

ASSESSMENT PROCESS FOR DEMENTIA DIAGNOSIS



SCREENING: General population screening for dementia should not be undertaken.

PRESENTATION: Concerns or symptoms should be explored when first raised, noted or reported by the person, carer(s), family or others.

PRACTITIONERS BE ALERT: Medical practitioners working with older people should be alert to cognitive decline, especially in those aged 75 years and older.

INITIAL ASSESSMENT: A diagnosis of dementia should be made only after a comprehensive assessment, which should include:

- History taking from the person
- History taking from a person who knows the person well, if possible
- Physical examination
- Blood tests (Rec 30)
- Cognitive mental state examination with a validated instrument
- A review of medication
- Consideration of other causes (including delirium or depression)

STRUCTURAL IMAGING: CT (or MRI) should usually be used to exclude other cerebral pathologies and to help establish the subtype diagnosis, unless clinical judgement indicates this inappropriate. It may not be needed in those with moderate-to-severe dementia, if the diagnosis is already clear.

Mild Cognitive Impairment
People with MCI should be followed-up either at the memory assessment service or with a general practitioner, other medical practitioner or nurse practitioner after 6-18 months.

MEMORY ASSESSMENT SERVICES: People with a possible diagnosis of dementia should be referred to memory assessment specialists or services for a comprehensive assessment. (Recs 25-27)

Assessment for Comorbidities
At the time of diagnosis of dementia, and at regular intervals subsequently, assessment should be made for medical comorbidities and key psychiatric features associated with dementia, including depression and psychosis.

COMMUNICATION OF DIAGNOSIS: The diagnosis of dementia should be communicated to the person with dementia by a medical practitioner. (Recs 45 – 49)

INFORMATION AND SUPPORT: Information should be provided for the person and their carer(s) and families regarding:

- the signs and symptoms of dementia
- the course and prognosis of the condition
- treatments
- local care and support services
- sources of financial and legal advice, and advocacy
- medico-legal issues, including driving
- how to join a support group.

Written and verbal information should be provided regarding: Alzheimer’s Australia; Carers Australia; Aged Care Assessment Teams and My Aged Care .

Flowchart derived from Clinical Practice Guidelines and Principles of Care for People with Dementia. Sydney. Guideline Adaptation Committee; 2016. Available from the Australian Clinical Practice Guidelines portal (<https://www.clinicalguidelines.gov.au>)