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Proactive Screening: Essential Tools for Diagnosing AAD Quickly

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Porsteinsson:

This is CME on ReachMD and I'm Dr. Anton Porsteinsson. Joining me today is Dr. Brendan Montano. Let's talk about some tools to diagnose AAD. I think that the most critical tool is actually to ask about it. Patients often don't volunteer it.

They may forget that their behavior has been deteriorating, or they may not want to share this. Caregivers surprisingly are also often hesitant about bringing this up. They don't know if this is just a normal pattern of behavior in Alzheimer's disease or other dementias, or they feel ashamed about what is going on and somehow see it as a personal failure. Often people ascertain this to just some sort of a personality change or a willful behavior on the patient's end. And that can be tremendously hurtful. And I'm sure that you've experienced this often, Brendan.

Dr. Montano:

Yes, and I agree. Discussion is really the key tool, especially when you've known your patient for many, many years. It's very important. You can see and sense the change and the change in the relationship, in both caregiver and in the person affected by the agitation with their Alzheimer's dementia. I do like, of course, to use the mini mental status. If you've known your patient over many years, having a way of looking at their cognition that's quick and easy and something we're all taught in medical school, it's a valuable tool. But there are some others as well, if you are more in depth. The Cohen-Mansfield agitation index is a list of 29 different behaviors that can be sometimes very helpful when it comes to looking at what has changed, what are the subtle changes, and what are the big changes. It often starts subtly and gets to be a major change as time goes on in terms of behavior. First, non-physical, verbal perhaps, and then into physical non-aggressive, and then into aggressive. And so having a way of looking at behavior and seeing the frequency of it is really, I think, a very valuable thing. Something that you could learn more about through studying this series of if you will, of programs that we're doing.

What do you think, Anton?

Dr. Porsteinsson:

Yeah, I – the CMAI is hard to do in clinical practice. It's very detailed. It takes a while to complete. But two other scales that providers may want to consider, especially in the primary care setting, would be the neuropsychiatric inventory questionnaire, or the NPIQ, or my most recent favorite is the Agitation in Alzheimer's Screener for caregivers, often referred to AASC scale, which is brief and very informative, and very focused on the core symptoms of agitation in Alzheimer's disease. I find it very, very helpful in the clinical setting.

So, that's kind of what I would highlight as a tool that can be of benefit to providers.

Dr. Montano:

Would you be giving that tool to the caregiver to take home and fill out or to fill out in the office, usually?

Dr. Porteinsson:

You can do both. It's basically a one-pager, and it's a check-off, so they can complete this. You can ask the questions, or they can complete this by themselves, and it just creates a common language. You're focused on the same aspects of behavior. And I find that, like I said, extremely informative, and it just makes the evaluation more efficient, and reminds you that it's important to basically, screen for the emergence of agitative behaviors.

Well, this has been a great micro-discussion. Our time is up. Thanks for listening.

Announcer:

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