Using a stepwise approach to diagnose Alzheimer’s disease

An example of a diagnostic algorithm to assess, detect, and diagnose Alzheimer’s disease in your practice. This represents just one approach and may vary from practitioner to practitioner.

### Objective assessment for evaluation of cognitive impairment

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<th>Cognitive impairment may be present if assessment scores are 1-4:</th>
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- Subjective cognitive concerns
- Informant information

**Patient:** Mini-Cog™ ≤ 3, GPCOG <5, MoCA ≤ 26, SLUMS ≤ 27, MMSE ≤ 26

**Informant (if available):** GPCOG informant score ≤ 3 with patient score ≤ 8

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**If depression or delirium symptoms not present**

- Patient history (medical, medication, neuropsychiatric, functional, and social)
- Physical exam, including neurological exam
- Informant interview
- Routine labs (CBC, metabolic panel, LFTs, TSH, vitamin B12, folate, and other tests as indicated)
- Consider further cognitive testing (e.g., MoCA or MMSE if not already completed)

**If depression or delirium symptoms present, treat depression or delirium as appropriate**

**If cognitive symptoms still present**

- As appropriate, consider neuropsychological testing and/or advanced diagnostics

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### Consider probable neurodegenerative disorders (differential diagnosis of the 3 most common types listed below)

#### Alzheimer’s Disease

- Examples of early symptoms: Memory loss, difficulty with new learning, trouble with word finding, visuospatial deficits, apathy, anxiety
- Common protein pathology: Amyloid beta, tau

**Consider:** Amyloid PET, CSF amyloid & tau

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#### Lewy Body Disease

- Examples of early symptoms: Gait disturbance and falls, Parkinsonism, visuospatial deficits, hallucinations
- Common protein pathology: Alpha-synuclein (aggregated in Lewy bodies)

**Consider:** Dopamine transporter scan

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#### Frontotemporal Degeneration

- Examples of early symptoms: Personality changes, disinhibition, self-neglect, obsessive traits, language difficulties, decline in executive function
- Common protein pathology: Tau (Pick bodies), ubiquitin, TDP-43

**Consider:** FDG-PET

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### References


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*Please note: the above is not all-inclusive and expresses only some of the more widely recognized tools for cognitive assessment. For additional diagnostic resources, please visit: Alz.org and Actonalz.org.*

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*No one tool is recognized as the best brief assessment to determine if a full dementia evaluation is needed. Cut-off scores may vary by reference as well as the education level of the patient.*

*A cut point of <3 on the Mini-Cog™ has been validated for classifying subjects as “probably impaired,” but many individuals with clinically meaningful cognitive impairment will score higher.*