

Next Steps After a Positive Screen

Introduction

Dementia, a syndrome that's defined in the DSM V, is a new ("acquired") decline in cognition and function attributable to a primary neurological disorder. It's a change from a baseline in cognition and function that can't be explained by general medical or psychiatric conditions.

The Cognitive Health Assessment (CHA) helps us detect if there are signs of cognitive or functional decline and can be the start of a diagnostic assessment. It's a quick check on a patient's cognitive and functional symptoms, and their support system.

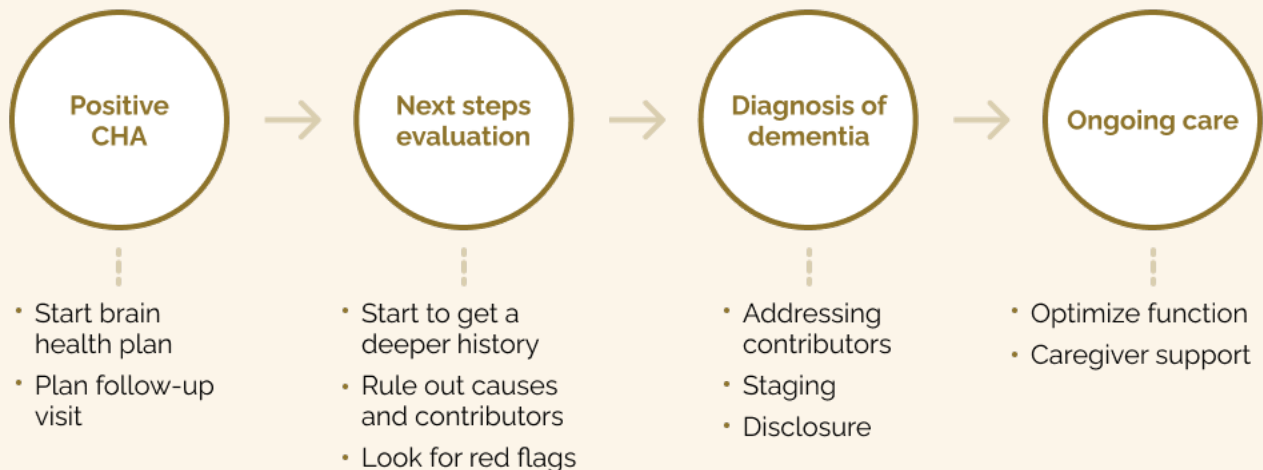
A Positive Result

A "positive result" on the CHA occurs if symptoms or the initial screening suggest any cognitive or functional impairment and require additional steps from the provider. These steps include:

1. Schedule a **follow-up visit** to review symptoms in more detail.
2. Start—or continue—a **brain health plan**.
3. At the follow-up visit, look for **red flags** that help determine if an earlier referral to specialists could be helpful.

Caring Starts with Screening

Here's a diagram of the steps in screening, diagnosing, and caring for patients with dementia.



Cognition | Function | Care Partner

Implement a brain health plan and connect to resources in the steps above.

Red Flags

A red flag is anything that indicates that your patient may have a rarer disease affecting them, such as frontotemporal dementia (or a subtype such as primary progressive aphasia), Lewy body dementia, or Creutzfeldt-Jakob disease. We recommend assessing for red flags and referring them to a specialist, e.g., in neurology or geriatrics, if they are present.

For these patients, a specialist can help with making the diagnosis, managing symptoms, and improving the patient's quality of life related to these rarer diseases.

Most patients do not have red flags and have a more typical constellation of symptoms for Alzheimer's disease or cerebrovascular disease.

The following should be further evaluated with imaging and/or referral to a specialist if one is available to you.

- Any rapid decline; for example, clear onset of symptoms in the past year and rapid progression of symptoms or functional impairments
- Age of onset of symptoms < age 65
- Cognitive and Behavioral Changes
 - Personality change
 - Frequent word-finding pauses or difficulty getting words out (aphasia), or difficulty understanding or remembering words or phrases
 - Behaviors that negate social rules (e.g., eating from strangers' plates in restaurants)
 - Voracious eating
 - Any change in behavior that is a marked difference compared with before
- Motor Changes
 - Tremor
 - Rigidity
 - Bradykinesia
 - Frequent falls
 - Unilateral weakness





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Next Steps

Diagnosing dementia is a complex process that requires piecing together various clues from different sources. While there is no definitive blood test or imaging finding that can confirm a diagnosis, the aim is to create a full picture of the situation by analyzing multiple factors.

Resources

Below are some additional resources that may be helpful to review.

[UCSF Memory and Aging Center](#)

[CDPH Assessment of Cognitive Complaints Toolkit for Alzheimer's Disease](#)

[Champions for Health—The Alzheimer's Project](#)

[GSA KAER Toolkit for Primary Care](#)