COGNITIVE IMPAIRMENT SCREENING

Annual Exam
Mini Screen may be performed by trained assistant

Tools
- Mini-Cog or GPCOG
- Family Questionnaire (if family makes available)

Normal
Follow up in one year

Score falls outside of normal range

Cognitive Assessment
(same day or new visit)
+ include family

Tools
One of the following:
- SLUMS or MoCA (may be performed by trained assistant)
- Family Questionnaire, e.g. AD8 Screening Interview or Alzheimer’s Association Family Questionnaire

Normal
Follow up in one year

Score falls outside of normal range

Proceed to Dementia Workup (page 2)

Determine the continuity of care plan

Access this form online at: www.oregonspado.org

Adapted from ACT on Alzheimer’s® developed tools and resources.
DEMENTIA WORK-UP
Follow these diagnostic guidelines in response to cognitive assessment score outside of normal range

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 and any associated behavioral, medical, or psychosocial issues. The following questionnaires for family may help:
  » AD8;
  » Alzheimer’s Association Family Questionnaire.
- Assess ADL’s, and IADL’s, including driving and possible medication and financial mismanagement (AD8, Family Questionnaire or OT evaluation may assist).
- Conduct structured mental status exam (e.g., MoCA, SLUMS).
- Assess mental health (consider depression, anxiety, chemical dependency, PTSD).
- 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

<table>
<thead>
<tr>
<th>Lab Tests</th>
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<tbody>
<tr>
<td>Routine: CBC, lytes, BUN, Cr, Ca, LFTs, glucose.</td>
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<tr>
<td>Dementia screening labs: TSH, B12.</td>
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<tr>
<td>Contingent labs (per patient history): RPR or MHA-TP, HIV, heavy metals.</td>
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</tbody>
</table>

Cognitive Assessment/Neuro Testing
- Indicated in cases of early or mild symptom presentation, for differential diagnosis, determination of nature, and/or development of appropriate treatment plan. Not recommended in cases of severe impairment.

Ability to Function
- Does cognitive decline from baseline impact individual’s ability to function?

Neuroimaging
- CT or MRI recommended.

Other Tests
- Evaluate for Sleep Apnea – STOPBang

Diagnosis

Mild Cognitive Impairment
- Mild deficit in one or more function; memory, executive, visuospatial, language, or attention.
- Intact ADLs and IADLs; does not meet criteria for dementia.

Alzheimer’s Disease
- Memory loss, confusion, disorientation, dysnomia, impaired judgment/behavior, apathy/depression.

Vascular Dementia
- Symptoms often overlap with those of AD; frequently there is relative sparing of recognition memory.
- Executive dysfunction and memory loss are disproportionate to other deficits.

Mixed Dementia Disease
- Vascular
- Alzheimer’s disease
- Alcohol
- Brain Injury
- Post Traumatic Stress Disorder
- Nutritional deficiencies

Follow-Up Diagnostic Visit
- Include family members, friends, or other care partners.
- Refer to the Alzheimer’s Association 24/7 Helpline at 1-800-272-3900 or visit www.alz.org.
- Offer the following resources:
  » Help is Here: When someone you love has dementia
  » National Institute on Health (NIH) Resources