



## Next Steps in Assessment and Management After a Positive Cognitive Health Assessment

**Anna Chodos, MD, MPH**

Executive Director, Dementia Care Aware  
University of California, San Francisco



# Financial Disclosure

I have no financial disclosures to report.



# Outline for today's talk

1. Quick review of the Cognitive Health Assessment and what is “positive”.
2. Quick review of starting a brain health care plan
3. Next steps in the evaluation

# Learning Objectives

- Identify 2 key brain health steps for patients with cognitive impairment
- Describe 3 areas of next steps in an evaluation after a positive cognitive health assessment
- List 2 red flags for more urgent medical evaluation of symptoms of cognitive and functional decline



# Refresher: The Cognitive Health Assessment

# The Cognitive Health Assessment



- Annual assessment for patients ages 65 and older.
- A quick check on **cognitive** and **functional** symptoms and an assessment of the person's support system.
  - **The start** of a diagnostic assessment.
- A jump start on brain health.

# 3 Step Assessment

## The Cognitive Health Assessment

- 1 Take a brief patient history.
- 2 Use screening tool(s).
- 3 Document care partner information

### *Definition of dementia*

**1: *Acquired cognitive decline***

**2: *Acquired functional decline***

**3: *Rule out other causes***

# A Positive Cognitive Health Assessment

1 Take a brief patient history.

2 Use screening tool(s).

3 *Document care partner information*

**A positive history  
OR  
a positive result  
on a screening  
tool**



# DSM V definition of dementia

Acquired cognitive  
decline in at least 1  
domain

+

Acquired functional  
decline

+

No other causes, e.g. medical or psychiatric

# Big picture view of “No other causes”

No other causes, e.g. medical or psychiatric

## Potential reversible causes:

### Examples

- Hypothyroidism
- B12 deficiency
- Neurosyphilis
- HIV disease
- Structural brain condition: tumor, NPH, etc.

## Potential contributing factors:

### Examples

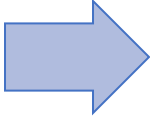
- Medication effect
- Severe depression, anxiety or other serious mental illness
- Substance use disorder
- Hearing loss

This is distinct from trying to determine the underlying neurodegenerative disease causing the dementia syndrome. *Some of this information may be helpful in determining cause, though.*

# Caring starts with screening

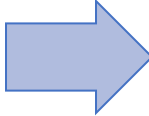
## Positive CHA

- Start brain health plan
- Plan follow-up visit



## Next steps evaluation

- Start to get a deeper history
- Rule out causes and contributors
- Look for red flags

