

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.)

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

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

Depression	
Patient Health Questionnaire (PHQ-9)	<ul style="list-style-type: none"> → Nine-item scale based on the 9 diagnostic criteria for major depressive disorder → Can be administered in person by a clinician, by telephone, or self-administered
Geriatric Depression Scale (GDS)	<ul style="list-style-type: none"> → Short-form version (15 questions) screens for depression in the elderly population → Reliability diminishes with increasing cognitive impairment
Cornell Scale for Depression in Dementia (CSDD)	<ul style="list-style-type: none"> → Diagnostic scale for detecting depression in dementia → Requires ~20 minutes to administer via independent interview with the patient and an informant

Functional Status	
Global Deterioration Scale and FAST Scale	→ For staging and prognosis after a dementia diagnosis
Katz Basic Activities of Daily Living Scale (Katz ADL)	→ Assess function in bathing, dressing, toileting, transferring, continence, and feeding
Functional Activities Questionnaire (FAQ)	→ Rate the patient's functional abilities in 10 instrumental areas of daily living (e.g., paying bills)
Pain	
Pain Assessment in Advanced Dementia (PAINAD) Scale	→ Assess the presence of pain in patients who are unable to report
Wong-Baker FACES Scale	→ Self-report pain measure of pain intensity based on 6 facial expressions ranging from no pain to worst pain
Symptom Distress	
Edmonton Symptom Assessment Scale (ESAS)	<ul style="list-style-type: none"> → Assess levels of pain, activity, nausea, depression, anxiety, drowsiness, appetite, and sense of well-being → Completed by patient, if able, or caregiver
Fall Risk	
Tinetti Balance Assessment Tool	→ Measures gait and balance, based on the person's ability to perform specific tasks
Timed Up and Go (TUG) Test	<ul style="list-style-type: none"> → Assesses mobility, balance, walking ability, and fall risk in older adults → Can administer in ~3 minutes
Delirium	
Confusion Assessment Method (CAM)	→ Assess confusion to distinguish delirium from other types of cognitive impairment
Sleep	
Sleep Diary from National Sleep Foundation	→ Sleep diary for patients or caregivers to identify potential causes of sleep disturbances
Behavioral Symptoms of Dementia	
DICE Approach	→ D escribe I nvestigate C reate E valuate approach: identify and manage the root causes of behavioral symptoms of dementia

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.