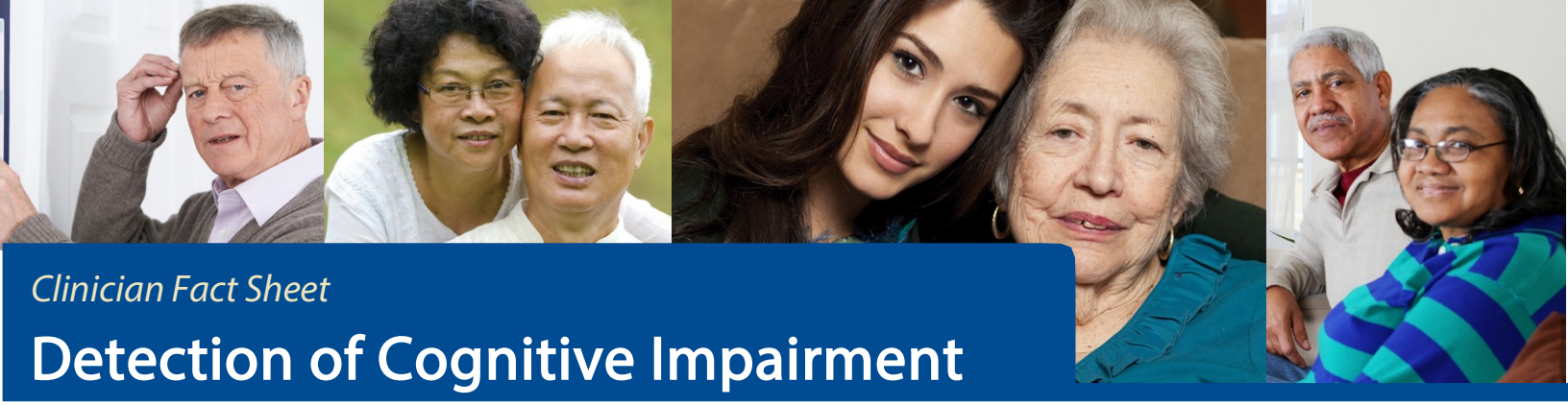

Clinician Fact Sheet

Detection of Cognitive Impairment

Your patients rely on you for accurate, up-to-date, preventive health information. This fact sheet for clinicians provides information about detection of Cognitive Impairment:

- VHA does not recommend screening for cognitive impairment in asymptomatic community-dwelling older adults (those presenting with no signs and symptoms of cognitive impairment). Clinicians should be alert to early signs and symptoms of cognitive impairment and evaluate as appropriate.[1]
  - Dementia is defined by a significant decline in one or more cognitive domains (complex attention, executive function, learning and memory, language, perceptual motor function and social cognition) that interferes with a person's independence in daily activities.[2]
  - Mild cognitive impairment is not severe enough to interfere with independent activities of daily life.[3]
  - Cognitive impairment includes both dementia and mild cognitive impairment.

  Screening means routinely and proactively administering a test or tool to all individuals, including asymptomatic patients, for the purpose of detecting cognitive impairment.

    - This recommendation applies to asymptomatic community-dwelling adults in the general primary care population.[3]

- Use of "Cognitive Impairment Warning Signs" is recommended to prompt provider evaluation of cognition. Cognitive Impairment Warning Signs are a set of "red flags" or signs and symptoms that a clinician, a caregiver, or a patient may notice.

Why is detection of symptomatic cognitive impairment important?

Cognitive Impairment is common, with prevalence in the United States ranging 3-42% in adults aged 65 years or older with no dementia and those with dementia at 9.9% in adults 75-84 years and 29.3% in those 85 years or older.[3]

Potential benefits of more timely diagnosis may include:

- Access to treatments that may control symptoms.
- Interventions to reduce caregiver burden.
- Increased opportunity to engage interested patients in advance care planning.

Use of Cognitive Impairment Warning Signs means:

- Clinicians, Veterans and caregivers attend to "red flags" that signal a diagnostic evaluation is needed.
- Staff perform a diagnostic evaluation if any warning signs emerge in the course of providing clinical care.

Cognitive Impairment Warning Signs that clinicians may notice[4]

Is your patient…

➢ Inattentive to appearance or unkempt, inappropriately dressed for weather or disheveled?

➢ A "poor historian" or forgetful?

Does your patient…

➢ Fail to keep appointments, or appear on the wrong day or the wrong time for an appointment?

