

## Improving dementia care: The role of screening and detection of cognitive impairment

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### Abstract

The value of screening for cognitive impairment, including dementia and Alzheimer's disease, has been debated for decades. Recent research on causes of and treatments for cognitive impairment has converged to challenge previous thinking about screening for cognitive impairment. Consequently, changes have occurred in health care policies and priorities, including the establishment of the annual wellness visit, which requires detection of any cognitive impairment for Medicare enrollees. In response to these changes, the Alzheimer's Foundation of America and the Alzheimer's Drug Discovery Foundation convened a workgroup to review evidence for screening implementation and to evaluate the implications of routine dementia detection for health care redesign. The primary domains reviewed were consideration of the benefits, harms, and impact of cognitive screening on health care quality. In conference, the workgroup developed 10 recommendations for realizing the national policy goals of early detection as the first step in improving clinical care and ensuring proactive, patient-centered management of dementia.

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### Keywords:

Alzheimer; Dementia; Screening; Detection; Health care; Policy; Priority; Quality; Medicare; Annual wellness visit; Cognitive impairment; Cost-benefit analysis; Management; Patient-centered

In attendance from the National Institute on Aging (NIA) were Molly V. Wagster, PhD, Behavioral & Systems Neuroscience Branch, Division of Neuroscience, NIA, Bethesda, MD, USA; Nina B. Silverberg, PhD, Alzheimer's Disease Centers Program, Division of Neuroscience, NIA, Bethesda, MD.

This is a report and recommendations from a meeting of a workgroup on screening for cognitive impairment organized by the Alzheimer's Foundation of America and the Alzheimer's Drug Discovery Foundation on November 22, 2011.

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## 1. Introduction

Cognition is a complex group of mental processes that includes memory, attention, language, and decision making, and mild impairment of cognition may be an early sign of a disease that will lead to dementia. More significant cognitive impairment may indicate the presence of dementia. The decades-long debate over whether to screen older persons for dementia has gained momentum with four converging developments: a rapidly growing population at risk for dementia, the U.S. Food and Drug Administration's approval of five pharmaceutical agents for treatment of dementia of the Alzheimer's type, broad media attention to the human suffering associated with Alzheimer's disease (AD) through news coverage of AD diagnoses of well-known individuals, and the growing potential of both basic science and health services research to improve the outlook for affected patients and their families. Until recently, professional and advocacy organizations, and governmental bodies tasked with evidence reviews, stopped short of recommending routine dementia screening of patients in whom cognitive impairment was not "symptomatic" or "suspected" [1,2]. The same bodies endorsed the importance of dementia case detection among patients with cognitive symptoms, but offered no specific method for case detection. In its 2003 statement, the U.S. Preventive Services Task Force concluded that evidence was insufficient to recommend routine screening for dementia in the primary care setting [3]. Since then, new health care priorities and research have suggested that the benefits of routine dementia screening outweigh its potential harms and have altered how we think about screening for cognitive impairment and its role in the health care of older persons, particularly as an indicator of impending or existing dementia.

The role of cognition in sustaining the autonomy of seniors is now widely recognized, and the critical role of neurodegenerative disease, particularly AD, in causing cognitive impairment has become a major concern in health care. The popularity of National Memory Screening Day, sponsored annually since 2003 by the Alzheimer's Foundation of America (AFA), corresponds to the increased public awareness of AD and acceptance of cognitive screening. Furthermore, the delineation of the early stages of neurodegenerative diseases, in the hope of discovering therapeutic interventions that can delay progression to dementia, has emerged as a major scientific priority. Recommendations for revised research diagnostic criteria for AD dementia and prodromal states have been widely published and discussed [4–7]. In addition, educational campaigns such as those led by the Alzheimer's Association, and disclosure of the AD diagnoses of such well-known public figures as Rita Hayworth, Ronald Reagan, Pat Summit, and Glen Campbell, have greatly increased the awareness of AD. At the same time, a focus on "patient centeredness" has emerged as an important priority in health care and research, formalized in the creation of the federally funded Patient-

Centered Outcomes Research Institute, to encourage new research on the role of the patient in medical care and inclusion of patients' and families' values in setting priorities for managing chronic conditions. The Patient-Centered Outcomes Research Institute was established by the same legislation that established the annual wellness visit (AWV; Patient Protection and Affordable Care Act of 2010) [8].

"Detection of any cognitive impairment," as defined by Medicare for the AWV, requires "direct observation, with due consideration of information obtained by way of patient report, concerns raised by family members, friends, caretakers, or others." How to operationalize the detection of any cognitive impairment component of the AWV is currently under discussion by the Centers for Medicare & Medicaid Services, with advice from multiple stakeholder organizations including the AFA, the Alzheimer's Drug Discovery Foundation, the Alzheimer's Association, and the National Institute on Aging.

In November 2011, the AFA and the Alzheimer's Drug Discovery Foundation brought together a workgroup of experts in dementia screening, care, and policy, with a threefold aim: to examine the current state of knowledge regarding screening for dementia and clinically important cognitive impairment, to consider how screening can best be implemented, and to evaluate the implications of routine dementia detection efforts for health care redesign. There is substantial literature that reviews and updates the evidence supporting the efficacy of screening in detecting cognitive impairment and dementia [9–14]. The current report summarizes the conclusions and recommendations of the group regarding the role of screening in the health care context, with the primary aim of identifying patients who have unrecognized cognitive impairment or undiagnosed dementia, and determining how screening can be linked usefully to improvements in subsequent patient care. (Note that this workgroup did not address the specific issues regarding the hundreds of screening tests that have been studied for cognitive assessment and dementia screening, including such items as the continual development of such tests, the need for repeated measurement over time to detect trajectories of change, the selection of at-risk subjects for early screening, and the relevance of biomarkers of dementia).

## 2. Benefits of screening for cognitive impairment in clinical practice settings: Increased recognition of dementia by health care providers

Multiple studies over three decades, including more recent work [15], have established that many (in some studies most) patients with dementia have received no formal diagnosis. Screening has been shown to increase case identification [16], but the value of screening has been questioned, largely as a result of the lack of data demonstrating improvement in patient outcomes for individuals whose dementia is detected by screening [3]. Despite promising advances in research that may eventually offer more decisive benefits for patients, confidence

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