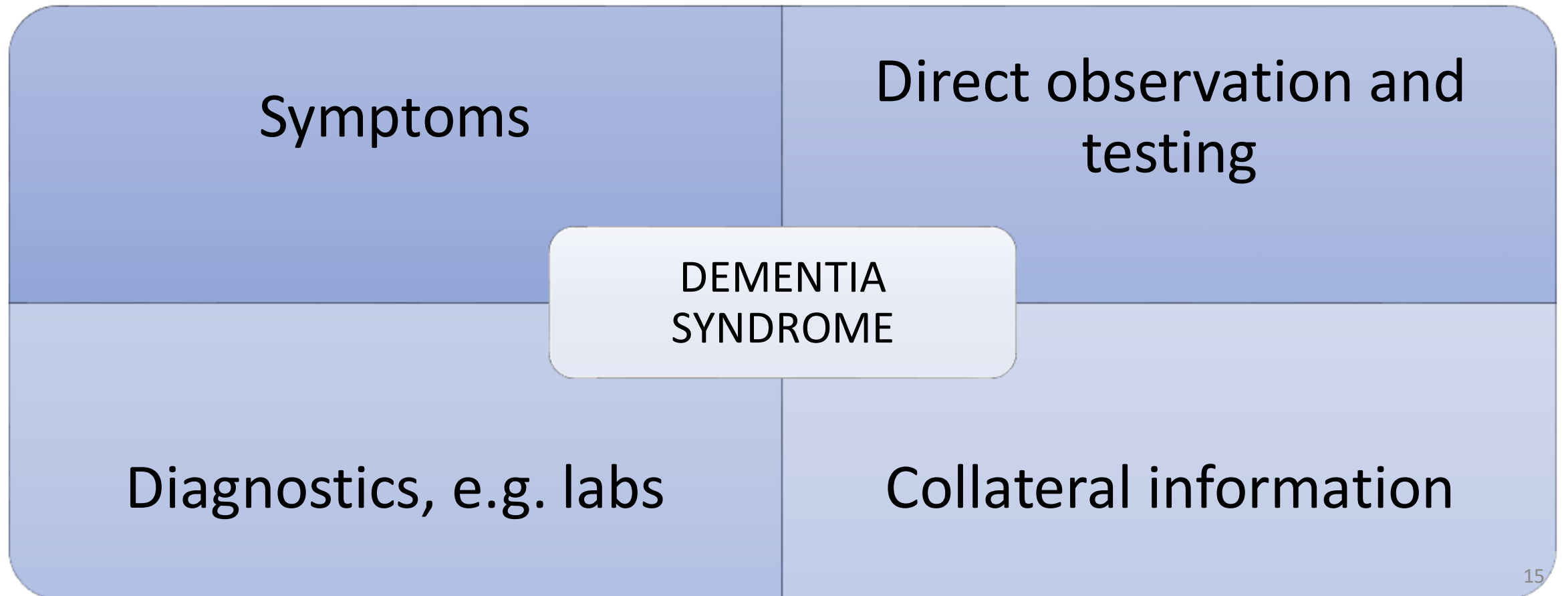


## Diagnosis of dementia

- Addressing contributors
- Functional decline
- Cognitive decline



# Putting together a diagnosis of dementia requires different types of information



# Starting a Brain Health Plan

# Brain health is whole person health

- You can start a brain health plan at the very earliest symptoms.
- This may help with symptoms and may be the best care plan for any underlying disease that causes dementia.



