Priority Topic: **DEMENTIA**

**Key Features:**

For a single source of info on this topic, pick one of these:

✓ Dementia NICE Guidelines 2016 Update
✓ Dementia in the clinic AIM 2014

1. In patients with early, **non-specific signs of cognitive impairment**:
   a) **Suspect dementia** as a diagnosis.
   b) Use the **Mini-Mental State Examination** and other measures of impaired cognitive function, as well as a **careful history and physical examination**, to make an early positive diagnosis.

*What you should study:*

✓ Evaluation of Suspected Dementia AAFP 2018
✓ Cognitive Assessment CMAJ 2015
✓ Cognitive Assessment Toolkit
✓ Screening for Cognitive Impairment AAFP 2015
✓ AAFP Cognitive Care Kit
2. In patients with obvious cognitive impairment, select proper laboratory investigations and neuroimaging techniques to complement the history and physical findings and to distinguish between dementia, delirium, and depression.

What you should study:
✓ BC Guidelines on Cognitive Impairment Page 9 chart
✓ Differentiating Delirium, Dementia, and Depression 2008
✓ Comparing Depression, Delirium and Dementia VHA 2006

For more detail on delirium and depression...
✓ Delirium in the Elderly AAFP 2014
✓ Geriatric Depression AAFP 2011

3. In patients with dementia, distinguish Alzheimer’s disease from other dementias, as treatment and prognosis differ.

What you should study:
✓ Differentiating Dementias CADR 2004
✓ Frontotemporal Dementia AAFP 2010

4. In patients with dementia who exhibit worsening function, look for other diagnoses (i.e., don’t assume the dementia is worsening). These diagnoses may include depression or infection.

What you should study:
✓ Differentiating Dementias CADR 2004 (see DDx Table)

5. Disclose the diagnosis of dementia compassionately, and respect the patient’s right to autonomy, confidentiality, and safety.

✓ Just do it!
6. In patients with dementia, **assess competency**. (Do not judge clearly competent patients as incompetent and vice versa.)

**What you should study:**

- **See Priority Topic: Mental Competency**

7. In following patients diagnosed with dementia:

   a) **Assess function** and cognitive impairment on an ongoing basis.

   b) Assist with and plan for **appropriate interventions** (e.g., deal with medication issues, behavioural disturbance management, safety issues, caregiver issues, comprehensive care plans, driving safety, and placement).

**What you should study:**

- ✓ **Geriatric Assessment AAFP 2011**

8. Assess the **needs of and supports for caregivers** of patients with dementia.

**What you should study:**

- ✓ **Review of Dementia Caregivers Needs 2016 - Skip to “Key Findings” Page 14**
9. **Report** to the appropriate authorities patients with dementia who you suspect **should not be driving**.

**What you should study:**

- Driving with Dementia AAFP 2010
- Older Adult Drivers with Cognitive Impairment AAFP 2006
- Trail Making Tests - **GREAT way of doing a quick clinical assessment of driving capacity!**
- **If you want to see the evidence that the Trails B test is relevant and applicable:** Review of the Trails B test

10. In patients with dementia, look for **possible genetic factors** to provide preventive opportunities to other family members, and to aid in appropriate decision-making (e.g., family planning).

**What you should study:**

- Genes and Dementia 2016 - **A patient-friendly guide from the UK**

**Note:** Specific cognition-enhancing pharmacotherapy (initiation/discontinuation) may be assessed later, as controversy on indications diminishes.