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

- VHA does not recommend routine screening for cognitive impairment among asymptomatic individuals, regardless of age.¹
  - Dementia is an acquired condition characterized by a decline in at least two cognitive domains (memory, attention, language, and visuospatial or executive function) that is severe enough to affect social or occupational functioning.
  - Mild cognitive impairment is not severe enough to interfere with instrumental activities of daily life.
  - Cognitive impairment includes both dementia and mild cognitive impairment.

Screening means routinely and proactively administering a test or tool to all individuals, including asymptomatic patients, for the purpose of detecting cognitive impairment.

- This recommendation applies to community-dwelling adults in the general primary care population.²

- Use of “Cognitive Impairment Warning Signs” is recommended to prompt provider evaluation of cognition. Cognitive Impairment 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 cognitive impairment important?

Cognitive Impairment is common, with prevalence in the United States estimated as 18.8% in adults aged 65 years or older with no dementia and those with dementia at 8.6%.³

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 Cognitive Impairment Warning Signs

Using cognitive impairment 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.

---

#### Cognitive Impairment 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 the 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?
- Refer to a caregiver or family member to answer questions?

#### Cognitive Impairment 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.
**Clinician Fact Sheet**

**Detection of Cognitive Impairment**

- **Why use Cognitive Impairment Warning Signs?**
  - Supports patient-centered care and Veteran-to-provider communication.
  - Provides an opportunity for clinicians to initiate a conversation with the patient and/or the family.

- **How are Cognitive Impairment Warning Signs used in clinical care?**
  The appropriate use of Cognitive Impairment Warning Signs will prompt a structured assessment of cognition and diagnostic evaluation for cognitive impairment 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 disorders, history of atherosclerotic vascular disease and vascular risk factors;
    - Family and social history including drug and alcohol use;
    - Medication review;
    - Safety and functional status, driving and firearm use, history of falls;
    - Symptoms of delirium.
  - Focused physical exam emphasizing the cardiovascular system; neurologic exam including mental status exam; 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, and Human Immunodeficiency Virus testing with documented verbal consent.
  - Advanced diagnostic testing, neuropsychological evaluation or brain imaging may be warranted when indicated by history and physical exam or for complex cases.

**FOR MORE INFORMATION:**

- The 2016 DSC Recommendations are available on the VHA Office of Geriatrics & Extended Care Internet web site [http://www.va.gov/GERIATRICS/GEC_Data_Reports.asp](http://www.va.gov/GERIATRICS/GEC_Data_Reports.asp)

**REFERENCES:**

5. Adapted with permission from the National Institute on Aging: NIH Publication No. 10-5442, September 2010, [http://purl.fdlp.gov/GPO/gpo3714](http://purl.fdlp.gov/GPO/gpo3714)