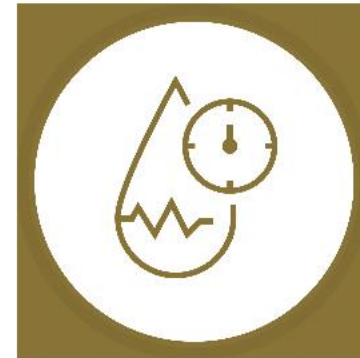
Hearing  
and vision



Review  
medications

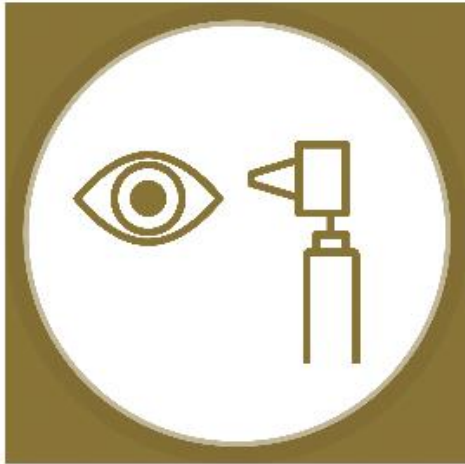


Social and  
physical activity



Manage blood  
pressure and  
diabetes

# Right after a positive CHA you can start brain health

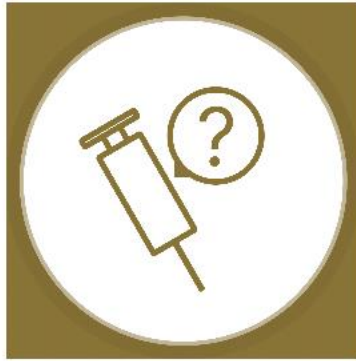


Order hearing and vision tests if not done already

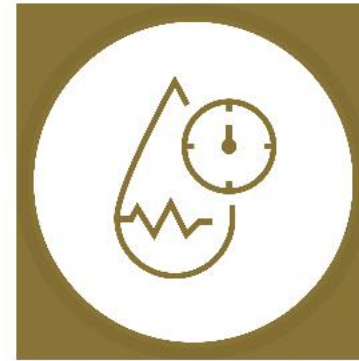


Connect to physical and social activity opportunities

# Right after a positive CHA you can start brain health



Reduce and remove  
medications with cognitive  
side effects



Control blood pressure  
and diabetes  
*Within patient goals*



# Medications Causing Cognitive Symptoms



- **Benzodiazepines**
- Anti-cholinergics: **diphenhydramine**, hydroxyzine, chlorpheniramine
  - Including OTC combination meds- tylenol PM
- Sleep medications: Z-drugs
- Muscle relaxants (cyclobenzaprine, carisoprodol)
- Antispasmodics: **oxybutynin**, tolterodine
- TCA anti-depressants
- Anti-psychotics



# Next Steps in Evaluation

# Basic steps overview

- **A more detailed history and getting collateral**
  - Cognition
  - Function
- **Exam**
  - Neurological (could include cognitive testing)
  - Behavioral health and substance use screenings
- **Diagnostic tests:** labs, imaging



Next steps  
evaluation

The diagram shows a blue clipboard with a white sheet of paper. The paper contains a checklist of three items. A large, light blue curved arrow at the top right of the clipboard points back to the top of the page, indicating a feedback loop or return to the beginning of the process.

- Start to get a deeper history
- Rule out causes and contributors
- Look for red flags

Next Steps: Taking a more detailed cognitive history

# More detailed history on cognition

- Cognitive decline can be in any ***domain***
- Questions about 3 things:
  - **Symptoms**: Do you have changes in your ability to .....
  - **Trajectory**: When did they start? Are they getting worse?
  - **Severity**: Can you give me some examples? Do you think it's worse compared to other people you know?
- Ok to ask about a few at any given visit ( e.g., memory, motor, and behavior).
- **Get collateral** report on everything you ask the patient, too, if you can.
- Let's go over the domains and some example questions.

# Cognitive domains and what to ask

Domain	Examples
Memory	Remembering conversations, events, learning new information, people, biographical information  Repeating questions, conversations.

“Has your memory become worse?”

*“Has {the person’s} memory become worse?”*

# Cognitive domains and what to ask

Domain	Examples
Executive	Planning, Multitasking  Difficulty managing daily tasks, like a shopping trip.

“Do you have difficulty planning ahead or staying organized?”

*“Has {the person} had more difficulty planning ahead or staying organized?”*

# Cognitive domains and what to ask

Domain	Examples
Language	Word finding difficulty, loss of vocabulary, difficulty reading or following conversations

“Do you have difficulty finding words you want to describe what you want to say?”

*“Has {the person} had more difficulty expressing what they want to say?”*



# Cognitive domains and what to ask

Domain	Examples
Visuospatial	Getting lost, knowing where you are

“Do you have increasing difficulty getting to new locations, or have you gotten lost in familiar places?”

*“Has {the person} gotten lost?”*

# Cognitive domains and what to ask

Domain	Examples
Attention	Difficulty with concentration Fluctuation in attention

“Do you have increasing difficulty focusing on tasks?”

*“Has {the person} had increasing difficulty focusing on tasks?”*

# Cognitive domains and what to ask

Domain	Examples
Motor	Walking, falls, tremor, fine motor skills, swallowing, stiffness

“Do you have any tremors?”

“Have you had any falls in the last year?”

*“Has {the person} had a fall in the last year?”*

# Cognitive domains and what to ask

Domain	Examples
Behavior	Inappropriate or new behavior Personality changes Apathy Mood changes or new anxiety Hallucinations and delusions Sleep disturbance

“Has your mood or emotional health changed?”

*“Has {the person’s} personality or behavior changed?”*

# Red flags on cognition

## Red flags from the history:

- Age <65 for onset of symptoms
- Rapid decline, meaning progression in <6 months
- Prominent aphasia or language changes
- Certain behavior change, “behavior predominant” symptoms\*
  - Hallucinations, delusions
  - Personality change: inappropriate behavior

*\*Most people with dementia have behavior changes but is it a major and prominent symptom*

Next Steps: Taking a more detailed functional history

# Ask more about function

## Domains to ask about:

- **IADLs:**

- Driving/transportation
- Using phone
- Shopping for food
- Managing finances
- Cooking
- Housework
- Taking meds

- **ADLs:**

- Bathing
- Dressing
- Toileting, continence
- Transferring
- Feeding

Get collateral report as well.

