

9) Clinical Diagnosis and Management of Alzheimer's Disease

There are three primary divisions in the clinical spectrum for the diagnosis and management of AD. Signs and symptoms of the disease include cognitive impairments that occur as it progresses, effects on fluid memory, loss of cognitive domains, and crystallization of intelligence (1). There is a special section for the probable AD criterion, where substantial changes in MCI are cataloged, in the criterion of The National Institute on Aging and the Association of Central Clinical AD for All Causes of Dementia (2,3). There is a special section for the probable AD in the *National Institute on Aging y la Alzheimer's Association* (NIA-AA) core clinical for all causes of dementia, where significant changes in MCI are cataloged (1). Diagnosis: The main goal of treatment is an accurate and rapid diagnosis. It is required to cover at least 3 criteria of the NIA-AA diagnostic manual for the AD spectrum. Imaging, biopsies, serum tests, CFS tests, and genetic testing are performed. Is recommendable that people over the age of 70 who do not suffer from MCI involve evidence found through biomarkers or cerebral biopsies post mortem. Finally, an evaluation of the historical elements and the multidomain syndrome allows an evaluation of the syndromes associated with behavior (7). Management is classified into two types. The first type is non-pharmacological and should be used as the first-line treatment for BPSD, along with caregiver training and cognitive behavioral strategies. Changes in the patient's environment, persistence, and simple routines can also be extremely beneficial(6). Pharmacological management includes the cessation of harmful drugs (5), the treatment of comorbidities, the use of antipsychotics with extreme caution, anti-AD drugs such as cholinesterase and metamine inhibitors (donepezil, rivastigmine, galantamine, metmine) (7), and the proper handling of vitamins, supplements, and medical foods (1).

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