



Objectives: Dementia

1. In patients with early, non-specific signs of cognitive impairment:
 - a. Suspect dementia as a diagnosis
 - b. Use the Mini-Mental Status Examination or Montreal Cognitive Assessment tool to make an early positive diagnosis.
2. In patients with obvious cognitive impairment, select proper laboratory investigations and neuroimaging techniques to complement the history and physical findings to distinguish between dementia, delirium and depression.
3. In patients with dementia, distinguish Alzheimer's disease from other forms of dementia (vascular, dementia with Lewy Body, normal pressure hydrocephalus) as the treatment and prognosis often differ.
4. Disclose the diagnosis of dementia compassionately and respect the patient's right to autonomy, confidentiality and safety.
5. In patients with dementia, assess competency.
6. In following patients diagnosed with dementia:
 - a. Assess function and cognitive impairment on an ongoing basis.
 - b. Assist with and plan for appropriate interventions (e.g. deal with medication issues, behavioural disturbance management, safety issues, caregiver issues, comprehensive care plans, driving safety and placement).
7. Assess the needs of and supports for caregivers of patients with dementia.
8. Report to appropriate authorities patients with dementia who you suspect should not be driving.
9. In patients with a diagnosis of Alzheimer's dementia:
 - a. Consider a trial of a cholinesterase inhibitor (e.g. Donepezil) in new diagnoses
 - b. Periodically review and discontinue, if appropriate, these medications.
10. In patients with dementia, look for possible genetic factors to provide preventative opportunities to other family members, and to aid in appropriate decision-making (e.g. family planning).

** Mapped to the CFPC's 105 priority topics: #24-Dementia