

# Diagnosing Beatrice Is It Dementia?

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## Beatrice's Case

- Age: 75
- History: High blood pressure; treated with hydrochlorothiazide
- She is otherwise healthy and, prior to today, has not had any major health concerns.
- She believes she "must have Alzheimer's disease" because she experiences "lots of memory loss."



How should your interview proceed?

## Is it dementia?

Memory loss in and of itself does not mean dementia. The Diagnostic and Statistical Manual of Mental Disorders defines dementia to include other deficits and to diagnose dementia, all criteria must be met (Table 1). The history should be done to include or exclude all of the criteria in Table 1 so that a diagnosis can be made. You might require more than 40 minutes (three or more visits) to complete the history.

In trying to diagnose dementia, remember the following points while taking the patient's history:

### 1. Get the story

You have to determine why Beatrice feels she is losing her memory. Obtain specific examples of behaviours that are causing her concern. Sometimes people mislabel certain symptoms as memory loss (*i.e.*, decreased ability to concentrate).

### 2. Obtain a collateral history

If Beatrice is in the beginning phase of a dementing illness, the veracity of her responses might be questionable. A caregiver will be able to substantiate Beatrice's history and will be able to add other examples to either confirm or refute cognitive decline.

Some physicians are more comfortable obtaining collateral history in a separate inter-

Table 1

## DSM criteria for dementia

- Memory impairment
- At least one:
  - Aphasia
  - Apraxia
  - Agnosia
  - Disturbance in executive functions
- Impairment in occupational or social functioning
- Decline from previous level of functioning
- Not occurring exclusively during the course of delirium



Table 2

## Activities of ADL and IAD

### ADLs

- Bathing
- Dressing
- Grooming
- Toileting
- Ambulation
- Transfer

### IADLs

- Finances
- Self medication
- Transportation
- Shopping
- Food preparation
- Housekeeping

ADL: Activities of daily living

IADL: Instrumental activities of daily living

view away from the patient. It is my experience that caregivers/spouse history is more contributory to a working diagnosis than the patient's history.

### 3. Understand the overall functioning of the patient

The definition of dementia includes a decline in function from a previous higher-level state of functioning. If Beatrice is no longer doing the activities she used to, and this is not caused by physical infirmity, it is certainly suggestive of a problem.

If an understanding of the patient's functioning is not easily obtained, use the assessment of Activities of Daily Living (ADL) and/or Instrumental Activities of Daily Living (IADL) to do a functional assessment (Table 2).

### 4. Investigate

Other pathology can mimic dementia and present as cognitive decline. Look for points in the history that might suggest a diagnosis of depression or delirium.

### 5. Always do a MMSE

A mini-mental status examination (MMSE) has acceptable sensitivity and specificity for detecting Alzheimer's disease. Use the MMSE as part of your assessment process and not as a diagnostic panacea.

It is also important to remember the MMSE score is affected by education, language ability and visual/hearing impairments.

### 6. Look for patient "head turning"

If the patient is unable to answer easy questions without referring to somebody else ("head turning"), it is suggestive of a problem.



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