

Talking With Older Patients About Cognitive Problems

Primary care clinicians often have long-established relationships with their patients and are in an ideal position to observe potential signs of a cognitive problem. When patients are worried about changes in their memory or thinking, they often bring that concern to their primary care doctor first. It is important to take these concerns seriously and to assess the patient as early as possible to determine the potential cause of impairment.

Cognitive Impairment

It is important not to ignore changes in an older person's memory or personality, or assume it's just a normal part of aging. Whether memory and cognition problems are reported by the patient or a family member or observed by you, the issues should be noted in the patient's chart and followed up with screening and assessment.



Not all cognitive problems are caused by [Alzheimer's disease](#). There are a variety of other possible causes such as side effects from medications, metabolic and/or endocrine changes, delirium caused by other illnesses, or untreated depression. Some of these causes can be temporary and reversed with proper treatment. Other causes of cognitive problems, such as [dementia](#), cannot be reversed, but symptoms can be treated for a period of time and families can be prepared for the future.



Some older people have [mild cognitive impairment](#) (MCI). People with MCI have more memory problems than normal for their age, but their symptoms do not interfere with their everyday lives. Older people with MCI are at greater risk for developing Alzheimer's, but not all of them do. Some may even go back to normal cognition.

"You Mentioned Having Trouble With Your Memory."

Mr. Jones had always been a meticulously organized man. But during his last doctor's appointment he appeared somewhat disheveled and had problems answering many of Dr. Ross's questions. Mr. Jones asked Dr. Ross to repeat himself several times and had trouble recalling certain, common words. Mrs. Jones expressed concern about her husband getting disoriented in the neighborhood they had lived in for 50 years. Dr. Ross knows it's time to find out what is causing Mr. Jones's memory problems.

Communication Findings

Some patients may prefer a cautious, reserved explanation. You might consider saying something like, *"You have a memory disorder, and I believe it will get worse as time goes on. It's not your fault. It may not help for you to try harder. Now is an opportunity for you to start making financial and legal plans. It is best to do this before your memory and thinking get worse."* Some patients may prefer more precise language and appreciate it when a doctor uses specific words like Alzheimer's disease.



The American College of Physicians Foundation and Alzheimer's Association have produced an 11-minute video, [Disclosing an Alzheimer's Diagnosis](#), that might be helpful. Written materials can also be helpful. [NIA's Alzheimer's Disease Education and Referral Center](#) has free tools and publications you can give to your patients, including a patient checklist, [Now What? Next Steps After a Diagnosis of Alzheimer's Disease](#).

Follow Up With Older Patients

If possible, schedule additional time for the appointment so that you can listen and respond to the patient's or caregiver's concerns. [Alzheimer's Orange County](#) or other supportive organizations can provide information about planning, social services, and care.

Follow Up With Older Patients (cont'd)

Ask the patient if there is a family member or friend who can help with medical, legal, and financial concerns going forward. Make these arrangements early, and assure that the patient has given you formal authorization to include the care partner in the conversation about your patient's care. Keep that person's name and contact information in your notes for future reference.



Informing family members or others that the patient may have Alzheimer's disease or any cognitive impairment may be done in a telephone conference or group meeting, which should be arranged with the consent of the patient. Let everyone know that you will continue to be available for care, information, guidance, and support.

Consider how your practice can coordinate and integrate care for the person and family across the many specialists and services that will be involved.

Working With Family Caregivers

All family caregivers face challenges, but these challenges are compounded for people [caring for patients with Alzheimer's disease](#) and other dementias. "[How Can I Include Families and Caregivers of Older Patients?](#)" has suggestions that can help. Here are some approaches that are especially useful:

- Explain that much can be done to improve the patient's quality of life. Measures such as modifications in daily routine and [medications](#) may help control symptoms. If appropriate, bring in a palliative care consultant to help the patient with symptom management.
- Let caregivers know there is time to adapt. Decline is rarely rapid. Provide information about the consumer resources and services available from local organizations, as well as support groups.

Working With Family Caregivers (cont'd)

- Help caregivers plan for the possibility that they eventually may need more help at home or may have to look into residential care.
- Encourage caregivers to get regular respite especially when patients require constant attention. Ask if the caregiver, who is at considerable risk for stress-related disorders, is receiving adequate health care.



We Can Help!

Alzheimer's Orange County

Call 844.373.4400

For more caregiver tips

**Visit us at:
www.alzoc.org/resources**

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

<https://www.nia.nih.gov/health> | NIH May 2017 | Reviewed by AlzOC June 2022