



Clinical Marketing



Richard G. Stefanacci, DO, MGH, MBA, AGSF, CMD

As the Founding Executive Director of the University of the Sciences in Philadelphia's Health Policy Institute, Dr. Stefanacci is building on his recent tenure as a Centers for Medicare and Medicaid Services (CMS) Health Policy Scholar. In that role, he spent a year working on policy development and implementation of the Medicare Part D Pharmacy Benefit, particularly regarding access issues for frail elders.

Dr. Stefanacci has a long and passionate history in long term care (LTC). Having served as medical director for several nursing facilities and continuing care retirement communities, he is well versed in the needs of LTC facility residents. Additionally, Dr. Stefanacci's geriatric experience includes over a decade as a medical director of a large primary care private practice, a full risk provider group, a Medicare + Choice (M+C) HMO, and a Program for All-inclusive Care for the Elderly (PACE) initiative in Philadelphia.

A graduate of A.T. Still University, Dr. Stefanacci completed his clinical training at the University of Medicine and Dentistry of New Jersey in Internal Medicine and a fellowship in Geriatrics at the same institution.

Dr. Stefanacci serves on the board of trustees at A.T. Still and previously for the National PACE Association. He also is an active member of the American Medical Directors Association (AMDA), American Society of Consultant Pharmacists (ASCP), and American Geriatrics Society (AGS). Recently, he was recognized as a American Geriatrics Society Fellow (AGSF). In addition to writing and lecturing extensively, Dr. Stefanacci serves on the editorial boards of *Caring for the Ages*, *LTC Interface*, *Jefferson's Health Policy Newsletter*, and *The Journal of Quality Healthcare*.

This issue of *ALC* carries an important supplement that deals with a major health problem affecting the elderly, especially those in assisted living facilities. Alzheimer's disease (AD) currently affects an estimated 4.5 million older adults, and the prevalence of this disease continues to grow; by 2050, the number of Americans with AD could range from 11 to 16 million.

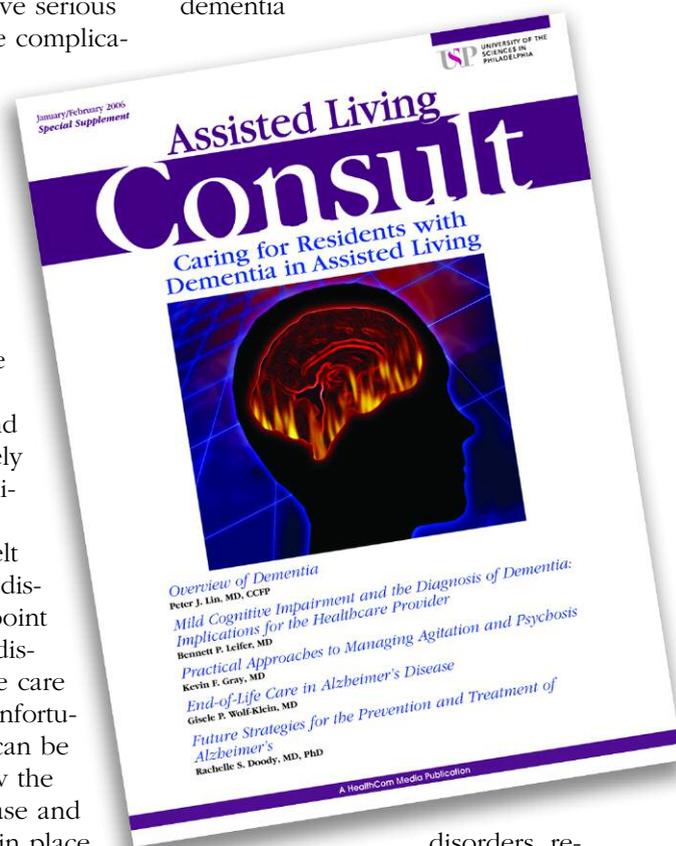
Not only does AD have serious health and quality of life complications but the disease is costly and puts an enormous burden on the health care system. Currently, national expenditures for AD exceed \$100 billion annually. And one can only imagine how this figure might grow as incidence of the disease increases.

