



Dementia Diagnosis

Concise. Practical. Better care.

Tribal Dementia Capacity Building

May 23, 2023



82-year-old woman
comes to see her
PCP for annual
wellness visit.

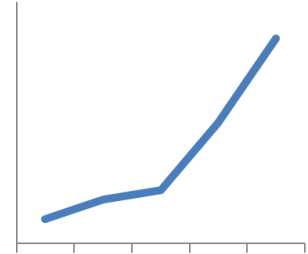
Generally, very
healthy.

She happens to
mention, “I’ve been
worried about my
memory.”

Should primary care...

- A. Reassure? saying “Me too. Don’t worry, it’s normal to get more forgetful with age.”
- B. Automatically try to refer to a specialist ?
- C. Try to do cognitive assessment then and there (and then run 40 minutes late?)
- D. Offer follow-up cognitive-evaluation visit, with *family member coming also.***

Changes for American Indians and Alaska Natives



- American Indians and Alaska Natives are living longer! Which is great news. Life expectancy has increased 68% in past 50 years.
- The number of American Indians and Alaska Natives over age 65 is expected to double in coming years.
- The number over 85 is expected to increase by 7-fold between now and 2050.

- Oct 2020 Funding award to the University of Washington: adapt the GSA KAER Toolkit to make a workable model for use in a large health center.
- Help primary care identify cognitive impairment in a timely way.



Cognition in Primary Care

Using the KAER Toolkit
to make a workable
model for primary care:



- Earlier detection of impairment.
- Improving *management* also.
- Better care.

Decide: Three questions that help you decide who needs a cognitive assessment.

Worrisome signs or just normal aging?

1. Forgetting things that just happened?

Such as: Repeating same question 30 minutes later.

2. Harder to do complex task that used to be easy?

Such as: Trouble making a complex recipe or organizing documents.

3. Suddenly unsure where you are, in place you've been to often?

Such as: Suddenly disoriented in a building you should know well.

or Normal: Misplacing keys or longer to remember names

10 Warning Signs of Alzheimer's

If you notice any of these signs, take action.

Use this form to note your concerns so you can address them with a friend, family member or doctor.

- 1. MEMORY LOSS THAT DISRUPTS DAILY LIFE.** One of the most common signs of Alzheimer's disease, especially in the early stage, is forgetting recently learned information. Others include forgetting important dates or events, asking the same question over and over again, or increasingly needing to rely on memory aids (e.g., reminder notes or electronic devices) or family members for things the person used to handle on their own.

What's a typical age-related change? Sometimes forgetting names or appointments, but remembering them later.

- 2. CHALLENGES IN PLANNING OR SOLVING PROBLEMS.** Some people living with dementia may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills. They may have difficulty concentrating and take much longer to do things than they did before.

What's a typical age-related change? Making occasional errors when managing finances or household bills.

Quick Questions: How Worrisome is a Memory Concern

- Download from:

Cognition-PrimaryCare.org

- 1-pager MA or PCP can give

“Yes” to any = worrisome,
do a full evaluation.

Adapted from 10 Warning Signs of Alzheimer's:
https://www.alz.org/alzheimers-dementia/10_signs

Quick Questions if Memory is a Concern

1. Have you noticed that you forget things that just happened more often?
For example: Repeating the same question or the same story 30 minutes later.

YES	NO	UNSURE
-----	----	--------

2. Have you noticed it's more difficult to finish a complex task that used to be easy for you?
For example: Cooking a complex recipe, organizing your documents, or putting up outdoor holiday lights.

YES	NO	UNSURE
-----	----	--------

3. Have you noticed being unsure where you are in a place you've been to many times?
For example: Becoming disoriented on a usual route or in a building you know well.

YES	NO	UNSURE
-----	----	--------

Note: The following changes are normal as people age. They are less a cause for concern:

1. Forgetting the name of someone but remembering it later.
2. Noticing it takes longer to come up with a word you're trying to remember.
3. Misplacing keys or forgetting why you went upstairs, but later you find your keys or remember why you went upstairs.

Main Tip for Cognitive Evaluation

- So important to have family member or close friend at the appointment.
- Observer perspective very valuable.

Three parts of dedicated Cognitive Evaluation visit

1. **Checklist:** reversible causes and other factors you can fix.
2. **Get input:** from a family member.
3. **Assess:** cognitive function with MoCA.

Cognitive Checklist

- Labs** B12 + thyroid
- Med list** Sedating/ anticholinergic meds
Oxybutynin, Tylenol PM, benzodiazepines, Ambien
- Alcohol** Even mild-to-moderate drinking can
impair cognition once people > age 70
- Conditions:** Sleep apnea, hearing loss, depression

Evaluating Cognitive Function

The assessment is a combination of...

MoCA test

+

Family input

Family / Observer Input

History questions to ask family member or a close friend:

- Are they repeating the same question 30 min later?
- Losing ability to do complex tasks that they once found easy to do? (e.g. complex recipe or outdoor lighting)
- Getting disoriented in a familiar place?

