SPECIALTY

Geriatric Medicine

Arista|MD

Response from eConsult Specialist

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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 recommend using Mini-Mental State Examination (MMSE) for longitudinal follow-up and 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 consider the patient's education history, as the cut of scores differs significantly based on the person's educational level. A mild dementia diagnosis may warrant additional pharmacotherapy.

Continue management of blood pressure (BP) with target systolic blood pressure (SBP) around 135-140. Consider recommending diet modification and increasing physical activity to improve the patient's cholesterol and other benefits. Regarding cholinesterase inhibitors, data suggest they have a minor impact on 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 ~ one month. Monitor for GI side effects and bradycardia, especially if the patient is kept on her beta-blocker.

Dana Richards, MD

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