

# Why Detect Dementia?



## MAKING THE CASE

Few questions about screening in medicine elicit as much controversy as screening for cognitive impairment and dementia. The U.S. Preventive Services Task Force has reviewed evidence on this point three times, most recently in 2020.<sup>1</sup> Each time, some of the conclusions have been similar:

1. Validated screening tools do a better job of detecting cognitive impairment than unstructured clinical impressions (e.g., clinicians' 'gut feeling')<sup>2</sup>;
2. Evidence is not sufficient to conclude that benefits of screening, in unselected populations, outweigh potential harms, or that detecting cognitive impairment through screening improves clinical outcomes for patients or families.

Nevertheless, many authoritative voices call for early detection of dementia to support individuals and families in planning for future declines in autonomy and function, and there is wide agreement that clinicians should be aware of cognitive impairment and dementia in their patients and incorporate this understanding into the care they provide. Dementia is associated with need for everyday help and support, and with important health and health services indicators, including emergency department and hospital admissions for many different medical diagnoses and risk of poor self-management of chronic conditions. Excess disability and suffering can be alleviated by implementing thoughtful and individualized comprehensive care plans that are culturally- and locally-specific (e.g., community-centered).

The 2021 National Alzheimer's Plan includes, among its six major goals, a call to improve dementia detection, diagnosis, and both clinical and long-term care<sup>3</sup> Achieving these aims requires increasing the capacity of the health care workforce to detect dementia, providing high quality care through translation of evidence and experience into practice, and rectifying inequities in diagnosis and care for disproportionately affected and historically marginalized populations.

Dementia detection is the starting point for better care. Dementia care – in health care settings, communities, at home – is complex care. It's not always easy to make the case for financing such care – here is a resource that can help you translate the value of care into care that can be financed.<sup>4</sup>

Some clinicians and health care systems have embraced recent Medicare benefits that enable improvements in detection and care of people living with dementia, including the Annual Wellness Visit,<sup>5,6</sup> cognitive assessment and care planning (including caregivers), and chronic care management. Most adopters do not report their experience in the research literature where it can become evidence – hence the relative lack of evidence on both the relative advantages and risks of detecting cognitive impairment, as well as the concrete components, implementation strategies, and outcomes of dementia-relevant care plans. Nevertheless, there is growing evidence from intervention trials that a multi-dimensional approach to care management – one that includes attention to the needs of both patients and caregivers – can achieve worthwhile benefits for all who are involved in the journey.<sup>7</sup> Detection is the first step toward realizing these benefits for individuals; detection strategies, applied broadly and equitably, would provide impetus for implementing responsive, comprehensive, and compassionate care.

## Sources

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## CHOOSING AND IMPLEMENTING AN APPROACH

- 1** **Define your "why" and your "who":** Why do you want to do this (what do you want to achieve) and for what people or populations?
  - Criteria for "who" may be related to age (e.g. everyone age 75 or older), health care utilization patterns (e.g. older people making repeat emergency department visits or 2+ annual hospitalizations), an organizational mandate to reach specific underserved groups, or external support from donors who want to develop a caregiver respite or other related program, for example, a caregiver support group.
- 2** **Choose your "how":** What tools (or combination of tools) best fit your setting, your organization, and the communities you serve?
  - Many cognitive assessment approaches have been validated and more are in development all the time. Most involve direct testing of individuals using tools that examine specific cognitive functions – some are simple, others are longer and more complex. These are called performance-rated tools. There are also 'informant-rated' tools, asking about everyday functioning of an individual in activities that depend on cognitive abilities. Each type of tool complements the other, and both types can work more or less equally well in specific circumstances. See the short list of tools provided as a separate attachment.
- 3** **Introduce and explain your "what":**
  - If you are a clinician working with someone at risk for cognitive impairment, learn how to bring it up: "Have you noticed any changes in your memory or thinking lately?" (Or: has anyone else been concerned...? Or: "I notice that your blood pressure is high and you haven't refilled your blood pressure medicine. Are you having a problem remembering, or getting to the pharmacy?") If you work in a system that has chosen to systematize dementia detection, it's easy: "We're making changes to improve our care for all of our patients. Protecting your brain health is important to us. How about we get a baseline today?" See our Approaching Conversations infographics provided as a separate attachment to review helpful strategies to having conversations about brain health.

## CHOOSING AND IMPLEMENTING AN APPROACH (CONTINUED)

### **4** Be clear about what results might mean:

- Simple tools for detecting cognitive impairment are indicators of a possible problem but do not 'diagnose' dementia – and a 'normal' result is not proof that no cognitive difficulty is present. Results need to be followed up. If a screening result is normal but there is still concern, further assessment is justified.
- Identifying a problem without having a concrete and comprehensive approach to acting on it is a waste of time, energy, and resources. When possible cognitive impairment is detected, you need a way to talk about it and start developing an action plan. This usually involves a simple description of what you think – "it seems you might have a bit of a problem with memory" - and starting a conversation that reassures while laying out the next step. "Let's get together again next week to talk more about this – may I call your wife and invite her to join us?" Of course, there can be no uniform script for these conversations; what matters most is a warm, matter of fact, supportive approach that lets the person know you'll be there for them. Doing a detailed diagnostic workup and making a specific causal diagnosis can be decided on and conducted over time; individuals and their loved ones coming to terms with newly recognized cognitive impairment vary widely in how much information they want, need, or can benefit from. What matters most at this stage is communicating your care and your willingness to 'be there' and help.
- Having an organizational "road map") that defines next steps is crucial to ensure timely follow up and continuity of care for people with cognitive concerns or possible impairment.

### **5** Identify resources that speak to you and your settings: What tools (or combination of tools) best fit your setting, your organization, and the communities you serve?

- There are many excellent resources available to support your efforts. Some are listed here:
  - Alzheimer's Association<sup>8</sup> has many useful materials relevant to all aspects of cognitive impairment and dementia, not limited to one specific cause of cognitive impairment;
  - The Centers for Disease Control and Prevention's (CDC)<sup>9,10</sup> Healthy Brain Initiative and Roadmap; and
  - Act on Alzheimer's, developed a pioneering program that lays out strategies for the journey, starting with dementia detection and moving through diagnosis and care pathways.<sup>11</sup>

## Sources

8. Home. Alzheimer's Disease and Dementia. <http://alz.org/>. Accessed March 22, 2022.

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