

Report will aid in detecting, diagnosing cognitive impairment

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A new report from The Gerontological Society of America's Workgroup on Cognitive Impairment Detection and Earlier Diagnosis outlines a course of action for increasing the use of evidence-based cognitive assessment tools as part of the Medicare Annual Wellness Visit (AWV).

The AWV was established by 2010's Affordable Care Act to allow Medicare beneficiaries to receive preventive and assessment services during visits with their primary care providers. And although detection of cognitive impairment is among the required AWV services, no specific tools are mandated and no data are available regarding tools used for this purpose.

The new report outlines a plan for addressing this shortcoming and shows how increased detection leads to earlier and optimal diagnostic evaluation, referral to post-diagnosis support and educational services in the community, and ultimately to improved health-related outcomes and well-being for Medicare beneficiaries with diagnosed dementia and their families.

"The Medicare AWV offers a universal opportunity for primary care providers to start a conversation with older adults and their families about cognitive changes that might be worthy of further investigation," said Richard Fortinsky, PhD, chair of the workgroup. "Our workgroup's report provides guidance for providers so they can start this conversation and, as appropriate, employ evidence-based assessment tools to detect cognitive impairment."

"Increased detection of cognitive impairment is essential for earlier diagnosis of Alzheimer's disease and related dementia—and also earlier diagnosis leads to more timely linkage of older adults and their families with community-based services and supports," said Katie Maslow, MSW, workgroup member.

In the report, the workgroup outlines a recommended for four-step process achieving its goals.

Step 1 is to kickstart the cognition conversation. To increase detection of cognitive impairment and promote earlier diagnosis of dementia in the Medicare population, the GSA workgroup endorses that primary care providers use the AWW as an annual opportunity to kickstart—that is, to initiate and continue—a conversation with beneficiaries and their families about memory-related signs and symptoms that might develop in older adulthood.

Step 2 is to assess the patient if he or she is symptomatic. The GSA workgroup endorses use of a cognitive impairment detection tool from a menu of tools having the following properties: it can be administered in five minutes or less; it is widely available free of charge; it is designed to assess age-related cognitive impairment; it assesses at least memory and one other cognitive domain; it is validated in primary care or community-based samples in the U.S.; it is easily administered by medical staff members who are not physicians; and it is relatively free from educational, language, and/or cultural bias. The report provides a list of tools that may be suitable for this purpose.

Step 3 is to evaluate with full diagnostic workup if cognitive impairment is detected. The GSA workgroup recommends that all Medicare beneficiaries who exceed threshold scores for cognitive impairment based on the cognitive assessment tools used in step 2 undergo a full diagnostic evaluation. Numerous published clinical practice guidelines

are available to primary care providers and specialists to help them arrive at a differential diagnosis.

Step 4 involves referral to community resources and clinical trials, depending on the diagnosis. The GSA workgroup recommends that all Medicare beneficiaries who are determined to have a diagnosis of Alzheimer's disease or related dementia be referred to all appropriate and available community services to learn more about the disease process and how to prepare for the future with a dementia diagnosis.

"The GSA workgroup views this suggested four-step process as a framework for communicating with a wide variety of stakeholders about the critical importance of incorporating [cognitive impairment](#) detection into everyday clinical practice with [older adults](#)," Fortinsky said. "We look forward to building on this report by helping to plan additional activities intended to disseminate and implement the report's recommendations in communities throughout the country."

More information: The report is available at www.geron.org/ci

Provided by The Gerontological Society of America

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