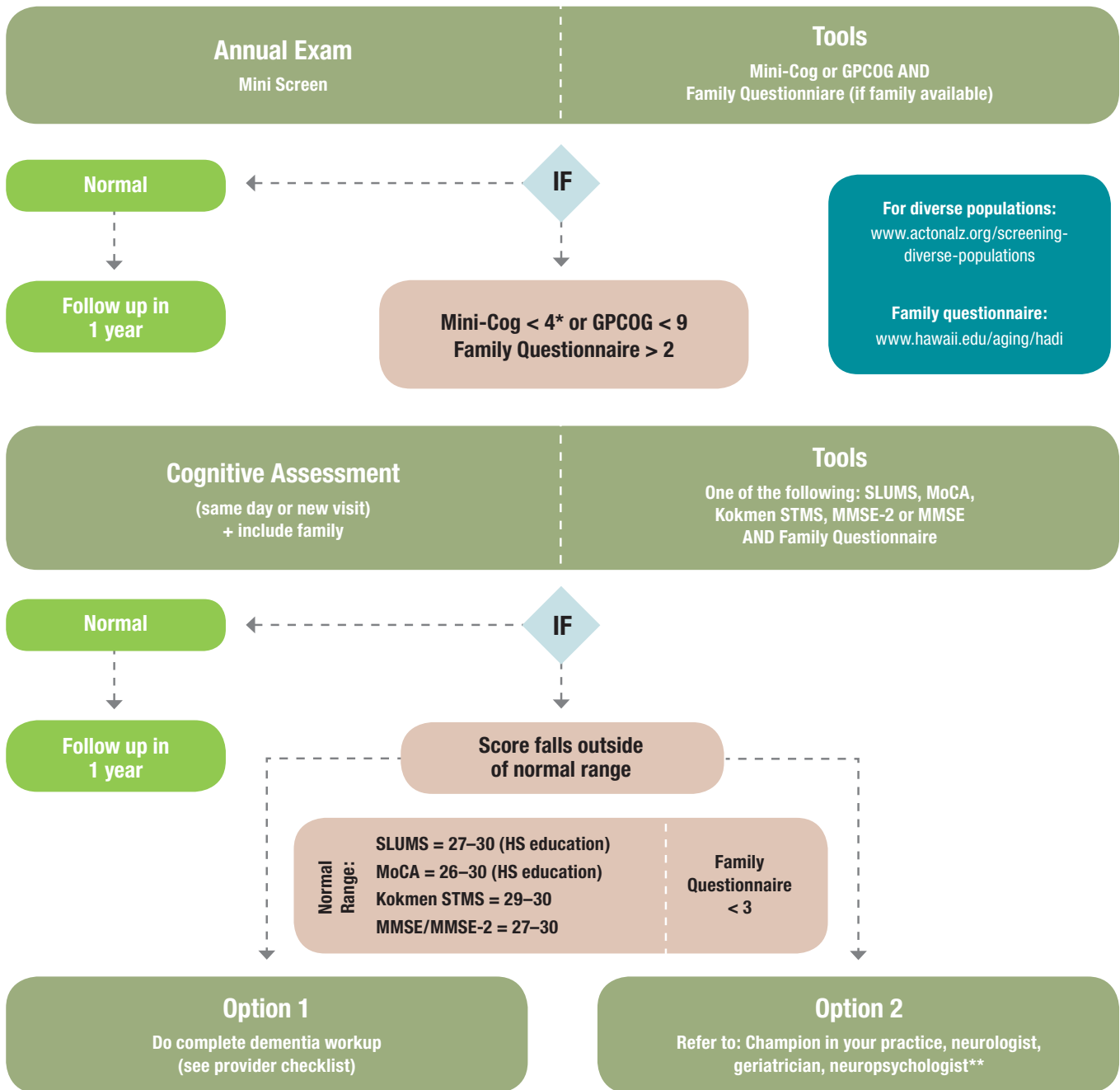


Cognitive Impairment Identification



*A cut point of <3 on the Mini-Cog has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.

**Neuropsychological evaluation is typically most helpful for differential diagnosis, determining nature and severity of cognitive functioning, and the development of an appropriate treatment plan. Testing is typically maximally beneficial in the following score ranges:

SLUMS = 18–27
MoCA = 19–27
Kokmen STMS = 19–33
MMSE/MMSE-2 = 18–28

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 (www.hawaii.edu/aging/hadi)
- 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
- Consult family members, friends, or other care partners, if available
- 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

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

* 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.

