

Dementia Screening and Assessment

		True	False
1.	A 70 year-old female with blood pressure of 165/85 and no family history of dementia should be screened for dementia.		
2.	Most asymptomatic clients over the age of 80 should be screened for dementia.		
3.	Dementia does not necessarily affect the activities of daily living.		
4.	The MMSE is a good test for detection of MCI.		
5.	On the Dementia Quick Screen, Mrs. Z can recall 2/3 words, she can name 16 animals in one minute and has minor spacing problems on the clock drawing. The team should not do a more thorough assessment if the caregiver informant screen is negative.		
6.	A 75 year-old female with MMSE of 24 and MoCA of 23. Her husband has seen some forgetfulness, slowly worsening in the last year and has noticed some irritability and apathy. He has not observed any problems in shopping, cooking, driving, etc. This woman probably has early dementia.		
7.	The son of Mr. M. brought him to your clinic. His 85 year-old father was found by a neighbor wandering on the street at 3:00 am. The team should not do a thorough assessment as it only happened once.		
8.	Mrs. L. was diagnosed with MCI by the Family Physician of your team. There is no more roles at this point for the Interdisciplinary Health Care Professionals.		
9.	Screening asymptomatic clients could alleviate caregiver burden.		
10.	Only Family Physicians should be involved in dementia assessment.		

Dementia Screening and Assessment Answers

1. A 70 year-old female with blood pressure of 165/85 and no family history of dementia should be screened for dementia. **(false)**

According to the Dementia Risk Calculator, her overall risk is 4% x 2 = 8% which is < 15% risk of dementia and the client should not be screened further.

2. Most asymptomatic client over the age of 80 should be screened for dementia. **(True)**

According to the Dementia Risk Calculator, a person who is over 80 has already 16% risk of dementia and should be screened.

3. Dementia does not necessarily affect the activities of daily living. **(false)**

According to the DSM-IV-TR, cognitive impairment in dementia is sufficient to interfere with activities of daily living.

4. The MMSE is a good test for detection of MCI. **(false)**

The MMSE is poor at upper end (particularly with high educated client) at discriminating between normal and MCI. MoCA provides higher sensitivity and specificity to distinguish between MCI to normal. The MoCA's memory testing involves more words, fewer learning trials, and a longer delay before recall than the MMSE. Executive function, higher-level language abilities, and complex visuospatial processing can also be mildly impaired in MCI clients and are assessed by the MoCA with more numerous and demanding tasks than the MMSE.

5. On the Dementia Quick Screen, Mrs. Z can recall 2/3 words, she can name 16 animals in one minute and has minor spacing problems on the clock drawing. The team should only reassess her in 1-2 years at this point. **(True)**

According to the Dementia Quick Screen, all three results are within the normal range and Mrs. Z. should be re-evaluated in 1-2 years unless there are ABC (ADL, Behaviour, Cognition) concerns reported.

6. A 75 year-old female with MMSE of 24 and MoCA of 23. Her husband has seen some forgetfulness, slowly worsening in the last year and has noticed some irritability and apathy. He has not observed any problem in shopping, cooking, driving, etc. This woman has early dementia. **(false)**

This woman does not have dementia as her cognitive impairment is not affecting her activities of daily living. Nevertheless, other causes of memory change must be ruled-out.

7. The son of Mr. M. brought him to your clinic. His 85 year-old father was found by a neighbor wandering on the street at 3:00 am. The team should not do a thorough assessment as it only happened once. **(False)**

When there are ABC concerns, the client needs a more thorough assessment which mean looking at history and looking at all ABC, and ruling out other causes that may be responsible for the problem (s).

8. Mrs. L. was diagnosed with MCI by the Family Physician of your team. There is no more role at this point for the Interdisciplinary Health Care Professional (IHCP). **(False)**

The client needs support from the team and close follow-up for management of the vascular risk factors. As MCI precedes and leads to dementia in many cases, a 1 year follow-up after diagnosis is indicated.

9. Screening asymptomatic clients could alleviate caregiver burden. **(True)**

When these clients are positive on the screening tests and then on the more thorough assessment, it is possible to look at reversible causes and possibly treat them. It is also an opportunity for the team to link the client and his caregiver(s) to the appropriate resources in the community in order to keep a better quality of life and allow self-determination.

10. Only Family Physicians should be involved in dementia assessment. **(False)**

Any IHCP with appropriate training could be involved in dementia assessment.