Dementia Interview Guide

Dr. W. B. Dalziel, Geriatrician, University of Ottawa

Key Point:

This Dementia Interview Guide can be used in conjunction with an article from the 1st Ontario Dementia Network Newsletter on Office Assessment and Billing http://physicians/champlaindementianetwork.org/ This Guide illustrates how assessment can be divided into several appointments of 10-20 minutes (billing friendly).

Dementia Interview Guide for Family Physicians and Healthcare Professionals

Patient: ________ Age: ______ Gender: _____ Education: ___________________

Living Arrangements? ☐ Alone ☐ With Someone __________________________

Family/Primary Caregiver Name: ___________________ Relationship: __________________

Reason for Assessment:

☐ Sudden Change

Description: ________________________________________________________________

WEBINAR FOR FAMILY PHYSICIANS

Topic: Assessing Dementia in an Office Setting

Presenter: Dr. W. B. Dalziel, FRCP(C), Regional Geriatric Program of Eastern Ontario

Date/Time: Wednesday, Nov. 30, 2011 from 12 to 1 p.m.

Register Now!

Complete the online registration form at http://www.surveymonkey.com/s/YWYL6VQ

Technical Requirements:

Visual Support — The presentation will be accessible via an internet connection. This connection can be any web-enabled laptop or desktop computer of your choice.

Audio Support — Audio support for the presentation will be provided through your telephone via a toll-free line.

You will receive a confirmation email 24-48 hours prior to the session. Thank you, we look forward to your participation!
**SIGNS OF DEMENTIA: THE 4 A’S PLUS EXECUTIVE DYSFUNCTION**

1. A Amnesia  □ No □ Yes ________________________________
2. A Apraxia  □ No □ Yes ________________________________
   (difficulty doing a motor task (dressing) despite intact motor/sensory function)
3. A Agnosia □ No □ Yes ________________________________
   (difficulty identifying objects/recognizing people despite intact sensory function)
4. A Aphasia (language)  □ No □ Yes ________________________________
5. Executive dysfunction □ No □ Yes ________________________________
   (Trouble with SOAP – Strategizing, Organizing, Arranging, Planning)

**ABC Complaints: From patient AND family/caregiver**

<table>
<thead>
<tr>
<th>OK</th>
<th>A problem</th>
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<tbody>
<tr>
<td></td>
<td>ADLs</td>
</tr>
<tr>
<td></td>
<td>□ Shopping □ Housekeeping □ Finances □ Cooking □ Grooming/hygiene</td>
</tr>
<tr>
<td></td>
<td>□ Dressing □ Taking Medication □ Driving □ Hobbies/Leisure</td>
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<tr>
<td></td>
<td>□ Tools/Appliances □ Other ________________________________</td>
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<tr>
<td></td>
<td>Behaviour</td>
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<tr>
<td></td>
<td>□ Apathy/↓ initiative □ Anxiety □ Depression □ Hallucinations</td>
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<tr>
<td></td>
<td>□ ↓ Alertness/“tuned in” □ Wandering □ Agitation/Anger □ Aggression</td>
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<tr>
<td></td>
<td>□ Other ________________________________</td>
</tr>
<tr>
<td></td>
<td>Cognition</td>
</tr>
<tr>
<td></td>
<td>□ Repetition □ Word Finding □ Forgetfulness □ Orientation □ Meds compliance</td>
</tr>
<tr>
<td></td>
<td>□ ↓ Focus/“following” □ ↓ Reading/TV □ Other ________________________________</td>
</tr>
</tbody>
</table>

Past Medical Diseases: __________________________________________________________________________

Past History: serious head injury/delirium with illness/surgery? __________________________________________________________________________

Past History: depression/anxiety disorder/psychosis? __________________________________________________________________________

Past Neuroimaging (CT/MRI scan)? __________________________________________________________________________

Vascular Risk Factors: □ high blood pressure/hypertension □ stroke/TIA (transient ischemic attack)

□ diabetes □ angina/heart attack (coronary artery disease)

□ atrial fibrillation □ currently smoking

□ high cholesterol/hyperlipidemia □ obesity
Dementia Interview Guide for Family Physicians and Health Care Professionals  
(cont’d from page 2)

Any suggestion of depression? In the last 2 weeks have you felt sad or depressed?

- No    - Yes (give details) (Can also use GDS/SIG E CAPS)

Any suggestion of delirium?

- No    - Yes (give details) (can also use CAM = Confusion Assessment Method)

Any Confounding Features to Cognitive Performance?

<table>
<thead>
<tr>
<th>Feature</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient refusing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient not trying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing/vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language</td>
<td></td>
<td></td>
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<tr>
<td>Aphasia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irritability</td>
<td></td>
<td></td>
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<tr>
<td>Anxiety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
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<tr>
<td>Drowsy/Sedated</td>
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<tr>
<td>Family Interference</td>
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</tbody>
</table>

Review Drugs, including OTC/herbal (especially if started or stopped in the last 4 weeks)

- List if possible connection to decreased cognition

Safety Concerns – person and/or caregiver/family

<table>
<thead>
<tr>
<th>Feature</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting lost going out</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malnutrition</td>
<td></td>
<td></td>
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<tr>
<td>Driving</td>
<td></td>
<td></td>
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<tr>
<td>Medication Errors</td>
<td></td>
<td></td>
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<tr>
<td>Using appliances/tools</td>
<td></td>
<td></td>
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<tr>
<td>Smoking/fires</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
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<tr>
<td>Falls</td>
<td></td>
<td></td>
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<tr>
<td>Handling an Emergency</td>
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<td></td>
</tr>
<tr>
<td>Dealing with Finances/abuse</td>
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</tbody>
</table>

Details: ____________________________________________

Financial/Legal:

Is there a power of attorney for financial affairs?    - No    - Yes

If “yes”, who? ____________________________________________

Is there a power of attorney for personal care/decision-making?    - No    - Yes

If “yes”, who? ____________________________________________

Is there a will?  - No    - Yes
### Summary of Assessment

#### Cognitive Testing Results:

| Test     | Score/
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>MMSE</td>
<td>______/30 (serial 7’s) ______/30 (world) ______</td>
</tr>
<tr>
<td>MOCA</td>
<td>______/30</td>
</tr>
<tr>
<td>Clock</td>
<td>#s: Normal _____ Abnormal _____ Hands: Normal _____ Abnormal _____</td>
</tr>
<tr>
<td>Animal Naming in 1 Minute</td>
<td></td>
</tr>
</tbody>
</table>

#### Rule Out (check if any present)

- [ ] Alcohol
- [ ] Drug side effect/concerns: (see drug checklist) ______________________________
- [ ] Delirium (see CAM)
- [ ] Depression
- [ ] Unstable medical illness

#### Red Flags for Type of Dementia:

- [ ] Negative (likely Alzheimer’s)
- [ ] Positive for: [ ] Vascular [ ] Mixed/vascular [ ] Lewy Body [ ] Frontotemporal [ ] NPH

#### Still Driving?

- [ ] Yes
- [ ] No

(Can also use checklist: newsletter #1)

<table>
<thead>
<tr>
<th>Trails A – errors</th>
<th>□ Normal [ ] Abnormal – errors</th>
<th>□ Time [ ] Seconds Observation: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trails B - errors</td>
<td>□ Normal [ ] Abnormal – errors</td>
<td>□ Time [ ] Seconds Observation: ____________</td>
</tr>
</tbody>
</table>

#### Conclusion:

- Possible Diagnostic Impression:

- Other issues:
  1. 
  2. 
  3. 
  4. 

#### Action Items:

- What: ____________________________ Who: ____________________________

- What: ____________________________ Who: ____________________________

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This document was made possible through a Healthcare Related Partnership between the Ontario Dementia Network and Pfizer Canada Inc.
Your partner in caring for patients affected by Alzheimer’s disease and related dementias.

First Link®, initially piloted by the Alzheimer Society of Ottawa and Renfrew County (2002) has now rolled out in over 30 Alzheimer Society chapters in Ontario and several provinces. The Canadian Consensus Guidelines on Dementia (Hogan et.al., 2007), developed by 45 medical experts, recommend that primary care providers utilize First Link® as a support to persons and families affected by dementia.

Your patients will receive:
- Telephone contact offering information and support
- A package of information about Alzheimer’s disease and related dementias
- Opportunities to register for a progressive Learning Series
- Linkages to appropriate community services
- Ongoing follow up support throughout the continuum of the disease

Once the First Link® referral is made, you will notice your patients and families will be more knowledgeable and prepared with enhanced coping skills.

A First Link® referral will save you valuable time and energy.

It’s simple.

In Ottawa:
1) Make an online First Link® referral by visiting www.alzheimer.ca/ottawa or contacting the Alzheimer Society at 613-523-4004 or info@asorc.org or
2) Fax a referral form to 613-523-8522 and First Link® will take it from there.

In Cornwall & District:
1) Make a First Link® referral by contacting the Alzheimer Society at 613-932-4914 or
2) Fax a referral form to 613-932-6154 and First Link® will take it from there.

WE NEED YOUR HELP TO ENSURE THIS NEWSLETTER MEETS YOUR NEEDS.
PLEASE PROVIDE YOUR FEEDBACK.

What did you like or not like in this issue? 
____________________________________________________________________
____________________________________________________________________

Would you prefer this newsletter:

☐ Emailed Name: ________________________________________________________

Email address: ________________________________________________________

☐ Faxed ______________________________________________________________

Please return by email to info@asorc.org or by fax to 613-523-8522
Scheduling of sessions:
A small group session, 40—60 minutes in length, tailored to your needs in your office. A Breakfast or Lunch and Learn session is provided.

Physician educators include:
Dr. Anna Byszewski, Dr. Bill Dalziel, Dr. Barbara Power, Dr. Andrew Frank, and Dr. Louise Carrier.

Please rank (1 - 4) your top four areas of interest for your sessions.

1. _______ Early identification/screening for cognitive impairment
2. _______ Differing Mild Cognitive Impairment (MCI) from normal aging and from dementia
3. _______ Practical office based assessment of dementia in 3 - 5 visits (a Dementia Toolkit)
4. _______ Diagnosis of more unusual dementias: Lewy Body Dementia/Fronto Temporal Dementia
5. _______ Approach to Vascular Dementia, Mixed Alzheimer’s/Vascular Dementia and treatment of “risk factors”
6. _______ Nuts and bolts of starting Cholinesterase Inhibitors
7. _______ How to monitor patient response to Cholinesterase Inhibitors
8. _______ Switching strategies: dealing with patients who don’t tolerate or respond to the first Cholinesterase Inhibitor
9. _______ Assessing driving safety (a Driving and Dementia Toolkit)
10. _______ Behaviours and psychological symptoms of dementia
11. _______ Diagnosis disclosure
12. _______ Severe dementia
13. _______ Other

SCHEDULING and CONTACT INFORMATION

Preferred start times (Please list 2 or 3 days/dates of the week including start times): ____________________________

Name: ____________________________ Number of Participants: ________
Address: ____________________________ Postal code: ____________________________
Phone: ____________________________ Fax: ____________________________ Email: ____________________________

Please email this form to the Alzheimer Society of Ottawa and Renfrew County at info@asorc.org or fax to 613-523-8522.

This initiative was made possible through an educational grant from Pfizer Canada Inc., and Novartis Pharmaceuticals Canada Inc.