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 – Aloha Chapter 24/7 Helpline at 1-800-272-3900 or www.alz.org/hawaii/
- Hawaii ADRC (Aging & Disability Resource Center) statewide at 643-ADRC (2372). TTY line: 643-0889. Go to www.hawaiiadrc.org "Professionals & Service Providers"

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, case manager, or care coordinator

Link to Community Resources

- Contact the Alzheimer's Association – Aloha Chapter 24/7 Helpline at 1-800-272-3900
- Contact Hawaii ADRC (Aging & Disability Resource Center) statewide at 643-ADRC (2372). TTY line: 643-0889. Go to www.hawaiiadrc.org "Professionals & Service Providers"
- Screening diverse populations¹
- Life After Diagnosis²
- Taking Action Workbook³
- Provide Alzheimer's Association Basics of Alzheimer's Disease brochure

Stimulation / Activity / Maximizing Function

Daily Mental, Physical and Social Activity

- Living Well Workbook⁴ (includes nonpharm therapies for early to mid stage)
- Adult day services (mid to late stage)
- Sensory aids (hearing aids, pocket talker, glasses, etc.)
- NIH's Caring for a Person with Alzheimer's Disease: Your Easy-to-Use Guide⁵

Advance Care Planning

Complete Advance Care Plan

- Refer to advance care planning facilitator within system, if available
- Encourage completion of advance directive and POLST forms¹⁸

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)

Safety

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

Driving

- Counsel on risks
- Understanding Dementia and Driving⁶
- Family Conversations about Alzheimer's Disease, Dementia & Driving⁷
- At the Crossroads Guidebook⁸
- Dementia and Driving Resource Center⁹
- Fitness to Drive Screening Tool¹⁰
- Refer to driving rehab specialist/occupational therapist for clinical and/or in-vehicle evaluation

Medication Management

- Family oversight or health care professional

Financial / Legal

- Encourage patient to assign durable power of attorney; elder law attorney as needed^{11,12,13,14}

Falls Prevention and Wandering

- Provide information on Falls Prevention resources¹⁵
- Refer to Alzheimer's Association Medic Alert® and Safe Return® programs¹⁶

Preventing Elder Abuse & Neglect

- Monitor for Elder Abuse and Neglect
- Adult Protective Services¹⁷

Dementia Management Resources

- 1. Screening diverse populations**
www.actonalz.org/screening-diverse-populations
- 2. Life After Diagnosis**
www.alz.org/alzheimers_disease_life_after_diagnosis.asp
- 3. Taking Action Workbook**
www.alz.org/i-have-alz/downloads/lwa_pwd_taking_action_workbook.pdf
- 4. Living Well Workbook**
www.alz.org/mnnd/documents/15_ALZ_Living_Well_Workbook_Web.pdf
- 5. NIH Caring for a Person with Alzheimer's Disease**
www.nia.nih.gov/alzheimers/publication/caring-person-alzheimers-disease/about-guide
- 6. Understanding Dementia and Driving**
www.thehartford.com/mature-market-excellence/dementia-driving
- 7. Family Conversations about Alzheimer's Disease, Dementia & Driving**
www.thehartford.com/alzheimers
- 8. At the Crossroads Guidebook**
www.thehartford.com/mature-market-excellence/order-guidebooks
- 9. Dementia and Driving Resource Center**
www.alz.org/care/alzheimers-dementia-and-driving.asp
- 10. Fitness to Drive Screening Tool**
www.aarp.org/home-family/getting-around/driving-resource-center/info-08-2013/fitness-to-drive-screening-tool.html
- 11. UH Elder Law Program Health Care Decision Making**
www.hawaii.edu/uhelp/healthcare.htm
- 12. Deciding What's Next and Who in the World Cares? Booklet**
www.hawaii.edu/uhelp/publications.htm
- 13. Hawaii State Bar Association Lawyer Information & Referral Service**
<http://hawaiilawyerreferral.com>
- 14. Legal Aid Society of Hawaii**
www.legalaidhawaii.org

15. Preventing Falls Among Older Adults

<http://health.hawaii.gov/injuryprevention/home/preventing-falls/information/>

16. Medic Alert® and Alzheimer's Association Safe Return®

www.alz.org/care/dementia-medical-alert-safe-return.asp

17. Adult Protective Services

<http://humanservices.hawaii.gov/ssd/home/adult-services/>

18. Kokua Mau: Hawaii Hospice & Palliative Care Organization

www.kokuamau.org

19. TrialMatch®

www.alz.org/trialmatch

20. Alzheimer's and Dementia Caregiver Center

www.alz.org/care/

21. Alzheimer's Association Pocketcard App "Mobilize your dementia patient care"

www.alz.org/health-care-professionals/physicians-app.asp

Tools

Mini-Cog

- Public domain: www.hawaii.edu/aging/hadi
- 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.hawaii.edu/aging/hadi

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.

References: Provider Checklist

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