

Dementia for the Primary Care Provider



Daniela Claudia Moga, MD, PhD^{a,b,*}, Monica Roberts, PharmD^c,
Gregory Jicha, MD, PhD^d

KEYWORDS

- Dementia • Mild cognitive impairment • Psychiatric symptoms • Risk factors
- Treatment

KEY POINTS

- Dementia, a significant and growing public health problem, poses an important burden on patients, caregivers, and society as a whole.
- Primary care providers (PCPs) should treat dementia as a chronic health condition playing a key role in diagnosis and providing comprehensive care for patients with this diagnosis.
- Routine diagnosis should include work-up for reversible medical and nondegenerative causes for dementia that are common in the elderly, in addition to identifying degenerative causes for decline.
- Treatment should be multimodal, including management of cognitive decline as well as comorbid behavioral and psychiatric symptoms of dementia, using nonpharmacologic approaches to care as first-line treatment.

INTRODUCTION

Dementia and prodromal memory loss (mild cognitive impairment [MCI]), defined as major and mild neurocognitive disorders (NCDs), respectively, based on *Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) (DSM-5)* terminology, represent one of the most important and growing public health issues facing society today.^{1,2} Abnormal cognitive decline in the aging population suggestive of dementia in its active or prodromal forms is distinct from normal age-related changes in cognition and should be recognized as such.

Disclosures: No relevant relationships to disclose.

^a Department of Pharmacy Practice and Science, College of Pharmacy, University of Kentucky, 789 South Limestone Street, Room 241, Lexington, KY 40536-0596, USA; ^b Department of Epidemiology, College of Public Health, University of Kentucky, 789 South Limestone Street, Room 241, Lexington, KY 40536-0596, USA; ^c College of Pharmacy, University of Kentucky, 789 South Limestone Street, Room 241, Lexington, KY 40536, USA; ^d Department of Neurology, University of Kentucky, UK Medical Center MN 150- Lexington, KY 40536, USA

* Corresponding author. Department of Pharmacy Practice and Science, College of Pharmacy, University of Kentucky, 789 South Limestone, Room 241, Lexington, KY 40536.

E-mail address: daniela.moga@uky.edu

Prim Care Clin Office Pract 44 (2017) 439–456

<http://dx.doi.org/10.1016/j.pop.2017.04.005>

0095-4543/17/© 2017 Elsevier Inc. All rights reserved.

primarycare.theclinics.com

A key feature of dementia is impairment or loss of cognitive functions leading to impairments in normal activities and relationships. Individuals diagnosed with dementia are generally impaired in at least 2 areas of cognitive function, including but not limited to memory, communication and language, ability to focus and pay attention, reasoning and judgment, and visual perception.³ In addition to memory loss, patients with dementia often lose their ability to maintain emotional control, leading to personality changes, behavioral problems, and overt psychiatric features, including depression, anxiety, agitation, delusions, hallucinations, sleep disturbances, and motor restlessness.⁴ Advances in understanding of dementia have allowed even earlier recognition of individuals at risk for functional decline as a result of abnormal cognitive impairment.

Individuals with abnormal cognitive impairment who are able to compensate for their cognitive symptoms can often retain normal functional activities for a period of time and meet criteria for MCI (minor NCD).¹ Thus, the transition from normal aging to MCI is dependent on cognitive decline, whereas the distinction between MCI and dementia is dependent on the cognitive impairment progressing to the point where normal activities of daily living (ADLs) are impaired (**Fig. 1**).⁵ Identification of persons with MCI allows early evaluation for medical causes of decline that may be reversible or indicate an alternative treatment strategy, and, importantly, for the identification of those at risk for further decline and eventual functional impairment.^{6,7}

EPIDEMIOLOGY

Incidence and Prevalence Estimates

Dementia affects more than 5.5 million Americans of all ages and an estimated 13% of Americans age 65 years and older (**Fig. 2A**).² A recent epidemiologic study from Olmsted County, Minnesota, estimated the prevalence of MCI in the population 65 years or older at 16%.^{8,9} Despite the prevalence of MCI and dementia in the aging population, fewer than half of such patients are diagnosed in the primary care setting if at all.² These data illustrate a key point, that almost 1 of every 3 patients seen in primary care has some degree of cognitive impairment that may not be recognized, investigated, or treated in many cases (**Fig. 2B**).

Risk Factors

The strongest risk factor for dementia is advanced age. The overall prevalence of dementia is 1% to 2% at age 65 years and increases to 30% at age 85 years.^{2,3} Although the prevalence of dementia is higher in women than in men, this is likely attributable to the longer average lifespan of women rather than to any true biologic effect of gender.² Some forms of dementia, such as Parkinson disease dementia and dementia with Lewy bodies, have a true gender disposition, affecting men 3 times more often than women.¹⁰

Family history is known to increase risk of dementia, and genetic markers related to specific types of dementia have been identified.² Although true autosomal inheritance

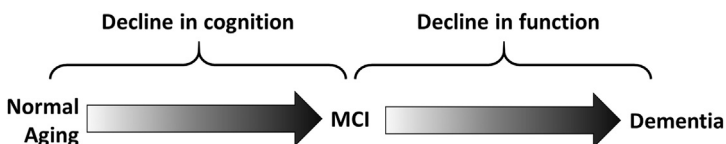


Fig. 1. Schematic of transitions from normal aging to MCI and further to dementia dependent on both cognitive decline as well as loss of function.

Download English Version:

<https://daneshyari.com/en/article/5683071>

Download Persian Version:

<https://daneshyari.com/article/5683071>

[Daneshyari.com](https://daneshyari.com)