

Pearls on Cognitive Screening in Primary Care, 2016

Risk factors for Major Neurocognitive Disorder (Dementia);

- Age: risk doubles every 5 years starting at age 65
- Family History: risk doubles for each 1st degree relative
- Vascular Disease: risk doubles for each vascular risk factor (e.g. HTN, TIA, atrial fibrillation, hyperlipidemia...)

Cognitive assessment is justified if:

- Mini-Cog Screen is positive (i.e. Recall 0 out of 3; or Recall 1 or 2 out of 3 plus Clock Drawing incorrect 11:10)
- Calculated risk > 15%

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Is function (ADL's/IADL's) affected by cognitive decline in memory + at least 1 other domain?

NO (GDS \leq 3)
(DSM-4 criteria for dementia not met)

YES (GDS > 3)
(Patient likely has a dementia)

Is patient obviously impaired?

NO

YES

MoCA

If patient scores \leq 1/5 on 1st section, consider switching to MMSE directly

MMSE + Clock

MoCA < 20/30?

MMSE > 25/30?

Consider adding MMSE

Consider adding MoCA

If MoCA \geq 26/30 \rightarrow "normal"
If MoCA < 26/30 \rightarrow MCI

GDS 4 \rightarrow "mild" dementia
GDS 5 to 6 \rightarrow "moderate" dementia
GDS 6 to 7 \rightarrow "severe" dementia

Treat vascular risk factors
No cholinesterase inhibitor

Treat vascular risk factors
Consider cholinesterase inhibitor +/- memantine for mod-severe disease
Consider Home & Community Care referral
Consider First Link (Alzheimer Soc.) referral
Repeat assessment in 6 months

Repeat assessment in 6 months

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