



Response from eConsult Specialist

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NPI: 1000000002

CHIEF COMPLAINT

Cognitive Impairment

COMMENTS TO SPECIALIST

79-year-old Caucasian female with a past medical history of worsening memory loss. Montreal Cognitive Assessment (MOCA) exam one year-ago score of 22/30; current MOCA 18/30.

Recent computerized tomography (CT) scan of the head revealed mild cerebellar and cerebral atrophy, chronic periventricular and subcortical deep white matter microvascular ischemic disease, which I suspect may indicate some underlying dementia.

MAIN QUESTION

I have reviewed with the patient and spouse the use of medications to aid in the treatment of what appeared to be underlying dementia,

The medications discussed were Aricept, Exelon, as well as Donzipil. Please provide input regarding a diagnosis, as well as treatment options for possible dementia.

SUMMARY

Treatment options are available at the primary care level.

DETAILS

Cognitive impairment may be multifactorial. The most likely etiology is the underlying cerebrovascular disease – Vascular Cognitive Impairment (VCI). Age-related cerebral atrophy may be a normal finding, but it may also be accelerated by the underlying microvascular disease – in Alzheimer's dementia temporal lobe atrophy tends to be more prominent. MRI may be better at identifying the hallmark features, as mixed cognitive impairment (vascular and Alzheimer's type) is also a possibility.

Consider additional contributing factors such as presumptive underlying depression as the patient is on Sertraline. Assess if depression is well controlled as it may easily mimic mild cognitive impairment (MCI)/dementia.

I would recommend using Mini-Mental State Examination (MMSE) for longitudinal follow-up as well as functional assessment (ADLs and IADLs). Although the range MMSE and MoCA scores for delineation of MCI vs dementia vary, I would use the following ranges for diagnosis of mild dementia: MMSE 19-23, MoCA 11-21, or Clinical Dementia Rating of 1. Please take the patient's education history into account, as the cut of scores differ significantly based on the person's educational levels. A mild dementia diagnosis may warrant additional pharmacotherapy.

Continue blood pressure (BP) management with target systolic blood pressure (SBP) around 135-140. Consider recommending diet modification and increasing physical activity to improve the patient's cholesterol, and for other benefits as well. As far as cholinesterase inhibitors, data suggest that they do have a minor impact in slowing cognitive decline in patients with VCI and vascular dementia.

Once a decision to add a cholinesterase inhibitor has been made, if the patient's cognitive testing suggests mild dementia, consider starting Donepezil 5 mg PO QD, increasing it to 10 mg PO QD after ~ 1 month. Monitor for GI side effects and bradycardia, especially if the patient will be kept on her beta-blocker.

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Response Date Stamp

For reference only. This eConsult is based on an actual request for specialist consultation. The primary care provider, specialist, and patient are de-identified to protect private health information (PHI).