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)
- 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

**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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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.

References