Use these three questions

Or use a validated 8-item form called: **the AD8**

Family Input

AD8

a validated
tool to get
input from
an observer.

Remember, "Yes, a change" indicates that there has been a change in the last several years caused by cognitive (thinking and memory) problems.	YES, A change	NO, No change
1. Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)		
2. Less interest in hobbies/activities		
3. Repeats the same things over and over (questions, stories, or statements)		

Available on the web e.g. from **Cognition-PrimaryCare.org**

MoCA Montreal Cognitive Assessment

Best validated tool for mild cognitive impairment in primary care setting. (More sensitive than MMSE)

≥ 26 Cognitive impairment is much less likely.

20-25 Uncertain. Incorporate family input, follow.
Offer neuropsychological evaluation.

< 20 Dementia is very likely.

Putting It Together

MoCA result

+

Family input

Putting It Together

MoCA result

+

Family input

MoCA is quite low, such as less than 20

Putting It Together

MoCA result

+

Family input

MoCA is quite low, such as less than 20

+ Observer notes worrisome changes

Putting It Together

MoCA result

+

Family input

MoCA is quite low, such as less than 20

+ Observer notes worrisome changes

+ Difficulty with *activities of daily living*

dressing or cooking or cleaning house

Putting It Together

MoCA result

+

Family input

MoCA is quite low, such as less than 20

+ Observer notes worrisome changes

+ Difficulty with *activities of daily living*

= dementia

Putting It Together

MoCA result

+

Family input

MoCA slightly low, intermediate 22-26

Putting It Together

MoCA result

+

Family input

MoCA slightly low, intermediate 22-26

+ Observer notes worrisome changes

Putting It Together

MoCA result

+

Family input

MoCA slightly low, intermediate 22-26

+ Observer notes worrisome changes

But still able to dress and cook and clean house

Putting It Together

MoCA result

+

Family input

MoCA slightly low, intermediate 22-26

+ Observer notes worrisome changes

But still able to dress and cook and clean house

= **mild cognitive impairment**

Mild Cognitive Impairment (MCI)

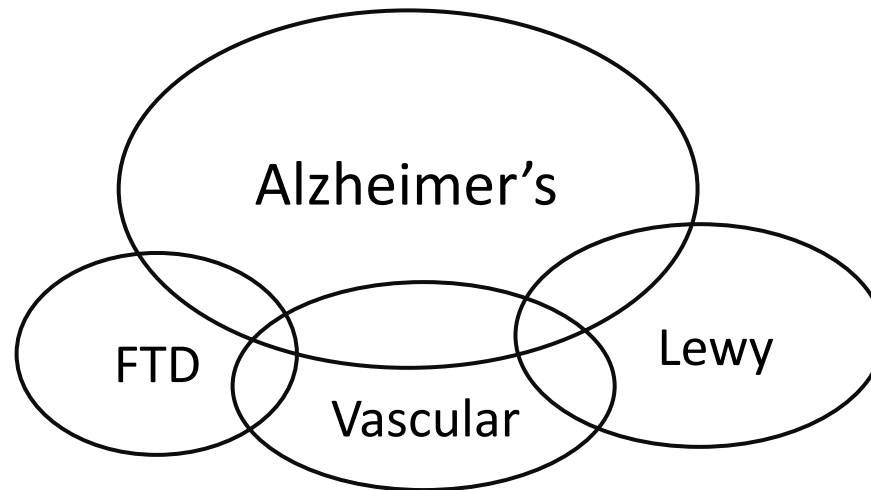
- Typical case: MoCA 24 and worrisome changes noted
But activities of daily-living are intact → MCI
(dementia: requires loss independence with activities)
- MCI is not simply “early dementia”
Because 30% with MCI don't progress to dementia.
But: 70% do progress. Most people who have MCI
do have early Alzheimer's disease. (but not all)
- **MCI Action!** Focus on brain health: reduce alcohol, hearing aids, sleep apnea. Yearly repeat evaluation.

Normal aging - Mild cognitive impairment - Dementia

Slower remembering names. Why did I come up the stairs?

