



Hospice Case Study: Advanced Dementia

For patients with Dementia due to Alzheimer's disease and related disorders, our hospice care provides customized plans of care and palliation for optimal outcomes, with focus on clinical interventions for patient comfort, education and support for caregivers, and hospitalization reduction.

92-yo Mrs. S was admitted to hospice with advanced dementia due to Alzheimer's disease, complicated by progressive malnutrition, recurring UTIs, hypertension, and long-standing osteoporosis and osteoarthritis. She had a history of chronic pain related to her arthritis and from prior vertebral compression fractures. Her daughter-in-law was her primary caregiver with the assistance of an adult granddaughter also living in the home.

At the time of admission, Mrs. S was bedbound, functionally dependent for all ADLs (PPS of 30%), and sleeping in excess of 18 hours per day. She had lost 10% of her body mass despite efforts to support her nutritionally with supplements and increased attention to feeding. Her mid-arm circumference was also decreasing. Her medications included donepezil, memantine, hydrochlorothiazide, alendronate, and naproxen. In the past year she had been hospitalized twice for altered mental status and fever associated with UTIs. The family expressed preference for hospitalization avoidance.

At hospice admission, Mrs. S seemed uncomfortable. She had been incontinent for several months, but had not had a bowel movement in five days. She was nonverbal but smiled at familiar faces. She experienced increased difficulty swallowing, and her blood pressure was 90/70 with a heart rate of 72. After discussion with her attending and hospice physicians, her medications were adjusted: Hydrochlorothiazide discontinued as with her weight loss/other changes an antihypertensive is no longer needed; in light of her dysphagia and limited prognosis, alendronate discontinued; because of age and dysphagia, naproxen discontinued; Senna 2 tabs daily started for constipation, with a Dulcolax suppository ordered daily, if needed; acetaminophen 325mg 2 tabs three times daily for discomfort; and tramadol 50mg made available q 4h prn for breakthrough pain. The family received education on the potential use of a stronger opioid if pain becomes a bigger issue.

Hospice RN visits were made twice weekly and hospice aide visits three times weekly. The family received education including optimal handfeeding of a dementia patient with dysphagia. The RN assessed for disease progression, response to treatment, and presence of new issues. Social worker and chaplain visits were scheduled to support the patient as well as the family caregivers who were clearly stressed. Advance directives were completed with help from the social worker. Mrs. S had improved eating over several weeks with careful handfeeding, discontinuation of the gastrointestinal irritant medications, and better bowel management. Her pain was well managed with APAP and tramadol. A UTI was handled with an oral antibiotic. When the family displayed significant signs of exhaustion, a respite stay for five days at a nearby nursing facility was arranged.

In the following three months Mrs. S became less responsive. She began having agonal respirations with grimacing. Morphine was administered in small doses for relief of distress. She expired quietly with her family and hospice staff in attendance.

Contact us to begin the hospice conversation or to address specific questions regarding hospice care for patients with Dementia. We Are Here.

Our Care Matters

- Mrs. S's hospice care was provided in her home.
- Family education led to improved patient outcomes with eating and bowel management
- Chaplain and support services were provided for the patient and the family
- Support for the family included five days of respite care

When Life Matters Most

- Adjustments in medications and education allow for improved patient comfort.
- Early interventions with symptom management for UTIs prevent hospitalizations.
- Pain management is adjusted as needed for improved outcomes.
- The family was appreciative to avoid hospitalizations and invasive treatments, and for the care of their "Nana" at home with the assistance of hospice.