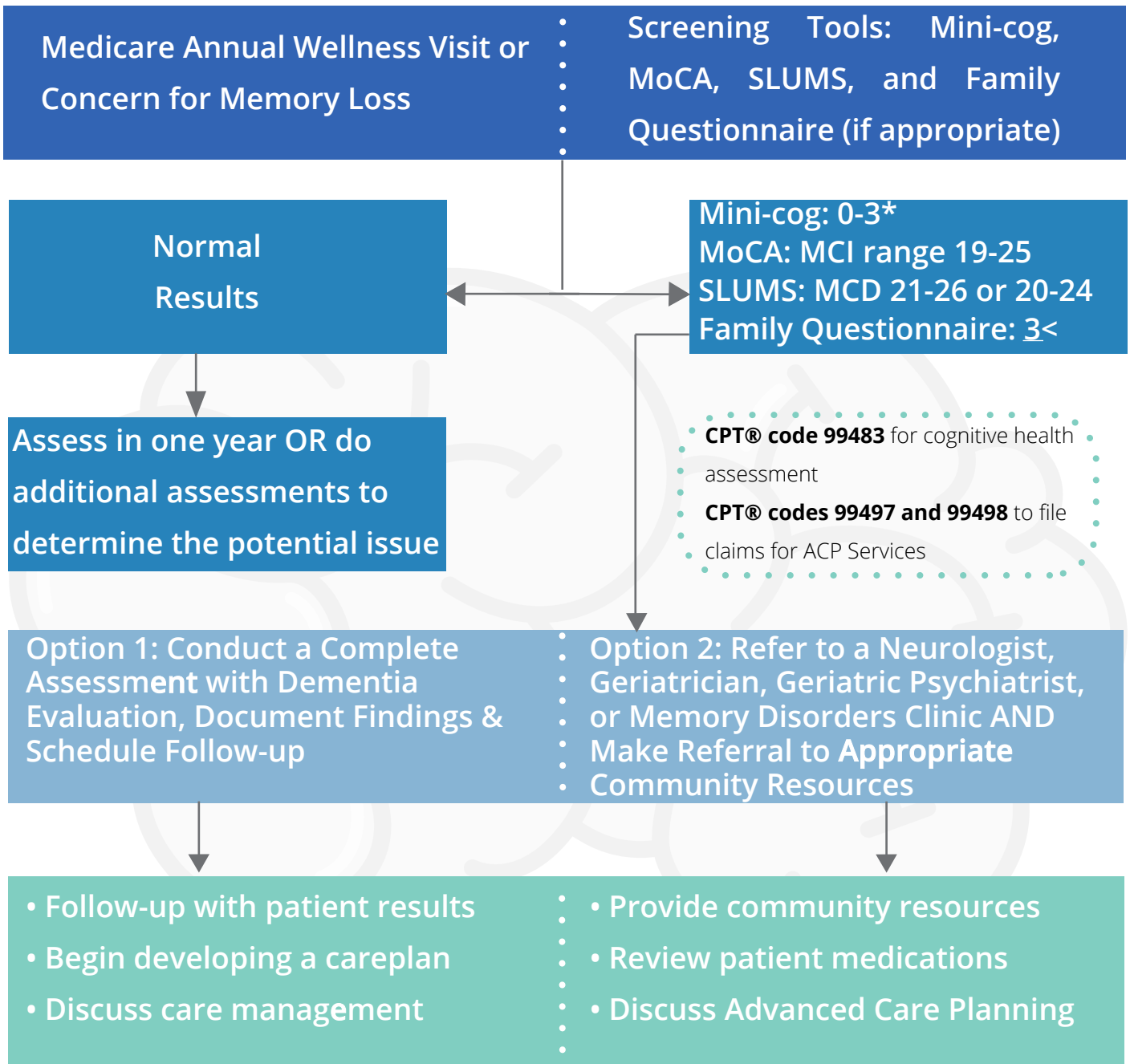




CLINICAL PROVIDER PRACTICE TOOL



*A cut point of <3 on the Mini-Cog has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.