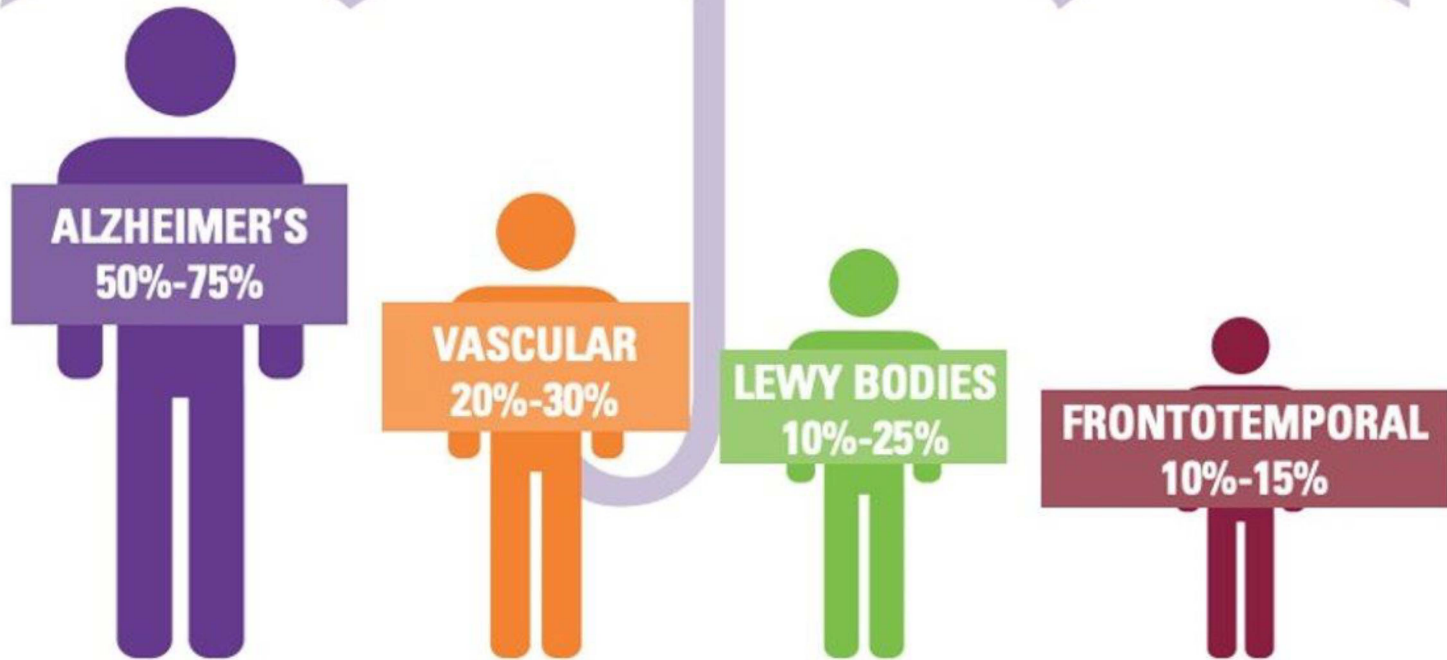
Asks the same question 30 minutes later. Can't complete complex task.

Lose ability to do ADLs: e.g. cooking, driving, dressing.



DEMENTIA

An "umbrella" term used to describe a range of symptoms associated with cognitive impairment.



Types of Dementia

Alzheimer's	80%	Memory loss is main symptom.
Vascular	10%	Almost always mixed with AD.
Lewy Body	5%	Visual hallucinations. Severe adverse reactions to antipsychotics. (Can cause severe Parkinsons.)
Frontotemporal	5%	Very young onset (most are below age 65.) Personality changes, such as apathy, severe mood swings.

Who Needs Referral to Specialist?

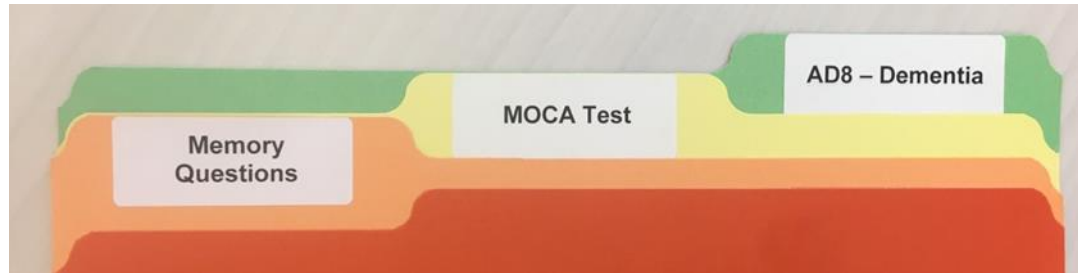
- It should be a shared decision with patients.
- It's OK to hold off on a referral if no **red flags**.
- **Red Flags:**
 - **Visual Hallucinations**
 - Atypical neurologic symptom, or
 - Anyone before age < 65
- For many cases: it's OK to work up and follow, build trust with patient and family.

Implementation Toolkit

Change in a Primary Care Clinic

- Structured framework for the evaluation.
- Easy-to-use tools that can be added to the electronic health record: checklists, reminders.
- Folders to add to exam room.

Standard forms in clinic



MoCA Test

VISUOSPATIAL / EXECUTIVE

End

Begin

Copy cube

AD-8 Questions: Observer

1. Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)	
2. Less interest in hobbies/activities	
3. Repeats the same things over and over (questions, stories, or statements)	



INTACT

INDIANS TRANSFORMING
ALZHEIMER'S CARE TRAINING

- Group randomized trial, adapting the KAER/ Cog-Prim-Care model for clinics serving Tribal Communities.
- Recruitment underway now! For more information: barakg@uw.edu



Download Free Summary Tools!

Cognition-PrimaryCare.org

Barak Gaster: barakg@uw.edu

GSA K A E R TOOLKIT



**Cognition in
Primary Care**