

# ALZHEIMER'S CLINICAL ROUNDTABLE

## RECOMMENDED EVALUATION ALGORITHM

**PATIENT REFERRED FOR EVALUATION OF ADULT COGNITIVE IMPAIRMENT  
BASED ON RESULTS OF SCREENING PROTOCOL**

### DIAGNOSTIC WORKUP

**Detailed History:** History of risk factors (TIA, Stroke, cardiovascular risk). Assess family history of dementia, Parkinson's or ALS, Informant Interview (IQCODE, QDRS, AD8), Cognition, Function (IADLs) and/or Behavior Changes

#### Neurological exam

**Mental Status Test:** MoCA\*, qMCI, MMSE\*, or SLUMS \*FEE FOR USE

**Depression Screening:** Geriatric Depression Scale 7 Item, PHQ-9 and/or Structured Questions

### IF MENTAL STATUS EXAM NORMAL

Mental Status exam +/- normal and history or exam do not suggest gradual onset of MCI: Counsel patient: Consider rescreening in 6-12 months.

Provide Healthy Brain information

If concern re MCI consider Neuro-psychological testing

### If Persistent Depression

Refer to psychiatrist, other specialists or treat as appropriate

### IF FAIL EVALUATION INSTRUMENT /BORDERLINE OR POSSIBLE MCI Proceed to Labs & Imaging

- Labs:** CBC, Comprehensive metabolic panel TSH, B12, RPR (if not done with screening)
- Imaging:** MRI (preferred; include SWI or GRE sequences, request volumetric MRI if available) or head CT (MRI required for MAB treatment)
- Neuropsychological testing:** (optional - consider for mild/unclear, atypical or early onset cases)

### DIAGNOSIS

#### MCI or EARLY DEMENTIA

- Discuss & disclose; counsel patient and family/Healthy Brain information
- Develop Treatment/Management Plan; discussion of biomarker tests, disease modifying medications/ research studies
- Access/provide resources including support groups

#### TYPICAL MODERATE / ADVANCED DEMENTIA

Probable Alzheimer's Disease w/ or w/out cerebral vascular co-morbidity

- Disclose; counsel patient and family
- Develop Treatment/Management Plan
- 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