SPECIALTY: PSYCHIATRY
PSYCHO-GERIATRIC GUIDELINES

**Assessment of Dementia in Primary Care**

**Individu als carrying out the Assessment**
Assessment will be carried out by a member of the Primary Health Care Team, usually a Practice or District Nurse.
Staff using the cognitive test will have received training on its use, recognising the signs and symptoms of dementia and care options available.

**Inclusion Criteria**
- Any patient where memory impairment has been noted, or concern expressed, should receive an initial assessment, including testing of cognitive function carried out by a member of the Primary Health Care Team.

**Preparation for Assessment**
- Advise all patients (and their carers if applicable) of the nature and purpose of the cognitive test, and the possible outcomes.
  - Explain this assessment may only indicate areas of impairment and is not diagnostic. If a significant score is obtained the patient will need further assessment by a member of the Primary Health care Team.
- Obtain verbal consent to undergo assessment.

**Carrying out the Cognitive Test**
- The recommended assessment is the Mini Mental State Examination (see appendix 1).
- The assessor should aim to set the patient at ease prior to testing. If during the course of testing the patient becomes agitated, upset or depressed, the test should be interrupted, and attempts made to engage in normal conversation to again relax the patient. If necessary the test should be abandoned and repeated on another occasion.
- Scores obtained for each item should be marked on the sheet as the test proceeds, and totalled.
- Compare the result with age/education adjusted tables (see appendix 2).
  - If the patient scores below the cut off score, carry out an assessment interview.
  - If the patient scores above cut off score, reassure the patient that their score is within the normal range for their age and advise repeating on an annual basis.

**Repeat Assessments**
Patients fulfilling the inclusion criteria should be offered repeat assessments on an annual basis. Any significant decline in scoring (2 or more points, below the cut off score) should be given an assessment interview.
Assessment Interview

- This should be carried out with the patient and their carer if applicable. The carer may wish to be interviewed separately.
- The purpose of this assessment is to:
  - Identify potentially treatable causes of cognitive impairment eg. Depression, physical illness.
  - Assess coping ability and support package.
  - Advise patient and carer of entitlements and available sources of advice and assistance.
  - Prepare information for GP to make diagnosis and offer treatment advice.
- A history should be elicited identifying the time course and nature of the intellectual deterioration, any family history of dementia or other relevant disease, any past medical history of note eg. heart disease, cerebro-vascular disease, head injury. A drug history should be obtained, particularly identifying drugs likely to exacerbate confusion eg. anticholinergic agents, sedatives.
- There should be an assessment of the current support package and any difficulties the patient or carer are experiencing, leading to advice regarding entitlements and available support.

What to do next

Following the cognitive test score and information elicited from the assessment interview, the GP/Nurse should;

- Obtain any further history or information he/she considers relevant.
- Carry out a general physical examination
- Arrange dementia screening blood tests including FBC, ESR, U&E, LFT, TFT, RBS, Calcium, TPHA VDRL, B12 and folate.
- Consider other investigations eg. MSU, Chest Xray, ECG.
- Consider the likely diagnosis, and consider the risks/benefits of advising the patient and/or their carer of this diagnosis.
- Consider referral on to other agencies eg. Social Services, CMHTOP

Referral to the Specialist Service

Dementia

When to Refer?

- Diagnostic uncertainty – is this Dementia, Depression or some combination of the two? *(see Shared Care Protocol for diagnostic criteria for Dementia)*
- Major behavioural/psychiatric symptoms
- Use of anti-dementia drugs is envisaged. *(see Shared Care Protocol for further information)*
- Multi-disciplinary interventions required for example safety considerations, vulnerability to abuse, issues concerning mental capacity and the ability to drive.
- Complex/multiple problems for example cognitive impairment in Parkinson’s Disease.

How to Refer?

- Use proforma for clinical details *(see Shared Care Protocol)*
- Covering letter giving brief details of information obtained from Single Assessment Process (contact assessment)
- Send referral to CMHTOP
Presenting symptoms/history of dementia to GP
(Complete Single Assessment Contact Assessment)

**Physical Examination**
- Chest X Ray & ECG
- Bloods: FBC, U&E, LFT, TFT
- Calcium & Phosphates
- VDRL, Glucose, Vit B12, Folate
- Others if indicated

**Test Cognition**
- MMSE < 26
  - Monitor
    - Consider retest in 3-6 months
  - Screen
    - For reversible causes

**Diagnosis: Probable Dementia**
- Treatable Cause
  - Yes
    - TREAT
  - No
    - PRIMARY CARE RETAINS CENTRAL ROLE

**SINGLE ASSESSMENT PROCESS REFERRAL**

- Referred to Specialist Mental Health Services for Older People
  - Advice re driving/financial capacity
  - Uncertain diagnosis
  - Management difficulties
  - Specialist Support
  - Consideration for Cholinesterase Inhibitors

- Referred to Social Care Help Desk
  - Carer Assessment Support
  - Information
  - Home Care
  - Benefits Advice
  - Generic Social Work

**NOTE: If MMSE < 12**
- Consider Social Care Package

Adapted from Birmingham and Solihull NHS Trust Protocol
# Mini Mental Health State Examination (adapted from Folstein et al.)

