

Perspective

Case-finding in clinical practice: An appropriate strategy for dementia identification?

Janice M. Ranson^a, Elżbieta Kuźma^a, William Hamilton^a, Iain Lang^{a,b}, David J. Llewellyn^{a,*}^aUniversity of Exeter Medical School, Exeter, UK^bThe National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (CLAHRC) South West Peninsula, Exeter, UK**Abstract**

Earlier diagnosis of dementia is increasingly being recognized as a public health priority. As screening is not generally recommended, case-finding in clinical practice is encouraged as an alternative dementia identification strategy. The approaches of screening and case-finding are often confused, with uncertainty about what case-finding should involve and under what circumstances it is appropriate. We propose a formal definition of dementia case-finding with a clear distinction from screening. We critically examine case-finding policy and practice and propose evidence requirements for implementation in clinical practice. Finally, we present a case-finding pathway and discuss the available evidence for best practice at each stage, with recommendations for research and practice. In conclusion, dementia case-finding is a promising strategy but currently not appropriate due to the substantial gaps in the evidence base for several components of this approach.

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Case-finding; Screening; Dementia; Early identification; Diagnosis; Clinical practice; Policy

1. Background

1.1. The case for early diagnosis

Balancing the potential harms and benefits of diagnosing dementia is a contentious issue as there are no disease-modifying treatments for dementia, and a formal diagnosis may not benefit everyone [1]. A recent systematic review found that most people both with and without cognitive impairment, would prefer to know if they had dementia to allow greater autonomy in decision-making for future care and legal issues and time to prepare for challenges [2]. These perceived benefits are contingent on receipt of a timely diagnosis, allowing earlier access to resources and services such as symptom management and psychosocial interventions. A missed or delayed diagnosis limits these opportunities and can compromise safety [3]. Economic modeling also suggests that earlier diagnosis is likely to be cost effective by increasing quality of life and delaying institutionalization

[4]. Earlier identification of dementia is an international health priority [5,6] and an important element of various National Dementia Strategies [7].

1.2. Challenges of identifying dementia

Many people with dementia never receive a diagnosis, and most cases in lower income countries are likely to be undiagnosed [5]. Dementia is challenging to diagnose, particularly in the early stages. Many symptoms overlap with conditions such as depression, delirium, and functional problems, and patients with dementia often do not report subjective cognitive complaints to a physician [8]. There is currently no single, accurate test to identify dementia, and family physicians' judgments of dementia status are often inaccurate [9]. Barriers to the diagnosis of dementia commonly identified by physicians include lack of knowledge and confidence, inadequate tools and protocols, concerns regarding potential harms of diagnosis, risk of misclassification, and difficulty of communicating a diagnosis [10]. Population screening for dementia is currently

*Corresponding author. Tel./fax: +44 (0) 1392 726018.

E-mail address: david.llewellyn@exeter.ac.uk

Box 1 Examples of screening and case-finding definitions

Definition of Screening

- “A public health service in which members of a defined population, who do not necessarily perceive they are at risk of, or are already affected by, a disease or its complications, are asked a question or offered a test to identify those individuals who are more likely to be helped than harmed by further tests or treatment to reduce the risk of disease or its complications” [16].

Descriptions of case-finding

- “That form of screening of which the main objective is to detect disease and bring patients to treatment, in contrast to epidemiological surveys” [17].
- “A systematic or opportunistic process that identifies individuals (e.g., people with COPD) from a larger population for a specific purpose, for example, Flu vaccination” [18].

Description of case-finding used within the context of dementia identification:

- “Identification of possible/probable dementia... targeted on those with a higher prior probability of having the disease” [14].
- “Assessment of a subgroup of individuals identified on the basis of known risk factors (e.g., subjective cognitive concerns or family history of dementia) to be carried out by physicians and other health professionals” [15].
- “Case-finding is aimed at individual patients who in the clinical opinion of the GP may benefit from a dementia assessment” [19].

not recommended by evidence scrutiny bodies for national screening programs in the UK and United States due to insufficient evidence of the potential benefits and harms [11,12]. Instead, clinical guidelines recommend case-finding in clinical practice, where clinicians offer a dementia investigation to patients attending consultations for other reasons [13–15].

In this review, we examine the concept of case-finding and how it differs from screening. We provide a formal definition of dementia case-finding and consider under what conditions it is appropriate. Finally, we outline a dementia case-finding pathway and the evidence for best practice at each stage.

2. What is dementia case-finding? A conceptual framework

Missing from the literature is an agreed definition of “case-finding”. There is much ambiguity around what it means, particularly with respect to how it differs from screening (see Box 1). An editorial by Wald and Morris [20] called for the term “case-finding” to be abandoned due to concern that the term may be used to justify a screening initiative while avoiding the need for an evidenced, evaluated program with a demonstrated benefit. The dementia identification strategies of screening and case-finding continue to be confused, with direct impact on patients and clinicians due to the lack of evidence accompanying implementation, and McCartney has noted the need for a formal definition of case-finding [21].

2.1. A formal definition of dementia case-finding

To improve the clarity of what dementia case-finding is and under what conditions it may be appropriate, we propose the following definition:

“An offer of a brief, opportunistic investigation to identify possible signs or symptoms of dementia, initiated by a clinician during consultation with a patient at high risk of dementia on the basis of clinical judgment that an initial dementia enquiry is appropriate and is likely to benefit the patient”.

This definition encompasses the following four features:

Purpose: To identify a possible case of unrecognized dementia for potential benefit to the patient.

Context: The decision to offer dementia case-finding is made during a clinical consultation with a patient, where the clinician has no preexisting concern of possible signs of dementia, and the patient has not raised any self-reported cognitive complaints. Unlike a screening program, the decision to offer case-finding relies on a patient-centered clinical judgment of appropriateness and potential benefit for a given patient.

Target group: A patient offered case-finding should meet predefined criteria for membership in an evidence-based high-risk group.

Process: Case-finding is offered and not imposed on the patient. The patient should give prior consent to any case-finding investigations or tests. The definition intentionally excludes the method of investigation, which should be chosen in accordance with the best evidence and guidance available at the time. The process of case-finding is not synonymous with a brief cognitive assessment, although this may form part of the case-finding process. Identification of a concern at this stage would warrant further investigation or referral to specialist services.

Adoption of this definition of dementia case-finding would have implications for patients, clinicians, health-care providers and systems, and political bodies. The term would no longer serve as a vague description to justify

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