

DDx (“Alzheimer dementia,” 2018):

- Mild cognitive impairment
- Normal aging
- Depression
- Delirium
- Stroke
- Chronic subdural hematoma
- Transient global amnesia
- Vitamin B12 or folate deficiency
- Alcohol use disorder

Alzheimer Work-up Algorithm

Question patient about the following (Cordell et al., 2013):

- In last 12 months, has patient experienced confusion or memory loss that is happening more often or getting worse?
- In past 7 days, has patient needed help to perform everyday activities such as eating, getting dressed, grooming, bathing, or using the toilet?
- In past 7 days, has patient needed help with household activities, such as laundry and housekeeping, banking, shopping, using the telephone, food preparation, transportation, or taking his or her medications?

Yes to any question not explained by known physical or mental limitation

No to all questions

Conduct a cognitive assessment using a structured tool, such as the following (Cordell et al., 2013):**

- GPCOG** (General Practitioner Assessment of Cognition); **Mini-Cog**; **MIS** (Memory Impairment Screen); **MMSE** (Mini Mental Status Exam)
- **Provider can use alternative tool not listed

No further testing indicated (Cordell et al., 2013)

Results reveal cognitive impairment

Results do not reveal cognitive impairment

Conduct a full dementia evaluation to include (Cordell et al., 2013):

- Physical exam, including full neurologic exam
- Activities of daily living (ADL) and instrumental activities of daily living (IADL) functioning
- Depression assessment
- Medication review

Order the following tests to rule out secondary causes of cognitive impairment (“Alzheimer dementia,” 2018):

- Complete blood count, thyroid-stimulating hormone, serum B12, serum electrolytes, liver enzymes, fasting glucose, renal functions, serum folic acid
- *In appropriate patients or those with a history of prior infection, consider testing for neurosyphilis, HIV infection, lyme disease (“Alzheimer’s dementia,” 2018).

Provider’s discretion to order CT or MRI

- Conflicting recommendations by multiple professional organizations (“Alzheimer dementia,” 2018; Cordell et al., 2013; O’Brien et al., 2017; Patel, Eisentein, & Holland, 2016)

No further testing indicated; follow-up at next well appointment (Cordell et al., 2013)

Official diagnosis is made if no underlying cause is found to explain cognitive impairment and patient has two or more of the following characteristics (“Alzheimer dementia,” 2018):

- impaired ability to acquire and recall new information
- poor judgment or impaired reasoning
- impaired visuospatial skills
- impaired language function
- personality or behavior changes