

## Pharmacists

**1. You have two patients in your caseload. Ernest has been found wandering and lost several times in the last few weeks, and his dementia has gradually gotten worse. Mary occasionally has visual hallucinations, bradykinesia, and sometimes when she appears at the pharmacy she's alert and attentive. Other times she is distracted. Based on the symptoms, what type of dementia do Ernest and Mary appear to have?**

- A. Ernest appears to have frontotemporal dementia and Mary appears to have Alzheimer's dementia.
- B. Ernest appears to have vascular dementia and Mary appears to have Alzheimer's dementia.
- C. Ernest appears to have Alzheimer's dementia and Mary appears to have Lewy body dementia.
- D. Ernest appears to have Lewy body dementia and Mary appears to have Lewy body dementia also.

**2. A patient's wife visits the pharmacy and indicates that her husband, who has moderate Alzheimer's disease, experienced a precipitous decline in cognition during the last week. She says, "Friday he was the same as he had been for several months. On Monday, he had trouble paying attention. He seemed okay at breakfast but by lunch he was confused about several things. During the mid afternoon he seemed to improve, but by supper time he sat in his recliner and wouldn't even respond to me." You asked several questions and learn that over the weekend, he had consumed a considerable amount of alcohol at a family party. Weather was extremely hot and humid. Which of the following may be the problem?**

- A. He may have developed delirium secondary to alcohol intake and dehydration.
- B. He probably experienced a cardiovascular event over the weekend.
- C. This episode probably has nothing to do with his dementia.
- D. This episode is very likely a side effect of his cholinesterase inhibitor.

**3. Mrs. Smith is a caregiver for her husband of 30 years who has frontotemporal dementia. She is clearly discouraged and tired when she comes to the pharmacy, and she asks you, "is there anything I can do to reduce his symptoms?" Which of the following statements is TRUE?**

- A. Mrs. Smith's husband is likely to plateau and remain at a consistent cognitive level indefinitely; she may find this encouraging.
- B. Frontotemporal dementia is characterized by stepwise decline and closely associated with cardiovascular events.
- C. Adding a cholinesterase inhibitor to Mr. Smith's drug regimen could slow decline for six months to a year.
- D. There is no cure for frontotemporal dementia; treatment is palliative and Mrs. Smith's husband will probably need 24-hour care within 6 to 8 years.

**4. An advanced practice nurse practitioner calls you and indicates that she has a patient who has mild cognitive impairment. Patient is asking for medication to improve his memory. What's the most appropriate thing to tell the APRN?**

- A. The drug of choice for mild cognitive impairment is donepezil.
- B. Mild cognitive impairment does not need pharmacologic treatment.
- C. Mild cognitive impairment does not need pharmacologic treatment, but starting an anti-cholinesterase inhibitor early may prevent development of dementia.
- D. NMDA antagonists are recommended for mild cognitive impairment, but only for 6 to 12 months.

**5. Mr. Rollison is a 75-year-old who has moderate Alzheimer's disease. His prescriber had started tapering his anticholinesterase inhibitor, but Mr. Rollison's symptoms worsened. The prescriber re-titrated his dose to its previous level. Mr. Rollison has recently become combative at medication administration times, and he has had several choking episodes when aides try to feed him. The healthcare team is considering a feeding tube. What recommendation would you make?**

- A. Consider oral galantamine in applesauce
- B. Consider a rivastigmine transdermal patch
- C. Consider an every third day dosing regimen
- D. Consider discontinuing the current AChI

**6. Ethel M. is a 67 year old who is in the very early/mild stages of dementia after having mild cognitive impairment for several years. She has educated herself about the disease, and is well informed. She is interested in medication to delay disease progression. Which of the following is the best course of action?**

- A. Her physician should ask her to appoint a decision-maker with whom he can discuss various medication options.
- B. Her physician should refer her to a specialist for medication because patients who move from MCI to dementia are not generally medicated.
- C. Her physician should prescribe amyloid directed immunotherapy.
- D. Her physician should consider any of the available AChI based on her unique characteristics and personal preferences.

**7. Ethyl M.'s dementia progresses, and within 3 years she is in the later stages of dementia. Her sister Ellen is her decision-maker and caregiver. Ellen asks if it is necessary to continue the AChI. What is the best answer?**

- A. There is no correct answer at this time, and after discussing realistic expectations and the medication's risks, you should be able to decide what is best for Ethyl.
- B. Whenever you're ready, just stop giving the AChI to Ethyl; at this point, it doesn't matter.
- C. Stopping the medication will probably cause rapid deterioration in Ethel's condition, so continue giving it, and she probably has only a few months left to live.
- D. Consider putting Ethel into hospice care, and they will make decisions about what medications should be discontinued.

**8. Ethel's sister Ellen continues to care for Ethyl at home. She visits the pharmacy approximately twice every month. In the last visit, she appears exhausted and begins to cry when you ask how she is. She indicates that she is overwhelmed caring for Ethyl, trips to the pharmacy are the only time she leaves the house because she has difficulty finding someone to cover, and she is concerned about their finances. Which of the following is NOT appropriate advice for Ellen?**

- A. Ellen might consider visiting her own physician and being assessed for depression and stress related illness, because the caregiver role is a tremendous burden.
- B. Ellen is not alone. It's difficult for families to find support for patients who have dementia.
- C. Although Ellen is feeling bad today, everyone has their ups and downs and this will pass. She should just remind herself that she's a good sister.
- D. It becomes more difficult to care for patients with dementia once they progress from the early stages because they are no longer active partners in their care.

**9. Joel C. was diagnosed with early stage dementia yesterday. He was so distressed at his primary care provider's office that he had difficulty paying attention. He comes to the pharmacy today and indicates he has looked on the Internet for information, but he finds it confusing. He asks you to provide some information about dementia, and then asks for a paper-scratcher and some paper so he can write down what you say. As you talk, he raises his hand several times in a gesture that looks like the universal gesture for, "Stop." Sometimes he also drifts off, or begins talking about a different topic. Which of the following interventions is most likely to improve your communication?**

- A. Continue discussing his condition near the register, and repeat what you've said if necessary.
- B. Ask Joel to step into the counseling room where it's quieter, and use his name when he seems to be losing focus.
- C. Give Joel 4 to 5 seconds to respond to any questions.
- D. Remember the Joel is probably hearing-impaired, and if he continues to ask questions or appears not to understand, speak louder.

**10. Which of the following patients is at increased risk of drug interactions with acetylcholinesterase inhibitors, creating a need to teach caregivers how to monitor for drug overexposure?**

- A. Patients with dementia who are taking warfarin
- B. Patients with dementia who purchase over-the-counter cimetidine
- C. Patients with dementia whose medications are administered by a caregiver
- D. Patients with dementia who have renal or hepatic impairment