Alzheimer's Therapy

Name

Institution Affiliation

Assessing and Treating Individuals with Alzheimer Disorders

Introduction

Alzheimer disorder is a continuous neurodegenerative disorder with a high statistical growth in the modern world. Research shows that the number of individuals with Alzheimer's Disorder dementia is estimated to triple by the year 2050. The rise in Alzheimer's Disorder prevalence has heightened the importance of more research on Alzheimer's Disorder treatment. Past information and data have revealed that ancient medicine can be a source of motivation and inspiration to acquire new therapies (Maruish, 2012). There is a type of dementia in ancient Iranian medicine with similar signs and symptoms of Alzheimer's Disorder. Iranian ancient medicine explains the causes of disorders by recognized Greek concept, the humorist. In this concept, all human organs have a health temperament that has four essential qualities such as coldness, hotness, wetness and dryness. When the equilibrium state of these qualities is disturbed, the organs transform to unhealthy temperament which was traditionally referred to as "intemperament." For example, if the temperament of the brain is exposed to coldness, cold intemperament in the brain will happen. By this concept, ancient Iranian medicine categorizes dementia into four groups: cold and wet, simple cold, hot and dry and cold and dry. This paper focuses on how therapy can be provided in the case of a seventy-six old man diagnosed with Alzheimer's disorder.

Decision Point One

Selected Decision

Begin Aricept (donepezil) 5 mg orally at Bedtime

Reason for Selection

The individual was diagnosed with Alzheimer's disorder which is treatable by donepezil. This drug is utilized to treat dementia related to Alzheimer's disorder (Rothschild, 2014). Donepezil does not cure Alzheimer's disorder, but it improves the awareness, ability to function and memory. This drug blocks enzymes and restores the balance of neurotransmitters in the brain. The dosage is based on the health response and condition for treatment. To lower side effects such as diarrhoea and nausea, a health care practitioner starts donepezil medication at a low dose and increases the dose with time.

Expected Results

Donepezil is a quality drug expected to yield therapeutic results after two to three weeks. By the end of the third week, the patient is expected to improve his/her awareness and regain proper memory (Yusuf, 2015). Moreover, the patient should have a lower score on the MMSE, which should drop by about 25% from the previous score.

Differences between Expected and Actual Results

The patient returns to the clinic after four weeks. He is still not interested in attending church activities and proceeds to exhibit disinhibited actions. Moreover, MMSE was administered to the patient where the scores were 18 out of 30 (Siemers, 2014). There were improvements in the results, hence expectations that the therapy would work.

Decision Point Two

Selected Decision

Increase dose to 10 mg orally at Bedtime

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At this level, it is evident that the individual is responding positively to the dose administered. Donepezil is working effectively, and there are no notable side effects (Fratiglioni, 2016).The manner in which the disorder is reducing is a bit slow, and the dose should be increased to 10 mg to quicken the recovery process.

Expected results

Since Donepezil has shown that it can lower the effects of this disorder, the expected results are that increasing the dosage will help improve the condition of the patient with less time. Within, the four weeks, the MMSE scale is expected to indicate a reduction of more than fifty percent in its score (Maruish, 2012). The patient is expected to recover in future and regain his normal behaviors fully.

Difference between Expected Results and Actual Results

After four weeks, the individual was brought back to the clinic and reported a further improvement in his condition. The MMSE scale is not administered at this level (Rothschild, 2014). However, the increase in the usage of Donepezil was to reduce the symptoms of the disorder. As expected, the symptoms reduced, and the patient began resuming some of his former habits, a sign that the therapy was working.

Decision Point Three

Selected Decision

Maintain present dose

Reason for Selection

From the start, the client has continued to show transformations in his condition. In addition, the client has not suffered any side effects of utilizing Donepezil (Yusuf, 2015). At the present dose of 10 mg of Donepezil, the client symptoms have reduced by more than fifty percent. This shows that the present dose is effective and should be offered more times as the transformation is evaluated before deciding to transform the dose. However, it should be noted that increasing the dose may contribute to side effects.

Expected Results

It is expected that the present dose will proceed to be effective in improving the awareness, ability to function and memory of the patient. After three months, the patient is expected to have outcome this disorder. Moreover, most of the symptoms should have completely disappeared, and the client is expected to have resumed most of his normal behaviors.

Difference between Expected Results and Actual Results

The Aricept should not be discontinued as long as it does not affect the patient. At the end of the twelve weeks, N-Methyl-D-aspartate therapy may be utilized with cholinesterase inhibitors to further improve the condition of the patient (McEwen, 2015).

Impact of Ethical Considerations on the Treatment Plan

When managing this therapy, ethical standards should be at the core of every decision considered. Alzheimer's Disorder treatment is the most controversial medication in the current health community (Dubois, 2016). The risks encountered with this medication directs that necessary action needs to be taken by ethics before planning on the therapy process.

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