Your patients rely on you for accurate, up-to-date, preventive health information. This fact sheet for clinicians provides information about detection of symptomatic dementia:

- There is insufficient evidence to recommend for or against routine screening for dementia among asymptomatic individuals, regardless of age. Screening means routinely and proactively administering a test or tool to all individuals, including asymptomatic patients, for the purpose of detecting dementia.

- Use of “Dementia Warning Signs” is recommended to prompt provider evaluation of cognition. Dementia Warning Signs are a set of ‘red flags’ or signs/symptoms that a clinician, a caregiver, or a patient may notice.

**Why is detection of symptomatic dementia important?**

Dementia is a prevalent, under-recognized problem among older adults affecting between 3% and 11% of individuals older than age 65 and about 14% of those age 71 and older. Diagnosis is often not made until later in the disease.

**Potential benefits of more timely diagnosis may include:**

- Access to treatments that may control symptoms.
- Interventions to reduce caregiver burden.
- Increased opportunity to engage interested patients in advance care planning.

**Use Dementia Warning Signs!**

Using dementia warning signs mean that:

- Clinicians, Veterans and caregivers attend to ‘red flags’ that signal a diagnostic evaluation is needed.
- Staff perform a diagnostic evaluation if any warning signs emerge in the course of providing clinical care.

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**Dementia Warning Signs that clinicians may notice**

**Is your patient...**

- Inattentive to appearance or unkempt, inappropriately dressed for weather or disheveled?
- A “poor historian” or forgetful?

**Does your patient...**

- Fail to keep appointments, or appear on the wrong day or wrong time for an appointment?
- Have unexplained weight loss, “failure to thrive” or vague symptoms e.g., dizziness, weakness?
- Repeatedly and apparently unintentionally fail to follow directions e.g., not following through with medication changes?
- Defer to a caregiver or family member to answer questions?

**Dementia Warning Signs that patients and caregivers may report**

- Asking the same questions over and over again.
- Becoming lost in familiar places.
- Not being able to follow directions.
- Getting very confused about time, people and places.
- Problems with self-care, nutrition, bathing or safety.
**Why use Dementia Warning Signs?**
- Supports patient-centered care and Veteran-to-provider communication.
- Provides an opportunity for clinicians to initiate conversation with the patient and/or the family.

**How are Dementia Warning Signs used in clinical care?**
The appropriate use of dementia warning signs will prompt a structured assessment of cognition and diagnostic evaluation for dementia within primary care.

**Next steps if warning signs are present**
- **Focused history from patient and caregiver and review of systems** emphasizing:
  - Onset and course of cognitive signs and symptoms;
  - History of head trauma, psychiatric disease, cardiovascular disease and CVD risk factors;
  - Family and social history including drug and alcohol use;
  - Medication review;
  - Functional status, driving and firearm use;
  - Symptoms of delirium.
- **Focused physical exam** emphasizing cardiovascular, neurological, psychiatric, behavioral, sensory status, and objective cognitive testing.
- **Standard laboratory testing** including thyroid stimulating hormone, complete blood count; electrolytes and calcium, hepatic panel, blood urea nitrogen, creatinine, glucose, vitamin B₁₂, serum folate and urinalysis.
- **Referral for imaging, specialty labs or consultation** only when indicated by history and physical exam or for complex cases.

**Keep in mind:**
- Warning signs, by themselves, are not diagnostic of dementia but simply suggest that further evaluation is warranted.
- Brief, structured cognitive assessments alone are not sufficient to diagnose dementia but are an important part of the diagnostic evaluation.
- Delirium and depression may present with similar symptoms as dementia and need to be considered before a diagnosis of dementia is made.
- Sensory impairment, adverse drug events, or concurrent psychiatric or metabolic illnesses may also be mistaken for dementia.

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**Insufficient evidence about screening**
VHA supports the USPSTF finding of insufficient evidence to determine the balance of benefits and harms of using a screening approach to detect asymptomatic individuals with dementia. The main reasons include:
- Lack of a screening test that is both sensitive and specific enough to detect dementia.
- Lack of evidence for improved effectiveness of medications and other interventions when asymptomatic dementia is detected earlier through screening.
- Potential harms such as false positive results, anxiety over incorrect diagnosis, stigma, and labeling.

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**FOR MORE INFORMATION**
  - then click on Clinical Preventive Services Guidance Statements in the left hand navigation section
- USPSTF Screening for Dementia "I" Statement: [www.uspreventiveservicestaskforce.org/uspstf/uspsdeme.htm](http://www.uspreventiveservicestaskforce.org/uspstf/uspsdeme.htm)
- Electronic version of this Detection of Dementia Clinician Factsheet is available at: [http://www.prevention.va.gov/Resources_for_Clinicians.asp](http://www.prevention.va.gov/Resources_for_Clinicians.asp)

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**REFERENCES**
5. Adapted with permission from the National Institute on Aging: NIH Publication No. 06-5442