Cognitive impairment in older adults

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• Introduction
• WDHB Cognitive Impairment pathway pilot
• Assessment of cognitive problems

• Differential diagnoses
• Understanding Dementia
• Using Rx cholinesterase inhibitors
Take Home messages

- Take collateral history

- Any significant impact on day to day life?

- GPCOG, short IQCODE, MoCA are screening tests only

- Exclude delirium, depression, alcohol, medications, etc.
“Doc, I’m a bit worried that Mum might have dementia as she is getting more & more forgetful”.
Prevalence of dementia

>5% age 65 & older
20% age 80 & older
30% age 90 & older

GP with 1000 patients
  incl. 200 patients > 65 years
• 24 – 36 patients with MCI
• 10 + patients with dementia
WDHB Cognitive impairment pathway pilot

(November 2013 – August 2014)
WDHB CIP Pilot

6 x GP teams -
Waitemata & ProCare PHOs
  • Kawau Bay Health
  • Apollo Medical centre
  • Green Cross clinic
  • Manly Medical centre
  • Whangaparoa Medical centre
  • Milford Medical centre
WDHB CIP Pilot

61 participants –

• 27 MCI
• 24 Dementia
• 7 other diagnosis
• 2 did not meet inclusion criteria
• 1 lost to follow-up
Symptoms that may suggest cognitive impairment

- **Cognition** – memory, language, orientation
- **Emotions** – mood, irritability
- **Behaviour** – IADLs/ADLs, judgement, social
- **Physical** - weight loss, incontinence, mobility
Assessment

- History **AND** Collateral history
  - 3 main areas: memory, function, safety
  - medications
  - alcohol

- Examination

- Cognitive screen - GPCOG, short IQCODE, MoCA

- Investigations - blood tests & MSU, CT scan head
History

- Describe the change over time.
- What sort of things are being forgotten?
- Any loss of interest or ability in usual interests or activities?
- Any difficulty with managing usual domestic tasks?
- Any difficulties with language?
- Any problems managing medications?
- Any safety concerns?

- From CIP pilot resource complied by Dr John Scott.
Examination

• General – weight, hearing, vision

• Cardiovascular system

• Nervous system
Screening tests

- GPCOG
- Short IQCODE
- MoCA
GPCOG

1. Cognitive testing (4 minutes)

- 5 questions scored out of 9
  - 9/9 = no significant cognitive impairment
  - 5 - 8 = more information required
  - 0 - 4 = cognitive impairment

+/- 2. Informant interview (2 minutes)

www.healthpointpathways.co.nz/northern/adult-16-a-z/cognitive–impairment/

NB. screening test only
Short IQCODE

- 16 item test
- completed by relative/friend
- person’s current function cf. 10 years ago
- each question scored 1 (much improved) to 5 (much worse) with 3 (no change)

www.healthpointpathways.co.nz/northern/adult-16-a-z/cognitive-impairment/

NB. screening test only
MoCA

- 10 minutes
- cut off score $\geq 26/30$ for normal
- important to read how to use guide

www.healthpointpathways.co.nz/northern/adult-16-a-z/cognitive–impairment/

NB. screening test only
Investigations

- **Blood tests**
  - Haematology
  - Electrolytes, calcium, renal function
  - LFT
  - TFT
  - vitamin B12, folate
  - CRP

- **MSU**
CT scan head

- Identify 2-3% with structural lesions eg. tumour, SDH, stroke, focal atrophy

- Request form
  - Include MoCA result
  - Atrophy generalised or focal?
  - Degree of any white matter ischaemic disease?
  - Any signs stroke? Tumour? SDH? NPH?
Assessment

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• Examination

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Red Flags

include:-

• Early age onset < 65 years
• Very rapid decline (weeks or months)
• Intellectual disability
• History of head trauma
• Family history neurodegenerative disorder
• Significant BPSD
• Unusual or atypical symptoms

Refer secondary care
Outcomes

- Treat
- Inconclusive results
- AAMI
- MCI
- Typical Dementia
- Refer to secondary care services
Case – Mr A

92 years old. Lives alone. Independent. Forgetful several months.

- From daughter-in-law
  - forgetful several years, gradual onset but worsening.
  - muddled appointments & days.
- Not depressed.
- Vascular risk factors = HTN, dyslipidaemia, PAF.
Case - Mr A contd.

- Examination – nil to note

- MoCA = 26 /30

- Nil reversible on blood tests

- CT scan head within normal limits for age & unchanged from 2007
Case - Mr A contd.

? AAMI
? MCI

www.yourbrainmatters.co.au
www.alzheimers.org.uk

• See ‘Mild cognitive impairment’ hand-out
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References

- Lecture ‘*Diagnosing dementia*’ Dr Paul Jones ADHB (2012)
- Lecture ‘*Dementia and Primary care; the patient, the family, the illness, the GP and the health professionals*’ Prof Henry Brodaty (2014)
CIP pilot acknowledgements

- Participants and carers
- GP teams – GPs, Practice Nurses
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- Project manager - Karen Holland
- Clinical director OAHH - Dr John Scott
- Geriatrician Memory Clinic – Dr Phil Wood
- Clinical director MHSOA – Dr Rob Butler (& previously Dr Gavin Pilkington)
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Thank you