Neurocognitive Disorders

	Major NCD	Mild NCD	Alzheimer's Disease	Frontotemporal	Lewy Body	Vascular
Major or Mild NCD	Significant cognitive decline, 1+ cognitive domain, with both: 1. Concern by individual, clinician, or knowledgeable informant, about significant decline 2. Quantified clinical assessment, preferably neuropsych testing, showing significant impairment	Modest cognitive decline, 1+ cognitive domain, with both: 1. Concern by individual, clinician, or knowledgeable informant, about mild decline 2. Quantified clinical assessment, preferably neuropsych testing, showing modest impairment	• Major or mild NCD criteria met	• Major or mild NCD criteria met	• Major or mild NCD criteria met	• Major or mild NCD criteria met
Course	• Impairs independence in everyday activities • At minimum, complex IADLs (paying bills, managing meds)	• DOES NOT impair independence in everyday activities • But may need greater effort, compensatory strategies or accommodation	• Insidious onset • Gradual progression • Multiple (2+) cognitive domains	• Insidious onset • Gradual progression	• Insidious onset • Gradual progression	VASCULAR ETIOLOGY by either: 1. Temporal relation to cerebrovascular events 2. Prominent decline in complex attention (processing speed) and frontal-executive fxn
Subtype Core Feature			MAJOR ALZHEIMER'S NCD Probable if either: 1. Causative genetic mutation (from FHx or genetic testing) 2. All 3 of following: a. Decline in memory/learning, and 1 other domain b. Steady gradual decline, without extended plateaus c. Not mixed etiology Probable otherwise MILD ALZHEIMER'S NCD Probable if: - Causative genetic mutation (from FHx or genetic testing) Possible if: - NO causative genetic mutation - All 3 of following: a. Decline in memory/learning and 1 other domain b. Steady gradual decline, without extended plateaus c. Not mixed etiology	BEHAVIORAL VARIANT a. Behavioral sx (3+) i. Behavioral disinhibition ii. Apathy or inertia iii. Loss of sympathy/empathy iv. Perseverative, stereotyped or compulsive behavior v. Hyperorality + diet changes b. Social or executive fxn decline LANGUAGE VARIANT a. Language fxn decline - Speech production - Word finding - Object naming - Grammar - Word comprehension Probable if either: 1. Causative genetic mutation (from FHx or genetic testing) 2. Neuroimaging showing disproportionate involvement of frontal/temporal lobe Possible otherwise - No genetic mutation or - No neuroimaging done	CORE FEATURES a. Fluctuating attention/alertness b. Recurrent VH (formed, detailed) c. Parkinsonism (post cog decline) SUGGESTIVE FEATURES d. REM sleep behavior disorder e. Neuroleptic sensitivity (severe) Probable if: - 2 core features - 1 core, 1 suggestive Possible if: - 1 core, 0 suggestive - 0 core, 1+ suggestive	CEREBROVASCULAR DISEASE PRESENT - History, physical exam or - Neuroimaging evidence Probable if any: 1. Neuroimaging-supported 2. Temporal relation to documented cerebrovascular events 3. Clinical and genetic evidence of cerebrovascular disease Possible otherwise - Clinical criteria met, but - No neuroimaging - No temporal relationship to cerebrovascular events made
Exclusion	• Not due to delirium	• Not due to delirium		• Sparing of memory/learning, perceptual-motor function		
	• Not better explained	• Not better explained	• Not better explained	• Not better explained	• Not better explained	• Not better explained

Neurocognitive Disorders						
	TBI	Substance/Medication-Induced	HIV	Prion Disease	Parkinson's Disease	Huntington's Disease
Major or Mild	• Major or mild NCD criteria met	• Major or mild NCD criteria met	• Major or mild NCD criteria met	• Major/mild NCD criteria met	• Major/mild NCD criteria met	• Major/mild NCD criteria met
Course	EVIDENCE OF TBI • Impact to head or rapid movement of brain within skull, with 1+: 1. Loss of consciousness 2. Posttraumatic amnesia 3. Disorientation, confusion 4. Neurological signs	CAPABLE SUBSTANCE/MEDICATION • Duration and extent of sub/med use CAPABLE of producing NCD		• Insidious onset • Rapid progression common	• Insidious onset • Gradual progression	• Insidious onset • Gradual progression
Subtype Core Feature	NCD ONSET • Immediately after TBI OR • Immediately after recovery of consciousness • Persists after acute post-injury period	TEMPORAL COURSE OF DEFICITS • Consistent with timing of use and abstinence	• Documented HIV infection	FEATURES OF PRION DISEASE (either) • Motor features (myoclonus, ataxia) • Biomarker evidence	• Established Parkinson's Disease <u>Probable if both, Possible if one:</u> 1. Not mixed etiology 2. PD clearly precedes NCD onset	• Established Huntington's disease <u>OR</u> • Risk for Huntington's disease (family history or genetic testing)
Exclusion		• Not due to delirium • Persists beyond usual duration of intoxication and acute withdrawal	• Not due to non-HIV conditions (secondary brain diseases: progressive multifocal leukoencephalopathy, cryptococcal meningitis)			
		• Not better explained by AMC or another mental disorder	• Not better explained by AMC or another mental disorder	• Not better explained by AMC or another mental disorder	• Not better explained by AMC or another mental disorder	• Not better explained by AMC or another mental disorder

Neurocognitive Disorders						
	NCD Due to AMC	NCD Due to Multiple Etiologies	Unspecified NCD	Delirium	Other Specified Delirium	Unspecified Delirium
Major or Mild	• Major or mild NCD criteria met	• Major or mild NCD criteria met	• Does not meet any full criteria • Choose NOT to communicate specific reason • Precise etiology cannot be determined with sufficient certainty	• Disturbance in attention and awareness	• Does not meet any full criteria • Choose TO communicate specific reason 1. Attenuated delirium syndrome - Subthreshold cognitive impairment	• Does not meet any full criteria • Choose NOT to communicate specific reason • Insufficient information for dx
Course				• Develops over short period of time • Change from baseline • Tends to fluctuate during course of a day		
Subtype Core Feature	• Direct pathophysiological consequence of AMC, as per evidence from Hx, P/E, labs	• Direct pathophysiological consequence of multiple etiologies		ADDITIONAL COGNITIVE DEFICIT • Memory, disorientation, language, visuospatial, perception DIRECT PHYSIOLOGICAL CAUSE • AMC • Substance intox/withdrawal • Exposure to toxin • Multiple etiologies		
Exclusion	• Not better explained by another medical condition or specific NCD	• Not better explained by another medical condition or delirium		• Not better explained by another NCD • Not during coma		
Specifiers	None	None	None	• Substance intoxication delirium • Substance withdrawal delirium • Medication-induced delirium • Delirium due to AMC • Delirium due to multiple etiologies • Acute (hours to days) • Persistent (weeks to months) • Hyperactive • Hypoactive • Mixed level of activity		