



## Newly Diagnosed Patient - Setting a Plan

### Disclosing the Diagnosis

1. Best communicated with close family member(s) or friend present.
2. Prep for bad news by asking: "Is it OK to share what I think is going on?"
3. Even if it's mild cognitive impairment, mention high concern for Alzheimer's disease.
4. If mild cognitive impairment, 30% may never get worse (but most have Alzheimer's).
5. Include optimism: things will change slowly, many years good living still to come.

### When to Consider More Urgent Referral to Specialist

1. If results of cognitive evaluation are uncertain and more assessment is wanted.
2. If patient is interested in learning more about possible newer treatments.
3. If visual hallucinations are present (risk of Lewy body disease).
4. If onset of cognitive impairment before age 65.
5. Other neurologic symptoms present (such as a tremor or focal neuro deficit on exam).

### Brain Health Checklist (Consider as a saved text phrase in the EHR.)

- Alcohol: limiting to 0-1 drinks will help.
- Medications: limit sedating and anticholinergics.
- Contributors: treat sleep apnea and hearing loss.
- Encourage exercise, healthy diet, social engagement.

### Community Resources

1. Powerful Tools for Caregivers: free 6-week class teaching coping skills.
2. Alzheimer's Association Help Line: 24/7 social work support 800.272.3900

### Follow-up Visits

1. Durable Power of Attorney: set back up to spouse before patient loses capacity.
2. Discuss medications to treat cognitive decline.