

Indications for Hospice Care in the Alzheimer's Dementia Patient

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Local Coverage Determinations

- Determined by Centers for Medicare and Medicaid Services (CMS)
- Depends on a physicians certification
- Disease Specific (ex. Cancer, Endstage Heart Disease, HIV, etc.)

Decline in Clinical Status Guidelines for Alzheimer's Disease

- Progression to dependence on assistance with Activities of Daily Living (ADLs)
- Loss of consistent meaningful verbal communication
- Decline in Functional Assessment Staging (FAST <7A)

All of these criteria must be present.

FAST Staging

- 1 Normal function
- 2 Forgets words or locations
- 3 Decreased organizational capacity
- 4 Decreased complex tasks (finances)
- 5 Needs assistance with choosing clothes
- 6 Loss of dressing, bathing continence
- 7A - speech limited to 6 or fewer words
- 7B - repetitious single word speech
- 7C - loss of ambulation
- 7D - loss of postural control while sitting
- 7E - loss of smile
- 7F - cannot hold up head

Decline in Clinical Status Guidelines

- Recurrent or intractable infections or fever
- Weight Loss of 10% in the last 6 months
- Decreasing serum albumin (<2.5)
- Dysphagia with recurrent aspiration
- Advanced decubitus ulcers
- Comorbidities (DM, COPD, CHF, CKD, CVA)

2 or more of these

Case Discussion

MJ is a 76 y/o female diagnosed with Alzheimer's dementia several years ago. She lives at home with her husband who is her primary caregiver. Their children live locally in So. Cal. and often come on the weekend to take MJ shopping or to get her hair done.

Lately the children have noted their mother is less communicative when they visit. In fact, she did not recognize her youngest dtr when she came to visit last week.

Mr. J became ill with pneumonia and required hospitalization. The dtrs took turns staying with MJ and were surprised at her decline. MJ was up wandering at night. She was incontinent and had to be assisted to the BR on a schedule for toileting. She could not focus and had to be encouraged to eat. She showed signs of weight loss, her clothing was loose. Early one morning they found her disoriented on the bedroom floor. She was admitted to the hospital with sepsis and a urinary tract infection.

Once home with her husband again she seemed to be stable although she needed physical assistance to stand and take a few steps and also to bathe. On her F/U visit with her doctor she was noted to have lost weight (120 to 105lb). Mr. J observed that she had a poor appetite and was only able to tolerate small amounts of soft foods. She would cough easily when drinking fluids.

Their physician discussed MJ's decline as expected as her Alzheimer's Disease progressed and noted she was at risk for aspiration and pneumonia. He suggested that MJ was a candidate for hospice care and gave Mr. J information to review and discuss with his family.