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, or may be included as part of an Annual Medicare or Medicaid (MediCal) Wellness Visit

STRUCTURED BRIEF HISTORY

Ask:

- Are you noticing a problem with your memory?
- 2) Do family members or friends notice a change in your memory?
- 3) Do you think your memory has changed over the past couple years?
- 4) Are there particular activities or tasks you are now having trouble completing?

Conduct Cognitive Screen

Mini-Cog ($\leq 3 = Fail$)

Request Informant Screen (if available)

AD8 (≥2= concern)

Assess Functional Status

IADLs and ADLs

IF PASS

Counsel Patient & Family

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. Educate on normal aging. Provide information on Healthy Brain tips to improve overall health.

ASSESS REVERSIBLE & RISK FACTORS

- Depression Hearing • Delirium • Alcohol/OD • Medications
 - Uncontrolled illness or infection

CONDUCT OR REVIEW RECENT LAB TESTS

CBC, Comprehensive Metabolic Panel, TSH, B12, RPR (as appropriate)

LOOK FOR RED FLAGS

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

or RED FLAGS or NO REVERSIBLE FACTORS

TREAT REVERSIBLE FACTORS

NO Improvement After Treating Reversible Factors

CONSIDER REFERRAL TO PSYCH IF SEVERE DEPRESSION

PROCEED TO EVALUATION

Note: If the Annual Wellness Exam included a patient AD8 and result <2, conduct MiniCog; if ≥2, may skip MiniCog



