ALZHEIMER'S CLINICAL ROUNDTABLE RECOMMENDED SCREENING ALGORITHM FOR ADULT COGNITIVE IMPAIRMENT

NOTE: Cognitive screening may be a part of a regular annual physical exam.

SCREENING VISIT

Generally due to concerns about cognition or function, noted by Patient, Family Member or Physician



History

Changes in cognition and/or function
Ask about 10 Warning Signs

Conduct Cognitive Screen

Assess for Red Flags Mini-Cog ≤3

Optimal

Conduct Informant Screen
AD8 ≥2





Note: Passing cognitive screen does not preclude a mild, early or subclinical problem. Consider rescreening in 12 months, or sooner if changes become more noticeable.

RED FLAG CONDITIONS

Rapid Progression (w/in 6 mos) Recent Sudden Changes Young Onset (<65)



ASSESS REVERSIBLE FACTORS

- Depression eg PHQ2
- Delirium
 Alcohol
 Medications
- Uncontrolled illness or infection

CONDUCT OR REVIEW RECENT LAB TESTS

CBC, Comprehensive Metabolic Panel, TSH, B12

10 WARNING SIGNS

- 1 Memory loss disrupts daily life
- 2 Challenges in planning or problem solving
- 3 Difficulty completing familiar tasks
- 4 Confusion with time or place
- Trouble understanding visual images or spatial relationships
- 6 Problems with words
- 7 Misplacing items and inability to retrace steps
- 8 Decreased or poor judgment
- 9 Withdrawal from work or social activities
- 10 Changes in mood and personality

TREAT REVERSIBLE FACTORS

NO Improvement After Treating Reversible Factors **NO Reversible Factors**

PROCEED TO EVALUATION

CONSIDER REFERRAL TO PSYCH IF SEVERE DEPRESSION



