Alzheimer's Disease in a 76 Year-Old Iranian Male Patient

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Alzheimer’s disease is a debilitating cognitive degenerative disease that affects the elderly, even though it is not characterised by any overt organic abnormalities. This paper is about a 76 year-old male patient suffering from the condition. Mr. Akkad who is Iranian is brought to the office by his son with a history of changes in behavior in the near past. After examination by their family doctor, he had been found to have no obvious physical illness after numerous tests that included laboratory investigations and radiologic examination. The most striking observation according to the son is that the patient had been undergoing a change in behavior and personality for the last few years. Initially, he placed a lot of emphasis on religious activities but lately he had been avoiding the same. He was also avoiding and belittling the significance of other family activities that hitherto had carried great importance to him. Notably, he has been developing forgetfulness in the past twenty four months and it has been difficult to hold a coherent conversation with him lately.

**Subjective and Objective Examination**

During the examination, the patient is co-operative and is good natured. A mental status examination he is given yields a score of eighteen out of thirty. The patient is noted to be disoriented, forgetful, and lacks concentration. He is clearly demented. He can recognize people he knows but has difficulty telling where he is. He cannot also discern the time.

**Decision Point One**

The patient is started on donepezil or Aricept to be taken 5 mg before going to sleep. This is medical therapy that has been shown to be effective in symptom relief in patients with dementia of Alzheimer's disease (Stahl, 2017; Katzung, 2018). In starting this medication, what was hoped was slow but steady remission of the symptoms (Hammer & McPhee, 2018; Huether & McCance, 2017).

**Decision Point Two**

After four weeks of treatment the patient has not shown any improvement in the symptoms. This outcome was however anticipated since Aricept takes time to produce clinical therapeutic effect. There the dose is adjusted to 10mg at night. The patient and his son are reassured.

**Decision Point Three**

After the last visit, the patient now comes back with news of some improvement. The progress is slow but the patient and his son are reassured accordingly. The Aricept is continued at the same dose of 10mg when going to sleep. It is hoped that the patient will continue to improve on the medication at that optimum therapeutic dose.

References

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