

essentiALZ FAST Tracker

Physician:

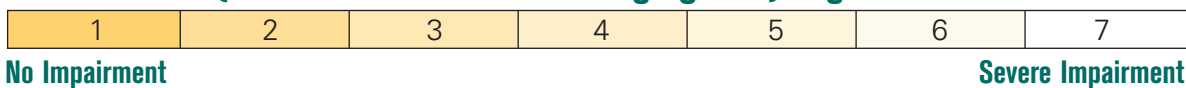
1. Indicate your patient's baseline performance as determined from the FAST scale (on reverse) by placing a dot in the first column for each domain.
2. Explain the tracker and the 3 important domains of Alzheimer's disease (AD) symptoms to the caregiver.
3. Ask the caregiver to use this tracker to help communicate improvements and problems at every visit with you.
4. There is a printed example of the FAST Tracker behind this tear pad.

Caregiver:

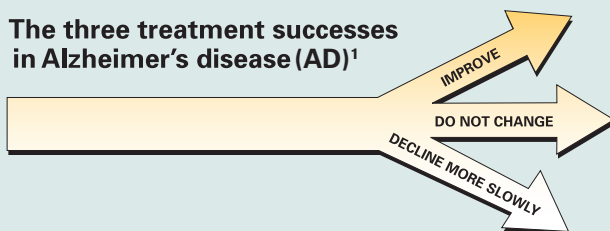
1. Track symptoms every month.
2. Compared to the first dot or the baseline made by the doctor, have things improved, stayed the same, or gotten worse this month?
3. Connect the dots to see changes over time.
4. Bring this tracker to every visit with your doctor.
Tip: find additional trackers and resources in your Day-to-Day essentiALZ yearly planner.

Patient:						
Caregiver:						
Enter Date (monthly tracking suggested):						
DOSAGE	Namenda® (memantine HCl)					
	Other AD Medications					
Activities Compared to baseline, how are day-to-day activities, such as having a conversation, reading, eating, and using the bathroom?		1				
		2				
		3				
		4				
		5				
		6				
		7				
Behavior Compared to baseline, how is mood, for example, irritation, impatience, sadness, or other unusual behaviors?		1				
		2				
		3				
		4				
		5				
		6				
		7				
Cognition Compared to baseline, how is memory and understanding, for example: – Can make sense of time and familiar situations? – Can recognize family and friends? – Can do things like button a shirt?		1				
		2				
		3				
		4				
		5				
		6				
		7				
Notes						

FAST (Functional Assessment Staging Tool) Legend and Guide



The three treatment successes in Alzheimer's disease (AD)¹



Patients and caregivers should have realistic expectations of AD therapy. The goal of treatment with NAMENDA for patients with moderate to severe AD, as with all AD medications, is to slow the progression of symptoms.¹

Staging Alzheimer's Disease

FAST[©] (Functional Assessment Staging Tool) and GDS[©] (Global Deterioration Scale)

GDS Stage ²	FAST Stage ²	FAST Functional Assessment (measured by highest degree of disability) ³
No Cognitive Decline Normal	1	<ul style="list-style-type: none"> No difficulties, either subjectively or objectively
Very Mild Cognitive Decline MCI	2	<ul style="list-style-type: none"> Complains of forgetting location of objects Subjective work difficulties
Mild Cognitive Decline MCI	3*	<ul style="list-style-type: none"> Decreased job functioning evident to coworkers Difficulty in traveling to new locations Decreased organizational capacity
Moderate Cognitive Decline Mild AD	4*	<ul style="list-style-type: none"> Decreased ability to perform complex tasks, such as: <ul style="list-style-type: none"> Planning dinner for guests Handling personal finances Grocery shopping, etc.
Moderately Severe Cognitive Decline Moderate AD	5*	<ul style="list-style-type: none"> Requires assistance choosing clothing appropriate for the day, season, or occasion May wear the same clothing repeatedly, unless supervised May have difficulty driving No longer able to function independently
Severe Cognitive Decline [†] Moderate to Severe AD	6a* 6b* 6c* 6d* 6e*	Occasionally or more frequently over the past weeks: Improperly putting on clothes (e.g., may put street clothes on over pajamas, or put shoes on wrong feet) Unable to bathe properly; may develop fear of bathing Inability to handle mechanics of toileting (e.g., forgets to flush or doesn't wipe properly) Urinary incontinence Fecal incontinence
Very Severe Cognitive Decline [†] Severe AD	7a 7b 7c 7d 7e 7f	Ability to speak limited (1 to 5 words per day) All intelligible vocabulary lost Nonambulatory (cannot walk without assistance) Cannot sit up independently (e.g., chair must have arm rests) Unable to smile Unable to hold head up

NAMENDA[®] (memantine HCl) is indicated for the treatment of moderate to severe Alzheimer's disease.

NAMENDA is contraindicated in patients with known hypersensitivity to memantine HCl or any excipients used in the formulation. The most common adverse events reported with NAMENDA vs placebo (≥5% and higher than placebo) were dizziness, confusion, headache, and constipation. In patients with severe renal impairment, the dosage should be reduced.

Please see accompanying full Prescribing Information.

*Scored primarily on the basis of information obtained from a knowledgeable informant and/or caregiver.

[†]The GDS does not use substages for stages 6 and 7.

Note: Bolded text is a suggested correspondence to each GDS stage and is not part of the GDS instrument.

References: **1.** Cummings JL, Cole G. Alzheimer disease. *JAMA*. 2002;287:2335-2338. **2.** Reisberg B et al. *Am J Psych*. 1982;139:1136-1139. **3.** Reisberg B. Functional assessment staging (FAST). *Psychopharmacol Bull*. 1988;24(4):653-659.

© 1983 (GDS) and 1984 (FAST) by Barry Reisberg, MD. Reproduced with permission.