Cognitive screens case scenarios

Harry is a75 year old man who is admitted to hospital with a left cerebrovascular accident (CVA). He has some right-sided weakness and he is right hand dominant. He is having difficulty following verbal commands consistently and has significant difficulties verbalizing his needs. SLP assessment is pending to assess his communication. Although he appears confused at times, delirium has been ruled out. Cognitive screening is appropriate for early identification of suspected cognitive impairment to support appropriate care planning and contribute to a formal diagnosis.

First choice for a cognitive screen: Oxford Cognitive Screen (OCS) due to the impact of communication deficits.

Harry has engaged in rehabilitation for 4 weeks and it is decided he will be discharged home with the Early Supported Discharge Team for further in-home rehabilitation. There has been some improvement in communication but he continues to have a combined expressive and receptive aphasia. A cognitive screen is recommended at transitions in care by Canadian Stroke Best Practice Recommendations.

First choice for a cognitive screen: Given the continued communication deficits, the Oxford Cognitive Screen can be repeated using an alternative version but clinician may want to provide a notation regarding short interval between screening dates.

David is a 50 year old man diagnosed with schizoaffective disorder (since age 22 years). He is living in a group home. David has an engineering degree and is thought to have a high level of intelligence. However, he has difficulty following recommendations and appears to not understand consequences of his decisions he makes. He is having difficulty with money management and has a history of poor adherence to the medical management of his illness. David has declined mental health services in the past and appears to have limited understanding regarding the role of medications in his recovery. As a result he was put under a Community Treatment Order. His mental health team is uncertain if his poor adherence is due to his mental illness or due to cognitive issues and are uncertain to whether further testing is indicated. A cognitive screen would help determine if further assessment (OT or psychology) is required.

First choice for cognitive screen: Screen for Cognitive Impairment in Psychiatry (SCIP) due to pre-morbid high level of intelligence and the need to have a preliminary understanding of his executive functioning, attention and memory and, the SCIP was developed for individuals with severe mental illness.

Colette is an 80 year old woman living at home with her husband. Her native language is French but she was able to function in English adequately when she worked in retail. Colette is from a small town in Quebec and achieved grade 8 in school. Her family have noticed that her English has become very limited. She was previously independent for meal preparation and managed the family finances however, she is now having difficulty with both of these tasks. A cognitive screen is indicated due to changes in level of functioning.

First choice for cognitive screen: Rowland Universal Dementia Assessment Screen (RUDAS) with an interpreter due to language and education factors.

Bina is a 68 year old woman admitted to an Addictions &Mental Health unit with a new onset psychosis. She only communicates in Punjabi. She has no history of psychotic symptoms and previously was independent and fully engaged in family life. Delirium has been ruled out. She has visual hallucinations and delusions. She appears confused on the unit, including poor memory and judgment. The psychiatrist has started Risperdal and her psychotic symptoms are gradually abating but her memory deficits remain and requires prompting to regularly shower. Cognitive screening is indicated given continuing difficulties with memory and impact on function. Cognitive screening would help indicate the need for further assessment.

First choice for cognitive screen: Rowland Universal Dementia Assessment Screen (RUDAS) with a Punjabi interpreter.

William is an 80 year old Chinese man living at home with his wife, two adult children and two grandchildren. Cantonese is his first language but his English is still very good. He has a history of an old Right CVA with apparent full resolution 9 months ago. Addenbrooke's Cognitive Examination-III was used as a cognitive screen at that time. There are concerns about his ability to drive (family needs to help navigate even in familiar areas), play mah-jong and engage in home maintenance activities. His family has noted his memory is becoming worse. The clinician completing the home visit is in the role of consultant with limited time and resources. Cognitive screen is indicated to determine role of cognition on functional difficulties.

First choice for cognitive screen: Addenbrooke's Cognitive Examination-III (ACE-III). Full assessment of cognition is not possible in this context and more items and domains of the ACE-III has the potential to provide more information. The ACE-III was utilized previously and re-test will help determine possible changes overall and in any specific domain.

Linda is a 63 year old woman diagnosed with a right CVA with left-sided weakness however her speech is intact. She is having difficulty with following directions and has impaired memory and is getting lost on the unit. She is also having difficulty with dressing which does not appear to be due to her left sided weakness. A cognitive screen is indicated due to observations made on the unit and the difficulties reported earlier on. Screen will also help indicate whether further assessment is required (OT, psychology).

First choice for cognitive screen: ACE-III has research to support the use of the tool for individuals with the diagnosis of CVA. Client is also quite young and therefore the ACE-III is preferable choice over the Saint Louis University Mental Status (SLUMS) though the SLUMS (originally created for older adults/veterans) would be a viable alternative if Linda had poor activity tolerance.

Fred is a 90 year old man living at home with his wife. He was referred to Home Care for bath assistance due to poor activity tolerance and poor balance. The nurse completed the RAI and noted that he tires very easily. Family note he is not as sharp as he was before and that he is forgetting appointments and has made some unwise financial decisions with bad outcomes. He also loses his temper more quickly than he used to. A cognitive screen is indicated to help the nurse determine overall cognitive status and need for further assessment and in home supports.

First choice for cognitive screen: SLUMS is short and will provide an overall screening of Fred's cognition.

Matthew is a 24 year old man admitted to hospital with a severe Traumatic Brain Injury. He has regained consciousness and there have been functional improvements noted daily by staff. The staff would like an objective measure to gauge cognitive improvement.

First choice for cognitive screen: Cognitive Log (COGLOG) to provide a regular and repeated screen for cognition that can be tracked over time.

Ted is an 85 year old man living alone in an apartment. He is having increasing difficulties with his IADLs and he has poor activity tolerance. His family physician completed a Montreal Cognitive Assessment 18 months ago where he had obtained a score of 20/30. Family have now initiated a referral for Home Care and are questioning whether Ted is able to remain independent. Family have noted a gradual deterioration in his cognition but they are really not sure how much and Ted is now very reluctant to go out and is resistant to changes in routine. The Home Care nurse has referred to OT for a home safety assessment. The nurse would like to complete a cognitive screen to provide additional information for the occupational therapist prior to OT intervention.

First choice of cognitive screen: SLUMS is the closest equivalent and most appropriate with the older adult population to provide a brief screen of cognitive domains.

Lydia is an 88 year old woman presenting at a Senior's health clinic. The family physician has referred Lydia to the clinic due to concerns about her falls risk in her home and in the community. The inter-disciplinary team provides a comprehensive geriatric assessment to help determine possible factors for the falls. One of the areas of assessment is cognition. The nurse has the role of completing cognitive screening to provide information to the geriatrician.

First choice for cognitive screen: SLUMS. This tool is effective in providing an overall screen of cognition fairly quickly and efficiently, especially in the context of several other areas to be assessed on one visit. It will help inform the decisions made by the geriatrician about the need for further assessment (OT, psychology).

Maggie is a 78 year old woman who was admitted to hospital following a fall that resulted in a fractured right hip. She underwent a total hip arthroplasty and was then admitted to a medical unit. Maggie has been experiencing a disrupted sleep/wake cycle and appears quite fearful of staff. She is having significant difficulties with attending to interactions with her by nursing and physicians. Family report this is a drastic change for Maggie though admittedly they do not see her often.

First choice for cognitive screen: Given Maggie's presentation, it would be ideal if a Confusion Assessment Measure (CAM) was completed prior to any cognitive screening. Signs and symptoms are highly suggestive of a delirium.