

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 [validated tests of cognitive function and careful functional inquiry](#) , as well as a [careful history](#) (including collateral history from family and caregivers if available) 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:

- a) Select proper [laboratory investigations and neuroimaging techniques](#) to complement the history and physical findings and to [distinguish between dementia, delirium, and depression](#).
- b) Consider [possible contributing causes](#), including mental health, alcohol or substance use problems, or delirium.

What you should study:

- ✓ [Cognitive Impairment BC Guideline 2016 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 Assessment 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. do not assume the dementia is worsening). These diagnoses may include depression, infection, concurrent medical illness, substance use, etc.

What you should study:

✓ **Differentiating Dementias CADR 2004 (see DDx Table)**

5. When disclosing the diagnosis of dementia:

a) Do so **compassionately**.

b) **Respect the patient's right to autonomy, confidentiality, and safety** .

6. In patients with dementia, **assess competency** to involve them in decision making, as appropriate to the situation.

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, advanced care planning, driving safety, placement) in the context of disease progression.
- c) **Manage comorbidities**, including mental health problems based on the goals of care.
- d) **Review pharmacotherapy** (e.g. side effects, drug interaction, polypharmacy).

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 patients with dementia to the [appropriate authorities](#) if you suspect they 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 [early-onset dementia](#), consider [genetic testing](#).

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