**Neuropsychological evaluation is typically most helpful for differential diagnosis, determining nature and severity of cognitive functioning, and the development of an appropriate treatment plan. Testing is typically not beneficial in severe impairment (i.e., MoCA < 12)



DEMENTIA WORK-UP

HISTORY & PHYSICAL

- Assess for hearing and other sensory loss
- Review onset, course, and nature of memory and cognitive deficits (Family Questionnaire may assist) and any associated behavioral, medical, sleep disorder or psychosocial issues
- Assess ADLs, including driving and possible medication and financial mismanagement (Functional Activities Questionnaire and/or OT evaluation may assist)
- Assess mental health (consider depression, anxiety)
- Assess alcohol and other substance use
- Perform neurological exam focusing on focal/lateralizing signs, vision, including visual fields, and extraocular movements, hearing, speech, gait, coordination, and evidence of involuntary or impaired movements
- The diagnosis conversation and any subsequent conversation follow the Alzheimer's Association Principles for a Dignified Diagnosis

DIAGNOSTICS

Lab Tests

- Routine: CBC, lytes, BUN, Cr, Ca, LFTs, glucose
- Dementia screening labs: TSH, B12, Vit. D
- Contingent labs (per patient history): RPR or MHA-TP, HIV, heavy metals

Neuroimaging

- CT or MRI (with volumetric analysis if possible) when clinically indicated

Neuropsychological Testing

- Indicated in cases of early or mild symptom presentation, for differential diagnosis, determination of nature and severity of cognitive functioning, and/or development of appropriate treatment plan * Typically not beneficial in severe impairment (e.g., MoCA < 12)

FOLLOW-UP VISIT & RESOURCES

Include family member or care partner at this and subsequent visits

- Refer to Alzheimer's Association Tennessee 24/7 Helpline at 800-272-3900 or visit www.alz.org/tn
- Refer to Alzheimer's Tennessee 24/7 Helpline at 1-888-326-9888 or visit www.alztennessee.org
- TN Area Agencies on Aging at 1-866-836-6678 or visit www.tn.gov/aging

- Offer the following:

- Living Well: A Guide for Persons with Mild Cognitive Impairment (MCI) & Early Dementia
- Offer the Caregiver Quick Guide
- Tips for Living Alone with Early-Stage Dementia
- <https://www.nia.nih.gov/health/tips-living-alone-early-stage-dementia>



DEMENTIA WORK-UP

SCREENING TOOLS

Mini Cog

- Public domain: www.mini-cog.com
- Sensitivity for dementia: 76-99%
- Specificity: 89-93%

General Practitioner Assessment of Cognition

- Public domain: <http://gpcog.com.au/>
- Sensitivity for dementia: 85%
- Specificity: 86%

General Practitioner Assessment of Cognition Informant Version

<http://gpcog.com.au//index/informant-interview>

Montreal Cognitive Assessment

- Public domain: www.mocatest.org
- Sensitivity: 90% for MCI, 100% for dementia
- Specificity: 87%

St. Louis University Mental Status

- Public domain:
- <https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/assessment-tools/mental-status-exam.php>

- Sensitivity: 92% for MCI, 100% for dementia
- Specificity: 81%

Measure/Assess IADLs

- <http://consultgeri.org/try-this/dementia/issue-d13.pdf>

Family Questionnaire

- https://www.alz.org/mnnd/documents/Family_Questionnaire.pdf

- Note: For more information and tools, access the NIH Website at: <https://www.nia.nih.gov/health/alzheimers-dementia-resources-for-professionals>

FORMS OF DEMENTIA

Mild Cognitive Decline

- Mild deficit in one cognitive function: memory, executive, visuospatial, language, attention
- Intact ADLs and IADLs; does not meet criteria for dementia

Alzheimer's Disease

- Most common type of dementia (60-80% of cases)
- Memory loss, confusion, disorientation, dyssnomia, impaired judgment/behavior, apathy/depression

- The latest DSM-5 manual uses the term "Major Neurocognitive Disorder" for dementia and "Mild Neurocognitive Disorder" for mild cognitive impairment. This ACT on Alzheimer's resource uses the more familiar terminology, as the new terms have yet to be universally adopted.

Frontotemporal Dementia

- Third most common type of dementia primarily affecting individuals in their 50s and 60s
- EITHER marked changes in personality OR language variant (difficulty with speech production or loss of word meaning)

Vascular Dementia

- Relatively rare in pure form (6-10% of cases)
- Symptoms often overlap with those of AD; frequently there is relative sparing of recognition memory

Dementia: Lewy Bodies/Parkinson's Dementia

- Second most common type of dementia (up to 30%)
- Hallmark symptoms include visual hallucinations, REM sleep disorder, parkinsonism, and significant fluctuations



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DEMENTIA MANAGEMENT

PERSONAL WELLBEING

Social Supports

- Refer to a home health social worker, assigned insurance care coordinator or one of the Alzheimer's associations to schedule a family meeting.
- Discuss social supports as the disease progresses.

