

AN OVERVIEW OF COGNITIVE ASSESSMENTS FOR ALZHEIMER'S DISEASE (AD)

The initial symptoms of AD are often subtle and could be mistaken for normal aging¹

Relying on informal observation alone may not be sufficient. However, specifically asking patients about changes in memory, language, and the ability to complete routine tasks may help guide your decision to administer a cognitive assessment.¹

Which cognitive assessment should you use?

Although no single test is recognized as the "gold standard" for detection, a validated and sensitive test could be a trigger for further patient evaluation.³

Tests sensitive to mild cognitive impairment (MCI) and mild AD* include:

MoCA=Montreal Cognitive Assessment³

Administration time: ~10 minutes

- 30 questions covering 8 domains
- Score range: 0 to 30: >26=normal

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Mini-Cog©=Quick Screening for Early Dementia Detection^{2,4}

Administration time: 2-4 minutes

- Easy to administer to non-English speakers
- Score range: 0 to 5: 0-2=higher likelihood of cognitive impairment; 3-5=lower likelihood of dementia

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AD8=8-Item Interview to Differentiate Aging and Dementia⁵

Administration time: ~3 minutes

- Rates change in cognitive function
- Score range: 0 to 8: 0 or 1=not demented. 2-8=demented

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SLUMS=Saint Louis University Mental Status Examination⁶

Administration time: ~7 minutes

- Educational bias is minimized
- Score range: 0 to 30: 1-20=dementia; 21-26=mild neurocognitive disorder; 27-30=normal

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*This is not a comprehensive list of tools for assessing cognitive function and is not intended to recommend any particular tool. Use of and access to the information contained in the resources are subject to the terms, limitations, and conditions set by the Web site producer. No claims or endorsements are made about the accuracy, or any other aspect of the information contained on these Web sites.

Patients' scores outside the range for normal/no dementia should be considered in your decision to refer to an AD specialist²

New care pathways are emerging that are changing how we approach AD and are helping to slow progression of disease¹

Diagnosing AD early may offer an opportunity for intervention, but timely referral to an AD specialist is of the essence. Screening for cognitive issues during annual wellness visits is vitally important in helping to diagnose AD as early as possible.^{1,2}



Note and assess MCI

Order a cognitive workup

Weigh results and refer

MCI=mild cognitive impairment.



Learn more at YoungerThanYouThink.com

References: 1. Alzheimer's Association. 2024 Alzheimer's disease facts and figures. *Alzheimers Dement*. 2024;20(5):3708-3821. 2. Cordell CB, Borson S, Boustani M, et al. Alzheimer's Association recommendations for operationalizing the detection of cognitive impairment during the Medicare annual wellness visit in a primary care setting. *Alzheimers Dement*. 2013;9(2):141-150. 3. Nasreddine ZS, Phillips NA, Bédirian V, et al. The Montreal Cognitive Assessment, MoCA: a brief screening tool for mild cognitive impairment. *J Am Geriatr Soc*. 2005;53(4):695-699. 4. Mini-Cog©. Scoring the Mini-Cog©. Quick screening for early dementia detection. Accessed April 12, 2024. https://mini-cog.com/scoring-the-mini-cog 5. Galvin JE, Roe CM, Powlishta KK, et al. The AD8: a brief informant interview to detect dementia. *Neurology*. 2005;65(4):559-564. 6. Tariq SH, Tumosa N, Chibnall JT, Perry MH 3rd, Morley JE. Comparison of the Saint Louis University mental status examination and the mini-mental state examination for detecting dementia and mild neurocognitive disorder— a pilot study. *Am J Geriatr Psychiatry*. 2006;14(11):900-910.

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