

ALZHEIMER'S CLINICAL ROUNDTABLE

RECOMMENDED EVALUATION ALGORITHM

PATIENT REFERRED FOR EVALUATION OF ADULT COGNITIVE IMPAIRMENT

BASED ON RESULTS OF SCREENING PROTOCOL

Evaluation to be conducted by PCP/Neurologist/Psychiatrist as appropriate

DIAGNOSTIC WORKUP

Detailed History: Informant Interview (QDRS, IQCODE, AD8),
Cognition, Function and/or Behavior Changes

Neurological exam

Mental Status Test: MOCA or SLUMS

Depression Screening: Geriatric Depression Scale 7 Item (≥ 8)
PHQ-9 and/or Structured Questions

IF MOCA OR SLUMS NORMAL

Reassure patient.
Consider rescreening 3-6 months

If concern re MCI consider
Neuro-psychological testing

If Persistent Depression

Refer to psychiatrist, other specialists
or treat as appropriate

IF MOCA ≤ 25 or SLUMS ≤ 26 Proceed to Labs & Imaging

- 1 **Labs:** Comprehensive metabolic panel if not already done at screening, or others as appropriate
- 2 **Imaging study:** CT or MRI
- 3 **Neuropsychological testing**
(optional - consider for atypical or mild or early onset cases)

DIAGNOSIS

TYPICAL DEMENTIA SYNDROME

Probable Alzheimer's Disease w/ or w/out cerebral vascular co-morbidity

- 1 Discuss & disclose; counsel patient and family
- 2 Develop Treatment/Management Plan
- 3 Access/provide community resources

ATYPICAL CASES

Parkinsonian features, hallucinations, prominent aphasia, early onset, rapid progression, fluctuations, unexplained visual impairment, severe depression
Referral to neurologist, psychiatrist, or geriatrician recommended