Assessing Needs of People Living with Dementia

Comorbid conditions result in more than twice as many hospitalizations for people living with dementia than for those without cognitive impairment. The most common causes of hospitalizations among people living with Alzheimer’s and other dementias are:

→ Syncope and falls
→ Ischemic heart disease
→ Gastrointestinal disease
→ Pneumonia
→ Delirium (Note: Hospitalization can often induce or worsen delirium in individuals with dementia, and it often goes undiagnosed because it is attributed to progression of dementia.)

The following are validated assessment tools for common clinical issues that arise for people living with dementia:

### Patient Assessment Tools for People Living with Dementia

<table>
<thead>
<tr>
<th>Depression</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Health Questionnaire (PHQ-9)</strong></td>
<td>Nine-item scale based on the 9 diagnostic criteria for major depressive disorder&lt;br&gt;Can be administered in person by a clinician, by telephone, or self-administered</td>
</tr>
<tr>
<td><strong>Geriatric Depression Scale (GDS)</strong></td>
<td>Short-form version (15 questions) screens for depression in the elderly population&lt;br&gt;Reliability diminishes with increasing cognitive impairment</td>
</tr>
<tr>
<td><strong>Cornell Scale for Depression in Dementia (CSDD)</strong></td>
<td>Diagnostic scale for detecting depression in dementia&lt;br&gt;Requires ~20 minutes to administer via independent interview with the patient and an informant</td>
</tr>
</tbody>
</table>

If comorbid conditions have been identified, document those conditions and the results of assessments in the EHR to ensure effective care coordination.
### Functional Status

<table>
<thead>
<tr>
<th>Scale</th>
<th>Tool</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Deterioration Scale and FAST Scale</td>
<td>For staging and prognosis after a dementia diagnosis</td>
<td></td>
</tr>
<tr>
<td>Katz Basic Activities of Daily Living Scale (Katz ADL)</td>
<td>Assess function in bathing, dressing, toileting, transferring, continence, and feeding</td>
<td></td>
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<tr>
<td>Functional Activities Questionnaire (FAQ)</td>
<td>Rate the patient's functional abilities in 10 instrumental areas of daily living (e.g., paying bills)</td>
<td></td>
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</tbody>
</table>

### Pain

<table>
<thead>
<tr>
<th>Scale</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Pain Assessment in Advanced Dementia (PAINAD) Scale</td>
<td>Assess the presence of pain in patients who are unable to report</td>
<td></td>
</tr>
<tr>
<td>Wong-Baker FACES Scale</td>
<td>Self-report pain measure of pain intensity based on 6 facial expressions ranging from no pain to worst pain</td>
<td></td>
</tr>
</tbody>
</table>

### Symptom Distress

<table>
<thead>
<tr>
<th>Scale</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Edmonton Symptom Assessment Scale (ESAS)</td>
<td>Assess levels of pain, activity, nausea, depression, anxiety, drowsiness, appetite, and sense of well-being</td>
<td></td>
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<tr>
<td></td>
<td>Completed by patient, if able, or caregiver</td>
<td></td>
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</tbody>
</table>

### Fall Risk

<table>
<thead>
<tr>
<th>Test</th>
<th>Tool</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tinetti Balance Assessment Tool</td>
<td>Measures gait and balance, based on the person's ability to perform specific tasks</td>
<td></td>
</tr>
<tr>
<td>Timed Up and Go (TUG) Test</td>
<td>Assesses mobility, balance, walking ability, and fall risk in older adults</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Can administer in ~3 minutes</td>
<td></td>
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</tbody>
</table>

### Delirium

<table>
<thead>
<tr>
<th>Scale</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Confusion Assessment Method (CAM)</td>
<td>Assess confusion to distinguish delirium from other types of cognitive impairment</td>
<td></td>
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</tbody>
</table>

### Sleep

<table>
<thead>
<tr>
<th>Scale</th>
<th>Tool</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep Diary from National Sleep Foundation</td>
<td>Sleep diary for patients or caregivers to identify potential causes of sleep disturbances</td>
<td></td>
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</tbody>
</table>

### Behavioral Symptoms of Dementia

<table>
<thead>
<tr>
<th>Approach</th>
<th>Tool</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>DICE Approach</td>
<td>Describe Investigate Create Evaluate approach: identify and manage the root causes of behavioral symptoms of dementia</td>
<td></td>
</tr>
</tbody>
</table>

After assessing the well-being of both the person living with dementia and their caregiver(s), the next step is matching services to identified needs and providing referrals to community-based support services. See the Referral to Community Resources handout for suggested sources of support.