Aging and Alzheimer’s elective rotation for neurology residents

Resident Level: PGY-3 or PGY-4

Setting: Residents will be trained to evaluate patients with dementia and other geriatric neurological issues in the outpatient setting.

Goals: Residents completing the Aging and Alzheimer's clinic rotation will be competent in
1) the distinction of healthy aging from mild cognitive impairment and dementia,
2) the differential diagnosis of dementia,
3) the pharmacologic management of patients with mild cognitive impairment and dementia, and
4) The non-pharmacologic management of patients with mild cognitive impairment and dementia.

Objectives: Residents are specifically trained in:
1) The specifics of history taking in cognitive disorders, including the importance of the “collateral historian” and the use of standardized questionnaires regarding activities of daily living (the ADCS-ADL scale) and psychiatric symptoms (the Neuropsychiatric Inventory)
2) the performance and interpretation of the Neurobehavioral Status Examination, a mental status examination suitable for clinical use by practicing neurologists
3) The utility and interpretation of laboratory studies in the assessment of cognitive disorders, including neuropsychology, structural brain imaging, functional brain imaging, neurophysiologic studies, and genetic testing.
4) The use of FDA approved and AAN-sanctioned treatments for dementia, including cholinesterase inhibitors and memantine, in the management of dementia.
5) The role of psychotropic drug usage for symptomatic treatment of patients with dementia, specifically including the treatment of sleep disorders, depression, and psychosis. A rational approach to the problem of “agitation” will also be taught.

Instructional methods:
1) Patient-based training: residents evaluate a new patient with a faculty member each week, employing all of the instruments described above, and formulating a diagnosis and management plan under the supervision of the attending neurologist.
2) Residents also see follow-up dementia patients with the faculty in order to gain insight into the variety of dementia sub-types, natural history, and response to intervention.
3) Didactic teaching: residents present cases to the Dementia clinic staff at a weekly clinic conference, and also participate in biweekly Alzheimer’s center “Investigator meetings” covering a variety of topics.

Assessment and evaluation:
End of rotation evaluations

References and resources:
Strub and Black: The Mental status examination in neurology.
Holtzman D (Ed) Handbook of neurodegenerative dementia
Quinn JF and Kaye JA “The neurology of aging” The Neurologist www.alzforum.org