

# Assessing Cognitive Impairment In Older Patients

**As a primary care practitioner, you and your staff are often the first to address a patient's complaints — or a family's concerns — about memory loss or possible dementia. This quick guide provides information about assessing cognitive impairment in older adults.**

With this information, you can identify emerging cognitive deficits and possible causes, following up with treatment for what may be a reversible health condition. Or, if Alzheimer's disease or another dementia is suspected, you can help patients and their caregivers prepare for the future. Brief, nonproprietary risk assessment and screening tools are available.

## Why Is It Important To Assess Cognitive Impairment In Older Adults?

Cognitive impairment in older adults has a variety of possible causes, including medication side effects; metabolic and/or endocrine derangements; delirium due to illness (such as a urinary tract or COVID-19 infection); depression; and dementia, with Alzheimer's dementia being most common. Some causes, like medication side effects and depression, can be reversed or improved with treatment. Others, such as Alzheimer's, cannot be reversed but symptoms can be treated for a period of time, and importantly, families can be prepared for predictable changes and address safety concerns.

Many people who are developing dementia or already have it do not receive a diagnosis. One study showed that physicians were unaware of cognitive impairment in more than 40 percent of their cognitively impaired patients. The problem of underdiagnosis is even more pronounced in underserved populations and in those with lower educational attainment. Another study found that more than half of patients with dementia had not received a clinical cognitive evaluation by a physician. The failure to evaluate memory or cognitive complaints is likely to hinder treatment of underlying disease and comorbid conditions, and may present safety issues for the patient and others. In many cases, the cognitive problem will worsen over time.

Most people with memory, other cognitive, or behavior complaints want a diagnosis to understand the nature of their problem and what to expect. Some people (or their families) are reluctant to mention such concerns because they fear a diagnosis of dementia and the future it foreshadows. In these cases, a primary care provider can explain the benefits of finding out what may be causing the person's health concerns.



Pharmacological [treatment options](#) for Alzheimer's-related memory loss and other cognitive symptoms are limited, and none can stop or reverse the course of the disease. However, assessing cognitive impairment and identifying its cause, particularly at an early stage, offers several benefits.

### **Benefits Of Early Screening**

**If screening is negative:** Concerns may be alleviated, at least at that point in time.

**If screening is positive and further evaluation is warranted:** The patient and physician can take the next step of identifying the cause of impairment (for example, medication side effects, metabolic and/or endocrine imbalance, substance use, sleep disorder, delirium, depression or anxiety, or Alzheimer's or a related dementia). This may result in:

- Treating the underlying disease or health condition.
- Managing comorbid conditions more effectively.
- Averting or addressing potential safety issues.
- Allowing the person to create or update advance directives and plan long-term care.
- Ensuring the person has support services and a care network and help with medical, legal, and financial concerns.
- Working with the person and their caregivers to develop strategies to improve quality of life, modify the person's lifestyle, make home safety modifications, and manage emotions related to the dementia diagnosis.
- Referral to a behavioral health specialist, who may be able to provide the person with memory tools that can help individuals become more organized to better manage symptoms of memory loss.
- Ensuring the caregiver receives appropriate information, referrals, and support coping with a dementia diagnosis and managing stress.
- Encouraging [participation in clinical research](#).

## When Is Screening Indicated?

In its [2020 review and recommendation](#) regarding routine screening for cognitive impairment in adults 65 years old and older, the U.S. Preventive Services Task Force noted that “although there is insufficient evidence to recommend for or against screening for cognitive impairment, there may be important reasons to identify cognitive impairment early. Clinicians should remain alert to early signs or symptoms of cognitive impairment (e.g., problems with memory or language) and evaluate the individual as appropriate.” Tools such as the [Dementia Screening Indicator](#) can help guide clinician decisions about when it may be appropriate to screen for cognitive impairment in the primary care setting.

## How Can Physicians And Staff Find Time For Screening?

Trained staff using readily available screening tools need only **10 minutes or less** to initially assess a patient for cognitive impairment. While screening results alone are insufficient to diagnose dementia, they are an important first step. The [AD8](#), [QDRS](#) (PDF, 239KB), and [Mini-Cog](#) (PDF, 86K) are among many possible tools.

*(NIA does not endorse any specific screening tools. The selection of a screening tool depends on a variety of factors, including the setting, target population age and demographics, language, expertise of the administrator, etc. Research is currently underway to create and validate new tools for cognitive screening in primary care settings.)*

Assessment for cognitive impairment can be performed at any visit but is now a required component of the [Medicare Annual Wellness Visit](#). Coverage for yearly wellness visits, and importantly, for follow-up visits for [cognitive assessment and care plan services](#), is available to patients who have had Medicare Part B coverage for at least 12 months.



Visit the [Centers for Medicare & Medicaid Services \(CMS\) webpage for more information on cognitive assessment and care plan services](#) (code 99483), including what it covers and how to bill for it. CMS also created a related [educational video for health care providers](#).

### How Is Cognitive Impairment Evaluated?

Positive screening results warrant further evaluation. A combination of cognitive testing and information from a person who has frequent contact with the person, such as a spouse or other care provider, is the best way to more fully assess cognitive impairment.

A primary care provider may conduct an evaluation or refer to a specialist such as a geriatrician, neurologist, geriatric psychiatrist, or neuropsychologist. If available, a local memory disorders clinic or [Alzheimer's Disease Research Center](#) may also accept referrals.

Genetic testing, neuroimaging, and [biomarker testing](#) are recommended for limited clinical uses at this time. These tests are primarily conducted in research settings and may require consultation with the medical provider, a counselor, and the family and caregivers, as there are complex ethical, legal, and social implications that should be considered.



Interviews to assess memory, behavior, mood and functional status (especially complex actions such as driving and managing money) are best conducted with the patient alone, so that family members or companions cannot prompt the person. Information can also be gleaned from the person's behavior on arrival in the doctor's office and interactions with staff.

Note that people who are only mildly impaired may be adept at covering up their cognitive deficits and reluctant to address the problem. In some cases, patients may not have insight into their cognitive and functional problems due to the nature of their illness.

Family members or close companions can also be good sources of information. Inviting them to speak privately may allow for a more candid discussion. Per HIPAA regulations, the patient should give permission in advance. An alternative would be to invite the family member or close companion to be in the examining room during the interview and contribute additional information after the person has spoken.

Brief, easy-to-administer informant screening tools, such as the short [IQCODE](#) (PDF, 1.9M), the [AD8](#), or the [QDRS](#) (PDF, 239KB) are available. For more information on screening tools, cognitive assessments, and other resources for health professionals, visit [Alzheimer's and Dementia Resources for Professionals](#).

## Points To Remember

- People should be screened for cognitive impairment if:
  - The individual, family members, or others express concerns about changes in the person's memory or thinking
  - You observe problems/changes in the patient's memory or thinking
- Other risk factors that could indicate the need for dementia screening include: low education, history of type 2 diabetes, stroke, depression, trouble managing money or medications, and age older than 80.
- Instruments for brief screening are available and can be used in an office visit.
- People, particularly those who express a concern, likely want to know what the underlying problem is. It is important to emphasize that there are options for support and care for the person and their caregivers.
- You may refer the person to a specialist if needed.



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**Alzheimer's Orange County**

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Information taken from the National Institute on Aging, part of the National Institutes of Health

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