# Function: some questions you can ask

How do you do \_\_\_\_\_?

Does anyone help you with \_\_\_\_\_?

Is that a change in the last year or two?

*Some people have never done certain tasks (e.g.,  
manage the bills*



Next Steps: Exam

# Office cognitive testing is an additional piece of information

Generally, these test results help you categorize people as impaired vs. not impaired.

These do not make or break a diagnosis of dementia on their own.



# Will you do more cognitive testing?

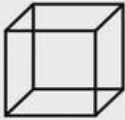
## Major considerations

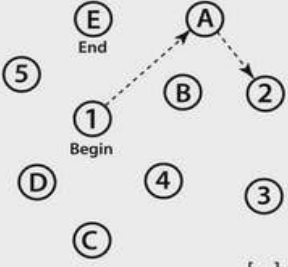
- Can the testing be done in 10-20 minutes?
- Is it free or easily accessible?
- Is it appropriate for educational level and background?
- Is the person mild or moderately impaired (with regard to function)? *If more impaired, testing may not be useful.*

**MONTREAL COGNITIVE ASSESSMENT (MOCA)**  
Version 7.1 Original Version

Education: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
DATE: \_\_\_\_\_

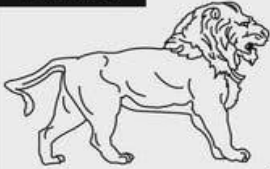
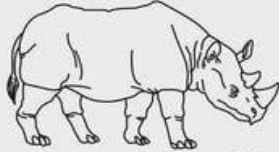
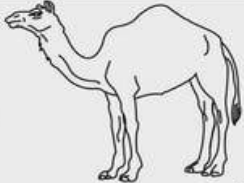
**VISUOSPATIAL / EXECUTIVE**

Copy cube  Draw CLOCK (Ten past eleven) (3 points)



Contour [ ] Numbers [ ] Hands [ ]

**NAMING**

**VAMC**  
**SLUMS EXAMINATION**  
Questions about this assessment tool? E-mail [aging@slu.edu](mailto:aging@slu.edu)

Name \_\_\_\_\_ Age \_\_\_\_\_  
Is the patient alert? \_\_\_\_\_ Level of education \_\_\_\_\_

**1** 1. What day of the week is it?

**1** 2. What is the year?

**1** 3. What state are we in?

4. Please remember these five objects. I will ask you what they are later.  
Apple Pen Tie House Car

5. You have \$100 and you go to the store and buy a dozen apples for \$3 and a tricycle for \$20.  
**1** How much did you spend?   
**2** How much do you have left?

## Red flags on neurological exam

- Parkinsonian features: rigidity, cogwheeling (history of falls)
- New focal findings:
  - Unilateral weakness, slurred speech
  - Difficulty with vision that is not explained by an eye exam

# Additional assessment for reversible and contributing causes of symptoms

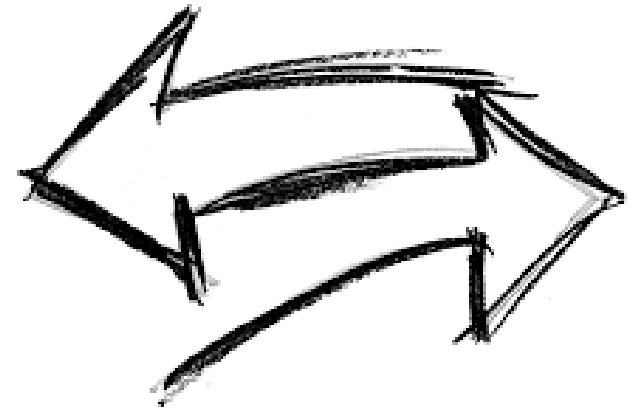
- Substance use: intoxication or withdrawal, chronic use
- Mental health conditions: depression, anxiety
- Sleep apnea
- Medications that cause cognitive symptoms
- Delirium: acute, fluctuating, inattentive



