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This book provides an overview of the demographic, clinical, and psychosocial context of dementia care. With its focus on patient and family perspectives, this book describes evidence-based approaches towards prevention, detection, and treatment of dementia that is like any other book. The text presents memory clinics, care management, home-based interventions, palliative care, family caregiver programs, specific to dementia care. Additionally, the text examines strategies to support transitions to acute care and long-term care. The text also places a special emphasis on measures of quality, cultural sensitivity, and implications for health care policy. Written by experts in the field, Dementia Care: An Evidence-Based Approach is an excellent resource for clinicians, students, healthcare administrators, and policymakers who aim to improve the quality of life of both the person with dementia and their informal caregiver.

"The goal of this practice guideline is to improve the quality of care and treatment outcomes for patients with schizophrenia. The guideline aims to help clinicians optimize care for their patients by providing evidence-based statements that are intended to enhance knowledge and increase the appropriate use of evidence-based pharmacological and nonpharmacological treatments for schizophrenia. In addition, it includes statements related to assessment and treatment planning, which are an integral part of patient-centered care"--

Since the publication of the Institute of Medicine (IOM) report Clinical Practice Guidelines We Can Trust in 2011, there has been an increasing emphasis on assuring that clinical practice guidelines are trustworthy, developed in a transparent fashion, and based on a systematic review of the available research evidence. To align with the IOM recommendations and to meet the new requirements for inclusion of a guideline in the National Guidelines Clearinghouse of the Agency for Healthcare Research and Quality (AHRQ), American Psychiatric Association (APA) has adopted a new process for practice guideline development. Under this new process APA's practice guidelines also seek to provide better clinical utility and usability. Rather than a broad overview of treatment for a disorder, new practice guidelines focus on a set of discrete clinical questions of relevance to an overarching subject area. A systematic review of evidence is conducted to address these clinical questions and involves a detailed assessment of individual studies. The quality of the overall body of evidence is also rated and is summarized in the practice guideline. With the new process, recommendations are determined by weighing potential benefits and harms of an intervention in a specific clinical context. Clear, concise, and actionable recommendation statements help clinicians to incorporate recommendations into clinical practice, with the goal of improving quality of care. The new practice guideline format is also designed to be more user friendly by dividing information into modules on specific clinical questions. Each module has a consistent organization, which will assist users in finding clinically useful and relevant information quickly and easily. This new edition of the practice guidelines on psychiatric evaluation for adults is the first set of the APA's guidelines developed under the new guideline development process. These guidelines address the following nine topics, in the context of an initial psychiatric evaluation: review of psychiatric symptoms, trauma history, and treatment history; substance use assessment; assessment of suicide risk; assessment for risk of aggressive behaviors; assessment of cultural factors; assessment of medical health; quantitative assessment; involvement of the patient in treatment decision making; and documentation of the psychiatric evaluation. Each guideline recommends or suggests topics to include during an initial psychiatric evaluation. Findings from an expert opinion survey have also been taken into consideration in making recommendations or suggestions. In addition to reviewing the available evidence on psychiatry evaluation, each guideline also provides guidance to clinicians on implementing these recommendations to enhance patient care.

Nervous system diseases represent a major health concern worldwide. Although important financial and professional investment, their etiology and pathophysiology still remain mostly elusive. Moreover, the clinical need of disease-modifying therapies is still unmet. In the last decades, traditional R&D has failed in identifying new effective therapies in many medical areas and drug repositioning has recently emerged as a promising alternative strategy to de novo drug discovery to improve and accelerate therapeutic development. For the first time, Drug Repositioning: Approaches and Applications for Neurotherapeutics reviews history and advances in drug repositioning, with a special focus on therapeutics for nervous system diseases. International experts from Academia, Industry and Non-profit organisations will provide different views on drug repositioning advantages, challenges and specific applications, which will be covered for nervous system diseases including Alzheimer's, Parkinson's, Huntington's diseases, Amyotrophic Lateral Sclerosis, Spinal Muscular Atrophy, ischemic stroke, and psychiatric disorders. This book provides a balanced overview and synthesis of drug repositioning concept, methods and applications for neurotherapeutics. It represents a valuable resource for students, scientists and clinicians working in academic settings, industry and government agencies within the fields of neuroscience, pharmacology, neurology, pharmaceutical sciences, drug discovery and development.

This book is a comprehensive resource on psychotropic medications, detailing the latest methods for defining their characteristics, their use in different patient populations, and drug-drug interactions; an important collection of information forclinicians, students, researchers, and members of the pharmaceutical industry alike. The first section provides the foundational principles of these drugs. Mathematical modeling of parameters that affect their entryto,and exit from, the central nervous system (CNS) compartment are presented on an individual basis and then applied to target populations with specific disease states. Methods and characteristics that inform the transfer of these drugs from the laboratory bench to use in patient care are discussed, including imaging techniques, genetics and physiological barriers, such as the blood-brain barrier. The second section describes the characteristics of specific agents,nominally arranged intodifferent therapeutic categories and with reference crossover use in different disease states. The pharmacologic characteristics of different drug formulations are explored in the context of their ability to improve patient adherence. The third section focuses on drug-drug interactions.Psychotropic medications from different categories are frequently prescribed together,or alongside medications used to treat comorbid conditions, and the information provided is directly relevant to the clinic, as a result. The clinical application of pharmacokinetics and pharmacodynamics of CNS agents has made significant progress over the past 50 years and new information is reported by numerous publications in psychiatry, neurology, and pharmacology.Our understanding of the interrelationship between these medications, receptors, drug transporters, as well as techniques for measurement and monitoring their interactions,isfrequently updated. However, with information presented on a host of different platforms, and in different formats, obtaining the full picture can be difficult. This title aims to collate this information into a single source that can be easily interpreted and applied towards patient care by the clinical practitioner, and act as a reference for all others who have an interest in psychopharmacological agents.

The new edition of this popular handbook has been thoroughly updated to include the latest data concerning treatment of first-episode patients. Drawing from their experience, the authors discuss the presentation and assessment of the first psychotic episode and review the appropriate use of antipsychotic agents and psychosocial approaches in effective management.

The present volume has come about through an awareness of the absence of any cohesive and substantive source on the treatment of cognitive dysfunction following brain insult. I initiated the devel opment of our annual symposium Models and Techniques of Cognitive Rehabilitation, on which the present volume is based, so as to educate myself, as well as others, about the state of the art in modifying cognitive processes in the brain, injured. I became aware of the need for interventive strategies for the brain, injured while a graduate student. Brain functions had, for a long time, always fascinated me, but from an academic perspective. I was confronted with the clinical consequences of brain injury while administering batteries of neuro psychological tests, and this experience added another dimension to my interest in brain functions. I felt grossly inadequate because I was able to rather eloquently describe changes in brain-behavior relations with neuropsychological tests, but could only generate re commendations based solely on the use of compensatory strategies and occasionally on some unfounded, and probably naive, remedial guess. A literature search at this time yielded devastating, little informa tion. The next several years were characterized by a pseudo-obsession, occurring at times without total awareness, with methods and tech niques which might alter impaired brain-behavior relations. Completing graduate school, however, required that these thoughts take a secondary position relative to more typical graduate student thoughts.

New sections on dosing strategies in all chapters. New chapter on sirolimus under the immunosuppressants section. Essential information on drug dosing in special populations, including patients with renal and hepatic disease, obesity, and congestive heart failure. 30% of chapters extensively revised, others lightly updated