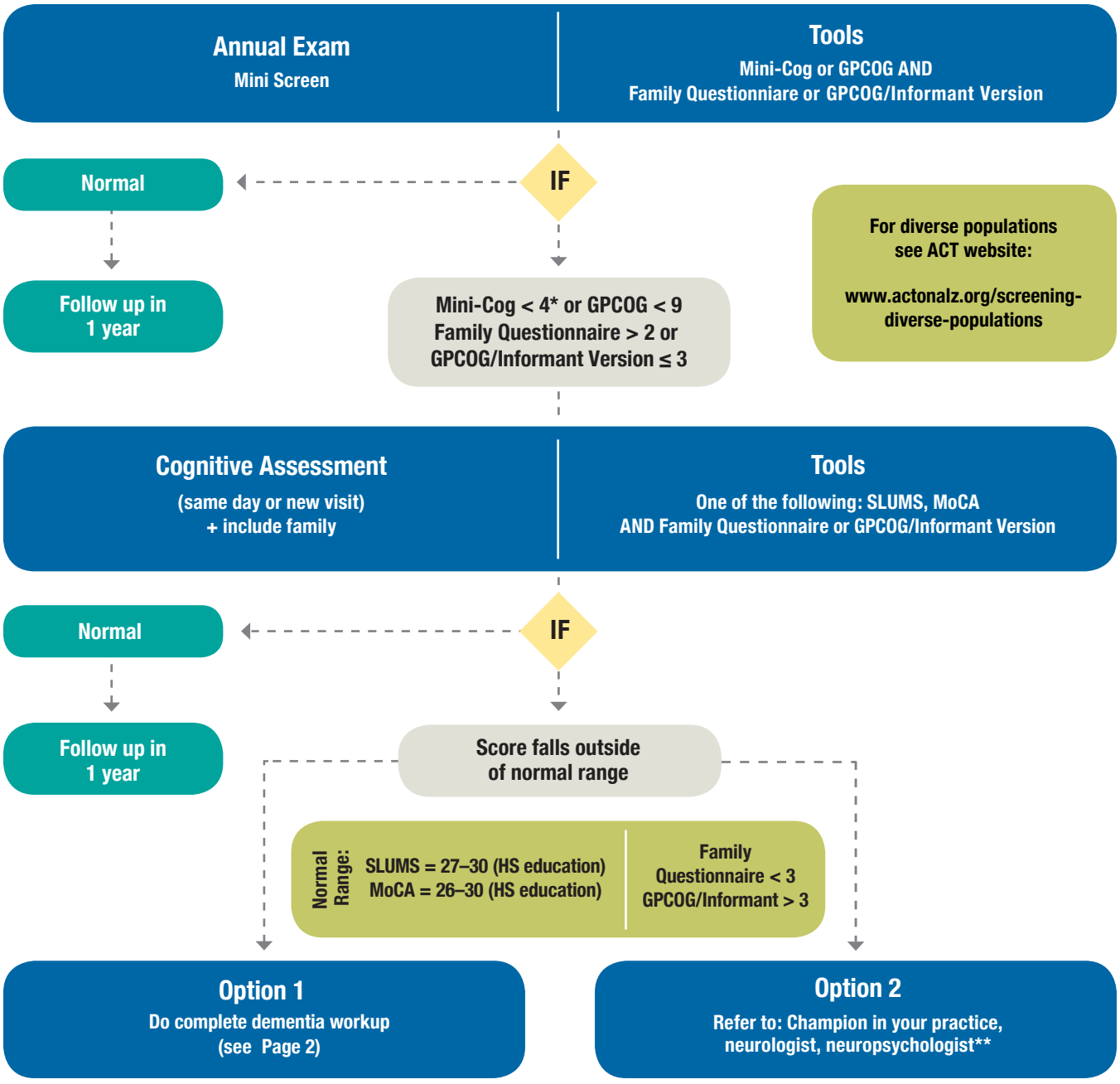
Dementia Action Collaborative Washington State

CLINICAL PROVIDER PRACTICE TOOL

NOVEMBER 2017

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 not beneficial in severe impairment (i.e., MoCA < 12)

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)
- Assess for hearing and other sensory loss
- Review onset, course, and nature of memory and cognitive deficits (Family Questionnaire may assist) and any associated behavioral, medical, sleep disorder 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)
- Assess mental health (consider depression, anxiety)
- Assess alcohol and other substance use
- 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
- The diagnosis conversation and any subsequent conversation follow the ***Alzheimer's Association Principles for a Dignified Diagnosis***[1]

DIAGNOSTICS

Lab Tests

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

Neuroimaging

- CT or MRI (with volumetric analysis if possible) 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 not beneficial in severe impairment (e.g., MoCA < 12)

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 member or care partner at this and subsequent visits

