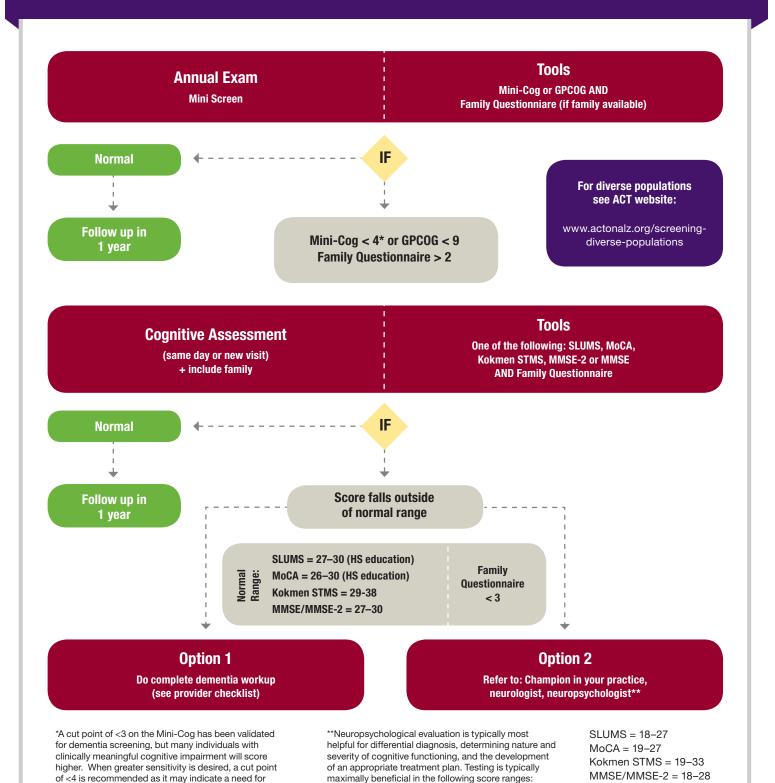
= CLINICAL PROVIDER PRACTICE TOOL =

COGNITIVE IMPAIRMENT IDENTIFICATION



ACT on Alzheimer's®

further evaluation of cognitive status.



DEMENTIA WORK-UP

Follow these diagnostic guidelines in response to patient failure on cognitive screening (e.g., Mini-Cog) or other signs of possible cognitive impairment.

History and Physical

- Person-centered care includes understanding cultural context in which people are living (see www.actonalz. org/culturally-responsive-resources)
- Review onset, course, and nature of memory and cognitive deficits (Alzheimer's Association Family Questionnaire may assist) and any associated behavioral, medical or psychosocial issues
- Assess ADLs and IADLs, including driving and possible medication and financial mismanagement (Functional
- Activities Questionnaire and/or OT evaluation may assist)
- Conduct structured mental status exam (e.g., MoCA, SLUMS, MMSE)
- Assess mental health (consider depression, anxiety, chemical dependency)
- Perform neurological exam focusing on focal/lateralizing signs, vision, including visual fields, and extraocular movements, hearing, speech, gait, coordination, and evidence of involuntary or impaired movements

Diagnostics

Lab Tests

- Routine: CBC, lytes, BUN, Cr, Ca, LFTs, glucose
- Dementia screening labs: TSH, B12
- Contingent labs (per patient history): RPR or MHA-TP, HIV, heavy metals

Neuroimaging

CT or MRI when clinically indicated

Neuropsychological Testing

- Indicated in cases of early or mild symptom presentation, for differential diagnosis, determination of nature and severity of cognitive functioning, and/or development of appropriate treatment plan
- Typically maximally beneficial in the following score ranges: MoCA 19-27; SLUMS 18-27; MMSE 18-28; Kokmen STMS 19-33

Diagnosis*

Mild Cognitive Impairment

- Mild deficit in one cognitive function: memory, executive, visuospatial, language, attention
- Intact ADLs and IADLs; does not meet criteria for dementia

Alzheimer's Disease

- Most common type of dementia (60–80% of cases)
- Memory loss, confusion, disorientation, dysnomia, impaired judgment/behavior, apathy/depression

Dementia With Lewy Bodies/Parkinson's Dementia

- Second most common type of dementia (up to 30% of cases)
- Hallmark symptoms include visual hallucinations, REM sleep disorder, parkinsonism, and significant fluctuations in cognition

Frontotemporal Dementia

- Third most common type of dementia primarily affecting individuals in their 50s and 60s
- EITHER marked changes in behavior/personality OR language variant (difficulty with speech production or loss of word meaning)

