



“Medical Assessment and Diagnosis of Dementia”

Dr Gareth Griggs
Specialist Registrar Elderly Care
Dementia Awareness Day
28th September 2011

Objectives

- ▶ Introduction
 - ▶ Definition
 - ▶ Medical assessment and diagnosis
 - ▶ Classification
- 

What I won't cover


- ▶ Epidemiology
 - ▶ Pathology
 - ▶ Treatment
 - ▶ Social aspects of care
- 

The impact of dementia in UK


- ▶ 700,000 people affected in UK
- ▶ Expected to double to 1.4 million by 2038
- ▶ Costs £17 billion
- ▶ Expected to treble to £50billion by 2038
- ▶ Prevalence increases exponentially with age
 - 5% over 65s
 - 20% over 80s

Definition – ICD-10


“A syndrome due to disease of the brain, usually of a chronic or progressive nature, in which there is disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capability, language and judgment. Consciousness is not impaired. Impairments of cognitive function are commonly accompanied, occasionally preceded, by deterioration in emotional control, social behaviour, or motivation. The syndrome occurs in Alzheimer’s disease, in cerebrovascular disease, and in other conditions primarily or secondarily affecting the brain.”




More succinctly.....

- ▶ Chronic, progressive neurodegenerative condition
 - ▶ Global cognitive impairment
 - ▶ Deterioration from previous level of functioning
 - ▶ Impairment of functional abilities
- 


How does dementia present?

- ▶ Patient self-report
 - ▶ Concerned others
 - ▶ Concerned professionals
 - ▶ Usually to Primary Care
- 

Why refer to secondary care?

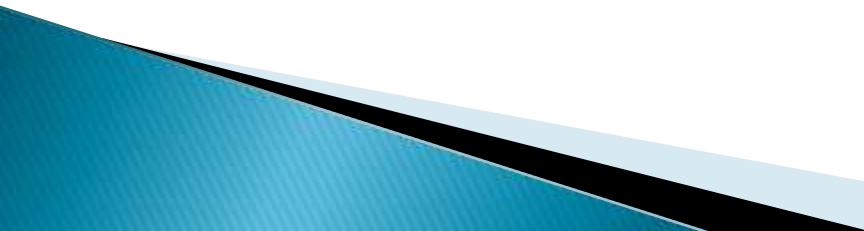
- ▶ Specialist opinion
 - ▶ Specialist investigation
 - ▶ Initiation and supervision of treatment
 - ▶ Complex medical co-morbidity
- 

Assessment

- ▶ History
 - ▶ Physical examination
 - ▶ Mental state examination
 - ▶ Brief cognitive assessment
 - ▶ Neuropsychological testing
- 

History

- ▶ Personal
 - ▶ Informant


 - ▶ HPC – time course, examples
 - ▶ PMH, PPsychH
 - ▶ FH – medical & psychiatric
 - ▶ Medication
 - ▶ Drug / alcohol history
 - ▶ Behavioural changes, impaired ADLs
- 

Examination

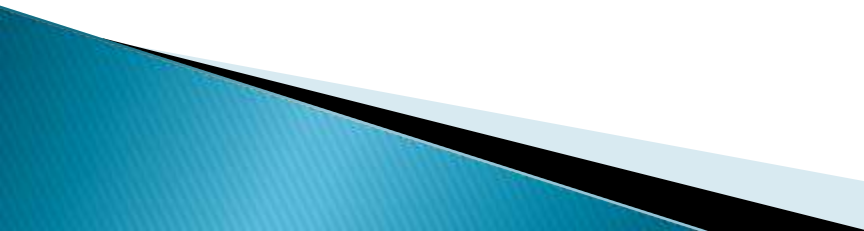
- ▶ Full physical examination
- ▶ Neurological signs?
 - Previous stroke
 - Parkinsonism
 - Gait disturbance

