SUNDHEDSSTYRELSEN

NATIONAL CLINICAL GUIDELINE FOR DIAGNOSIS OF MILD COGNITIVE IMPAIRMENT AND DEMENTIA

Quick guide

Use a brief cognitive test as part of a basic clinical assessment of MCI or dementia in order to achieve a systematic, structured assessment of the level of cognitive functioning.

Strong recommendation

A brief cognitive test cannot stand alone, and the results should always be understood in the light of other test results and the overall clinical context.

Despite certain methodological weaknesses as regards the evidence base, the results indicate that a brief cognitive test contributes relevant information in the assessment of dementia and MCI. There is no documentation that a brief cognitive test alone can contribute significantly towards predicting which persons with MCI will develop dementia over time.

Offer structural imaging of the brain in connection with the basic clinical assessment of suspected MCI or dementia – both to exclude other causes of cognitive impairment and to help to establish the subtype dementia.

Strong recommendation

CT and MRI scans can have similar utility, but when assessing focal atrophy, cerebral small-vessel disease or inflammatory diseases MRI scans can increase diagnostic certainty compared to CT.

According to a systematic review examining whether MRI is better than CT for identification of a vascular component of dementia, there is a lack of evidence of MRI being more accurate than CT for identifying cerebrovascular changes in autopsy-verified and clinical cohorts of vascular dementia, Alzheimer's disease and 'mixed dementia'.

Consider a systematic assessment of activities of daily living as part of a basic clinical assessment of MCI or dementia. Where appropriate, choose an ADL (IADL) scale.

Weak recommendation

Only after careful consideration use biomarkers for Alzheimer's disease as part of an assessment of suspected MCI, as the specificity of these biomarkers is relatively low, entailing many false positive cases. Biomarkers may be used in situations where in consultation with a patient with MCI it is considered crucial to identify the underlying cause of the cognitive problems.

Weak recommendation **MOD**

Persons with MCI should not routinely be offered an examination of biomarkers for Alzheimer's disease based on analysis of the cerebrospinal fluid, amyloid imaging or functional imaging (18F-FDG-PET).

In the event of continued uncertainty regarding a dementia diagnosis following a basic clinical assessment involving structural imaging of the brain, consider offering an examination of biomarkers for Alzheimer's disease based on analysis of the cerebrospinal fluid or amyloid imaging in order to clarify whether Alzheimer's disease may be the cause of dementia.

Weak recommendation

In the event of continued uncertainty regarding a dementia diagnosis following a basic clinical assessment of dementia, consider neuropsychological assessment. The available evidence focuses largely on the diagnostic accuracy of specific tests, whilst there is a lack of knowledge regarding the diagnostic accuracy of a neuropsychological assessment in its entirety. The working group recommends that a neuropsychological assessment be carried out by neuropsychologists or equivalent professionals with relevant training.

Strong recommendation

In the event of continued uncertainty regarding the subtype of dementia following a basic clinical assessment and possibly neuropsychological assessment, offer functional imaging (18F-FDG PET) in order to clarify whether Alzheimer's disease may be the cause of dementia.

Strong recommendation

In the event of continued uncertainty regarding the dementia diagnosis following a basic assessment with structural imaging of the brain, offer DAT-SPECT imaging in order to clarify whether the patient has Lewy body dementia or another dementia subtype.

Strong recommendation

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About the quick guide

This quick guide contains the key recommendations from the national clinical guideline for diagnosis of mild cognitive impairment and dementia. The guideline was prepared under the auspices of the Danish Health Authority.

Dementia is a clinical diagnosis made on the basis of an overall assessment of symptoms, medical history, laboratory tests and various types of brain imaging. There is currently no specific method of examination or test that can definitively clarify whether or not someone has dementia. The guideline thus recommends a combination of different tests and examinations that should be offered to persons suspected of mild cognitive impairment or dementia, or as regards the dementia subtype.

The national clinical guideline contains recommendations regarding selected topics of the subject area. It cannot stand alone, but must be seen in conjunction with other guidelines, process descriptions etc. in the area.

Further information at sundhedsstyrelsen.dk
On the Danish Health Authority's website (www.sst.dk) the full version of the national clinical guideline in Danish is available, including a detailed review of the underlying evidence for the recommendations.

About the national clinical guidelines
This national clinical guideline is one of the national clinical guidelines being prepared by the Danish Health Authority during the period 2017-2020.

Further material regarding the choice of subject, method and process is to be found at www.sst.dk