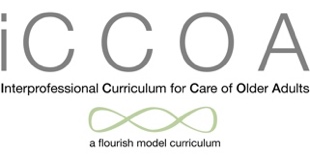
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| *A comprehensive medication review, a complete history and physical exam would take place to eliminate any medical causes (such as UTI)* | | |
| **Tests** | **Description** | **Rationale** |
| Mini-Cog | Patient is asked to remember three unrelated words. Then patient is asked to draw the face of a clock. After the numbers are on the face, the patient is asked to draw hands to read 10 minutes after 11:00. Then patient is asked to repeat the first three words.  Other brief tests such as the Mini Mental Status Exam may be used for screening. | Short assessment for cognitive impairment scored as follows: 3 recalled words = no cognitive impairment; 1-2 recalled words and normal clock drawing = negative for cognitive impairment; 1-2 recalled words and abnormal clock drawing = positive for cognitive impairment; 0 recalled words = positive for cognitive impairment |
| Vitamin B12 | Blood test | Rule out confusion related to vitamin B12 deficiency |
| Folate level | Blood test | Rule out folate deficiency which can cause depression and behavioral disorders |
| Thyroid Stimulating Hormone (TSH) | Blood test | Rule out hypo or hyperactive thyroid |
| Rapid Plasma Reagin (RPR) | Blood test | Rule out neurosyphilis |
| Complete Blood Count | Blood test including white blood cell count, white blood count differential, red blood cell count, hemoglobin, hematocrit, reticulocyte count, platelet count | Screen for a wide variety of conditions and diseases; rule out any conditions that might be causing confusion |
| Comprehensive Metabolic Panel | Blood test which measures glucose level, electrolyte and fluid balance, kidney function and liver function | Rule out diabetes and other metabolic disorders |
| Computerized Tomography (CT) of Head without Contrast | Uses many x-rays to create pictures of the head including the brain | Evaluate possible causes of changes in thinking or behavior such as brain infection, tumor, fluid build-up, injury to the brain, stroke or bleeding in the brain |
| [Geriatric Depression Scale](http://geriatrictoolkit.missouri.edu/cog/GDS_SHORT_FORM.PDF) (GDS) | Use five questions to screen. If score is two or more, give remaining 10 questions. | Score greater than 5 is indicative of depression. People with Alzheimer's disease are prone to depression. Symptoms of severe depression can be mistaken for symptoms of Alzheimer's Disease. |
| Neuropsychological testing | Could include: Alzheimer's Disease Assessment Scale (ADAS-Cog) which focuses on attention, language, orientation, executive functioning and memory skills; Neuropsychiatric inventory (NPI) which accesses several neuropsychiatric problems seen in Alzheimer's Disease (AD) including agitation, anxiety, apathy, delusions, hallucinations, eating difficulties, mood problems; Short Blessed Test which evaluates orientation, registration and attention; an IQ estimate, and other tests of memory, language and visuospatial skills. The primary caregiver may also provide information about the patient's functioning. | Used to differentiate the patient with AD from person with normal brain functioning and to evaluate the extent of the disease and type of dementia (Lewy Body, vascular, frontotemporal, Alzheimer’s, etc.) |

** COMPONENTS OF A COMPREHENSIVE DEMENTIA ASSESSMENT**