

F. Summary of Cognitive Status Evaluation

Cognitive Testing: SLUMS/MoCA Score: ____ [D03]

Degree of cognitive impairment: [D03]

- none (normal) mild moderate severe

Medication screen for cognitive risk:

____ Number of regular sedative meds [B01]

____ Number of regular anticholinergic meds [B02]

Other delirium Risk Factors

- Abrupt/very rapid onset cognitive decline [A30]
 Visual hallucinations [A27]
 New medication, illness or illness symptoms [C05]

Depression / mood:

PHQ-9 score ____ [G01]

Interpretation: <4 = no depression; 5-14 = minor depressive symptoms; 15+ = major depressive symptoms

Factors supporting diagnosis of Alzheimer's disease

- Cognitive testing indicates Mod/severe impairment [D03]
 Gradual onset [A28]
 Many functional deficits [A06, A07, A08, A09, A10]
 Prominent memory deficit (poor 5-item recall), with little response to category prompts [D02]
 Category fluency score > letter fluency score [D01]
 Lack of strong evidence suggesting a non-Alzheimer dementia (see below)

Criteria for diagnosis of MCI-Amnesic

- SLUMS indicates mild cognitive impairment [D03]
 Few functional deficits [A06, A07, A08, A09, A10]
 Main deficit is memory (e.g., 5-item recall) [D02]

Screen for Non-Alzheimer Dementias

Lewy Body Dementia Risk¹

- Slowness in initiating/maintaining movement or frequent pauses during movement [E02]
 Rigidity (with or without cogwheeling) on passive range of motion [E11, E12]
 Gait instability with or without frequent falls [E03]
 Resting tremor in any extremity or head [E04]
 Excessive daytime sleepiness and/or seem drowsy and lethargic when awake [A22]
 Episodes of illogical thinking or incoherent, random thoughts [A05, A22]
 Frequent staring spells or periods of blank looks [A25]
 Acts out his/her dreams while still asleep [A23]
 Visual hallucinations [A27]
 Orthostatic hypotension [E14]

____ Total [≥ 3 is a positive screen]

Vascular Dementia Risk²

- Abrupt onset [A30]
 Stepwise deterioration [A29]
 Fluctuating course [A29]
 Emotional incontinence [A26]
 History of stroke(s) [C06]
 Focal neurologic symptoms (transient or permanent loss of function, unilateral weakness, slurring or loss of speech, loss of vision in one eye or one side of the visual field) [C07]
 Focal neurologic signs (exaggerated deep tendon reflexes, extensor plantar, gait abnormalities, strength asymmetry in an extremity) [E01, E07, E08, E09, E10]
 MRI evidence of cerebrovascular disease

____ Total [≥ 2 is a positive screen]

Frontotemporal Dementia (behavioral variant) Risk³

- Onset before age 65 [C02]
 Behavioral disinhibition (e.g., socially inappropriate, loss of manners, impulsive/careless actions) [A20]
 Loss of interest and/or activity [A19]
 Loss of sympathy or empathy (such as not responding to needs and feelings, being less social or warm to others) [A14]
 Repeating things over and over (such as movements, speech, or rituals) [A24]
 Changes in eating patterns (especially eating more, binge eating, or marked food preference change) [A21]
 Executive function deficits with relative sparing of memory and visuospatial [A05, A06, C03]
 MRI shows selective atrophy of frontal/temporal lobes

____ Total [≥ 3 is a positive screen]

Progressive Supranuclear Palsy Risk⁴

- Absence or >50% reduction in upward or downward vertical eye movements [E06]
 Slowing of vertical eye movements and postural instability in 1st year of disease onset [E06, E03]

____ Total [either is a positive screen in the absence of other explanation (such as prior encephalitis)]

Normal Pressure Hydrocephalus Risk⁵

- Mild or moderate cognitive impairment [D03]
 Early onset gait / balance disturbance [C04]
 Early onset urinary incontinence [C03]
 Prominent ventricular enlargement on MRI/CT

____ Total [all must be present to suspect NPH]