American Journal of Alzheimer's Disease and Other Dementias

Designed for and by professionals on the frontlines of Alzheimer's care, dementia, and clinical depression--especially physicians, nurses, psychiatrists, healthcare administrators, and other related healthcare specialists who deal with patients having dementias and families everyday.

In every issue, readers can find down-to-earth clinical information on:
- Practical medical, psychiatric, and nursing issues such as assessment and management of problem behaviors, communication difficulties, dealing with delusions and other psychotic features, apathy, effects of physical activity, integrated treatment approaches, new and changing pharmacotherapies, orientation behaviors, and hospice use. AJADD also includes information on management of concurrent medical issues in the patient with dementia.
- New and forthcoming diagnostic tools such as computerized testing for mild cognitive impairment and other aspects of cognitive testing, as well as high technology resources for sophisticated disease characterization. AJADD also provides information on the clinical features and management of non-Alzheimer's dementias.
- Psychosocial issues such as dealing with staff caregivers' distress, improving caregivers' communication skills, helping patients and families to deal with a diagnosis of Alzheimer's disease or another dementia, and patients' perceptions and preferences.
- Practice-oriented clinical research from the frontiers of neurology and genetics, including sleep-wake states, targeting glutamate excitotoxicity, cholesterol and apolipoprotein E, and other aspects of the underlying biology that causes the symptoms of dementia. AJADD also reports on the latest clinical trials that focus on medications for the symptoms of dementia and the disease process.
- Administrative and legal issues such as coding, consumer evaluation of adult day-care services, cost-effectiveness of special care units, dangerous wandering, end-stage dementia, informed consent, Medicare coverage for cognitively impaired residents, supervision of high-risk fall dementia patients, and vulnerable populations and avoidable hospitalizations.

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