

Identify and treat reversible causes of cognitive dysfunction such as delirium and depression before making a diagnosis of dementia

- Delirium can mask as dementia and may take weeks or months to resolve.
- Delirium can be caused by a large number of conditions including infection (e.g., urinary and respiratory tract), pain, medications, drug intoxication or withdrawal, seizures, head trauma, metabolic disturbances such as hypoxia, hypoglycemia, fluid/electrolyte disturbance, and hepatic or renal impairment.
- Symptoms such as apathy, withdrawal, cognitive impairment, and behavioral problems may make it difficult to differentiate dementia from depression. Depression and dementia often co-exist.

These are general recommendations only; specific clinical decisions should be made by the treating physician based on the individual patient's clinical condition.



The Alosa Foundation



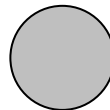
Screening for cognitive impairment: The Mini-Cog Test

The Mini-Cog test is a non-specific test designed to quickly screen for gross abnormalities of cognition and to trigger further evaluation if needed. A person who performs well does not necessarily have normal cognition.

Ask patient to repeat and remember 3 items e.g., ball, car, man

Clock drawing test

"This is a clock face. Please put in the hands to show 10 minutes after 10 o'clock."



Ask patient to recall the 3 items.

Any impairment in the clock drawing test or item recall test warrants more detailed assessment of cognition e.g., with the Mini-Mental State Examination.

Boron S, et al. The mini cog: a cognitive 'vital signs' measure for dementia screening in multi-lingual elderly. *International Journal of Geriatric Psychiatry*. Nov 2000;15(11):1021-1027