DEMENTIA CONNECTION

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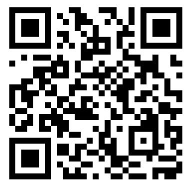
Clinical Provider Practice Tool



Follow the QR Code to the bottom of our Education Page for an on-line version of this Tool.

Cognitive Impairment Identification

Annual Wellness Exam
If no complaints of cognitive deficits conduct mini-screen

Tools
Mini-Cog AND AD8 Family Questionnaire (if family available)

IF

Normal → **Follow-up in 1 year**

Mini-Cog < 4*
Family Questionnaire > 2

For diverse populations: https://rebrand.ly/pywrrog

AD8/Family Questionnaire: https://rebrand.ly/family-screening

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

Tools
One of the following: SLUMS, MoCA, Kokmen STMS, QDRS AND Family Questionnaire

IF

Normal → **Follow-up in 1 year**

Score falls outside of normal range

Normal Range:
SLUMS = 27-30 (HS education)
MoCA = 26-30 (HS education)
Kokmen STMS = 29-38
QDRS=0-2

Family Questionnaire < 3

Option 1
Do complete dementia workup
(see provider checklist)

Option 2
Refer to: Champion in your practice, neurologist, geriatrician, neuropsychologist**

*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 maximally beneficial in the following score ranges :

SLUMS = 18–27
MoCA = 19–27
Kokmen STMS = 19–33
QDRS=5-20

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Dementia Work-Up

Follow these diagnostic guidelines in response to patient failure on cognitive screening (e.g., Mini-Cog) or other signs of possible cognltlve impairment.

History and Physical

- Person-centered care includes understanding the cultural context in which people are living (https://actonalz.org/cultural-competence).
- Review onset, course and nature of memory and cognitive deficits (AD8 Dementia Family Screening may assist) and any associated behavioral, medical or psychosocial issues.
- Include family members, friends, or other caregivers or care partners, if available.
- Assess ADLs and IADLs, including driving and possible medication and financial mismanagement. Functional Activities Questionnaire. and/or OT evaluation may assist; (https://rebrand.ly/functionalasses)
- Conduct structured mental status exam (e.g., MoCA, SLUMS, MMSE).
- 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

Lab Tests

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

Neuroimaging

- CT or MRI 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 maximally beneficial in the following score ranges: MoCA 19-27; SLUMS 18-27; MMSE 18-28; Kokmen STMS 19- 33.

Diagnosis*

Mild Cognitive Impairment

- Mild deficit in one cognitive function: memory, executive, visuospatial, language, attention.
- Intact ADS 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.

Vascular Dementia

- Second most common type of dementia most often in mixed form with other diagnoses. In pure form, it is relatively rare – only estimated to be 5-10% of cases.
- Symptoms often overlap with those of Alzheimer's disease; frequently there is a relative sparing of recognition memory.

Dementia With Lewy Bodies/Parkinson's Dementia

- Third 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 Dementias

- A group of diseases that contribute to the degeneration of the frontal and temporal lobes of the brain. More frequently affects individuals in their 50s and 60s.
- Includes behavioral variant frontotemporal dementia (bvFTD), primary progressive aphasia (PPA) with semantic, agrammatic, or logopenic presentations, and movement disorders such as Corticobasal syndrome, progressive supranuclear palsy, FTD with Parkinsonism or FTD with amyotrophic lateral sclerosis.

*The latest DSM-5 manual uses the term • Major Neurocognitive Disorder" for dementia and "Mild Neurocognitive Disorder" for mild cognitive impairment. This resource uses the more familiar terminology, as the new terms have yet to be universally adopted.

For Patient Follow-Up After Diagnostic Visit

- Include family members, friends, or other caregivers.
- Provide Next Steps after an Alzheimer's Diagnosis (https://rebrand.ly/alznextsteps).
- Refer to Snowline Dementia Connection Program at 530-621-7820 or https://snowlinehospice.org/dementia-care .

