ALZHEIMER’S CLINICAL ROUNDTABLE
RECOMMENDED SCREENING ALGORITHM FOR ADULT COGNITIVE IMPAIRMENT

NOTE: Cognitive screening may be a part of a regular annual physical exam.

SCREENING VISIT
Generally due to concerns about cognition or function, noted by Patient, Family Member or Physician

History
Changes in cognition and/or function
Ask about 10 Warning Signs

Conduct Cognitive Screen
Assess for Red Flags
Mini-Cog ≤3

Optimal
Conduct Informant Screen
AD8 ≥2

IF PASS
Reassure Patient & Family
Note: Passing cognitive screen does not preclude a mild, early or subclinical problem. Consider rescreening in 12 months, or sooner if changes become more noticeable.

10 WARNING SIGNS
1. Memory loss disrupts daily life
2. Challenges in planning or problem solving
3. Difficulty completing familiar tasks
4. Confusion with time or place
5. Trouble understanding visual images or spatial relationships
6. Problems with words
7. Misplacing items and inability to retrace steps
8. Decreased or poor judgment
9. Withdrawal from work or social activities
10. Changes in mood and personality

RED FLAG CONDITIONS
Rapid Progression (w/in 6 mos)
Recent Sudden Changes
Young Onset (<65)

IF FAIL COGNITIVE SCREEN OR RED FLAGS

ASSESS REVERSIBLE FACTORS
- Depression
- Hearing
- Delirium
- Alcohol
- Medications
- Uncontrolled illness or infection

CONDUCT OR REVIEW RECENT LAB TESTS
CBC, Comprehensive Metabolic Panel, TSH, B12

TREAT REVERSIBLE FACTORS
NO Improvement After Treating Reversible Factors

NO Reversible Factors
PROCEED TO EVALUATION

CONSIDER REFERRAL TO PSYCH IF SEVERE DEPRESSION

THE ALZHEIMER’S PROJECT