Alzheimer’s Clinical Roundtable
Recommended Evaluation Algorithm

PATIENT REFERRED FOR EVALUATION OF ADULT COGNITIVE IMPAIRMENT

BASED ON RESULTS OF SCREENING PROTOCOL
Evaluation to be conducted by PCP/Neurologist/Psychiatrist as appropriate

DIAGNOSTIC WORKUP

Detailed History: Informant Interview (IQCODE, QDRS, AD8), Cognition, Function and/or Behavior Changes
Neurological exam
Mental Status Test: MoCA*, qMCI, MMSE*, or SLUMS *requires remuneration
Depression Screening: Geriatric Depression Scale 7 Item (≥8)
PHQ-9 and/or Structured Questions

IF MOCA OR SLUMS NORMAL
Reassure patient.
Consider rescreening 3-6 months
If concern re MCI consider
Neuro-psychological testing

IF FAIL EVALUATION INSTRUMENT
Proceed to Labs & Imaging

1 Labs: Comprehensive metabolic panel if not already done at screening, or others as appropriate
2 Imaging study: MRI (preferred) or CT
3 Neuropsychological testing (optional - consider for atypical or mild or early onset cases)

DIAGNOSIS

TYPICAL DEMENTIA SYNDROME
Probable Alzheimer’s Disease w/ or w/out cerebral vascular co-morbidity
1 Discuss & disclose; counsel patient and family
2 Develop Treatment/Management Plan
3 Access/provide community resources

ATYPICAL CASES
Parkinsonian features, hallucinations, prominent aphasia, early onset, rapid progression, fluctuations, unexplained visual impairment, severe depression
Referral to neurologist, psychiatrist, or geriatrician recommended