

DEMENTIA - A CARE PATHWAY

NON - SPECIALIST SETTING

- History - Patient and Informant
- Physical Examination
- Cognitive Assessment - (MMSE/MoCA/MiniCog/GP6CIT/etc)*
*Normal cognitive assessment score does not rule out dementia

Identifiable cognitive impairment

Delirium likely

Depression likely

Worried well

Consider appropriate investigations to rule out potentially reversible causes:
FBC/FBS/SE/S.Ca/ESR/CRP/AST/ALT /S.Creatinine/TSH/UFR
If history and examination suggestive:
Vit B12, Folate, HIV Abs, VDRL

Follow Delirium Care Pathway

Treat/ Refer to Secondary Care and reassess for cognitive impairment

Reassure Follow-up as needed

Confirmed / Suspected Dementia

Referral to a Specialist

Rapidly progressive dementias/ young onset (<65 years)/complex neurological symptoms and signs

Others :

Neurologist

Psychiatrist/ Geriatrician/ Neurologist/ Specialist in Internal Medicine