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Dementia Management

Diagnostic Uncertainty & Behavior Management

Refer to Specialist as Needed

- Neurologist (dementia focus, if possible) or Geriatrician
- Geriatric Psychiatrist: Dr. Beverly Chang https://geropsychdirect.com
- Memory Disorders Clinic: Alzheimer's Disease Research Center https://health.ucdavis.edu/alzheimers/

Counseling, Education, Support & Planning

Family Meeting Social Work Support

- Del Oro Caregiver Resource Center 916-728-9333 or https://deloro.org

Link to Community Resources

- Snowline Dementia Connection Program 530-621-7820 or see https://snowlinehospice.org/dementia-care
- Alzheimer's Association - Northern California/Nevada Chapter 1-800-272-3900 24/7 Helpline at 1-800-272-3900 or https://alz.org
- Family Caregiver Support in El Dorado County 530-621-6151 or https://rebrand.ly/EDCFCSP

Stimulation/Activity/ Maximizing Function

Daily Mental, Physical and Social Activity

- Living Well Workbook (includes nonpharm therapies for early-mid stage) https://alzheimersinfo.org/AlzheimerInfo/livingwellguide
- Senior centers (MCI/early), Adult day services (mid), In-Home Care (later)
- Sensory aids (hearing aids, pocket talker, glasses, etc.)
- NIH 's Caring for a Person with Alzheimer's Disease: Your Easy-to-Use Guide see https://rebrand.ly/NIHcaringguide
- NeuroWell Booklet see https://rebrand.ly/neurowellbook

Advance Care Planning

Complete Advance Care Plan

- Refer to advance care plan facilitator within system or refer to Snowline
- Advance Directive for Dementia Form see https://dementia-directive.org
- Encourage completion of standard advance health care directive and POLST form
- Refer to Your Conversation Starter Kit for Families and Loved Ones of People with Alzheimer's Disease or other Forms of Dementia https://rebrand.ly/ADRDconversationskit

Medications

- Anti-Amyloid Monocolonal Antibody infusions (MCI, early stage: lecanemab and aducanumab.
- Memory/Cognition: Donepezil, rivastigmine, galantamine (early-mid stage) and memantine (mid-late stage)
- Mood & Behavior: SSRIs or SNRIs
- Avoid/Minimize: Anticholinergics, hypnotics, narcotics, & antipsychotics

Culturally Competent Resources

- https://actonalz.org/cultural-competence

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Safety

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

Driving Safety

- Encourage patient to learn about safe senior driving
- Understanding Dementia and Driving California's DMV
- Family Conversations about Alzheimer's Disease, Dementia & Driving
- Dementia and Driving Decision Aide
- Fitness to Drive Screening Tool

Medication Management

- Family oversight or health care professional

Financial and Legal Considerations

- Encourage patient to assign durable power of attorney
- Refer to elder law attorney as needed

Fall Prevention and Wandering

- Provide information on fall prevention resources
- Refer to Alzheimer's Association Medic Alert® and Safe Return® programs

Preventing Elder Abuse & Neglect

- Monitor for Elder Fraud, Abuse and Neglect
- If suspected, contact Adult Protective Services 530-642-4800

Dementia Management Resources

1. Alzheimer's and Dementia Caregiver Center
   https://alz.org/help-support/caregiving
2. Screening Diverse Populations
   https://actonalz.org/screening-diverse-populations
3. Life After Diagnosis
   https://alz.org/alzheimers-dementia/diagnosis/life-after-diagnosis
4. National Institute on Aging (NIA)
   https://nia.nih.gov
5. Lewy Body Dementia Association
   https://lbda.org
6. Parkinson's Disease Foundation (PDF)
   https://parkinson.org
7. Medic Alert® and Alzheimer's Association Safe Return
   https://alz.org/help-support/caregiving/safety/medicalert-with-24-7-wandering-support
8. Driving and dementia
   https://ncbi.nlm.nih.gov/pmc/articles/PMC5257216/
10. Dementia and Driving Decision Aid
   https://caregiver.org/resource/dementia-driving
11. Fitness to Drive Screening Tool
   https://ftds.phhp.ufl.edu/us/questionnaire.php
12. Transportation 530-642-3696 or 916-933-7766
   https://eldoradotransit.com/dial-a-ride-ada-sac-med-intro
13. In-Home Supportive Services (IHSS)
   https://edcgov.us/Government/HumanServices/Protective%20Services/Pages/ihss.aspx
14. Senior Legal Services 530-621-6154 `
   https://edcgov.us/Government/HumanServices/senior%20services/pages/senior_legal_services.aspx
15. SAFE-D (free home safety modifications) of El Dorado County Inc. 530-394-3194
   https://safe-d.link
16. Alzheimer's Association - Dementia Conversations
   https://rebrand.ly/dementiaconversations
17. California Dept. on Aging - Fall Prevention
   https://rebrand.ly/fallprevent

