

Navigating Post-Screening Conversations



Screening for cognitive impairment is a crucial first step to ensuring patients' overall health.

NAVIGATING CONVERSATIONS ABOUT BRAIN HEALTH AFTER COGNITIVE ASSESSMENT

Discussing brain health is a crucial part of ensuring patients' overall health, regardless of their current cognitive functioning, and it should be part of ongoing care. Detailed conversations with patients about their lives and day-to-day activities provide context for interpreting the results of cognitive screening tests. Those conversations also establish mutual expectations of partnership in ensuring care with the best opportunity to maintain health.

Regardless of how a patient scores on a test, all patients should be made aware of lifestyle behaviors that support brain health and cognitive functioning is always appropriate. When results of a screening test suggest cognitive impairment, follow-up and continuity of care are essential: the work is never completed in a single visit. Once cognitive impairment is detected, it will become a component of the patient's overall health care for the rest of their life. This is a journey for both clinicians and for their patients and families.

Primary care is exactly the vehicle for such a journey, and primary care clinicians are the ideal companions along the way: primary care prioritizes the long-term relationships between patients, their families, and clinicians. When impairment is detected, being prepared to discuss next steps is important for ongoing care. Next steps may include additional medical testing, referral for highly specialized diagnostic assessment, offering print or online educational materials and tips, or recommending organized community-based supportive and educational services for patients and families.

Such resources can include highly specialized diagnostic assessment, organized community-based supportive and educational services for patients and families, or state or local resources and are integral to high-quality long-term care.

WHAT TO DO IF SCREENING SUGGESTS COGNITIVE IMPAIRMENT

Below are some examples of key points to discuss with patients when results of cognitive screening suggest possible impairment:

- Ask patients for their impressions first – “How do you think you did?” or “Do you have any concerns about your memory or being able to think clearly?”
- Emphasize that the results are a measure of how they did on one test on one day.
- Gather more context about their cognitive abilities by asking about everyday activities – this is an important step in establishing the history of their cognitive health.
- Talk about whether, what, and when additional evaluation might be helpful, and start a process of shared decision making.

HOW TO TALK ABOUT SCREENING RESULTS

As you work with your patients using the key points highlighted above, recognize that how you approach the problem matters – probably more than you know. Here are some general suggestions to make post-screening conversations more comfortable:

- Be “emotionally intelligent.” Recognize that being faced with signs of a potentially serious condition is difficult and often scary. Empathy and compassion – not “catastrophizing” – take little time and make all the difference. “I know this can be hard to hear. Would you like to talk about what this means to you right now?”
- Establish the feeling of partnership. Use “us” and “we” language.
- Promote trust and a sense of continuity – “We’ll work on this together.”
- Identify strengths of the patient and their care partners. The better you know the patient and family, the easier this is. If you’re not acquainted enough to call out specific strengths, prepare to learn. “You’ve coped with hard things before, I know. What do you think will help you deal with this situation now?” “You have a strong relationship – we’ll talk about how you can help each other as we go along.”
- Find the “half-full cup.” Nobody wants to learn that their brain isn’t working well any more – yet people can live well for a long time in spite of it, as long as the problem is understood and hidden fears and worries are brought to light and addressed.

DIAGNOSTIC EVALUATION, NEEDS ASSESSMENTS, AND REFERRALS

In the event of a positive dementia screening, clinicians should conduct a further diagnostic evaluation. The components of that evaluation generally include ruling out or treating conditions that might cause signs of cognitive impairment but do not represent a disease of the brain (e.g., Alzheimer's disease). In general, such reversible causes are uncommon;¹³ it is more common to find incidental abnormalities that should be addressed in their own right (e.g., low vitamin B12 level, abnormal thyroid function) but for which correction does not produce notable cognitive improvement.

Symptoms of depression and anxiety are common with cognitive impairment and should be evaluated and addressed in their own right. More detailed cognitive assessment can be useful in establishing a “baseline” against which cognitive functioning can be followed over time. Clinicians should also consider whether a medical condition or medication may be affecting cognition. Structural brain imaging (e.g., CT scan, MRI) is often used as part of the diagnostic evaluation, although results do not always contribute to making a specific diagnosis or creating a care plan. Some patients may be referred to a specialist, but primary care clinicians can complete a basic diagnostic workup.

To develop a tailored care plan following a dementia diagnosis, clinicians should work closely with the patient and the patient's social support system (e.g., family, close friends, care partner) to thoroughly assess the patient's medical and psychosocial needs.

Care planning should include needs-based referrals to local, state, and national organizations that offer services such as respite care, resources on best practices for caregiving, and community wellness centers. For instance, [NYU's Alzheimer's and Related Dementias \(ARD\) Family Support Program](#) offers individual and family consultation with social workers, music and dance therapy, a memory café, as well as referrals to support groups and other community organizations.

ONGOING COMMUNICATION WITH THE PATIENT AND FAMILY

Clinical communication is an integral component of care following recognition of cognitive impairment or diagnosis of dementia. This care is best when it involves the patient, care partner(s), and clinician(s) in an ongoing relationship. Here are some tips to keep in mind:

- Explain terminology – “Let's talk about this word that people often use called dementia”. Ask if the person or care partner have questions they want to discuss.
- Ensure continued partnership on their journey – “We will work on this together.”
- Emphasize the positive – Coming to terms with having cognitive impairment is a process; it can undermine sense of self and worth. Knowing the clinician will “have their back” makes it easier.
- How you set the stage for living well matters. “There are things we can do to help you be as healthy and happy as possible. We'll talk about that as we go along.”
- Talk about/coach how to manage co-existing medical and mental health conditions.
- Talk about/coach proper diet and good sleep as important to living well with dementia.
- Work together on a plan for physical activity and learn how to schedule pleasurable events that sustain social engagement, and thinking about how to manage changing needs over time.

