

Diagnosing Dementia

The RACGP's Silver book describes dementia as "...a progressive decline in general cognitive function, with normal consciousness and attention. There is impairment of memory, abstract thinking, judgment, verbal fluency and the ability to perform complex tasks. It is associated with behavioural and psychological changes, and impairment of social and physical functioning".

Dementia can be a difficult condition to diagnose. A timely diagnosis of dementia is important as it can allow the person with dementia to make important decisions about their future while they are still able to.

<p>TEACHING AND LEARNING AREAS</p> 	<ul style="list-style-type: none"> Focused clinical examination, including a neurological examination, for someone you suspect may have dementia Inclusion and Exclusion Criteria Validated case-finding tools Investigations for reversible causes of cognitive decline Indications for referral for cognitive assessment and local providers 				
<p>PRE-SESSION ACTIVITIES</p> 	<ul style="list-style-type: none"> Read- The page on Dementia Australia's website "What is Dementia" Read the AFP article Familiarise yourself with your local Health Pathways for Dementia if available 				
<p>TEACHING TIPS AND TRAPS</p> 	<ul style="list-style-type: none"> 80:10:10 rule for diagnosing dementia- 80% history 10% examination 10% investigation Collaborative history very important The 4 D's of differential diagnosis- Dementia, Delirium, Depression and Drugs Acute Change in Mental Status in Elderly - Drug Classes Explaining a diagnosis of dementia to the patient and family/carer in an appropriate manner 				
<p>RESOURCES</p> 	<table border="1"> <tbody> <tr> <td data-bbox="325 1525 437 1653">Read</td> <td data-bbox="437 1525 1498 1653"> <ul style="list-style-type: none"> RACGP Clinical Practice Guidelines And Principles of Care For People With Dementia In Australia Timely Diagnosis - Can We Do Better.pdf </td> </tr> <tr> <td data-bbox="325 1653 437 1794">Watch</td> <td data-bbox="437 1653 1498 1794"> <ul style="list-style-type: none"> GP Consent Collaborative History GP Taking Collaborative History GP Conveying Dementia Diagnosis </td> </tr> </tbody> </table>	Read	<ul style="list-style-type: none"> RACGP Clinical Practice Guidelines And Principles of Care For People With Dementia In Australia Timely Diagnosis - Can We Do Better.pdf 	Watch	<ul style="list-style-type: none"> GP Consent Collaborative History GP Taking Collaborative History GP Conveying Dementia Diagnosis
Read	<ul style="list-style-type: none"> RACGP Clinical Practice Guidelines And Principles of Care For People With Dementia In Australia Timely Diagnosis - Can We Do Better.pdf 				
Watch	<ul style="list-style-type: none"> GP Consent Collaborative History GP Taking Collaborative History GP Conveying Dementia Diagnosis 				
<p>FOLLOW UP & EXTENSION ACTIVITIES</p> 	<ul style="list-style-type: none"> Find some appropriate patient information material Some additional activities that may be useful include: <ul style="list-style-type: none"> - Dementia Training Australia website for resources - Courses for free (useful for patients/families/carers) <ul style="list-style-type: none"> - https://dementialearning.org.au/courses/ - https://mooc.utas.edu.au/courses 				



Diagnosing Dementia

Clinical Reasoning Challenge

Anna is a 75 year old retired school teacher who attends for her influenza vaccine - with her daughter Sophie. She lives on her own (her husband died a few years ago), her daughter lives close by and pops in most days to see Anna.

Anna has hypertension, DMT2 and moderately severe osteoarthritis of both knees. She is on Perindopril (5mg dly) Metformin (1000mg nocte), Tramadol (50mg bd). She takes the occasional Temazepam (10mg) if she can't sleep at night.

Sophie has noticed that over the past 12-18 months that Anna has been asking the same questions over and over again and has been muddling up some of her bills. She has also been neglecting her garden and has stopped going to her bridge meetings so often. Her friend told Sophie that Anna seems to forget the days Bridge is on. Sometimes when Sophie pops in the oven is on and Anna gets upset when Sophie asks about it? She really seems to be slowing down and Sophie is wondering if this is a normal part of ageing or could there be something else going on?

QUESTION 1. What is the most likely diagnosis for Anna ?

QUESTION 2. What are the most important differential diagnoses to consider? (list up to THREE)

1

2

3

QUESTION 3. What are the most important investigations to exclude other causes of Anna's Symptoms (List up to SEVEN)

1

2

3

4

5

6

7

Diagnosing Dementia

ANSWERS

QUESTION 1

What is the most likely diagnosis for Anna ?

- Dementia

QUESTION 2

What are the most important differential diagnoses to consider? (list up to THREE)

- Depression (Grief reaction)
- Delerium
- Adverse drug effect
- Interactions

QUESTION 3

What are the most important investigations to exclude other causes of Anna's Symptoms (List up to SEVEN)

- FBC
- UEC
- TSH
- LFTs
- MSU for MC and S
- Vitamin B12
- Calcium
- Folate
- HBA1c
- Syphilis Serology
- HIV
- CTB or MRI,
- CXR