Accessing Community Resources

- Alzheimer's Association: 24/7 Helpline 800-272-3900
- Alzheimer's Tennessee: 24/7 Helpline 1-888-326-9888
- Living with Alzheimer's: Taking Action Workbook

SAFETY CONSIDERATIONS

Physical Safety

- Discuss risk of driving and encourage they access Dementia and Driving.
- Encourage use of sensory aids (hearing aids, glasses, pocket talker)
- Discuss risks of falls and fall prevention.
- Discuss wandering and MedicAlert Safe Return (*Communities may have a local program for safe returns i.e. Hamilton County/Chattanooga*)

Medication Management

- Review patient's medication list with patient and family.
- Discuss methods for appropriate medication adherence.
- Discuss keeping medications locked and safe.

Financial Planning

- Encourage patient and family to contact an elder law attorney and/or to assign a durable power of attorney.

ADVANCED CARE PLANNING

Update Existing Advanced Care Plan

- If a patient has an advanced care plan, encourage them to update their care plan.

Offer Advance Care Plan Resources

- Share the Honoring Choices Tennessee website (honorinchoicestn.com) and have pamphlets available.
- Discuss Palliative Care Options and share *Palliative Care: What you Should Know* and *Differences Between Hospice and Palliative Care*.
- Share the *Your Conversation Starter Kit with your patient*.
- Utilize *What is Palliative Care for Dementia*

Complete an Advanced Care Plan

- Discuss advanced care planning with your patient and the benefits of establishing a plan.
- Encourage the patient to share the advanced care plan with family members and friends, as appropriate.
- Provide designated agent and health care provider a copy of the completed document and request the document be placed in the electronic health record.
- Refer patient to the Honoring Choices Tennessee website to access the model form (or have model forms available in office).
- Utilize CPT® codes 99497 and 99498 to file claims for ACP Services.



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DEMENTIA MANAGEMENT

AVAILABLE RESOURCES

Alzheimer's Association

• East TN Office: Knoxville, 865-544-6288
Cumberland Office: Cookeville, 931-526-8010
Northeast TN Office: Johnson City,
423-232-8993
Middle TN Office: Nashville, 615-580-4244
South Central TN Office: Tullahoma,
931-434-2348
West TN Office: Jackson, 731-694-8065

Tennessee Commission on Aging and Disability

Area Agencies on Aging at 1-866-836-6678 or
visit www.tn.gov/aging
Services: Helps connect with community
supports such as home-delivered meals,
transportation, public guardianship, etc.

Alzheimer's Tennessee

• West TN Regional Office: Memphis, 901-565-0011
• Middle TN Regional Office : Nashville,
615-315-5880
• Southeast TN Regional Office: Chattanooga,
423-265-3600
• East TN Regional Office: Knoxville, 865-200-6668
• Northeast TN Regional Office: Kingsport,
423-928-4080

Veteran's Affairs

• Refer to U.S. Department of Veterans Affairs at
888-777-4443 or www.va.gov
• Services: Assist in identifying benefits, submitting
paperwork, and offers resources for caregivers.
• **Pat Summitt Resource Center-Jackson**
• 805 N Parkway, Jackson, TN 38301
731-541-8747

ADDITIONAL PROVIDER RESOURCES

National Institutes of Health

• Additional resources for providers and free
handouts for patients.
• Website: [https://www.nia.nih.gov/health/
alzheimers-dementia-resources-for-
professionals](https://www.nia.nih.gov/health/alzheimers-dementia-resources-for-professionals)

Alzheimer's Disease Management & Research Symposium

• Learn about managing dementia care and
current research at the Alzheimer's Disease
Management and Research Symposium.
• Registration: [https://alztn.securesweet.com/
campaignpage. asp?campaignid=223](https://alztn.securesweet.com/campaignpage.asp?campaignid=223)

Honoring Choices Tennessee

• Offers advanced care planning best practices,
resources, and the Tennessee Model Form.
• Website: <http://www.honoringchoicestn.com/>

Principles for a Dignified Diagnosis, Alzheimer's Association

• Offers providers tips for providing a diagnosis
and managing patient care.
• Link:
[https://www.alz.org/national/documents/brochur
e_dignified_diagnosis.pdf](https://www.alz.org/national/documents/brochure_dignified_diagnosis.pdf)

Billing Codes

• Utilize CPT® code 99483 for cognitive health
assessment
• Additional information:
[https://www.alz.org/careplanning/downloads/cms-
consensus.pdf](https://www.alz.org/careplanning/downloads/cms-consensus.pdf)
• Utilize CPT® codes 99497 and 99498 to file
claims for ACP Services.
• Additional Information:
[https://www.cms.gov/Outreach-and-Education/Me
dicare-Learning-Network-MLN/MLNProducts/Dow
nloads/AdvanceCarePlanning.pdf](https://www.cms.gov/Outreach-and-Education/Medical-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf)