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A Cheat Sheet for Your Neurology Appointment

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Disclosures

I have no potential conflicts of interests in relation to this presentation.

There are no financial disclosures.

I did not use AI tools in the creation of this presentation.

I Forget, Do I Need a Neurologist?



<u>Not all forgetfulness originates from a neurologic cause.</u> This initial evaluation may reveal that you need another specialist evaluation. You may have:

- Sleep Apnea
- Thyroid Dysfunction
- Untreated Depression
- Vitamin Deficiencies
- ADHD or Learning Disability

Evaluation of memory loss often starts with primary care:

- **Cognitive screening or short memory test.** Examples, MOCA, SLUMS, MMSE
- **Checking routine bloodwork, to see if there are non-neurologic causes of forgetfulness.** Some important labs to check include CBC, CMP, B12, Vit D, TSH

Referrals for further work-up:

- **Imaging, often an MRI Brain non contrast**
- **Advanced memory testing, such as neuropsychology tests**

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Evaluation of memory loss often starts with primary care.

If you have these risks for dementia, your primary care evaluation may suggest seeing a neurologist.

- Abnormal MRI Brain
- Abnormal Cognitive Screening
- Abnormal Cognitive Labs (ptau217, amyloid 42:40 ratios)
- Family history of dementia, APOE 4 risk genes
- Multiple vascular risk factors (hypertension, diabetes, smoking)
- History of head injury or concussions

The greatest risk factors for dementia are advancing age, but there are ways to keep the brain healthy even when aging.

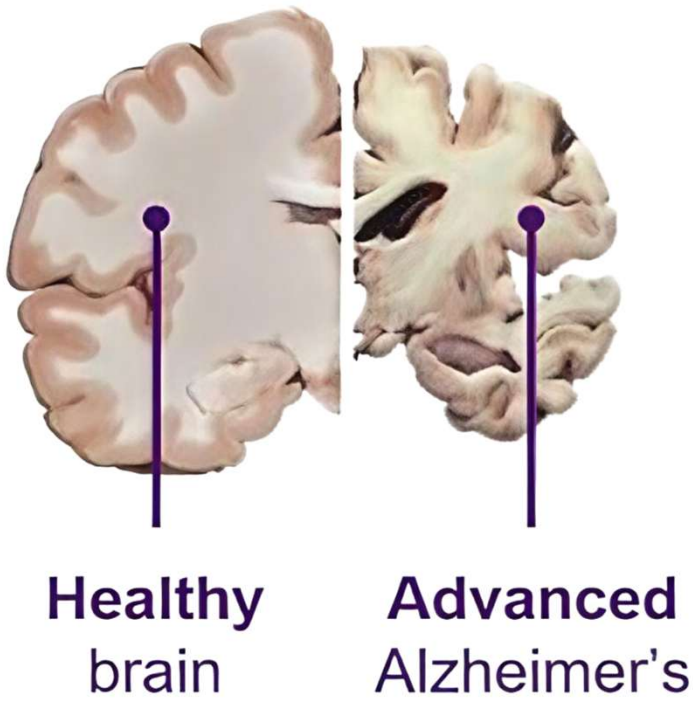
- Treat hearing loss and vision loss
- Stay cognitively and socially active
- Stay physically active
- Get good rest and mental health
- Eat brain healthy foods



I Forget, Do I Need a Neurologist?

Dementia is defined as a progressive loss of brain function and independence with self-care. Dementia is usually caused by different plaque buildup or other structural changes that cause brain cells to degenerate.

Dementia is inherently a neurological disease, and a cognitive neurologist is often involved in defining the specific type of dementia and treatment plan.



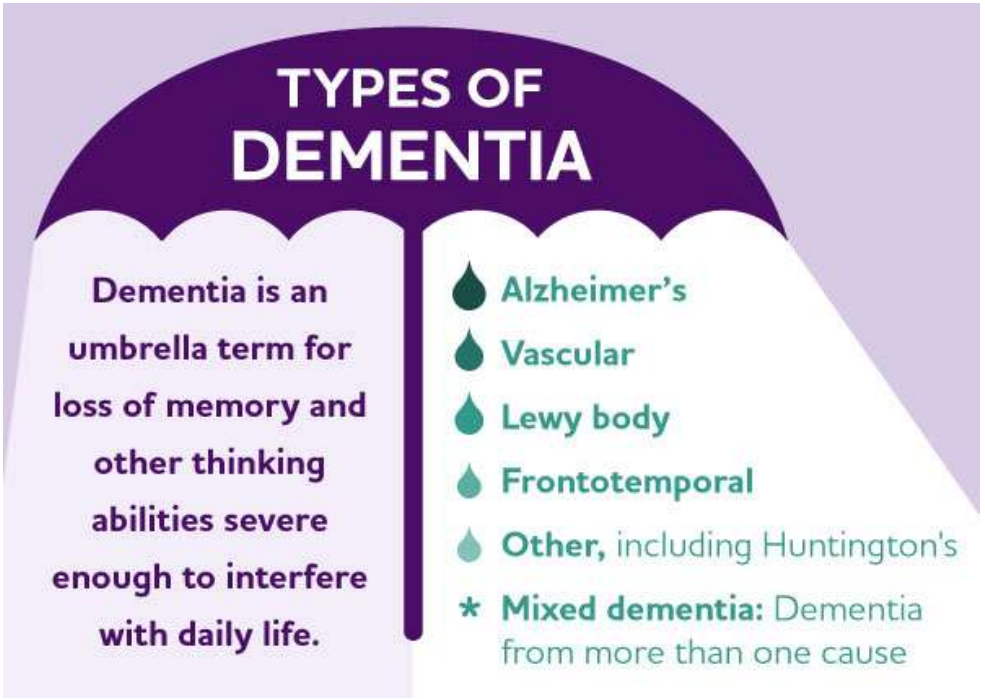
I Forget, Do I Need a Neurologist?

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CHEAT SHEET QUESTION #1

Ask your neurologist or cognitive specialist (sometimes geriatrician, psychiatrist) what type and stage of dementia you may be experiencing.

Dementia is not a specific diagnosis, and there are ways to determine what is going wrong in the brain.



Neurologists Help Define the Problem

THE NEURO EXAM:
First, we listen. We want to hear the patient's version of the story.

- Syntax, grammar, word choices
- Social appropriateness, humor, disinhibition
- Detail of memories, short term, long term
- Thought content, delusions, hallucinations
- Task completion, understanding of instructions
- Loss of attention, minimization of symptoms, defensiveness, irritability
- Insight, judgement

"I wasn't paying attention, that part was not important at all," "All of my friends have the same issue, so I don't think this is a big deal."

When the brain has dementia, it may not recognize or understand the severity of symptoms, this is called **anosognosia.**



Try not to correct or fill in the details of the patient's history until the doctor specifically asks you.

Neurologists Help Define the Problem

Consider sharing your care partner observations respectfully, and if needed separately with the doctor (note, phone call). Try not to use confrontational or accusatory language.



The medications are getting confusing, is there a way to help?

Important Symptoms to Discuss:

- **Memory** – when was the change noticed, and how severe is it? Give an example.
- **Attention and Organization** – are we able to maintain appointments, finances, medications?
- **Self-Care** - are regular nutrition and social routines followed? Any declines in hygiene?
- **Behavior and Mood** – any delusions, hallucinations or abnormal mood swings?
- **Safety –** are we driving, living on our own, falling for scams? Mold in the home?

Neurologists Help Define the Problem

THE NEURO EXAM:
Next, we do a physical exam.

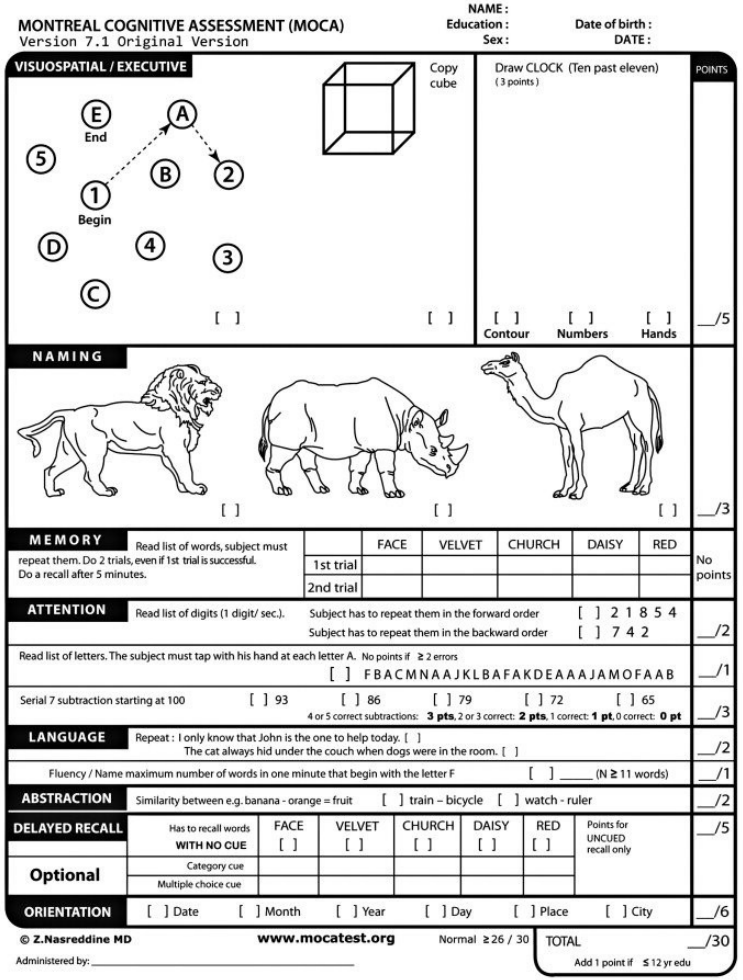
- Facial symmetry and eye contact
- Preference for right or left side
- Focal asymmetry (stroke-like symptoms)
- Weakness, shaking, motor exam
- Vision, depth perception
- Gait, coordination of movement
- Interaction with family and care partners
- Anxious or stress behaviors

Repetitive movements, tapping, aversion of eye contact, may suggest a heightened sense of stress. Fashion, hygiene, hair is also examined.

Let the doctor know if you notice any changes in physical activity or movement. Even seemingly unrelated medical issues could be neurologic.



Neurologists Help Define the Problem



MONTREAL COGNITIVE ASSESSMENT (MOCA)
Version 7.1 Original Version

NAME :
Education :
Sex :
Date of birth :
DATE :

VISUOSPATIAL / EXECUTIVE — Copy cube — Draw CLOCK (Ten past eleven) (3 points) — [ ] Contour [ ] Numbers [ ] Hands — POINTS __/5

NAMING — [ ] [ ] [ ] __/3

MEMORY — Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED
1st trial					
2nd trial					

No points

ATTENTION — Read list of digits (1 digit/ sec.). Subject has to repeat them in the forward order [ ] 2 1 8 5 4. Subject has to repeat them in the backward order [ ] 7 4 2 __/2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors
[ ] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B __/1

Serial 7 subtraction starting at 100 [ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65
4 or 5 correct subtractions: **3 pts**, 2 or 3 correct: **2 pts**, 1 correct: **1 pt**, 0 correct: **0 pt** __/3

LANGUAGE — Repeat : I only know that John is the one to help today. [ ]
The cat always hid under the couch when dogs were in the room. [ ] __/2

Fluency / Name maximum number of words in one minute that begin with the letter F [ ] _____ (N ≥ 11 words) __/1

ABSTRACTION — Similarity between e.g. banana - orange = fruit [ ] train – bicycle [ ] watch - ruler __/2

DELAYED RECALL — __/5

	Has to recall words WITH NO CUE	FACE	VELVET	CHURCH	DAISY	RED	Points for UNCUED recall only
		[ ]	[ ]	[ ]	[ ]	[ ]	
Optional	Category cue						
	Multiple choice cue						

ORIENTATION — [ ] Date [ ] Month [ ] Year [ ] Day [ ] Place [ ] City __/6

© Z.Nasreddine MD — www.mocatest.org — Normal ≥ 26 / 30 — TOTAL __/30
Add 1 point if ≤ 12 yr edu

Administered by: _____

Bedside cognitive tests (MOCA, MMSE, SLUMS) can be a stressful experience, and we know short quizzes won't capture the full ability of a patient. Allow the patient to do their best without commentary.

