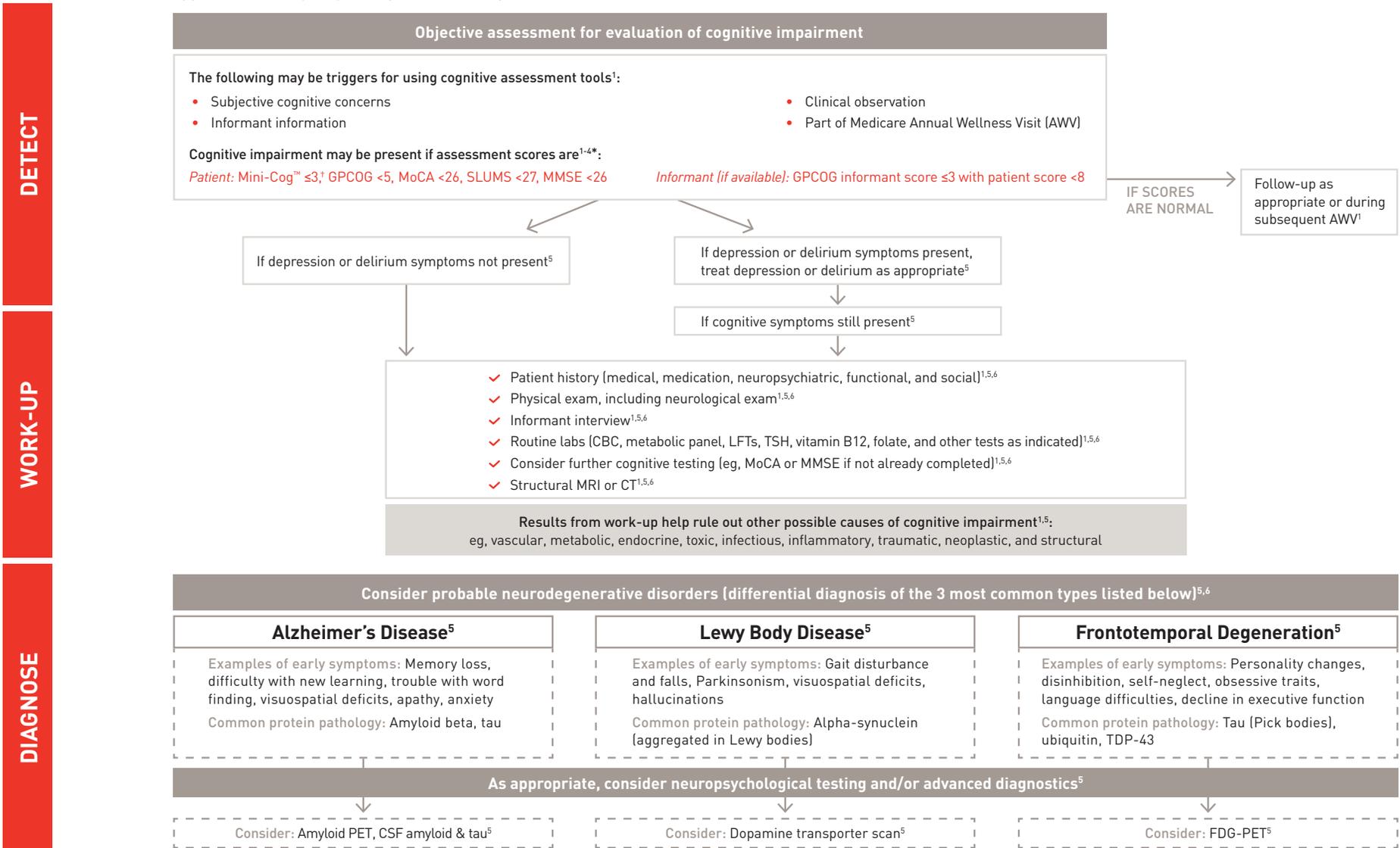


Using a stepwise approach to diagnose Alzheimer's disease

An example of a diagnostic algorithm to assess, detect, and diagnose Alzheimer's disease in your practice. This represents just one approach and may vary from practitioner to practitioner.



Consider specialist referral as appropriate.

Please note: the above is not all-inclusive and expresses only some of the more widely recognized tools for cognitive assessment. For additional diagnostic resources, please visit: Alz.org and Actonalz.org.

*No one tool is recognized as the best brief assessment to determine if a full dementia evaluation is needed. Cut-off scores may vary by reference as well as the education level of the patient.

[†]A cut point of <3 on the Mini-Cog™ has been validated for classifying subjects as "probably impaired," but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of ≤3 is recommended as it may indicate a need for further evaluation of cognitive status.^{7,8}

GPCOG=General Practitioner Assessment of Cognition; MoCA=Montreal Cognitive Assessment; SLUMS=Saint Louis University Mental Status Exam; MMSE=Mini Mental Status Exam; CBC=complete blood count; LFTs=liver function tests; TSH=thyroid stimulating hormone; MRI=magnetic resonance imaging; CT=Computerized Tomography; TDP-43=TAR DNA-binding protein 43; PET=positron emission tomography; CSF=cerebrospinal fluid; FDG=fluorodeoxyglucose.

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