 7 days

11. Adverse Events with Memantine:

Uncommon, tends to be well tolerated: Common side-effects: ☐ Dizziness ☐ Confusion ☐ Hypertension
Management: Reduce dose: ☐

12. Follow-Up Plans

☐ Contact Dementia Care Manager (if needed): Reason: _____
☐ Recommendations to Patient/Caregiver: _____
☐ Investigations: _____
☐ Medication Changes: _____
☐ Referral to Other Agency: _____
☐ Follow-up visit (routine in 3 – 6 months or earlier if needed): Next Follow-up: _____