Next Steps: Additional Diagnostics

# Medical workup for reversible and contributing causes of symptoms

- Labs: TSH, B12, RPR and HIV
- Imaging: Head CT or MRI for structural causes, e.g. a tumor, or treatable conditions like NPH



# Head imaging:



- Most strongly recommended if:
  - <65 for onset of symptoms
  - Rapid onset
  - Diagnosis of cancer, HIV
  - Head injury or recent fall
  - Focal neurologic findings
  - Meds: anti-coagulants

Feldman HH, et al. CMAJ. 2008 Mar 25;178(7):825-36

Cordel CB, et al. Alzheimers Dement. 2013 Mar;9(2):141-50



# When to Refer

## **Examples of when to refer to Neurology, Geriatrics:**

- Behavioral symptoms of personality change, new hallucinations
- Prominent language difficulty
- Rigidity or cogwheeling on exam

## **Examples of when to refer to Psychiatry:**

- Early or midlife history of mental health disorders and current symptoms concerning for that condition

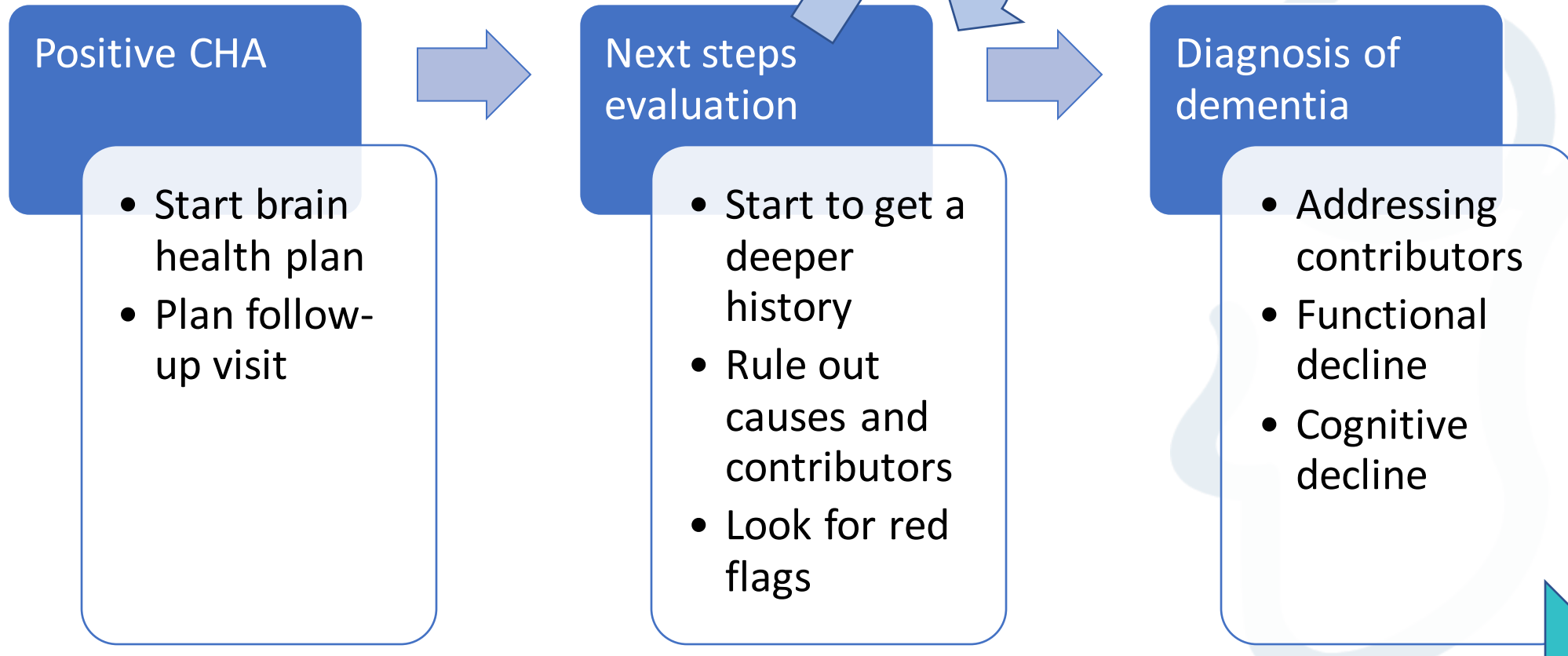
## **Refer to Neuropsychology:**

- When someone has milder functional impairment
- Mismatch between report of symptoms and function (functioning well, but report is of serious lapses in cognitive function)
- Serious mental illness and unclear presentation

# Billing for Medicare and Medi-Cal

Patient Coverage	Service	Code
Dual-Eligible Beneficiary or Medicare only	Initial AWW	G0438
Dual Eligible Beneficiary or Medicare only	Subsequent AWWs	G0439
Dual Eligible Beneficiary or Medicare only	Cognitive Assessment and Care Plan	99483
Medi-Cal only Beneficiary	Cognitive Health Assessment	1494F

# Review



***Cognition | Function | Care Partner***  
Implement a brain health plan & connect to resources

# What we still need to talk about (*among other things*)

- When and how you make a diagnosis
  - Minor vs. Major Neurocognitive Disorder (MCI vs. Dementia)
- Staging
- Disclosure throughout the process
- How to assess the care partner's strengths and needs
- How to connect patients and care partners to resources
- Case examples

# Toolkits Available



## Assessment of Cognitive Complaints Toolkit

for Alzheimer's Disease

California Department of Public Health

 **ALZHEIMER'S** Project  
San Diego unites for a cure and care

