

# Diagnostic Pathway for Suspected Dementia on Acute Hospital Wards

Admission to Ward

Possible Dementia?

Typical indicators of possible dementia include:

- 4AT score 2 or 3 without obvious other cause
- Delirium episode with only minor illness
- Family concerned re. dementia
- Staff concerned re. dementia

## Treating hospital team to complete initial dementia work-up

- Most important is to document collateral history (from family, GP, PHN)  
NB duration and course of cognitive decline; effects on functional activity
- Perform formal cognitive test (e.g. MMSE, MoCA) only if delirium is ruled out or fully resolved.  
In-hospital cognitive scores can be lower than usual due to illness/anxiety but can give an approximate indication of cognitive function

## Primary hospital team to arrange specialist diagnostic review:

### Arrange out-patient follow-up for when patient is medically well (more usual path)

- Arrange out-patient memory clinic or specialist clinic follow-up
- At discharge, inform GP of possible diagnosis and details of follow up; include whether patient and family are aware of possible diagnosis

### Seek in-patient specialist review (less common path)\*\*

- Refer to CNS/ANP Dementia if available

### Deciding on most appropriate service to review the patient:

- Under the age of 65: neurologist review is most appropriate usually
- Age 65 or above:
  - Geriatric medicine: if frail, medical complexity, known to service
  - Mental Health Service: if pronounced behavioral issues/psychosis; known to service
  - Neurologist: if atypical features (e.g. rapid decline, possible seizures)

***CNS/ANP Dementia will indicate most appropriate service, if unsure***

\*\* Reasons for seeking in-patient diagnostic review include:

- diagnosis is necessary for safe discharge
- apparent moderate-severe dementia but no formal diagnosis
- rapidly deteriorating cognition or atypical features
- patient unlikely to return for out-patient review and no community in-home diagnostic service

**Note:** This pathway can be modified to suit local context, resources and other protocols