




# Dementia - diagnosis

Dementia has been defined as ‘...a progressive decline in general cognitive function ... with impairment of memory, abstract thinking, judgment, verbal fluency and the ability to perform complex tasks.’ Dementia is not just cognitive impairment – it is associated with behavioural and psychological changes, and impairment of social and physical functioning. Dementia can be a difficult condition to diagnose, but a timely diagnosis is essential for appropriate decisionmaking and planning. Registrars are likely to have had minimal exposure to this aspect of practice. This is the first of two teaching plans on dementia – the other is on management.

<p><b>TEACHING AND LEARNING AREAS</b></p> 	<ul style="list-style-type: none"> <li>• <a href="#">Types of dementia</a> (seven-minute video)</li> <li>• Prevalence and risk factors</li> <li>• Case finding versus screening for dementia</li> <li>• Clinical features and appropriate clinical examination</li> <li>• Tools for assessing cognitive impairment - <a href="#">Standardised Mini-Mental State Examination</a>, the <a href="#">General Practitioner Assessment of Cognition</a> and the clock drawing test</li> <li>• Assessment of patients from Aboriginal and Torres Strait, or CALD backgrounds</li> <li>• The three ‘Ds’ of differential diagnosis - delirium, depression and drugs</li> <li>• <a href="#">Investigations for reversible causes of cognitive decline</a></li> <li>• Indications for referral and local pathways</li> </ul>				
<p><b>PRE- SESSION ACTIVITIES</b></p>	<ul style="list-style-type: none"> <li>• Read the AFP article <a href="#">Office-based assessment of cognitive impairment</a></li> </ul>				
<p><b>TEACHING TIPS AND TRAPS</b></p> 	<ul style="list-style-type: none"> <li>• Population-based screening for dementia is not recommended by guidelines</li> <li>• Symptoms should be investigated the first time they are reported and not dismissed as ‘a normal part of aging’</li> <li>• The diagnosis of dementia requires a comprehensive clinical assessment</li> <li>• There are many other causes of cognitive impairment other than dementia</li> <li>• Poor performance of cognitive testing alone does not make a diagnosis of dementia</li> <li>• Deterioration of cognitive scores over time is a useful sign</li> <li>• A <a href="#">collaborative history</a> is critical to accurate diagnosis</li> <li>• Consider drugs which can cause an acute change in mental status in elderly</li> </ul>				
<p><b>RESOURCES</b></p> 	<table border="1"> <tbody> <tr> <td data-bbox="325 1686 437 1816"><b>Read</b></td> <td data-bbox="437 1686 1498 1816"> <ul style="list-style-type: none"> <li>• <a href="#">Clinical guidelines for Dementia</a> from the Cognitive Decline Partnership Centre</li> <li>• 2016 AFP article <a href="#">Clinical Practice Guidelines And Principles of Care For People With Dementia In Australia</a> - a summary of the Dementia guidelines</li> </ul> </td> </tr> <tr> <td data-bbox="325 1816 437 1951"><b>Watch</b></td> <td data-bbox="437 1816 1498 1951"> <ul style="list-style-type: none"> <li>• <a href="#">GP Consent Collaborative History</a></li> <li>• <a href="#">GP Conveying Dementia Diagnosis</a></li> <li>• <a href="#">Detection of dementia in General Practice</a></li> </ul> </td> </tr> </tbody> </table>	<b>Read</b>	<ul style="list-style-type: none"> <li>• <a href="#">Clinical guidelines for Dementia</a> from the Cognitive Decline Partnership Centre</li> <li>• 2016 AFP article <a href="#">Clinical Practice Guidelines And Principles of Care For People With Dementia In Australia</a> - a summary of the Dementia guidelines</li> </ul>	<b>Watch</b>	<ul style="list-style-type: none"> <li>• <a href="#">GP Consent Collaborative History</a></li> <li>• <a href="#">GP Conveying Dementia Diagnosis</a></li> <li>• <a href="#">Detection of dementia in General Practice</a></li> </ul>
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<p><b>FOLLOW UP &amp; EXTENSION ACTIVITIES</b></p>	<ul style="list-style-type: none"> <li>• Online courses through <a href="#">Dementia Australia</a></li> <li>• Online courses through <a href="#">Wicking Dementia Education and Research Centre</a></li> <li>• RACGP plearning - <a href="#">Identifying People with Dementia</a></li> </ul>				



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## Clinical Reasoning Challenge

Anna is a 75-year-old retired school teacher who attends for her influenza vaccine with her daughter Sophie. Anna lives on her own but Sophie lives close by and pops in most days to see her.

Anna has hypertension, diabetes and osteoarthritis of both knees. She is on perindopril, metformin and tramadol. She takes the occasional temazepam if she can't sleep at night.

Sophie has noticed that over the past 12-18 months Anna has been repeating the same questions and has been muddling up her bills. She has also been neglecting her garden and has stopped going to her bridge meetings. Occasionally when Sophie visits, she notices that the oven has been left on.

QUESTION 1. What is the most likely diagnosis for Anna? (List ONE diagnosis)

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

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2 

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3 

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QUESTION 3. What are the most important investigations to exclude other causes of Anna's Symptoms?

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## 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

### QUESTION 3

What are the most important investigations to exclude other causes of Anna's Symptoms?

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