

Cognitive impairment in older adults often unrecognized in the primary care setting

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A new study published in the *Journal of the American Geriatrics Society* reveals that brief cognitive screenings combined with offering further evaluation increased new diagnoses of cognitive impairment in older veterans two to three fold.

Led by J. Riley McCarten, MD, of the Minneapolis VA [Health Care System](#) and the University of Minnesota, researchers assessed the effect of screening on diagnosing [cognitive impairment](#) in patients who were seen in VA primary care clinics and had no indication of [memory loss](#). Veterans aged 70 and older who failed the brief cognitive screen at a routine primary care visit were offered a further, comprehensive evaluation.

Of the 8,342 Veterans offered screening, 8,063 (97%) accepted, 2,081 (26%) failed the screen, and 580 (28%) agreed to further evaluation.

Among those accepting further evaluation, 93% were documented to have cognitive impairment, including 75% with dementia.

Additionally, 118 patients who passed the initial screen still requested further evaluation, and 87% were found to have cognitive impairment, including 70% with dementia.

"Our study demonstrates that proactive strategies such as [routine screening](#) are well-accepted and effective in diagnosing cognitive impairment, and that primary care providers value the diagnostic and

management services involved," McCarten notes. "This project has implications for strategies that seek to improve care and contain costs in dementia."

The findings of this study run counter to the current standard recommendations by the American College of Physicians, U.S. Preventive Health Task Force, and Alzheimer's Association, which discourage routine cognitive impairment/dementia screening on all older patients at a certain age. Screening is only recommended if a person comes to a provider with some type of complaint that could be due to dementia.

Provided by Wiley

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