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Tips to Adjust the Cognitive Health Assessment

Introduction

Your patients may have various conditions that interfere with conducting the Cognitive Health Assessment (CHA). This brief describes strategies and tips to adapt the CHA for diverse patient populations. The CHA is a flexible process, not a rigid protocol.

Strategies to Adapt the CHA

1. Establish a baseline.

Establishing a baseline will help you better detect if there is a decline in functional or cognitive abilities over time. If you encounter barriers, it is still helpful to measure what you can and document your findings so you have a baseline to compare new data to during the next annual visit.

2. Be flexible.

Before doing the CHA, look for challenges or comorbidities the patient may have that would impact the assessment and adjust for them accordingly. Try to do all three parts of the CHA as best you can.

3. Use referrals.

If you are unable to conduct the CHA despite adaptations, consider referral to a specialist for further evaluation.

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Tips for Each Part of the CHA

Part 1: Take a Brief Patient History

- If you can't communicate with your patient for any reason, ask if they have a relative or friend (close contact) you can talk with to obtain a history as best you can. If a patient lives in a facility, ask the patient if you may also obtain information from facility staff.
- If you can't get information from the patient or close contact, and there is no opportunity to speak to anyone in the future, note this in the chart, including the reason you can't obtain a history. Try to get a general impression of the patient's cognition and function by observing the patient's demeanor and behavior. Document these observations in the chart as a baseline for a follow-up encounter.

Part 2: Use Screening Tools

- Consider modifying the tools/assessments you use to complete the CHA for your patient. If necessary, you may remove, add, or modify steps to adjust the CHA for a patient's needs.
- For patients with a physical disability that precedes their cognitive complaints, adjust the questions asked about ADLs/IADLs to their disability. For example, a patient with limitations in gait may have difficulties with ADLs at baseline, not due to new cognitive complaints.
- For non-English speaking patients, it is always preferable to use a certified interpreter (not friends or partners). However, if no interpreter can be found, it's OK to rely on close relatives to help with communication issues for screenings.

Part 3: Document Care Partner Information

For patients you can't communicate with, for example, if there are language barriers or a physical disability, use a friend, family, or someone else who knows them well to see if they have ever appointed a healthcare agent (HCA) or have an advance directive. You can also ask who commonly helps the patient or who their care partners are, though this does not carry the legal weight of an HCA.

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Tips to Address Barriers

Adapting to Communication Issues

If a patient doesn't speak English or has a disability that prevents communication, you will need an interpreter or an assistive device of some kind. Family members shouldn't be used as interpreters, but they can help with getting a collateral history (Part 1), a cognitive or functional screening (Part 2), and documenting care partner information (Part 3).

If there is time before the appointment, plan for an appropriate interpreter based on language, including for deaf and deafblind individuals, or obtain a portable hearing aid (e.g. pocket talker) for patients who are very hard of hearing.

Adapting to Physical Disabilities

The CHA is intended to capture functional changes due to cognitive decline, not due to known pre-existing physical disabilities. If a patient has physical limitations due to other diagnoses, these should be noted in the initial evaluation and you may mark the functional screen as "negative." But now that you have documented these on the first CHA, you can then look for changes to this baseline on follow-up.

Adapting to Substance Abuse or Mental Illness

Get accurate data before making a judgment about cognitive decline. Assessments should be obtained when the patient is at their true baseline. If your patient abuses substances or has a serious mental illness, you may need to defer the CHA if:

- The patient is intoxicated or going through withdrawal.
- The patient is actively psychotic.
- The patient is delirious.

Adapting to an Unstable Living Situation

If a patient's living situation isn't stable—they're unsheltered, for example—you should still conduct the CHA. However, you'll need to be careful when asking about functional abilities, as most available functional screening tools were designed to assess housed individuals.

Adapting to Patients with Learning Challenges

For patients with learning challenges, either due to developmental differences or low literacy, it may be difficult to find a valid cognitive screening tool. Remember, do the best you can because establishing a baseline is always helpful, even with screening tools that are not ideal for your patient.

Some general strategies are outlined below:

- Pick one test that is reasonably appropriate. Use this test as a baseline. Repeat annually to monitor change.
- Choose a cognitive screening tool designed for patients with low literacy. Several are provided in the resources at the end of this course.
- When in doubt, refer to a neuropsychologist if available for a formal evaluation of cognition.

Adapting to Reluctant Patients

Several individual patient factors can cause difficulty in administering the CHA, and these factors may be easily missed during a busy clinic day. Does your patient appear concerned about their cognition but also hesitant to talk about it? Is your patient experiencing homelessness perhaps embarrassed that you're examining them in a shelter? Do you suspect that your patient may not have insight into their cognitive and functional deficits?

When encountering these and other similar situations, try to pinpoint the cause and address it the best way you can. It's OK to improvise. Try the following tips:

- Find a trustworthy friend/relative/care partner from whom you can get collateral information regarding the patient's cognition and functional abilities.
- It's OK to spend as much time as necessary, over as many visits as necessary, to build rapport with your patient before administering the CHA.
- Consider dividing the components of the CHA (cognitive screening, functional screening, documenting care partner) into different visits spread out over weeks or months.

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Resources

DCA website: www.dementiacareaware.org

Cognitive Screen for Patients with Low Literacy: Rowland Universal Dementia Assessment Scale (RUDAS)

TOOL	LANGUAGES	NOT AVAILABLE IN
COGNITIVE		
MINI-COG (Patient)	Arabic, Chinese, English, Korean, Spanish, Tagalog, Thai, Vietnamese, and more Download the Mini-Cog in other languages	Can be used in the translated form: Armenian, Hmong
GP--COG (Patient and Care Partner)	Arabic, Cantonese, Korean, Russian, Spanish, Vietnamese, and more Download the paper version in other languages	Tagalog
IQ-CODE (Care Partner)	English; possibly available in Chinese, Korean, Spanish	Arabic, Armenian, Hmong, Russian, Vietnamese
AD-8 (Care Partner)	English, Chinese, Korean, Spanish, Tagalog	Arabic, Armenian, Hmong, Russian, Vietnamese
FUNCTION		
FAQ (Care Partner)	Spanish	Arabic, Armenian, Chinese, Korean, Hmong, Russian, Tagalog, Vietnamese
ADLs/IADLs (Care Partner)	Arabic, Armenian, Chinese, Korean, Hmong, Russian, Spanish, Tagalog, Vietnamese	