



## Clinician Fact Sheet

# Detection of Dementia

Your patients rely on you for accurate, up-to-date, preventive health information. This fact sheet for clinicians provides information about detection of **symptomatic** dementia:

- There is insufficient evidence to recommend for or against routine screening for dementia among **asymptomatic** individuals, regardless of age<sup>1</sup>.
  - Screening means routinely and proactively administering a test or tool to all individuals, including asymptomatic patients, for the purpose of detecting dementia.
- Use of “Dementia Warning Signs” is recommended to prompt provider evaluation of cognition. Dementia Warning Signs are a set of ‘red flags’ or signs/symptoms that a clinician, a caregiver, or a patient may notice.

### ■ Why is detection of symptomatic dementia important?

Dementia is a prevalent, under-recognized problem among older adults affecting between 3% and 11% of individuals older than age 65<sup>2</sup> and about 14% of those age 71 and older<sup>3</sup>. Diagnosis is often not made until later in the disease.

**Potential benefits of more timely diagnosis may include:**

- Access to treatments that may control symptoms.
- Interventions to reduce caregiver burden.
- Increased opportunity to engage interested patients in advance care planning.

### ■ Use Dementia Warning Signs!

Using dementia warning signs mean that:

- Clinicians, Veterans and caregivers attend to ‘red flags’ that signal a diagnostic evaluation is needed.
- Staff perform a diagnostic evaluation if any warning signs emerge in the course of providing clinical care.

### Dementia Warning Signs that clinicians may notice<sup>4</sup>

#### Is your patient...

- Inattentive to appearance or unkempt, inappropriately dressed for weather or disheveled?
- A “poor historian” or forgetful?

#### Does your patient...

- Fail to keep appointments, or appear on the wrong day or wrong time for an appointment?
- Have unexplained weight loss, “failure to thrive” or vague symptoms e.g., dizziness, weakness?
- Repeatedly and apparently unintentionally fail to follow directions e.g., not following through with medication changes?
- Defer to a caregiver or family member to answer questions?

### Dementia Warning Signs that patients and caregivers may report<sup>5</sup>

- Asking the same questions over and over again.
- Becoming lost in familiar places.
- Not being able to follow directions.
- Getting very confused about time, people and places.
- Problems with self-care, nutrition, bathing or safety.

## ■ Why use Dementia Warning Signs?

- Supports patient-centered care and Veteran-to-provider communication.
- Provides an opportunity for clinicians to initiate conversation with the patient and/or the family.

## ■ How are Dementia Warning Signs used in clinical care?

The appropriate use of dementia warning signs will prompt a structured assessment of cognition and diagnostic evaluation for dementia within primary care.

## ■ Next steps if warning signs are present

- **Focused history from patient and caregiver and review of systems** emphasizing:
  - Onset and course of cognitive signs and symptoms;
  - History of head trauma, psychiatric disease, cardiovascular disease and CVD risk factors;
  - Family and social history including drug and alcohol use;
  - Medication review;
  - Functional status, driving and firearm use;
  - Symptoms of delirium.
- **Focused physical exam** emphasizing cardiovascular, neurological, psychiatric, behavioral, sensory status, and objective cognitive testing.
- **Standard laboratory testing** including thyroid stimulating hormone, complete blood count; electrolytes and calcium, hepatic panel, blood urea nitrogen, creatinine, glucose, vitamin B<sub>12</sub>, serum folate and urinalysis.
- **Referral for imaging, specialty labs or consultation** only when indicated by history and physical exam or for complex cases.

### Keep in mind:

- Warning signs, by themselves, are not diagnostic of dementia but simply suggest that further evaluation is warranted.
- Brief, structured cognitive assessments alone are not sufficient to diagnose dementia but are an important part of the diagnostic evaluation.
- Delirium and depression may present with similar symptoms as dementia and need to be considered before a diagnosis of dementia is made.
- Sensory impairment, adverse drug events, or concurrent psychiatric or metabolic illnesses may also be mistaken for dementia.

## Insufficient evidence about screening

VHA supports the USPSTF finding of insufficient evidence to determine the balance of benefits and harms of using a screening approach to detect asymptomatic individuals with dementia. The main reasons include:

- Lack of a screening test that is both sensitive and specific enough to detect dementia.
- Lack of evidence for improved effectiveness of medications and other interventions when asymptomatic dementia is detected earlier through screening.
- Potential harms such as false positive results, anxiety over incorrect diagnosis, stigma, and labeling.

## FOR MORE INFORMATION

- VHA Screening for Dementia Guidance Statement: <http://vaww.prevention.va.gov/index.asp> then click on *Clinical Preventive Services Guidance Statements* in the left hand navigation section
- USPSTF Screening for Dementia 'I' Statement: [www.uspreventiveservicestaskforce.org/uspstf/uspsdeme.htm](http://www.uspreventiveservicestaskforce.org/uspstf/uspsdeme.htm)
- Electronic version of this Detection of Dementia Clinician Factsheet is available at: [http://www.prevention.va.gov/Resources\\_for\\_Clinicians.asp](http://www.prevention.va.gov/Resources_for_Clinicians.asp)

## REFERENCES

- <sup>1</sup> U.S. Preventive Health Services Task Force, June, 2003. Screening for Dementia Topic Page: [www.uspreventiveservicestaskforce.org/uspstf/uspsdeme.htm](http://www.uspreventiveservicestaskforce.org/uspstf/uspsdeme.htm)
- <sup>2</sup> Boustani, M et al. Screening for dementia in primary care: A summary of the evidence for the U.S. Preventive Services Task Force. *Ann Intern Med* 2003;138: 927–937.
- <sup>3</sup> Plassman BL, Langa KM, Fisher GG, Heeringa SG, Weir DR, Ofstedal MB, Burke JR, Hurd MD, Potter GG, Rodgers WL, Steffens DC, Willis RJ, Wallace RB. Prevalence of dementia in the United States: the aging, demographics, and memory study. *Neuroepidemiology*. 2007;29(1–2):125–32.
- <sup>4</sup> A. Lazaroff, A. et al 1998-2003—National Chronic Care Consortium & Alzheimer's Association ([http://www.nccconline.org/pdf/CCN-AD\\_tools6-03.pdf](http://www.nccconline.org/pdf/CCN-AD_tools6-03.pdf))
- <sup>5</sup> Adapted with permission from the National Institute on Aging: NIH Publication No. 06-5442