Diagnosis of Dementia in the Primary Care Setting

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Objectives

• Describe the recommended approach to cognitive assessment at the Annual Wellness Visit
• Know when and how to administer the mini-Cog and MoCA and where to find these forms in iCentra
• Understand how to make a diagnosis of dementia
• Pick up a resource list!
Why do cognitive assessments?

• Utah will experience a 127% increase in prevalence of dementia
• 50% of cases are undiagnosed
• While there is no cure, interventions have been shown to
  – Prolong independence at home
  – Decrease cost of care
  – Improve patient quality of life
  – Improve caregiver health
What is dementia?

• A syndrome of cognitive impairment in two or more domains (for example: problem solving, memory, language) that is
  – Progressive AND
  – Is not due to another medical or psychiatric cause AND
  – Causes decline in ability to carry out responsibilities and live independently

• The diagnosis of dementia is based primarily on the patient's history and exam

• The most common cause (BY FAR) is Alzheimer’s disease

• Vascular disease, Lewy Body Disease, Parkinson’s Disease, Frontotemporal Dementia, Normal Pressure Hydrocephalus are other causes
Difference between Mild Cognitive Impairment and Dementia and Relevant Screening Tool

<table>
<thead>
<tr>
<th></th>
<th>Mild cognitive impairment</th>
<th>Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive impairment</td>
<td>• Decline from previous level</td>
<td>• SAME</td>
</tr>
<tr>
<td></td>
<td>• Not due to delirium</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Not due to another diagnosis</td>
<td></td>
</tr>
<tr>
<td>Functional impact</td>
<td>Cognitive deficits <strong>do not interfere</strong> with IADLs</td>
<td>Cognitive deficits <strong>interfere</strong> with IADLs</td>
</tr>
<tr>
<td>Screening tool</td>
<td>MoCA</td>
<td>Mini-Cog</td>
</tr>
</tbody>
</table>
MiniCog

- 2-3 minutes to administer
  - 3 item recall
  - Clock draw
- Possible score 0-5:
  - \(\leq 2\): Impaired
  - >2: Not impaired
- Recommended for use at the Annual Wellness Visit
MoCA (Montreal Cognitive Assessment)

• 20 minutes to administer
• Sensitive to Mild Cognitive Impairment
• Available in many languages and sight impaired
• Assessment of memory complaint OR follow up to abnormal MiniCog
eLearning Training Soon Available!

http://media.co.ihc.com/ihcumedia/mg/cognitive_screening/story.html
Diagnosis of the Dementia Syndrome

**ALGORITHM: DEMENTIA DIAGNOSIS**

**COGNITIVE CONCERN OR ANNUAL WELLNESS VISIT (AWV)** — if cognitive concern, add to problem list — Code R41.9

- **ADMINISTER MiniCog cognitive screening**
  - **< 3**
    - Delirium present?
      - no
        - MAKE appt with patient AND caregiver to address cognition (b)
      - yes
        - FIND and TREAT cause of delirium. 
          - Add to problem list — Code R41.0
          - RE-EVALUATE in 1–2 weeks. If delirium not resolved, refer to Neurology (c).
  - **> 3**
**PRE-APPT (MA/CM)**

- **ADMINISTER MoCA** cognitive screening to patient alone while caregiver completes FAQ and Stress Thermometer surveys in separate room.
- **SCORE** MoCA, FAQ, and Stress Thermometer and give to PCP for appt.

MoCA score < 26? OR red flags? (d)

- **RULE-OUT non-dementia causes of impairment**
  - CONDUCT History and physical (e), ORDER Labs (f), and RECONCILE med list (g) with Pharm D consult if available

ADDRESS any findings

If depression or behavioral disturbance
If uncontrolled illness or deficiency
If medication side effects or reactions

CONSIDER MHI referral (h) if:
- Depression ≥ moderate OR
- Behavioral disturbance present

TREAT and RE-EVALUATE in 1–4 weeks
Functional Assessment by Report of Caregiver is Critically Important: the Functional Activities Questionnaire (FAQ)

Caregiver report of patients ability to:
- Write checks, pay bills
- Assemble tax records
- Work on a hobby
- Heat water, turn off stove
- Prepare a balanced meal
- Keep track of current events
- Pay attention to and discuss TV, books
- Remembering appointments, medications
- Traveling out of neighborhood, driving
Assessment of Caregiver Burden is Critically Important
Medication reconciliation is critically important

*Patients/caregivers MUST bring prescription and OTC medications and any supplements in BOTTLES*
Diagnosis of the Dementia Syndrome

Cognitive impairment remaining?

- yes
  - Red flags remaining (d)?
    - yes
      - ORDER brain imaging (i)
      - REFER to Neurology (c)
    - no
      - COUNSEL on brain health
      - RE-EVALUATE annually
  - no
    - Function not impaired

Function status (based on FAQ result):

<table>
<thead>
<tr>
<th>Function Impaired</th>
<th>Function status unclear</th>
<th>Function not impaired</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORDER brain imaging (i)</td>
<td>REFER to Neuropsychology (j)</td>
<td>DIAGNOSE mild cognitive impairment (MCI) and educate on brain health</td>
</tr>
</tbody>
</table>

Add to problem list — Code G31.84

PCP Visit 1–3

PCP Visit 2–4

DIAGNOSE dementia (k)

- Without behavioral disturbance — Add to problem list — Code F03.90 OR
- With behavioral disturbance — Add to problem list — Code F03.91
<table>
<thead>
<tr>
<th></th>
<th>Alzheimer’s disease</th>
<th>Vascular Dementia</th>
<th>Mixed Dementia</th>
<th>Dementia with Lewy Bodies</th>
<th>Frontotemporal Dementia</th>
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</thead>
<tbody>
<tr>
<td>ICD 10 codes</td>
<td>G 30.1 &amp; F02.80 or</td>
<td>F01.50 or F01.51</td>
<td>Code predominant etiology first</td>
<td>G31.83 &amp; F02.80 or F02.81</td>
<td>G31.09 &amp; F02.80 or F02.81, consider Z55-65 or 91</td>
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<tr>
<td></td>
<td>F02.81</td>
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<tr>
<td>Criteria</td>
<td>Gradual onset of symptoms over months to YEARS</td>
<td>Stepwise decline</td>
<td>Criteria for multiple dementia syndrome etiologies are met. Most common is mixed vascular and Alzheimer’s.</td>
<td>2 of 3 required</td>
<td>3 of 6 required</td>
</tr>
<tr>
<td></td>
<td>Most prominent features is memory</td>
<td>History of clinically apparent stroke that is temporally related to cognitive decline</td>
<td></td>
<td>• Fluctuating cognition</td>
<td>• Disinhibition</td>
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<td></td>
<td>Impaired learning and recall of recently learned information</td>
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<td></td>
<td>• Apathy</td>
<td>• Loss of empathy</td>
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<td></td>
<td>• Recurrent visual hallucinations.</td>
<td>• Compulsive behaviors</td>
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<td></td>
<td></td>
<td>• Parkinsonism (bradykinesia, muscular rigidity, tremor, postural instability)</td>
<td>• Hyperorality</td>
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<td>• Impaired executive function/decision making</td>
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Indications for Referral to Mental Health

• New onset behavioral disturbance
• Late onset psychosis
• Moderate to severe depression
• Preexisting psychiatric diagnosis that has been exacerbated by impairment
• Coexisting substance dependence
• Emotional adjustment to cognitive impairment
Indications for Referral to Neurology

- Early onset
- Atypical or rapid progression
- Neurologic deficits or Parkinsonism on exam
- Dementia in setting of another neurologic disease
- Abnormal findings on brain imaging

Utah Valley Neurological Center
3685 N 100 E.
Provo, UT 84604
801-229-1054

Provo Neurological Clinic – UVRMC
1055 N 300 W Suite 501
Provo, UT 84604
801-357-4070
Indications for Referral to Neuropsychology

- Differentiation between mild cognitive impairment and dementia
- Capacity assessment
- Premorbid high or low cognitive function which makes diagnosis difficult

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Dementia Care Process Model: Components

- Recommendations for cognitive assessment tools
- Diagnosis of the dementia syndrome and specific etiology
- Recommendations for referrals to Neurology and MHI
- Recommendations for staging
- Brain health/lifestyle recommendations

- Treatment
  - Non pharmacologic
  - Pharmacologic
- Management of agitation and behavioral disturbance
- Guidance for driving evaluation
- Patient and caregiver education
- Local and regional resources
Where there are no standards there can be no improvement
  -Taiichi Ohno

The perfect is the enemy of the good
  -Voltaire
Resources

- Alzheimer's Disease Education and Referral (ADEAR) Center: https://www.nia.nih.gov/alzheimers
- Alzheimer’s Association: http://www.alz.org/care/
- 24-hour support line: 1-800-272-3900
- Family Caregiver Alliance: caregiver.org
- Mountainland Department of Aging and Family Services (Serving Summit, Utah and Wasatch Counties): 801-229-3800
- Robert.Hoesch@imail.org for questions about Neurology referrals
- Meg.Skibitsky@imail.org if you have questions about the care process model or would like training for your clinic