

NATIONAL REGISTER

OF HEALTH SERVICE PSYCHOLOGISTS

Cognitive Impairment

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Cognitive Impairment

- 2.5-5.5 million in US have dementia
- PCPs miss as much as 76% of dementia
 - May look and act healthy in routine encounters
 - Patients may be unaware of extent or impact of deficits
- 10-15% of older PC patients have mild CI
 - Not severe enough to impair functioning
 - Higher risk for dementia

USPSTF Guidance

- Insufficient evidence for/against screening
 - Brief instruments can detect dementia
 - But no clear benefit of early detection
 - Unclear benefit of medication treatments
 - Unclear benefit of other (exercise, cognitive stimulation)
 - Unclear benefit of caregiver interventions
 - Unclear benefit on decision-making of pts, family, PCP
 - And concerns exist
 - Adverse effects of meds
 - Effects of false positive screens

So, What to Do?

Pressure may exist to screen

- Families, sometimes patients
- Medicare Annual Wellness Exam

Consider stepped approach *

- Review of patient health risk assessment information
- Patient observation
- Use of unstructured queries
- Use of structured cognitive assessment tools

Cognitive Assessment Tools

- Mini-Mental Status Exam (MMSE)
 - Best studied but long, and no longer free
- Montreal Cognitive Assessment (MoCA)
 - Also long may detect change better over short time
- Clock Drawing Test (CDT)
- Mini-Cog
 - 3-item recall, Clock Drawing Test
- Memory Impairment Screen (MIS)
 - 4 words: read, give category cue, recall

Treatments

Medication

- Acetlycholinesterase inhibitors
- May slow cognitive and functional decline slightly
- But unclear clinical significance
- Caregiver-focused interventions
 - Goal of improved caregiver skills, or caregiver support
 - Slight improvement, but unclear clinical significance

Cognitive training

Some promising results, but poor quality research

Exercise

No clear benefit on cognitive fxn or depression

Other Interventions

- Family Support
- Assistance with home placement
- Initiate advanced planning as soon as possible
- Medications for symptom management (e.g., agitation, sleep)

The absence of data does not suggest an absence of action



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