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www.reachmd.com

info@reachmd.com

(866) 423-7849

Team Approach: Enhancing Collaboration in AAD Management

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Porsteinsson:

This is CME on ReachMD and I'm Dr. Anton Porsteinsson. Joining me today is Dr. Brendan Montano.

Brendon, how do you enhance collaboration in the management of agitation in Alzheimer's disease? How do you get the patients and caregivers to bring this up to you and talk to you about what is going on?

Dr. Montano:

Well, I think there's no question that practicing physician or PA, NP, whomever is the provider, knows that they can't do this job alone. It's really a team approach. Very important that we incorporate and use every support system that we have, including psychologists and neurologists who are very good at reassessing, and assessing and reassessing, the Alzheimer's patient with agitation. And establishing support also, with the local Alzheimer's Association. I found that to be extremely beneficial. And it's taking some of the worry and the burden away from the caregiver to have answers to questions that otherwise would be difficult for them. They are so supportive that I think it's a requirement almost that you make sure that they take advantage and drink at that well, if you will.

Ensuring clear communication among and between all people involved is so important and I think the more you're able to use the team as a support, the better people will do.

Is that your experience, by the way?

Dr. Porsteinsson:

Exactly. And the Alzheimer's Association, if we talk about the caregiver, then education about the agitation, the fact that this is part of the disease and that it is so common that this is not willful behavior or some sort of spiteful act by the patient.

Because that often emerges. I hear it from patient's partners that, I don't understand why he or she is acting this way towards me for all that I do for them. I only have their best interest at heart, and yet they oppose my help, they don't want me to do this or that or the other for them, and they complain that all I'm doing is policing them. And it's critical to get education about this. But in addition to that, it is so important to make sure that we have a common language here, that we actually are talking about the same things because caregivers often use very different language about what is going on. They may say that the behavior is crazy, it's manic, it's relentless. And it's important to ask them, give me examples. What is going on? What is happening that is so distressing for both of you, and creating this level of difficulty in managing the patient? How long has this been going on? Is it new?

In my clinic, I'm well-resourced. So, we have a social work team, and having a social worker that you can bring into this, or a nurse that has the skill and the understanding and can provide pointers about how to change the interaction and the dynamic between the patient and the care partner, as well as kind of making sure that the flow of information from the patient, from the care partner, to the health care

provider is consistent because the behaviors are so dynamic and they're often basically, this is an emergency and we can't just see people and then schedule them again in 2-month's time.

Dr. Porteinsson:

Well, this has been a great bite-sized discussion. Hopefully you can put some of these tips into your own practice tomorrow. Thanks for listening.

Announcer:

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