



# Screening-to-care pathway

## Alzheimer's disease and related dementias (ADRD)

Many patients fear dementia. For patients 55+ with cognitive changes, personality changes, new headaches or neurologic symptoms, screen with a validated tool such as the:

- Eight-item Informant Interview to Differentiate Aging and Dementia (AD8)
- Saint Louis University Mental Status Exam (SLUMS)

### Pass screening

#### Next steps:

- Reassure your patient.
- Offer brain health counseling.
- Schedule a routine follow-up visit.

### Fail screening

#### Next steps:

- Don't assume that failing screening means your patient has ADRD.
  - Rule out reversible causes of cognitive impairment, including medications (e.g., long-term anticholinergics, benzodiazepines or nonbenzodiazepine hypnotics), vitamin B12 deficiency and thyroid problems.
  - Consider a comprehensive metabolic panel, screening for depression and hearing loss, sleep apnea assessment and medication reconciliation.
  - Explain that there are interventions that can treat or slow the progress of ADRD.
- Consider a referral for disease-modifying therapy (DMT) for eligible patients. Eligibility typically includes:
    - Mild cognitive impairment due to Alzheimer's disease or mild Alzheimer's disease dementia (Patients with moderate dementia generally are not eligible for DMT)
    - Amyloid pathology confirmation through blood biomarkers and PET scan
    - MRI screening
    - Amyloid-related imaging abnormalities screening
    - Apolipoprotein E counseling
    - Support from a care partner