**Physician Guidelines for the  
Screening, Evaluation, and Management of  
Alzheimer's Disease and Related Dementias**

[sdalzheimersproject.org](http://sdalzheimersproject.org)

[championsforhealth.org/alzheimers/](http://championsforhealth.org/alzheimers/)

# Our Training

dementiacareaware.org

Dashboard Admin News



Welcome to Dementia Care Aware



## Welcome!

Welcome to the Dementia Care Aware (DCA) learning management system. This site provides access to the training modules for the DCA program. When you registered, you were automatically enrolled in the "*Dementia Care Aware: The Basics*" course. Select Start in the "Dementia Care Aware: The Basics" block below to begin.



# Dementia Care Aware Program Offerings



## Warmline:

A provider support and consultation service that connects primary care teams with Dementia Care Aware experts



## Trainings:

- On-line Trainings; *CHA training*
- *Monthly Webinars*
- Podcasts *forthcoming*



## Interactive Case Conferences:

UCLA and UCI ECHO conferences - *Sign up now!*



## Practice change support:

- UCLA Alzheimer's and Dementia Care program
- Alzheimer's Association Health Systems

# How to Claim Continuing Medical Education (CME) Credit?

**Step 1.** Please complete our evaluation survey using the link provided in the chat and a follow-up email after the webinar. For this activity, we provide CME and California Association of Marriage and Family Therapists (CAMFT) credits. Please select the correct link based on the credit type you are claiming.

- Link to CME evaluation survey: [https://ucsf.co1.qualtrics.com/jfe/form/SV\\_cNLzvA9mLEO1GMm](https://ucsf.co1.qualtrics.com/jfe/form/SV_cNLzvA9mLEO1GMm)
- Link to CAMFT evaluation survey: [https://ucsf.co1.qualtrics.com/jfe/form/SV\\_cNLzvA9mLEO1GMm](https://ucsf.co1.qualtrics.com/jfe/form/SV_cNLzvA9mLEO1GMm)

**Step 2.** Upon completing the evaluation survey, please scan a QR code or link to claim credit:

- Use your phone camera to scan a QR code and tap the notification to open the link associated with the CME portal.
- Enter you first name, last name, profession, and claim **1 CE credit** for the webinar.



# Questions and Thank You