Vascular Dementia

- Relatively rare in pure form (6-10% of cases)
- Symptoms often overlap with those of AD; frequently there is relative sparing of recognition memory

Follow-Up Diagnostic Visit

- Include family members, friends, or other care partners
- Review intervention checklist for Alzheimer's disease and related dementias
- Refer to Alzheimer's Association Minnesota-North Dakota 24/7 Helpline at 1-800-272-3900 and/or the Senior LinkAge Line® at 1-800-333-2433



^{*} The latest DSM-5 manual uses the term "Major Neurocognitive Disorder" for dementia and "Mild Neurocognitive Disorder" for mild cognitive impairment. This ACT on Alzheimer's resource uses the more familiar terminology, as the new terms have yet to be universally adopted.

DEMENTIA MANAGEMENT

Diagnostic Uncertainty & Behavior Management

Refer to Specialist as Needed

- Neurologist (dementia focus, if possible)
- Geriatric Psychiatrist
- Geriatrician
- Memory Disorders Clinic

Counseling, Education, Support & Planning

Family Meeting

Refer to social worker or care coordinator

Link to Community Resources

- Contact the Alzheimer's Association Minnesota-North Dakota 24/7 Helpline at 1-800-272-3900 or the Senior LinkAge Line® at 1-800-333-2433
- Resources for diverse populations: www.actonalz.org/ screening-diverse-populations
- Provide After a Diagnosis¹
- Provide Taking Action Workbook⁷

Stimulation / Activity / Maximizing Function

Daily Mental, Physical and Social Activity

- Provide Living Well Workbook⁵ (includes nonpharm therapies for early to mid stage)
- Adult day services (mid to late stage)
- Sensory aids (hearing aids, pocket talker, glasses, etc.)

Safety

Note: Individuals with dementia are vulnerable adults and may be at a higher risk for elder abuse.

Driving

- Counsel on risks
- Refer for driving evaluation²
- Provide At the Crossroads³

Medication Management

• Family oversight or health care professional

Financial / Legal

 Encourage patient to assign durable power of attorney; elder law attorney as needed

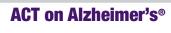
Advance Care Planning

Complete Advance Care Plan

- Refer to advance care planning facilitator within system, if available
- Encourage completion of healthcare directive forms^{4,6}

Medications

- Memory: Donepezil, rivastigmine patch, galantamine and memantine (mid-late stage)
- Mood & Behavior: SSRIs or SNRIs
- Avoid/Minimize: Anticholinergics, hypnotics, narcotics, and antipsychotics (not to be used in Lewy Body dementia)





Tools

Mini-Cog

Public domain: www.mini-cog.com

Sensitivity for dementia: 76-99%

Specificity: 89-93%

Montreal Cognitive Assessment (MoCA)

Public domain: www.mocatest.org/

Sensitivity: 90% for MCI, 100% for dementia

Specificity: 87%

St. Louis University Mental Status (SLUMS)

 Public domain: http://medschool.slu.edu/ agingsuccessfully/pdfsurveys/slumsexam_05.pdf

Sensitivity: 92% for MCI, 100% for dementia

Specificity: 81%

Measure/Assess IADLs

 http://consultgeri.org/try-this/dementia/ issue-d13.pdf

Family Questionnaire

www.actonalz.org/pdf/Family-Questionnaire.pdf

Mini-Mental Status Exam (MMSE)

 Copyrighted: www4.parinc.com/Products/ Product.aspx?ProductID=MMSE

Sensitivity: 18% for MCI, 78% for dementia

• Specificity: 100%

Note: The MMSE is not a preferred tool in memory loss assessment. Accumulating evidence shows it is significantly less sensitive than both the MoCA and SLUMS in identifying MCI and early dementia.

Dementia Management Resources

After a Diagnosis
 www.actonalz.org/provider-practice-tools

2. American Occupational Therapy Association myaota.aota.org/driver search/index.aspx

3. At the Crossroads: Family Conversations
About Alzheimer's Disease, Dementia & Driving
www.thehartford.com/alzheimers

4. Honoring Choices Minnesota www.honoringchoices.org

5. Living Well Workbook www.actonalz.org/pdf/Living-Well.pdf

Health Care Directive
 www.extension.umn.edu/family/live-healthy-live-well/healthy-futures/health-care-directive/

 Taking Action Workbook www.actonalz.org/pdf/Taking-Action.pdf

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