provider checklist

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

- ☐ 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
- ☐ Conduct structured mental status exam (e.g., MoCA, SLUMS, MMSE)[A]
- ☐ 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

1. Routine lab tests

- ☐ CBC, lytes, BUN, Cr, Ca, LFTs, Glucose

Dementia screening labs

- ☐ TSH, B12

Contingent labs (per patient history)

- ☐ RPR or MHA-TP, HIV, heavy metals

2. Neuroimaging

- ☐ CT or MRI when clinically indicated

3. 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[A]

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

Family Meeting

- ☐ Include family care partners
- ☐ Review intervention checklist for Alzheimer's disease and related dementias
- ☐ Refer to Alzheimer's Association (800.272.3900/alz.org.mnnd) or Senior LinkAge Line (800.333.2433/minnesotahelp.info)

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[1]Structured Mental Status Exam

1. Montreal Cognitive Assessment (MoCA)

- Public domain: www.mocatest.org/
- Sensitivity: 90% for MCI, 100% for dementia
- Specificity: 87%

2. 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%

3. Mini-Mental Status Exam (MMSE)

- Copyrighted: www4.parinc.com/Products/Product.aspx?ProductID=MMSE
- Sensitivity: 18% for MCI, 78% for dementia
- Specificity: 100%

*Note: This instrument 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.*

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