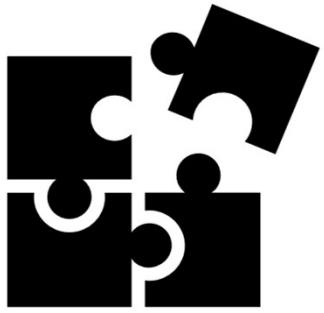
Often longer cognitive tests like neuropsychological assessments matter more than bedside screening tests. These "tests" are not pass or fail, but rather troubleshooting.

Neurologists Help Define the Problem

Dementia syndromes follow typical patterns of symptom progression and often have different cognitive changes.

- **Alzheimer's Disease:** short term memory first, social cues intact, orientation impaired.
- **Lewy Body Disease:** visual hallucinations and mood changes, visuospatial difficulties
- **Frontotemporal Disease:** social cues and language impaired, memory usually intact
- **Vascular Dementia:** slower processing and gait

Neurologists put together a clinical syndrome and then order the next steps in diagnosis.



There is no one test to check for all types of dementia, rather there is a step-by-step process for diagnosis. This must start with the clinical evaluation.

Neurologists Help Define the Problem

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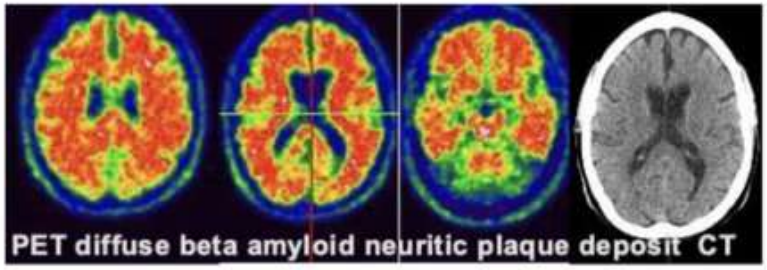
Available Biomarker Assessments:

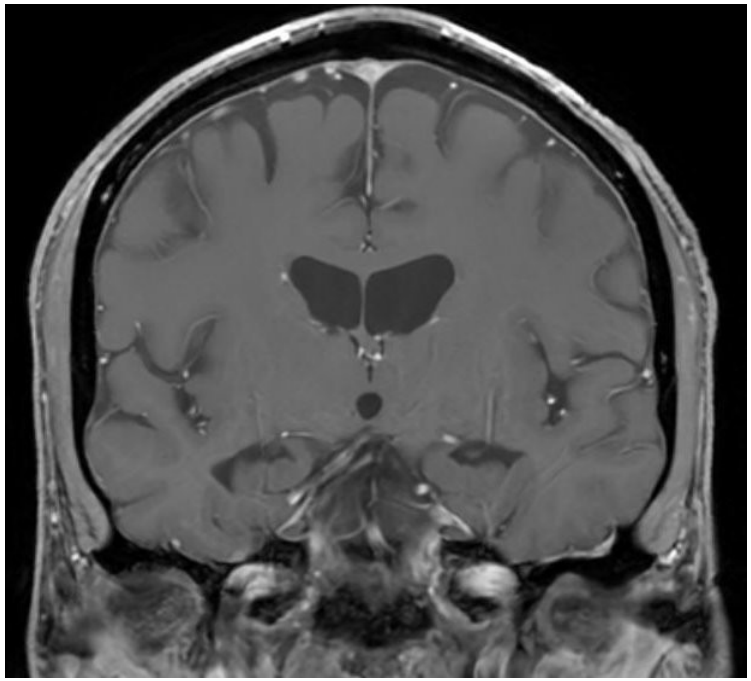
We no longer have to guess or generalize what type of dementia may exist. Many times, there are mixed presentations.

Alzheimer's Disease: amyloid and tau blood tests, PET amyloid and soon PET tau, CSF spinal tap

Lewy Body Disease: DATscan, skin biopsy, soon CSF spinal tap

Frontotemporal Disease: FDG-PET Brain





Neurologists Help Define the Problem

CHEAT SHEET QUESTION #2

Do we need to complete any more evaluations or testing to determine a care plan?

Sometimes a clinical evaluation is enough to plan for the future. Added diagnostics may be stressful for the patient or yield little benefit.

