

Stepwise Approach to Diagnosing and Assessing Dementia in Primary Care

Stage	Purpose	Tools to Use/Information to Obtain
<p>Step 1: Prediagnostic tests</p>	<p>Differential diagnosis and determination of coexisting disorders</p>	<p>Risk factors, including age, female sex, apolipoprotein E4 gene, prior head injury, low education, and family history of AD; stroke, obesity, hypertension, hyperlipidemia, hyperhomocysteinemia, diabetes, hyperinsulinemia, and smoking</p> <p>Medical history:</p> <ul style="list-style-type: none"> • Other ailments that mimic dementia include normal age-associated memory changes, depression, delirium, drug reactions, vision and hearing problems <p>Key questions to ask:</p> <ul style="list-style-type: none"> • Has the patient had any recent illnesses? • Has the patient used any new prescription or over-the-counter medications that could cause memory loss, such as benzodiazepines, anticholinergic drugs for urinary incontinence Has the patient used or been exposed to illicit drugs? • Has there been any exposure to environmental toxins, eg, fuels or solvents? • Has the patient had any head injuries recently? • Is there any history of epilepsy? <p>Laboratory/medical tests</p> <ul style="list-style-type: none"> • Complete blood cell count (to ascertain presence of anemia/infection), glucose and thyroid function tests, serum electrolytes, serum B₁₂ levels (to identify vitamin deficiencies), liver function tests, renal function tests, and urinalysis, if appropriate • MRI brain • Patients with AD frequently have comorbid medical conditions, eg, cardiovascular disease, infection, pulmonary, renal insufficiency, and arthritis. • Early warning signs of preclinical dementia: Increased frequency of patient visits to the PCP prior to diagnosis, over a period up to 5 years prior to the diagnosis • Accelerated weight loss, late-life depression, gait disturbances, and physical frailty
<p>Step 2: Assess performance</p>	<p>Cognitive assessments that help screen for/diagnose dementia and AD</p>	<p>Cognitive tests:</p> <ul style="list-style-type: none"> • sMMSE • Mini-Cog • MoCA

<p>Step 3: Assess daily functioning</p>	<p>Determine level of independence and degree of disability</p>	<p>Daily function assessment tool:</p> <ul style="list-style-type: none"> • IADL
<p>Step 4: Assess behavioral symptoms</p>	<p>Determine presence and degree of behavioral symptoms</p>	<p>Assess the patient for drug toxicity and medical psychiatric, psychosocial, or environmental problems that may underlie behavioral changes.</p>
<p>Step 5: Identify caregiver and assess needs</p>	<p>Identify the primary caregiver and assess adequacy of family and other support systems</p>	<p>Identify primary carers and establish collaboration:</p> <ul style="list-style-type: none"> • Family caregivers are central to the PCP's assessment and care of the patient. • Establish and maintain collaboration with caregivers. • Routinely incorporate caregivers' reports of patients' changes in daily routine, mood, behavior, and sleeping patterns. <p>Assess health of primary caregiver:</p> <ul style="list-style-type: none"> • Regularly monitor the physical and emotional health of the primary caregiver as well as that of the patient. • The PCP should assess the caregiver themselves or refer them to a psychologist, social worker, or other member of the health care delivery team.
<p>Special considerations</p>	<p>Identify culture, language, and literacy of patient and caregiver</p>	<p>Culture:</p> <ul style="list-style-type: none"> • Recognize the caregiving patterns of ethnic minority groups, eg, African American and Hispanic families distribute care among several family members, rather than one primary carer. • Ethnic minority groups may place different interpretations on memory and behavioral problems. <p>Language:</p> <ul style="list-style-type: none"> • Be aware of the preferred language of the patient and family.⁶⁹ <p>Literacy:</p> <ul style="list-style-type: none"> • Recognize that paper-and-pencil tests and forms may not work well with diverse patient populations if basic literacy is not present, even when such forms are in the person's native language. Some experts suggest that patients be tested only on what they reasonably may be expected to know, eg, a person with little schooling may not know how to do the serial sevens on the MMSE, but may be competent at applying simple math, such as subtraction, when handling monetary transactions.