**Patient Name:**

**Date of Birth:**  
**Today’s Date:**

N.B. Please refer to limiting factors listed over page.

<table>
<thead>
<tr>
<th>Section</th>
<th>Questions</th>
<th>Max. Points</th>
<th>Patient Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Orientation</strong></td>
<td>a) Can you tell me today’s (date)/(month)/(year)?</td>
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<td></td>
<td>Which (day of the week) is it today?</td>
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<td></td>
<td>Can you also tell me which (season) it is?</td>
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<td></td>
<td>b) What (city/town) are we in?</td>
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<td>What is the (county)/(country)?</td>
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<td></td>
<td>What (building) are we in and on what (floor)?</td>
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<tr>
<td><strong>Registration</strong></td>
<td>I should like to test your memory.</td>
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<td></td>
<td>(Name 3 common objects: eg. ‘ball, car, man’)</td>
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<tr>
<td></td>
<td>Can you repeat the words I said? (1 point for each word)</td>
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<td></td>
<td>Record the number of trials needed here:</td>
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<tr>
<td><strong>Attention &amp; Calculation</strong></td>
<td>a) From 100 keep subtracting 7 and give each answer:</td>
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<td></td>
<td>Stop after 5 answers (93-86-79-72-65)</td>
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<tr>
<td></td>
<td>Alternatively</td>
<td></td>
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<tr>
<td></td>
<td>b) Spell the word ‘WORLD’ backwards (D-L-R-O-W)</td>
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<td></td>
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<tr>
<td><strong>Recall</strong></td>
<td>What were the 3 words I asked you to say earlier?</td>
<td></td>
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<tr>
<td></td>
<td><em>(skip this test if all 3 objects were not remembered earlier)</em></td>
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<td></td>
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<tr>
<td><strong>Language Naming Repeating</strong></td>
<td>Name these objects:</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>(Show a watch) (show a pencil)</td>
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</tr>
<tr>
<td></td>
<td>repeat the following ‘No ifs and or buts’</td>
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<td></td>
</tr>
<tr>
<td><strong>Reading &amp; Writing</strong></td>
<td><em>(Show card or write ‘CLOSE YOUR EYES’) see over Read this sentence and do what it says</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>(Now can you write a short sentence for me? see over)</em></td>
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</tr>
<tr>
<td><strong>3 Stage Command</strong></td>
<td><em>(present a piece of paper)</em></td>
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<tr>
<td></td>
<td><em>(Take this piece of paper in your left(or right) hand fold it in half, and put it on the floor).</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Construction</strong></td>
<td>Will you copy this drawing please? – <em>see over</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Examiner:  

Total Score:
<table>
<thead>
<tr>
<th>Reading Test</th>
<th><strong>CLOSE YOUR EYES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Writing Test</td>
<td></td>
</tr>
<tr>
<td>Construction Test</td>
<td></td>
</tr>
</tbody>
</table>

**Limiting Factors**

Other factors that may limit the usefulness of the cognitive test, or give misleading results include:
- Severe hearing impairment
- Poor eyesight
- Illiteracy
- Difficulty with writing/drawing or speech due to physical disability
- Depression
- Cultural and language factors
## Mini Mental State Examination

### Cut off Scores

*(Age /Education Adjusted)*

<table>
<thead>
<tr>
<th>Age</th>
<th>Years of Education</th>
<th>Abnormal Cut Off Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64 years</td>
<td>0-4</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>5-8</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>9-12</td>
<td>25</td>
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<tr>
<td></td>
<td>13+</td>
<td>26</td>
</tr>
<tr>
<td>65-69 years</td>
<td>0-4</td>
<td>18</td>
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<tr>
<td></td>
<td>5-8</td>
<td>23</td>
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<td></td>
<td>9-12</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>13+</td>
<td>27</td>
</tr>
<tr>
<td>70-74 years</td>
<td>0-4</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>5-8</td>
<td>23</td>
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<tr>
<td></td>
<td>9-12</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>13+</td>
<td>25</td>
</tr>
<tr>
<td>75-79 years</td>
<td>0-4</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>5-8</td>
<td>21</td>
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<tr>
<td></td>
<td>9-12</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>13+</td>
<td>25</td>
</tr>
<tr>
<td>80-84 years</td>
<td>0-4</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>5-8</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>9-12</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>13+</td>
<td>25</td>
</tr>
<tr>
<td>85 + years</td>
<td>0-4</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>5-8</td>
<td>17</td>
</tr>
<tr>
<td></td>
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<td>22</td>
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<tr>
<td></td>
<td>13+</td>
<td>24</td>
</tr>
</tbody>
</table>
Assessment of Depression in Primary Care
(Older Persons)