Mental State Examination


- ▶ Evidence of other psychiatric conditions
 - Depression
 - Delirium

 - ▶ Non-cognitive symptoms
 - Delusions
 - Hallucinations
 - Illusions / misperceptions
 - Agitation, aggression
- 


Brief cognitive assessment

- ▶ Abbreviated Mental Test Score (**AMTS**) – 10 point
 - ▶ Mini Mental State Examination (**MMSE**) – 30 point
 - ▶ Clock drawing test, mini-COG
 - ▶ Others: **GPCOG**, **6-CIT**
- 


Neuropsychological testing

- ▶ Addenbrookes Cognitive Examination (**ACE**)– incorporates MMSE (100 point)
 - ▶ Middlesex Elderly Assessment of Mental State (**MEAMS**)
 - ▶ Repeatable Battery for the Assessment of Neuropsychological Status (**RBANS**)
- 

Assessment 2

- ▶ Blood tests
 - ▶ Neuroimaging
 - ▶ (LP, EEG in selected cases)
- 


Blood tests

- ▶ FBC
 - ▶ U&Es
 - ▶ LFTs
 - ▶ Glucose, Lipids
 - ▶ Calcium
 - ▶ Inflammatory markers – CRP, Viscosity
 - ▶ ‘Haematinics’ B12 & Folate
 - ▶ TFTs
 - ▶ Syphilis/ HIV serology where indicated
- 

Neuroimaging

- ▶ CT/ MRI
 - To exclude intracerebral lesion
 - To subtype the dementia

Making a diagnosis


- ▶ Assimilate information from assessment
 - ▶ Reach a conclusion
 - ▶ Disclosure
 - ▶ Consider treatment
 - ▶ Regular review
- 

Classification

- ▶ Alzheimer's disease (AD) 60%
- ▶ Vascular dementia (VaD) 15–20%
- ▶ Dementia with Lewy bodies (DLB) 15–20%
- ▶ Rare causes
 - Frontotemporal dementia (FTD)
 - Huntingdon's chorea
 - Prion disease (CJD)
 - HIV dementia
 - Alcohol-related dementia
- ▶ 'Reversible' causes 5%



Alzheimer's disease


- ▶ Dr Alois Alzheimer, German Psychiatrist
 - ▶ 1906 – “Eine eigenartige Erkrankung der Hirnrinde”, South West German Society of Alienists !
 - ▶ 1910 – named Alzheimer's disease
- 

AD

- ▶ Loss of memory
 - Amnesia
- ▶ Loss of higher cortical function
 - Language (aphasia)
 - Praxis (apraxia)
 - Executive function (planning)
- ▶ Behavioural and psychological symptoms of dementia (BPSD) – ‘behaviour that challenges’

Vascular Dementia (VaD)

▶ Clinical features:


- Acute or subacute
 - Focal neurological signs
 - Gait disturbance, falls
 - Urinary symptoms
 - Personality and mood changes, apathy & depression
 - 'Stepwise' deterioration
 - 'Patchy' deficits on NP testing
 - Executive dysfunction
- 

Dementia with Lewy bodies (DLB)

- ▶ Triad of:
 - Visual hallucinations
 - Fluctuating cognitive disturbance
 - Parkinsonism

- ▶ Associated symptoms:
 - Falls
 - Altered conscious level
 - Autonomic dysfunction
 - REM sleep disorder


Reversible causes

- ▶ Depression ('pseudodementia')
 - ▶ Intracranial lesions
 - ▶ B12 / Folate deficiency
 - ▶ Toxic / metabolic / infective
 - Hypothyroidism
- 

Questions?



Summary

- ▶ Definition
 - ▶ The scale of the problem
 - ▶ Investigating and diagnosing dementia
 - ▶ Common subtypes
- 

National Dementia Strategy 2009



Living well with dementia:
A National Dementia Strategy



Putting **People** First

Aims

- ▶ To raise awareness
 - ▶ To provide early diagnosis and intervention
 - ▶ To 'live well with dementia'
- 