**Earlier Detection of Dementia: Preserved Autonomy and Proactive Life Care Planning**

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**Background**

- Millions in the US suffer from dementia, but in early stages it often goes undetected.
  - 5% 71-79 yo, 24% 80-89 yo, and 37% > 90 yo have dementia.\(^1\)
- Patients compensate for or are unaware of deficits.
- Family members fail to recognize signs for some time.
- Routine dementia screening in undiagnosed patients?
- USPSTF doesn’t recommend for or against.
- Benefits of possible earlier detection:
  - Earlier education and preparedness
  - Motivation to optimize other health factors affecting cognition - hypertension, smoking, diabetes, etc.
  - Empower patients with self-directed multidomain interventions to slow decline – physical activity + diet + cognitive training\(^2\)
  - Establish code status and goals of care

**Objective**

- Randomly screen 50 patients age 75 or older in outpatient clinic who have not been diagnosed with dementia by using the Mini-Cog assessment.

**Methods**

- Mini-Cog administered at beginning of healthcare visit after obtaining patient’s verbal consent.
- Mini-Cog is comparable to MMSE with sensitivity of 76% and specificity of 89% for dementia. MMSE is currently proprietary.
- Mini-Cog score can be 0-5 with a positive cut-off of <3 (0, 1, or 2)
  - Three word recall (0-3 points)
  - Clock drawing (0 or 2 points)
  - Takes 3-5 minutes to administer

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**Participants (n = 50)**

- 29 female, 21 male
- Average age 82 with standard deviation of 5.1
- 5 positive test results (Score < 3) for rate of 10%
  - 4 female, 1 male
  - Ages: 81, 81, 85, 93
  - Scores: 1 (81yoF), 1 (81yoF), 2 (81yoM), 2 (85yoF), 0 (93yoF)

**Age of Participants**

- One in ten (10%) patients over 75 screened positive who had otherwise not been diagnosed with dementia, a relatively large number compared to the actual prevalence of dementia (estimated at 14% over age 71). Some of this may be MCI or false positive results.
- All positive results were in patients over 80. If we limited the screen to 80+, positive rate would be 14.7% (5 of 34).
- Mini-Cog appears to be a useful tool for screening undiagnosed patients. Screening younger ages will not elicit as many positive results, but allows earlier intervention.

**Mini-Cog Results (positive score <3)**

**Discussion**

- Positive Mini-Cog could prompt more formal assessment using SLUMS Exam, a more thorough test comparable to the MMSE.
  - Elucidate specificity of Mini-Cog
  - Better defines normal vs. MCI vs. dementia
  - Follow-up appointment could also address education regarding dementia, preventative health interventions, and patient goals.
  - Empower patients with knowledge and tools for success rather than diagnosing patients when disease is already fairly progressed.

**References**