

problem-solving therapy, and reminiscence therapy. They both could also benefit from complementary and alternative therapies that may decrease symptoms or prevent other symptoms from occurring. They should consult with the physician prior to beginning any type of alternative or complementary therapy.

According to (Kennedy-Malone, Martin-Plank, & Duffy, 2019) patient and family education should include information about the disease process, causative factors, heritability, risk of relapse or recurrence, suicide risk, treatment strategies and recommendations, psychotropic medication use; side effects, length of time for medication efficacy, and use of herbs, vitamins, and supplements.

11. Interprofessional referrals would include psychiatric mental health NP, psychiatric clinical nurse specialist, and licensed psychologist.
12. I would be comfortable with treating patients with dementia and recognizing caregiver issues. Following this week's case study, I feel I will be able to better identify symptoms of dementia.

References

- Arvanitakis, Z., Shah, R. C., & Bennett, D. A. (2019, October 22). Diagnosis and Management of Dementia: A Review. *Journal of the American Medical Association*, 322(16), 1589-1599. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7462122/>
- Barkley, T. J. (2021). *Practice Considerations for Adult-Gerontology Acute Care Nurse Practitioners* (3rd ed.). Los Angeles, CA: Barkley & Associates, Inc. Retrieved from <https://www.npcourses.com/ebook/practice-considerations-agacnp-3rd-edition/>