



ECHO Idaho: Alzheimer's Disease and Related Dementias CASE RECOMMENDATION FORM

ECHO Session Date: 3/25/25

Thank you for presenting your patient at ECHO Idaho –Alzheimer’s Disease and Related Dementias session.

Summary:

The patient is a 73-year-old male diagnosed with Frontotemporal Dementia (FTD) experiencing worsening behavioral and psychiatric symptoms, including aggression, wandering, paranoia, insomnia, and incontinence. He has exhibited restlessness, frequent nighttime awakenings, and difficulty sleeping, which has placed a significant burden on his wife, his primary caregiver. His treatment regimen has evolved over time to manage these symptoms, including trials of various medications, with adjustments aimed at improving sleep and reducing agitation. Neuroimaging confirms severe bifrontal and right temporal lobe atrophy consistent with FTD. His wife is dedicated to keeping him at home but is experiencing caregiver strain, necessitating family support. The case highlights concerns about both the patient’s progression and his wife's well-being.

After review of the case presentation and discussion of this patient’s case among the ECHO Community of Practice, the following suggestions have been made:

Recommendations:

Encourage Respite Care for the Caregiver

- Acknowledge her concerns: The wife sees herself as the patient’s primary safety net, making her reluctant to seek outside help.
- Introduce respite care gradually:
 - A caregiver can start by assisting while she remains present to build trust.
 - Over time, this allows her to feel comfortable stepping away for short periods.
- Plan ahead: Since things are currently stable, this is a good time to prepare for when the situation worsens.
 - Discussing potential legal and financial considerations for long-term care.
- Consider adult day programs (though availability is limited).
- Caregiver Resources:
 - Free caregiver support: <https://caregivernavigator.org/>
 - Mapping out caregiver supports: <https://atlasofcaregiving.com/>
 - Alzheimer's Association 24/7 helpline and early-stage caregiving groups: <https://www.alz.org/help-support/caregiving/stages-behaviors/early-stage>
 - Free local dementia support workbook: <https://healthtools.dhw.idaho.gov/products/navigating-dementia-workbook>
 - Idaho Caregiver Alliance pop-up event on Compassion Fatigue: <https://idahocaregiveralliance.com/pup-up-events/>



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Sleep support

- Pharmacologic:
 - For insomnia and agitation, olanzapine might be a better alternative to quetiapine, as it is more sedating and may help with behavioral control.
 - Since the patient experiences frequent bowel movements, constipation from olanzapine might actually be a helpful side effect.
 - Concerns about Eszopiclone (Lunesta) exist due to fall risks observed in studies on similar sleep medications like zolpidem.
 - Melatonin may cause diarrhea, though it's a rare side effect (~1% of cases).
 - Suvorexant (Belsomra) is FDA-approved for Alzheimer's-related sleep issues, but its effectiveness in frontotemporal dementia is unclear. Suvorexant has similar side effects to Ambien with limited benefit, so it is typically avoided.
- Non-Pharmacologic Strategies for Sleep Hygiene:
 - Keep the patient active during the day (e.g., going out for pizza nights, dancing, walking).
 - Expose him to natural sunlight to regulate sleep patterns.
 - Encourage consistent bedtime routines and adjusting environmental factors.
 - Suggest the wife use a camera monitor to help her feel more comfortable sleeping in a separate room.

Prevent Caregiver Burnout

- Use the "caregiver gas tank" analogy:
 - Recognizing when she feels vital vs. distressed or burned out.
 - Encouraging self-care before she reaches exhaustion.
- Ensure respite time is actually restorative:
 - Not just for chores—she should engage in activities that recharge her energy.
 - Example: Taking a short walk, reading, or engaging in a hobby while the patient is supervised.
- Normalize the "window of tolerance" concept:
 - Recognizing early signs of distress.
 - Preparing for how to handle future declines before reaching crisis mode.
 - Resources:
 - <https://www.psychologytoday.com/us/blog/making-the-whole-beautiful/202205/what-is-the-window-of-tolerance-and-why-is-it-so-important>
 - <https://www.nicabm.com/trauma-how-to-help-your-clients-understand-their-window-of-tolerance/>

Address Anxiety:

- Frontotemporal dementia often causes significant anxiety
- SSRI treatment (e.g., sertraline 25 mg) may help manage it.
- The patient's citalopram was stopped due to polypharmacy, but reintroducing an SSRI could be beneficial.

Increase Family Involvement

- Leverage existing family support: Encourage structured help from family members rather than relying on spontaneous offers.
- Use the "[Atlas of Caregiving](#)" tool that helps map out available support to visualize who can step in when needed.