

# Diagnostic Pathway for the Assessment and Management of Dementia

## Decision Point 1

### Consultation 1

Unanticipated or Planned Visit: First time the patient, carer or GP is alerted and concerned

#### GP to Review

- Nature of presenting memory and thinking difficulties with patient
- Medication
- Check features of significant cognitive change
- Use GP Dementia Pathway to assist

**Rapid Change**

**Gradual change**

#### Consider Differential Diagnosis

- Assess for Delirium (CAM test), Depression and Drugs
- Medication Review (over the counter and complementary)
- Rule out clinical problems such as CVA, recent acute hospital admission, stress and anxiety from for example, major family upheaval
- Treat reversible causes
- Consider referral for psychiatric treatment

#### Cognitive Change Dementia is Unlikely

- Provide reassurance
- Address anxiety / depressive or other unstable chronic disease
- Consider review in 3 – 6 months

Dementia is less likely but concern is present about cognitive change

or  
**Significant Cognitive Change / Dementia is possible**  
**Plan for assessment and investigation in Consultation 2**

**PN:** Establish carer network, explain consultation process required to understand and plan a response, including the need for informant, carer history and plan longer consultation at a later time

### Consultation 2

Collection of Baseline Information

#### Investigation of suspected dementia

- Full blood count (FBC)
- Urea and other Electrolytes (U&E)
- Liver Function Test (LFT)
- Calcium
- Thyroid Function Tests
- Serum Vitamin B12 and Folate levels
- CT scan of brain with contrast
- ECG

#### Assessment of suspected dementia

- Further brief discussion about symptoms with patient and carer
- MMSE or other cognitive screen completed such as GPCOG

**PN:** MMSE or other cognitive screen completed such as GPCOG. Invite carer to attend next visit with patient

## Decision Point 2

### Consultation 3

Review of Baseline Information and gather Carer Information

**GP:** MMSE or other cognitive screens and investigations are reviewed and discussed with patient  
Further clarification of presenting symptoms of cognitive change  
Invite carer to attend next visit independent of patient to discuss health care needs emerging from Informant Package

**PN:** Carer asked to complete Informant Package in waiting room

#### Definitely no dementia

Provide reassurance  
Address anxiety/depressive or other unstable chronic disease

#### Dementia is unlikely but concerned

Acknowledge the symptoms being presented. Provide simple hints for cognitive prompts and plan a follow-up office cognitive test in 6 – 12 months

#### Dementia is possible

**Option 1** GP led investigation. Continue to Consultations 4 and 5  
**Option 2** Refer to CDAMS or other specialist for assessment

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## Consultation 4: Carer consultation

### GP

Investigate carer health risks secondary to carer burden and consider appropriate management strategies

### PN

Provide advice and information re support agencies

- Alzheimer's Australia Vic
- Carer Respite Services
- Community Services eg. Home and Community Care (HACC)

At the end of this consultation, the impact of carer burden is understood by the carer. Management strategies including information for the carer's primary GP is provided

### Decision Point 3

## Consultation 5: Detailed Assessment

### GP

- A detailed general history from the patient and carer (or informant) if available
- Review of notes
- Full physical examination
- An assessment of the patient's physical function (IADL)
- An assessment of psychological function and mood (Geriatric Depression Scale)

### Dementia is possible /

**Dementia is possible but complex**  
Atypical, under 65, severe behavioural disturbances, complex co-morbidities

Considering medication

OR

### Definite dementia – non complex

- Provide advice to the patient and carer
- Establish the cause of the dementia with a view to considering pharmaco-therapy (in conjunction with a specialist) and begin to address legal, support, education and driving issues
- Arrange a GP Management Plan and Team Care arrangement

**GP Management Plan** – should address key issues including Enduring Powers of Attorney, Advance Care Plans, driving, work (if employed), medication, lifestyle and health

### Option 1

Refer to

- Cognitive Dementia and Memory Service (CDAMS)

Forward a brief clinical history and all investigation results.

Also include past history, drug list, copy of MMSE and supporting assessment tools

### Option 2

Refer to a

- Geriatrician,
- Neurologist or
- Psycho-geriatrician

### PN

Refer the patient and family for further information, support and education to:

- Alzheimer's Australia Vic
- Carer Support Services
- Community Services for example, Home and Community Care (HACC), ACAS, DBMAS for behaviours of concern