Stage	Stage Name	Characteristic
1	Normal Aging	No deficits whatsoever
2	Possible Mild Cognitive Impairment	Subjective functional deficit
3	Mild Cognitive Impairment	Objective functional deficit interferes with a person's most complex tasks
4	Mild Dementia	IADLs become affected, such as bill paying, cooking, cleaning, traveling
5	Moderate Dementia	Needs help selecting proper attire
6a	Moderately Severe Dementia	Needs help putting on clothes
6b	Moderately Severe Dementia	Needs help bathing
6c	Moderately Severe Dementia	Needs help toileting
6d	Moderately Severe Dementia	Urinary incontinence
6e	Moderately Severe Dementia	Fecal incontinence
7a	Severe Dementia	Speaks 5-6 words during day
7b	Severe Dementia	Speaks only 1 word clearly
7c	Severe Dementia	Can no longer walk
7d	Severe Dementia	Can no longer sit up
7e	Severe Dementia	Can no longer smile
7f	Severe Dementia	Can no longer hold up head

Neurologists Help Create a Care Plan



It takes a village to care for dementia. Here are examples of partners in care that are important for comprehensive dementia management.

Every family deserves a unique care plan.

Neurologists Help Create a Care Plan

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It can be difficult to create this comprehensive care plan all in one 20-30 minute doctor visit. This can lead to a frustrating lack of answers and added fear for the future.

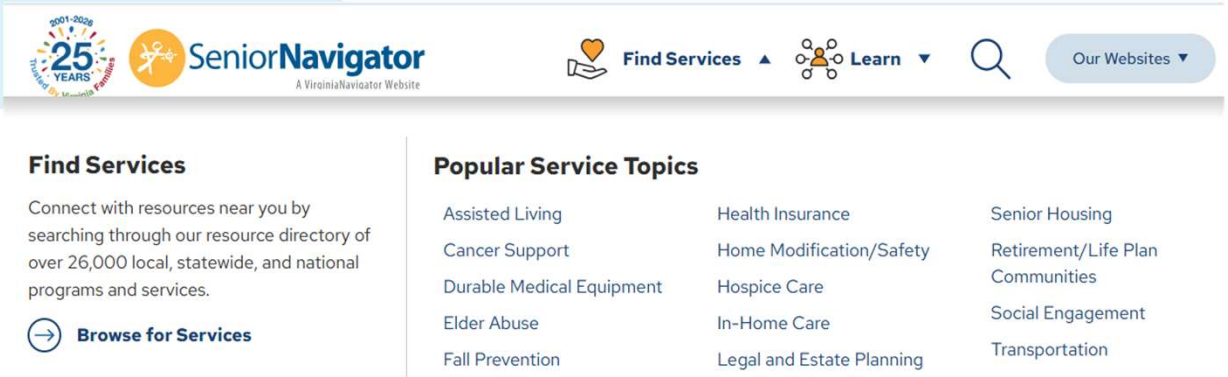
CHEAT SHEET QUESTION #3

What are the most important next steps in care planning and treatment? W ho do we need to connect with for more information?





insight MEMORY CARE CENTER



Neurologists Help Create a Care Plan

Dementia care tasks that neurologists are (usually) able to do:

- Review results of **diagnostic work-up**
- Review **medications** that can help slow down the disease (anti-amyloid therapies can help in early stages of AD).
- Review therapies that can help with **symptom management.** Medications for memory, sleep, appetite, and behavioral control
- **Refer to ancillary services** like rehabilitation, physical therapy, occupational therapy, swallow evaluations, specialty services
- Provide clinical evaluations for **disability, capacity, and competence.**



Dementia care tasks that neurologists are NOT very good at (usually):

- Recommending **specific home care** or home living situations
- **Financial or legal advice**
- **Family counseling,** especially with conflicting opinions on how to care for each other or who should be in charge
- Giving you an **exact timeline or prognostic number** to predict the future

Neurologists Help Create a Care Plan



CHEAT SHEET QUESTION #4

Is there anything else that I should be asking? How do we care for the care team?

Be gracious to yourself. Being a patient is difficult, and being a care partner can be even harder. Neurologists don't know all the answers either. **Together, we find ways to help each other lessen the burden of dementia.**

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CHEAT SHEET QUESTIONS FOR THE NEUROLOGY APPOINTMENT

1. What type and stage of dementia?

2. Do we need to do more tests?

3. What is our next step, and who is part of the team?

4. How do we care for the care team?

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