Such an economic and societal burden negatively impacts individuals, families, and the health care system. This is clearly felt when an ALF resident's disease progresses to the point that he or she must be discharged to an alternative care setting. Indeed, this is unfortunate since a great deal can be done proactively to slow the progression of this disease and enable residents to age in place longer.

We are fortunate that research has led us to significant progress in understanding the causes, diagnoses, and proper management of AD and dementia. These rapidly evolving and accumulating data sometimes can be difficult for clinicians to interpret and integrate into practical clinical decision making when caring for these patients. This inaugural supplement of *ALC* brings us up-to-

date on the most recent dementia research findings, including state-of-the-art approaches to early patient diagnosis, supportive techniques for family and caregiver education, and current and emerging therapeutic management strategies.

This supplement appropriately begins with "Overview of Dementia," in which Dr. Peter Lin presents prevalence and costs of dementia



disorders, reviews the stages of AD, and discusses the dementia continuum from pre-diagnosis to death. This article also reviews symptoms that practitioners should be looking for in elderly patients and simple screening tests for dementia.

In "Mild Cognitive Impairment and the Diagnosis of Dementia: Implications for the Healthcare Provider," Dr. Leifer discusses the

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Bristol-Myers Squibb

Abilify 16a-h

Janssen Pharmaceutica

Razadyne IBC, OBC

Medicine-On-Time 3

Pfizer, Inc.

Aricept IFC, 1

Quigley Corporation

COLD-EEZE 22

TAP Pharmaceuticals

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From the Editor

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diagnostic criteria as well as the rationale for the early diagnosis of dementia while presenting risk factors and tips for evaluating the patient and caregiver. As part of the continuum that may progress to dementia, the presence of MCI must be properly recognized by providers to aid in the early detection, diagnosis, and appropriate treatment for dementia.

Behavioral and psychological symptoms are a frequent cause of caregiver distress and nursing home placement, associated up to 70% to 90% of patients with moderate to severe dementia. In "Practical Approaches to Managing Agitation and Psychosis," Dr. Kevin Gray provides insightful perspectives on the appropriate evaluation and management of dementia, especially in patients who exhibit behavioral and psychological symptoms. Dr. Gray presents important principles of both non-pharmacologic and pharmacotherapeutic interventions, then addresses the essential role of adequate caregiver support and education, which ultimately can lead to successful symptomatic management in dementia patients.

In "End of Life Care in Alzheimer's Disease," Dr. Gisele Wolf-Klein focuses on issues that inevitably face caregivers of AD patients inevitably face as the disease progresses. The author reviews a palliative care approach of the terminal AD patient, underscoring the need for advance directives. She also describes ramifications of artificial feeding and hydration and the special burdens and other challenges for the patient's family.

The final article, "Future Strategies for the Prevention and Treatment of Alzheimer's Disease," offers a circumspect view of new and future avenues in AD prevention and treatment. Given that AD is expect-

ed to become a significantly larger public health issue in the next 50 years, it is important that providers, residents, and caregivers receive and understand the most current evidence-based information about what the future holds for disease management, especially in the assisted living arena. This review by Dr. Rachelle Doody describes associated risk factors (age, diet, apolipoprotein E, homocysteine, glucose, blood pressure, and early education/mental stimulation), mainstay pharmacotherapies (cholinesterase inhibitors, memantine, and high-dose vitamin E), and the potential for developing vaccines and other emerging strategies in AD.

In aggregate, this series of articles is meant to equip ALF providers with information on the pathophysiology, diagnosis, treatment and social impact as new and insightful research in dementia and AD gains momentum. Armed with the latest research perspectives and clinical applications in this featured *ALC* supplement, ALF providers are poised to further optimize management of patients with AD and other dementias. By focusing attention of clinical issues such as the management of AD with the same level of intensity that ALFs do their marketing plans, residents will be able to live in their ALF homes longer. This surely will go a long way to maintaining healthy full facilities. **ALC**



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