1. Inclusion Criteria

1.1 Any patient aged 65 and over where low mood or anxiety has been noted or concern expressed, especially those in high risk categories

- Chronic painful or debilitating illness
- Person in carer role
- Past history of depression or suicide attempt
- Substance misuse
- Bereavement
- Residential Care

2. Exclusion Criteria

2.1 Any patient already under the care of CMHTOP

3. Individuals carrying out Assessment

3.1 Assessment will be carried out by a member of the Primary Health care Team, usually a practice or district nurse.
3.2 Staff using the assessment tool will have received training on use of the test, recognising the signs and symptoms of depression and treatment options available.

4. Preparation for using the Assessment Tool

4.1 Advise patient of the nature and purpose of assessment tool, and the possible outcomes. Explain this test may only indicate possible depression, and is not diagnostic. If a significant score is obtained the patient will need further assessment by the Nurse/GP.
4.2 Obtain verbal consent to undergo test

5. Using the Assessment Tool

5.1 The recommended test is the Geriatric Depression Scale (see appendix 1)
5.2 The test is best undertaken orally
5.3 Obtain a clear ‘yes’ or ‘no’ answer. If necessary repeat the question.
5.4 Circle answers on the score sheet
5.5 Depressive answer boxes are shaded; count up 1 point for each depressive answer.
5.6 Explain outcome of the test, based on score;

0 – 10 No evidence of depression – no further action
11 - 20 Mild Depression – discuss with GP to decide next step
21 – 30 Moderate to severe depression – refer to GP for assessment and treatment (see antidepressant prescribing clinical guideline)
6. Repeat Assessment

6.1 All patients fulfilling inclusion criteria should be offered repeat assessment at least on an annual basis, even if score fall within normal range.

6.2 For patients scoring in the depressed range (11 or above), assessment should be repeated more frequently, depending on the severity of depression and the treatment programme offered.

6.3 Repeated high scores, despite treatment interventions, should be reviewed by a GP to consider treatment alternatives.

Referral to the Specialist Service

Depression
(In the Older Person)

When to Refer?

♦ Diagnostic uncertainty
♦ Suicide risk
♦ Complex symptoms for example psychosis
♦ Inadequate response to initial treatment

How to Refer?

♦ Contact CMHTOP
♦ Covering letter giving brief details of information obtained from Single Assessment Process (contact assessment)

AUTHOR: Dr A Amaladoss, Clinical Director, Community Mental Health Team for Older People. West Sussex Health and Social care NHS Trust.

OTHERS INVOLVED: All CMHTOP. All LRMG Committee.

REFERENCES: NSF Mental Health LON 1999: Screening Test for Dementia Designed for General Practice GPCOG (USA)NICE Guidelines Jan 2001

PUBLISHED 10/02 REVIEWED 07/04 REVIEW DATE: 07/06
Geriatric Depression Scale

Name: _______________________

Date of Birth: ________________ Evaluation Date: ____________

Name of Examiner: _______________________

1. Are you basically satisfied with your life? Yes No
2. Have you dropped many of your activities and interests? Yes No
3. Do you feel that your life is empty? Yes No
4. Do you often get bored? Yes No
5. Are you hopeful about the future? Yes No
6. Are you bothered by thoughts you cannot get out of your head? Yes No
7. Are you in good spirits most of the time? Yes No
8. Are you afraid that something bad is going to happen to you? Yes No
9. Do you feel happy most of the time? Yes No
10. Do you often feel helpless? Yes No
11. Do you often get restless and fidgety? Yes No
12. Do you prefer to sit at home rather than go out and do new things? Yes No
13. Do you frequently worry about the future? Yes No
14. Do you feel that you have more problems with memory than most? Yes No
15. Do you think that it is wonderful to be alive now? Yes No
16. Do you often feel down hearted and blue? Yes No
17. Do you often feel pretty worthless, the way you are now? Yes No
18. Do you worry a lot about the past? Yes No
19. Do you find life exciting? Yes No
20. Is it hard for you to get started on new projects? Yes No
21. Do you feel full of energy? Yes No
22. Do you feel that your situation is hopeless? Yes No
23. Do you think that most people are better off than you? Yes No
24. Do you frequently get upset about little things? Yes No
25. Do you frequently feel like crying? Yes No
26. Do you have trouble concentrating? Yes No
27. Do you enjoy getting up in the morning? Yes No
28. Do you prefer to avoid social gatherings? Yes No
29. Is it easy for you to make decisions? Yes No
30. Is your mind as clear as it used to be? Yes No

Number of depressive answers (Bold Italics)  