- Refer to Alzheimer's Association Washington 24/7 Helpline at **800-272-3900** or visit **www.alzwa.org**
- Refer to Community Living Connections (Area Agencies on Aging) at **855-567-0252** or **www.waclc.org/connect**
- Offer the following:
  - ***Living Well: A Guide for Persons with Mild Cognitive Impairment (MCI) & Early Dementia***[2]
  - ***Living with Memory Loss, A Basic Guide*** [UW Medicine][3]
  - ***Dementia Road Map: A Guide for Family and Care Partners***[4]

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

- **Alzheimer's Association Washington** 24/7 Helpline at 800-272-3900 or visit **www.alzwa.org** and/or
- **Community Living Connections** (Area Agencies on Aging) at 855-567-0252 or **www.waclc.org/connect**
- Provide ***Living with Alzheimer's: For People with Alzheimer's Taking Action Workbook***[5]
- Provide ***Living with Memory Loss, A Basic Guide*** [UW Medicine][3]
- Provide ***Dementia Road Map: A Guide for Family and Care Partners***[4]

STIMULATION, ACTIVITY, MAXIMIZING FUNCTION

Daily Mental, Physical and Social Activity

- Provide ***Living Well: A Guide for Persons with Mild Cognitive Impairment (MCI) & Early Dementia*** (includes non-pharmacologic approaches for early to mid-stage)[2]
- Provide ***Living with Memory Loss, A Basic Guide*** [UW Medicine][3]
- Adult day services
- Use sensory aids (hearing aids, pocket talker, glasses)

SAFETY

Driving

- Counsel on risks
- Refer for driving evaluation[6]
- Provide ***At the Crossroads: Family Conversations About Alzheimer's Disease, Dementia & Driving***[7]

Medication Management

- Family oversight or health care professional

Financial / Legal

- Encourage patient to complete a Durable Power of Attorney document; elder law attorney as needed.[8]

Wandering

- Provide ***MedicAlert® Safe Return*** program information[9]

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

ADVANCE CARE PLANNING

Complete Advance Care Plan

- Refer to advance care planning facilitator within system, if available.
- Encourage patient to complete a Durable Power of Attorney Health Care document[10, 11]
- Provide ***Your Conversation Starter Kit: For Families and Loved Ones of People with Alzheimer's Disease or Other Forms of Dementia***[12]

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%

General Practitioner Assessment of Cognition (GPCOG)
- Public domain: **http://gpcog.com.au/**
- Sensitivity for dementia: 85%
- Specificity: 86%

General Practitioner Assessment of Cognition (GPCOG) Informant Version
http://gpcog.com.au//index/informant-interview

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
https://www.alz.org/mnnd/documents/Family_Questionnaire.pdf

Note: *For more information and tools, access the Brief Cognitive Screening Tools for Primary Care Practice paper by the Dementia Action Collaborative of Washington State.*

DEMENTIA MANAGEMENT RESOURCES

1. *Principles for a Dignified Diagnosis, Alzheimer's Association*
   https://www.alz.org/national/documents/brochure_dignified_diagnosis.pdf
2. *Living Well: A Guide for Persons with Mild Cognitive Impairment (MCI) & Early Dementia*
   https://www.alz.org/documents/mndak/Alz_LIVING_WELL_Workbook_2011v2_web.pdf
3. *Living with Memory Loss, A Basic Guide* [UW Medicine]
   http://depts.washington.edu/mbwc/content/page-files/LWML-Handbook_reduced_2_27_17.pdf
4. *Dementia Road Map: A Guide for Family and Care Partners*
   https://go.usa.gov/xnWrd
5. *Living with Alzheimer's: For People with Alzheimer's, Taking Action Workbook*
   https://www.alz.org/i-have-alz/downloads/lwa_pwd_taking_action_workbook.pdf
6. American Occupational Therapy Association
   Myaota.aota.org/driver_search/index.aspx
7. *At the Crossroads: Family Conversations About Alzheimer's Disease, Dementia & Driving*
   https://www.thehartford.com/resources/mature-market-excellence/publications-on-aging
8. Northwest Justice Project
   www.washingtonlawhelp.org/issues/aging-elder-law/
9. *MedicAlert® Safe Return* program information
   https://www.alz.org/national/documents/brochure_masr_enrollment.pdf
10. Honoring Choices Pacific Northwest
    www.honoringchoicespnw.org/learn/know-your-options
11. End of Life Washington
    www.endoflifewa.org
12. *Your Conversation Starter Kit: For Families and Loved Ones of People with Alzheimer's Disease or Other Forms of Dementia*
    https://www.theconversationproject.org/wp-content/uploads/2016/05/TCP_StarterKit_Alzheimers.pdf

THE DR. ROBERT BREE COLLABORATIVE
offers evidence-based guidance and resources for dementia care. To view their "Alzheimer's Disease and Other Dementias Report and Recommendations", go to: **http://www.breecollaborative.org/topic-areas/alzheimers**

THE DEMENTIA ACTION COLLABORATIVE (DAC)
is a statewide group of public-private partners working to implement the Washington State Plan to Address Alzheimer's Disease and Other Dementias. To keep up with their efforts and tools, go to: **https://www.dshs.wa.gov/altsa/dementia-action-collaborative**