HOW TO IDENTIFY SUSPECTED ALZHEIMER'S DISEASE PATIENTS FOR REFERRAL

Early diagnosis of Alzheimer's disease (AD) is critical[1]

It may now be possible to slow progression of cognitive decline due to AD, but early detection and referral to an AD specialist are key.[1] Screening for mild cognitive impairment (MCI) at the annual wellness visit can help identify patients that may benefit from therapy.[1]

Steps you can take NOW to create a workup for AD referral

Patients you suspect of having MCI due to AD may benefit from therapy if they receive treatment early.[1]
Complete the following steps to determine if they should be referred to an AD specialist:

N

Note and assess MCI

Ask patients about changes in memory, language, and ability to complete routine tasks.[1]
Ask patients, family members, care partners, even office staff about cognitive and functional changes they've noticed.[1]

Evaluate and rule out other possible causes of MCI[1-3]**:**

- Vitamin B_{12} deficiency
- Thyroid diseases
- Tumors
- Evidence of small or large strokes
- Damage from severe head trauma
- Fluid buildup in the brain
- Medications/comorbidities
- Psychiatric disorders
- Sleep-related issues
- Hearing problems
- Alcohol or drug abuse

O

Order a cognitive workup*

- **MoCA:** Montreal Cognitive Assessment[4]
- **Mini-Cog©:** Quick Screening for Early Dementia Detection[5,6]
- **AD8:** 8-item Informant Interview to Differentiate Aging and Dementia[7]
- **SLUMS:** Saint Louis University Mental Status Examination[3]

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

*This is not a comprehensive list of tools for assessing cognitive function and is not intended to recommend any particular tool.

Details about select cognitive tests

Consider screening for amyloid beta (Aβ) pathology with a blood biomarker (BBM) test.[1,8]
Aβ is a biomarker of AD that accumulates years before symptoms appear. Aβ concentration may be measured via BBMs in symptomatic individuals and may aid in the collection of evidence to triage a patient to an AD specialist.

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Weigh results and refer

Refer patient to an AD specialist if evidence suggests need for further testing.[8]
BBM tests measure ratio of Aβ42 and Aβ40 and assesses levels of Aβ in a patient's plasma. In addition to Aβ, some tests also measure phosphorylated tau proteins in plasma with high accuracy and correlate with AD pathology. These test results can indicate the need for further evaluation to verify an AD diagnosis.

Today's critical role of primary care physicians in early AD detection cannot be overstated[9]

New care pathways are emerging to help identify appropriate patients for therapies that may slow progression of disease. Therapy may be most effective in the early stages of AD, so the time to act is now.[1]

AD=Alzheimer's disease; MCI=mild cognitive impairment.

ACT EARLY. ACT NOW.

Note and assess MCI

Order a cognitive workup

Weigh results and refer

MCI=mild cognitive impairment.

Learn more at
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