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Tools

Mini-Cog

- Public domain: https://rebrand.ly/Minicog
- Sensitivity for dementia: 76-99%
- Specificity: 89-93%

Montreal Cognitive Assessment (MoCA)

- Public domain: https://mocacognition.com
- Sensitivity: 90% for MCI, 100% for dementia
  Specificity: 87%

St. Louis University Mental Status (SLUMS)

- Public domain:
  https://medschool.slu.edu/agingsuccessful ly/pdfsurveys/slumsexam_0S.pdf
- Sensitivity: 90% for MCI, 100% for dementia
- Specificity: 87 %

Quick Dementia Rating System (QDRS)

- Copyright 2013 rights given for clinical or non-commercial research use only: https://rebrand.ly/QDRS
- Created to test and stage people for MCI, Mild, Moderate or Severe stages of dementia. Used to formulate a Clinical Dementia Rating (CDR) score.

Reisberg Functional Assessment Screening Tool (FAST)

- Public domain: https://rebrand.ly/FASTscreening
- The FAST scale enables clinicians and caregivers to accurately assess a person's decline in cognitive function throughout the disease
- FAST scale outlines seven distinct "stages" of functional decline in AD
- Stages 1 and 2 represent the functional ability of an adult without AD, and stage 7 represents the functional ability of an adult in the final and most severe stage of the disease

Measure/Assess IADLs

- Functional Activities Questionnaire in Older Adults with Dementia
  https://rebrand.ly/functionalasses
- Sensitivity > 85%
- Specificity > 90%

AD8 Family or Concerned Informant Questionnaire

- AD8 Dementia Screening
  https://rebrand.ly/family-screening
- Sensitivity > 84%
- Specificity > 80%

References: Provider Checklist

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Mild Cognitive Impairment and Stages of Alzheimer's: Symptoms and Duration of Disease

Alzheimer's symptoms vary. The information below provides a general idea of how abilities change during the course of the disease. Not everyone will experience the same symptoms nor progress at the same rate. Find additional information on the stages of Alzheimer's at: https://alz.org/alzheimers-dementia/stages

Mild Cognitive Impairment (MCI)

https://rebrand.ly/MayoclinicMCI

- Mild forgetfulness
- Increasingly overwhelmed by making decisions, planning steps to accomplish a task or interpreting instructions
- Mild difficulty finding way in unfamiliar environments
- Mild impulsivity and/or difficulty with judgment
- Family and friends notice some or all of these symptoms
- IADLs only mildly compromised; ADLs are intact

Alzheimer's Disease Early Stage 2-4 years in duration

- Increased short-term memory loss
- Difficulty keeping track of appointments
- Trouble with time/sequence relationships
- More mental energy needed to process information
- Trouble multi-tasking
- May write reminders, but lose them
- Mild mood and/or personality changes
- Increased preference for familiar things

Alzheimer's Disease Middle Stage 2-10 years in duration

- Significant short-term memory loss; long-term memory begins to decline
- Fluctuating disorientation
- Diminished insight
- Changes in appearance
- Learning new things becomes very difficult
- Restricted interest in activities
- Declining recognition of acquaintances, relatives
- Mood and behavioral changes
- Alterations in sleep and appetite
- Wandering

Alzheimer's Disease Late Stage 1-3 years in duration

- Severe disorientation to time and place
- No short-term memory
- Long-term memory fragments
- Loss of speech
- Difficulty walking
- Loss of bladder/bowel control
- No longer recognizes family members
- Inability to survive without total care

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