CHAMP: Bedside Teaching

ASSESSING DEMENTIA IN HOSPITALIZED OLDER ADULTS

Caroline Harada, MD

Teaching trigger:

An older woman who lives alone is admitted to the hospital for weight loss.

Clinical question:

Does this patient have dementia?

Teaching points:

1. Dementia is often not mentioned in the medical record of patients with dementia
   - 64% overlooked in Canadian Study of Health and Aging
   - 79% overlooked in Indiana study
2. Therefore, you may be the first person making/documenting the diagnosis of dementia, even in patients with advanced symptoms
3. Tips that a patient may have dementia include weight loss, as well as: “poor historian,” complaints that don’t make sense, repeating the same thing over, tangential, doesn’t know meds, took meds wrong, noncompliant with meds, poor hygiene, admitted from NH, AxO x less than 3, uncooperative with physical exam, etc
4. Decide whether a patient has dementia based on DSM IV diagnostic criteria:
   - First, rule out delirium & psychiatric disorders
   - Two of five cognitive domains are impaired:
     - Memory
     - Language
     - Visuospatial (Spatial ability/orientation/agnosia)
     - Handling complex tasks
     - Judgment/reasoning
   - These cognitive problems represent a decline from cognitive baseline and a result in a decline in function
5. While the MMSE, Mini Cog, and Clock Draw Test may be helpful screening tools, they are not designed to make a diagnosis of dementia