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 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)

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

THE ALZHEIMER’S PROJECT