



Hospice Clinical Appropriateness:

End-Stage Alzheimer's
and Other Forms of Dementia

VITAS[®]
Healthcare



Make the nation's hospice leader your partner in care

Your patients depend on you to guide them in making some of the most important decisions they will ever make. So, when it comes to helping them choose hospice, you'll want to refer them to a provider with a proven record of administering the highest quality of clinical, spiritual and emotional support services. You'll want to partner with VITAS.

Physicians, hospitals, nursing homes, assisted living communities and home health agencies refer to VITAS because they trust our protocols. Developed over more than 35 years of caring for patients at the end of life, our expertise and resources ensure comfort, peace, and satisfaction for patients and patients' families. Clinicians know we work hand in hand with them in a multidisciplinary team environment, so every patient will have the full benefit of excellent care and symptom management as he or she nears the end of life.

Hospice as part of your continuum of care

Hospice services are designed to supplement the high level of care attending physicians and clinical staff bring to their patients. Partnering with VITAS has many benefits:

- VITAS staff actively monitors and manages changes/declines in your patient's condition.
- VITAS support reduces emergency calls to the physician, which minimizes the burden and stress on office/facility staff.
- VITAS services reduce calls to 911 or unnecessary transfers to the hospital/ED.
- VITAS clinicians are available as an experienced end-of-life resource at all times.
- VITAS care plans are dependent upon the attending physician's approval, and we welcome the physician's input on care.

Is Alzheimer's disease a terminal illness?

The number of people suffering with dementia is increasing, and this trend is projected to continue. The National Hospice and Palliative Care Organization reports that in 2012 approximately 200,000 patients were admitted to hospice care with a primary diagnosis of dementia.¹ "Alzheimer's disease and other progressive dementias are life-altering and eventually fatal conditions for which curative therapy is not available. Thinking of dementia as a terminal illness from which people are dying over years instead of months allows one to focus explicitly and aggressively on a palliative care plan."²



Hospice for end-stage Alzheimer's and other forms of dementia

According to the American Medical Association (AMA), dementia is a major public health problem with a profound impact on millions of patients and their families. Dementia caused by neurological degenerative disease, especially Alzheimer's disease, is increasing in frequency. It is not clear if this increase reflects a greater awareness of the symptoms or if people simply are living longer, and thus there are more people developing dementia in old age.

The hospice plan of care for end-stage Alzheimer's and other types of dementia is specially designed for the treatment of a wide range of issues, including pain, hydration and nutrition, skin care, agitation and recurrent infection.

Additionally, VITAS offers the emotional and spiritual support that is essential to so many loved ones and those who take care of patients with dementia. Hospice helps address the fatigue, depression, isolation, guilt and financial burdens that, in the case of end-stage memory disorders, can impact the entire family.

Causes of dementia

There are many causes of dementia. The most common causes include:

- Alzheimer's disease
- Vascular dementia
- Lewy body disease
- Frontotemporal lobar degeneration
- Parkinson's disease dementia
- Progressive supranuclear palsy
- Multiple-sclerosis-related dementia



Knowing when a patient with dementia is ready for hospice care

Alzheimer's disease accounts for 60 to 80 percent of all dementia cases.³ The rate of progression varies. People with the disease live an average of eight years, but some people may survive up to 20 years.⁴ A person transitions through several stages of deterioration, which roughly parallel the stages of infant and childhood development in reverse. The essential skills acquired in the first months of life are eventually lost. These include the ability to respond or speak coherently, to walk and sit up, to control the bowels and bladder; even swallowing becomes impaired.

Patients are eligible for hospice care when a physician makes a clinical determination that life expectancy is six months or less. VITAS suggests dementia patients be evaluated for hospice if they:

- Can say only a few words
- Are dependent on others for all activities of daily living (toileting, feeding, dressing)
- Are no longer ambulatory
- Have been through a lengthy period of decline lasting several years

Even before hospice is considered...

a VITAS physician is available for a consultation. We have the time to listen to the concerns of the patient and family, describe the progression of the advanced disease, explain care options and outline a realistic plan of care. You are informed of the outcome and we maintain communication with patient and family.

A partnership with VITAS provides resources that can reduce unnecessary rehospitalization:

- **Visit frequency**—VITAS' interdisciplinary team members coordinate support based on the individualized plan of care.
- **VITAS Telecare**®—24-hour direct access to trained clinicians provides around-the-clock resources and peace of mind for patients and families, and clinical staff members in nursing homes and assisted living clinical communities.
- **Intensive Comfort Care**®—Medical management is provided in the patient's home, nursing home or assisted living community, up to 24 hours per day when medically appropriate.



Hospice admission guidelines for end-stage Alzheimer's and other forms of dementia⁵

Main symptoms of advanced dementia present in FAST 7:⁶

- Inability to ambulate without assistance
- Inability to speak or communicate clearly (often with vocabulary limited to one to five words per day)

Other symptoms of advanced dementia present in FAST 6:

- Incontinence of bowel and bladder
- Inability to dress without assistance
- Inability to bathe without assistance

Intercurrent illnesses associated with advanced dementia:

- Aspiration pneumonia
- Pyelonephritis or upper urinary tract infection
- Septicemia
- Decubitus ulcers, multiple, Stages 3-4
- Fever recurrent after antibiotics

Impaired nutritional status:

- Difficulty swallowing or refusal to eat
- If receiving artificial nutritional support (NG or G-tube, TPN), patient must be exhibiting continued weight loss despite the feedings

Comorbid conditions that significantly impair the dementia patient's health and functionality:

- Congestive heart disease or cardiovascular disease
- COPD or restrictive lung disease
- Cerebrovascular disease, including stroke
- Diabetes mellitus
- Renal insufficiency
- Malignancy

While VITAS is providing these guidelines as a convenient tool, they do not take the place of a physician's professional judgment.

Refer your
patients to
VITAS Healthcare
Call 800.93.VITAS



Easy online referrals now available
at VITAS.com/referral

¹NHPCO *Facts and Figures: Hospice Care in America*. Alexandria, VA: National Hospice and Palliative Care Organization, October 2013.

²*Diagnosis, Management and Treatment of Dementia*. American Medical Association, 1999.

³Alzheimer's Association. "Types of Dementia." Web. <http://www.alz.org/dementia/types-of-dementia.asp>. Accessed July 17, 2014.

⁴Alzheimer's Association. "Progression Through the Brain." Web. <http://www.alz.org/brain-tour/progression.asp>. Accessed July 17, 2014.

⁵Adapted from Stuart B., Herbst L., Kinzbrunner BM, et al: *Medical guidelines for determining prognosis in selected non-cancer diseases*. 2nd edition. Virginia: National Hospice Organization, 1996.

⁶Reisberg B: "Dementia: A systematic approach to identifying reversible causes."



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