

CME:

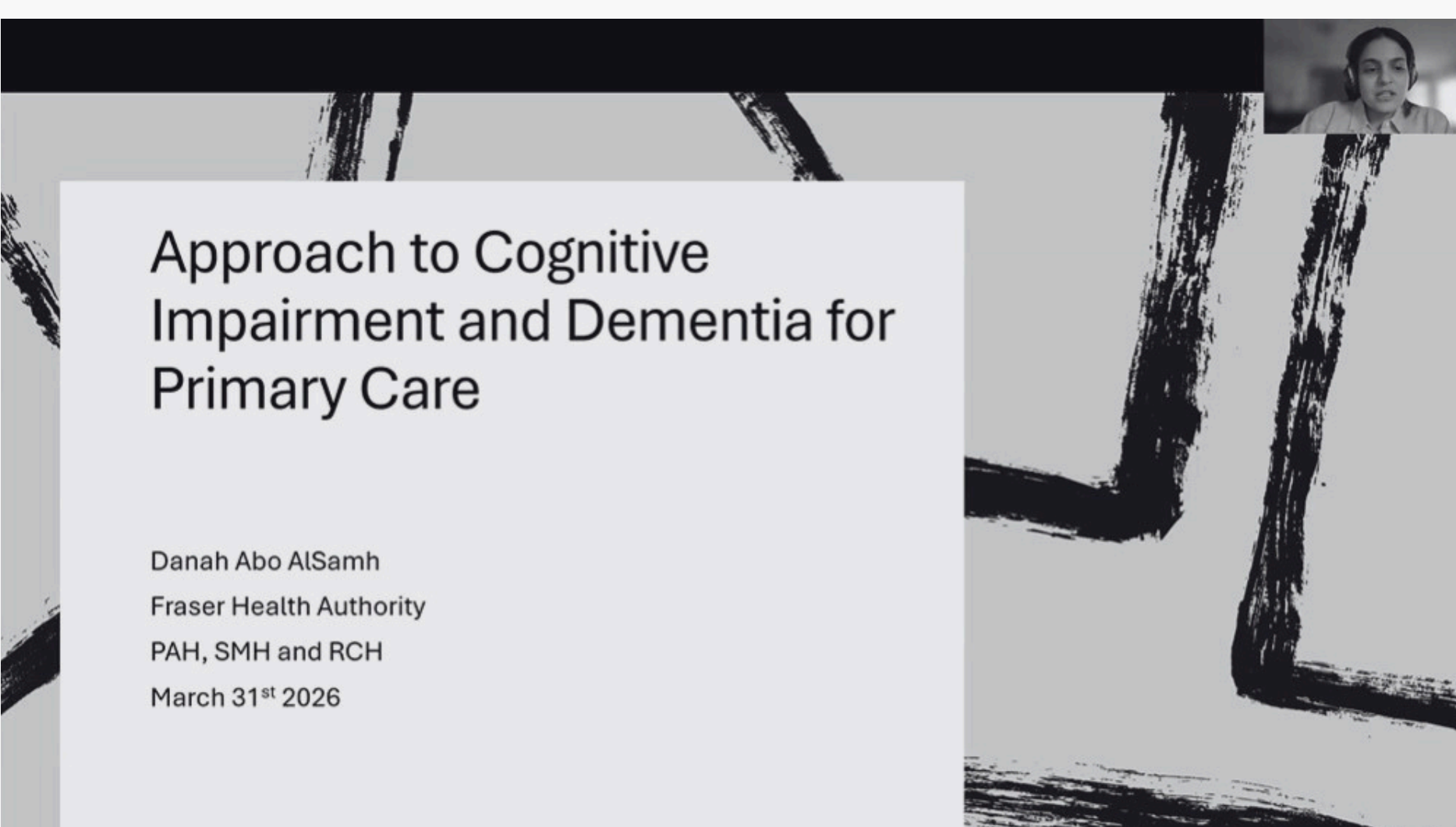
Assessing and Managing Cognitive Dysfunction

March 31, 2026 • Event Summary

On March 31st, the third session in a 4-part series, presented by the Shared Care Neurology Working Group, took place virtually via Zoom. The session, attended by 59 FPs, aimed to provide practical frameworks, clinical pearls, and case-based learning to support confident assessment and management in everyday practice. Attendees also had the opportunity to ask questions, fostering further discussion and understanding of these key aspects of neurology.

Key Highlights from the Event Included:

- Normal aging and how it differs from cognitive decline
- Approaches to assessing the cognitively impaired patient
- An overview of Alzheimer's disease
- Practical management strategies
- Important safety considerations for patients and caregivers



Approach to Cognitive Impairment and Dementia for Primary Care

Danah Abo AlSamh
Fraser Health Authority
PAH, SMH and RCH
March 31st 2026

**"EXTREMELY
INFORMATIVE"
-Survey Respondent**

KEY LEARNINGS

The presenter took the audience through a dynamic exploration of how normal aging affects cognition, how to thoughtfully approach and assess someone with cognitive concerns, the key features of Alzheimer's disease, practical management strategies, and the safety considerations that guide good clinical care.

NORMAL AGING

- Processing slows with age, making tasks take longer and rely more on feedback.
- Episodic memory declines around 60 but improves when information is meaningful.
- Verbal fluency drops, causing more tip-of-the-tongue moments.

APPROACH TO THE COGNITIVELY IMPAIRED PATIENT

- MCI causes cognitive impairment without loss of daily function and may progress to dementia.
- Dementia requires significant cognitive decline that interferes with independence.
- Assessment relies on informant history, time course, screening tools, and noting new later-life behavioral changes.

ALZHEIMER'S DISEASE

- A common neurodegenerative disorder with hallmark plaques and tangles, higher prevalence in women, and an average survival of 4–8 years after diagnosis.
- Age, female sex, hypertension, and APOE-ε4 are major risk factors.
- Diagnosis uses clinical features, imaging, and biomarkers showing amyloid and tau changes.

MANAGEMENT STRATEGIES

- Main treatments are acetylcholinesterase inhibitors & memantine for symptom relief.
- Side effects are common, and behavioral or psychiatric symptoms may need additional meds.
- New anti-amyloid therapies exist but are costly and require extensive monitoring.

ADDITIONAL LINKED RESOURCES

[Dr. Danah's Presentation Slides](#)

[Recorded Session](#)

[Brain Health Resources in BC](#)

[Questions to ask when cognitive impairment is suspected:](#)

[Brain Wellness Program](#)

[HINTS Exam](#)

[RACE App](#)

[Clinical Features of Common Vertigo Symptoms](#)

[Clinical Diagnosis and Treatment of BPPV using the Dix-Hallpike Test and Epley Maneuver \(Dr. Peter Johns\)](#)

[Benign Paroxysmal Positional Vertigo - Understand BPPV in One Minute](#)

[Clinical Features of Benign Paroxysmal Positional Vertigo - Epley's Maneuver Patient Instructional Video](#)
[Common Vertigo Symptoms](#)

SESSION EVALUATION

64% of respondents reported an increase in confidence in prescribing for cognitive dysfunction symptom management.

88%

of respondents reported having the opportunity to learn what they hoped to learn in the session

85%

of respondents reported that they gained sufficient knowledge about cognitive dysfunction to apply in their practice

85%

of respondents reported that they session provided them with enough information to apply what they learned