

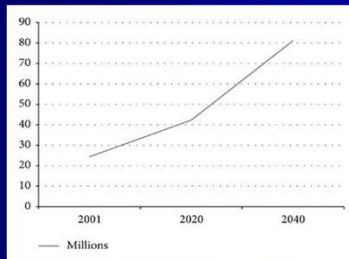
Dementia: Early Detection Early Diagnosis

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Dementia Definition

- **Impairment** in at least 2 cognitive domains:
 - Memory
 - Language
 - Visuospatial
 - Executive/attention
 - Social/behavior function
- A decline from previous level of function
- **Impairs daily function** and independence
- Absence of other psychiatric, neurologic or systemic disease and delirium

Why does it matter?



Subtypes of Dementia

- Alzheimer's disease 50%
- Mixed dementias (usually AD and vascular) 20%
- Dementia with Lewy bodies 10%
- Vascular dementia 5%
- Parkinson's Disease Dementia 5%
- Frontotemporal dementia 3%
- Alcohol-associated Dementia 2%
- Traumatic Cognitive Loss 1%
- Down's Syndrome 1%
- Normal Pressure Hydrocephalus (NPH) .1%
- Huntington's Disease with dementia .1%
- Creutzfeld-Jakob (mad cow) disease .001%

If not Dementia, What?

- Normal, usual aging
- Subjective Cognitive Impairment
- Mild Cognitive Impairment
- Depression or anxiety
- Delirium, acute medical illness
- Drugs, drugs, a multitude of drugs
- Low vitamin B12; Low or high thyroid

Screening for Dementia

- Different from assessment of dementia
- Offered to persons without complaints
- Offered to persons with complaints
- Performed by anyone with training
- Variety of tools available
- How can screening be used?

Tools for Screening

- **MoCA:** Montreal Cognitive Assessment
 - Samples all cognitive domains in 10 min.
 - Versions for illiterate, blind, 52 languages
 - Online normative data, training video
 - App for electronic administration
 - <https://www.mocatest.org/>

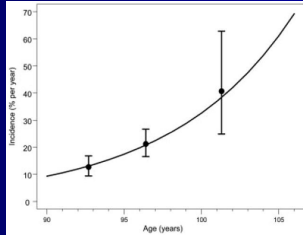
Tools for Screening

- **MMSE:** Mini-Mental Status Exam
 - www.minimental.com
- **SLUMS:** St Louis U. Mental Status
 - echo.unm.edu/wp-content/uploads/2014/07/clinic-dementia-mental-status.pdf
- **Clock Draw**
- **3-item recall**
- **Mini-cog = clock and recall together**

Who to Screen for Dementia

- **Persons reporting:**
 - Forgetfulness
 - Repeating self, questions
 - Misplacing items
 - Confusion
 - Inability to carry out daily routine
 - Difficulty driving, getting lost
- **Older persons:** dementia is age-related

Dementia incidence - Age



10 Warning Signs

- Memory loss
- Challenges in planning
- Difficulty completing familiar tasks
- Confusion with time or place
- Trouble with spatial relationship
- Words problems in speaking or writing
- Misplacing items
- Poor judgment
- Withdrawal from work or social activities
- Changes in mood and personality

When to Screen for Dementia

- Medicare Annual Wellness visit:
 - Lifestyle: diet, exercise, tobacco, alcohol
 - Cancer screening & immunizations
 - Update current providers & prescriptions
 - Height, weight, blood pressure, others
 - Detection of cognitive impairment
 - Annual depression screening
 - Assessment of community/home function
 - Review of advance directives, POA

Why would Seniors want a Screen for Dementia?

- It's free!
- No Medicare B copay cost:
 - Annual Wellness visit
- You want to show how smart you are
- Reassurance that your mind IS still OK

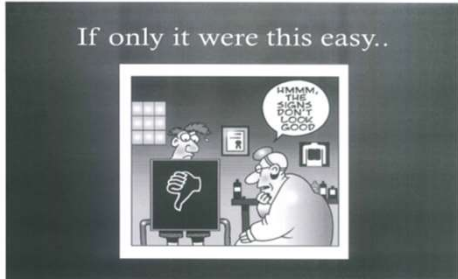
Why would Seniors **not** want a Screen?

- Time spent in a doctor's office ☹
- Emotionally uncomfortable
- Uncertainty about the future
- Awaken memories of test anxiety
- Don't want to know
- Why test? I don't have a problem

What to do with a Positive Screen

- **Referral for diagnostic evaluation**
 - Thorough medical history
 - Mental status testing
 - Physical and neurological exam
 - Blood tests and brain imaging to rule out other causes of dementia-like
- Alzheimer's and dementia specialists:
 - Neurology, psychiatry, geriatricians

How Difficult is It?



Why Diagnose Early?

- Better chance of stabilization
 - Control of medical issues
 - Finally treat that sleep apnea
 - Aerobic exercise=better cognition!
 - Intensive BP control=less/no decline
 - Eliminate dangerous anticholinergic meds
 - Treat mood changes
- Participation in clinical trials, research

Why Diagnose Early?

- Better chance of treatment benefit
 - 2 classes FDA-approved dementia meds
- Time to plan for the future
 - Future care preferences and options
 - Financial and legal matters
- Less anxiety about unknown problems
- Develop relationship with providers and care partners
- Benefit from support – Alz Association

Why Diagnose Early?

- Prevention of complications:
 - Sleep disturbance
 - Mood disturbance
 - Protect finances, avoid financial scams
 - Prevent driving accidents/errors
 - Safety measures:
 - Firearms
 - Substance and alcohol use
 - Becoming lost – Silver Alert

Why Diagnose Early?

- Avoidance of inappropriate, aggressive medical and screening procedures
- Streamline medications-statins
- Optimize time with family, leisure, etc
- Work on your bucket list
- "I always wanted to...."

Is the Diagnosis Certain?

- **May not be certain** in early stages
- Routine testing, at least annual
- If diagnosis correct, decline over time:
 - Cognitive
 - Function
- Diagnosis of dementia is more important than subtype of dementia
- However.....

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Summary

- Liberal use of screening tools
- Refer often and early for suspected decline, document with screen
- Always consider depression
 - Annual depression screening
- Monitor progression, complications
- Establish support and future plans

UNM Health Sciences Center Memory & Aging Center

- UNM Memory and Aging Center
 - Established 2016
 - Consolidated UNM dementia programs
- Faculty:
 - Gary Rosenberg MD
 - Janice Knoefel MD
 - John Adair MD
 - Elaine Stack CNP

UNM Health Sciences Center Memory & Aging Center

- Three services answering three needs
 - **Diagnosis and Treatment**
 - **Research**
 - **Education and Outreach**
- Contact us
 - hsc.unm.edu/health/patient-care/neurosciences-stroke-care/memory-aging-center.html

Resources

- www.mocatest.org
- www.minimental.com
- alz.org/alzheimers_disease_10_signs_of_alzheimers.asp?type=alzchptfooter#signs
- UNM Memory & Aging taking referrals from healthcare team members at fax 505-272-9427
