

# AMB Order Panel: Dementia Evaluation

<b>Order Panel:</b>	Dementia Evaluation (alt: MCI Evaluation)		
<b>Date approved:</b>		<b>Last Review:</b>	2/24/2022
<b>Reviewers:</b>	Sukumur (Geriatrics)	<b>Next Review:</b>	2/24/2024
<b>References:</b>	<a href="#">LHP Dementia Evaluation Guidelines</a> ; 2/24/22 – Updates to remove Folate and Vit D		
<b>OSQ codes:</b>	514256, 514257, 514271, 514282		

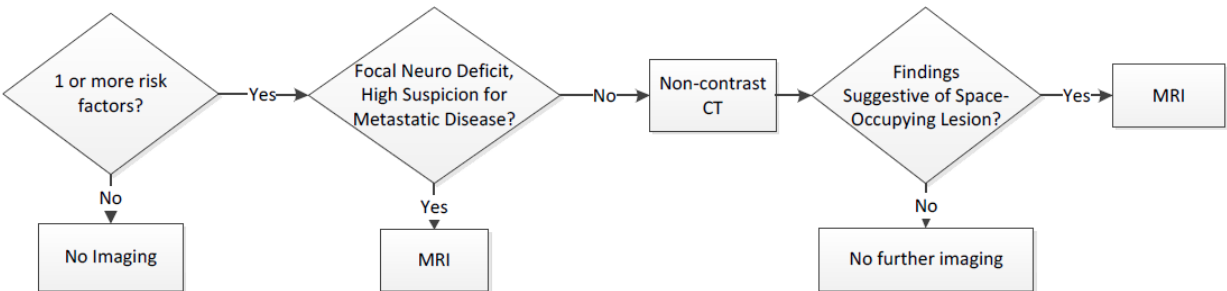
**History and Physical evaluation:**

- Detailed neurologic examination, including gait assessment.
- Use structured mental status exam such as MoCA or SLUMS.
- Assess ADLs and IADLs.
- Assess mental health and possibility of chemical dependency.
- Screen for depression, GDS 15 is the preferred, validated tool for elderly adults.

**Lab Evaluation:**

- CBC, CMP, TSH w/reflex, B12, MMA if high index of suspicion for B12 def
- Syphilis and HIV screen (in high-risk groups)

**Imaging:** Neuroimaging is not recommended in patients without risk factors.



**Neuroimaging Risk Factors:**

- Age < 60 years
- Rapid (e.g., 1 or 2 months) unexplained decline in cognition or function
- “Short” duration of dementia (< 2 years)
- Recent and significant head trauma
- Unexplained neurological symptoms (e.g., new onset of severe headache or seizures)
- History of cancer (especially in sites and types that metastasize to the brain)
- Use of anticoagulants or history of bleeding disorder
- History of urinary incontinence and gait disorder early in the course of dementia (as may be found in normal-pressure hydrocephalus)
- Any new localizing sign (e.g., hemiparesis or a Babinski reflex)
- Unusual or atypical cognitive symptoms or presentation (e.g., progressive aphasia)
- Gait disturbance

**Orders:**

- CT head
- MRI head

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### **Referral:**

Patients with cognitive deficits that need further specialty evaluation can be evaluated by neurology or geriatrics, as available. It is most helpful if the initial laboratory eval is done before referral, but if there are questions on appropriate imaging, this decision may be deferred to the specialist.

- In general, patients with cognitive deficits and neurologic symptoms may benefit from neurology evaluation, while patients with cognitive deficits, behavior issues related to dementia, or having issues with falls or ADLs and IADLS may benefit from geriatric evaluation.