➢ Have unexplained weight loss, "failure to thrive" or vague symptoms e.g., dizziness, weakness?

➢ Repeatedly and apparently unintentionally fail to follow directions e.g., not following through with medication changes?

Cognitive Impairment Warning Signs that patients and caregivers may report[5]

➢ Asking the same questions over and over again.

➢ Becoming lost in familiar places.

➢ Not being able to follow directions.

➢ Getting very confused about time, people and places.

➢ Problems with self-care, nutrition, bathing or safety.

Clinician Fact Sheet

Detection of Cognitive Impairment

Why use Cognitive Impairment Warning Signs?

- Supports patient-centered care and Veteran-to-provider communication.
- Provides an opportunity for clinicians to initiate a conversation with the patient and/or the family.

How are Cognitive Impairment Warning Signs used in clinical care?

The appropriate use of Cognitive Impairment Warning Signs will prompt a structured assessment of cognition and diagnostic evaluation for cognitive impairment within primary care.

Next steps if warning signs are present

- Focused history from patient and caregiver and review of systems emphasizing:
  - Onset and course of cognitive signs and symptoms;
  - History of head trauma, psychiatric disorders, history of atherosclerotic vascular disease and vascular risk factors;
  - Family and social history including drug and alcohol use;
  - Medication review;
  - Safety and functional status, driving and firearm use, history of falls;
  - Symptoms of delirium.
- Focused physical exam emphasizing the cardiovascular system; neurologic exam including mental status exam; and objective cognitive testing.
- Standard laboratory testing including thyroid stimulating hormone, complete blood count; electrolytes and calcium, hepatic-panel, blood urea nitrogen, creatinine, glucose, vitamin B12, and Human Immunodeficiency Virus testing with documented verbal consent.
- Advanced diagnostic testing, neuropsychological evaluation or brain imaging may be warranted when indicated by history and physical exam or for complex cases.

Keep in mind:

- Warning signs, by themselves, are not diagnostic of cognitive impairment but simply suggest that further evaluation is warranted.
- Brief, structured cognitive assessments alone are not sufficient to diagnose cognitive impairment but are an important part of the diagnostic evaluation.
- Delirium and depression may present with similar symptoms as cognitive impairment and need to be considered before a diagnosis of cognitive impairment is made.
- Sensory impairment, adverse drug events, or concurrent psychiatric or metabolic illnesses may also be mistaken for cognitive impairment.

VHA does not recommend screening asymptomatic older individuals

VHA's recommendation differs from the U.S. Preventive Services Task Force,[3] which concludes that the current evidence is insufficient to assess the benefits and harms of screening for cognitive impairment. The main reasons for VHA's conclusion include:

- Lack of evidence to support a benefit to identification of early cognitive impairment.
- There is adequate evidence of harms from drug therapy for cognitive impairment, including bradycardia, syncope, falls, and others.[6]

FOR MORE INFORMATION:

- VHA Screening for Cognitive Impairment Guidance Statement: http://vaww.prevention.va.gov/CPS/Screening_for_Cognitive_Impairment.asp
- Clinician Fact Sheet Detection of Cognitive Impairment: http://www.prevention.va.gov/docs/NCP_CPS_Factsheet_Cognitive_Impairment.pdf
- USPSTF Cognitive Impairment in Older Adults: Screening: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cognitive-impairment-in-older-adults-screening#fullrecommendationstart

REFERENCES:

[1] VHA Screening for Cognitive Impairment Guidance Statement: http://vaww.prevention.va.gov/CPS/Screening_for_Cognitive_Impairment.asp

[2] American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Washington, DC: American Psychiatric Association; 2013.

[3] U.S. Preventive Health Services Task Force, March 2020. Cognitive Impairment in Older Adults - Screening: *JAMA. 2020;323(8):757-763. doi:10.1001/jama.2020.0435*

[4] National Chronic Care Consortium & Alzheimer's Association, 2003; Tools for Early Identification, Assessment, and Treatment for People with Alzheimer's Disease and Dementia, p.7; https://www.alz.org/documents/national/CCN-AD03.pdf

[5] Adapted with permission from the National Institute on Aging: NIH Publication No. 10-5442, September 2010, http://purl.fdlp.gov/GPO/gpo3714

[6] Patnode CD, Perdue LA, Rossom RC, et al. Screening for Cognitive Impairment in Older Adults: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force. *JAMA.* 2020;323(8):764–785.

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