Younger Onset Dementia – Diagnosis Guide

Statewide Dementia Clinical Network

Patient and/or carer identify memory or personality changes or GP receives service linked referral for request for assessment

- Personal / Collateral History (*1)
- Physical Examination (*2)
- Cognitive Assessment (*3)
- Functional Assessment – instrumental / activities of daily living (*4)
- Check for Behavioural & Mood Symptoms (*5)
- Diagnostic Investigations (*6)
- Differential Diagnosis (*7)
- Classification of Subtype (*8)

**POSSIBLE DIAGNOSIS OF DEMENTIA**

Yes or Unsure

Refer to Medical Specialist for assessment of diagnosis and diagnosis of sub-type.
Medical Specialist Examples:
- Neurologist
- Psycho-Geriatrician
- Geriatrician
- Clinical Geneticist
- Neuro-Psychologist

**DIAGNOSIS OF DEMENTIA?**

Yes

Inform PWD and carer of diagnosis and subtype of dementia (*9)

No

Reassessment 6 – 12 months to see if symptoms have changed or if any new symptoms have arisen

Provide feedback to referring service

Inform PWD and carer of diagnosis and subtype of dementia (*9)

Advise referring service

- Phone 1800 100 500

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**(*1) Personal / Collateral History**

Detailed history of:
- Symptoms
- Medical problems (cardiovascular disease, cerebrovascular disease, neurological disorders, medical/metabolic conditions, mental illness)
- Informant history of any disorders in other family members, example, vascular disease, neurological disorders, mental illness

**NB:** Cognitive Assessment - Newer tests are not sensitive to early stage dementia particularly fronto-temporal dementia complex *

Example: A08 Dementia Screening Interview, General Practitioner Assessment of Cognition (GPCOG), Memory Impairment Screen

Depression - if symptoms of depression have not begun to resolve with treatment within 6 months consider completing an assessment for dementia

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**(*2) Physical Examination**

Neurological (testing reflexes, muscle strength, eye movements, extra-pyramidal signs & frontal release signs), cardio-respiratory and abdominal

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**(*3) Cognitive Assessment (one of)**

- For YOD patients:
  - MMSE
  - Rowland Universal Dementia Assessment Scale (RUDAS)
  - Kimberley Indigenous Cognitive Assessment tool (KICA-Screen and KICA-Carer for Rural Indigenous)
  - For Carers
    - Informant Questionnaire on Cognitive Decline in the Elderly (Short Form) – IQ-Code

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**(*4) Functional Assessment – instrumental / activities of daily living**

- The Functional Activities Questionnaire (FAQ)
- The Barthel Index
- Disability Assessment for Dementia
- Consider Occupational Therapy Assessment

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**(*5) Check for Behavioural & Mood Symptoms**

Neuropsychiatric Inventory - NPI

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**(*6) Diagnostic Investigations**

- Electrolytes, Calcium, Glucose, Thyroid Function Test, B12, Folate, Syphilis, HIV, Auto-immune antibodies (if required)
- Genetic Testing (if appropriate), with Pre-test & Post-test genetic counselling

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**(*7) Differential Diagnosis**

Assess for the presence of other psychiatric and medical conditions including depression (Cornell Scale), delirium (CAM), as well as assessing for contributing co-morbidities

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**(*8) Classification of Subtype**

Neuro-imaging - Structural imaging (CT or MRI) and Functional Imaging (as guided by Specialists) - SPECT/PER can be used to establish the diagnosis of dementia and aid in differentiation of type

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**(*9) Inform PWD and carer of diagnosis and subtype of dementia**

Information should be given to the person and family and documented in the person’s notes.

Provide information on:
- Signs and symptoms of dementia, course and prognosis of subtype, treatments, financial, legal and advocacy advice, local care and support services.

Refer to the document via this link: [http://www.health.qld.gov.au/caru/networks/docs/dementia-hp-support.pdf](http://www.health.qld.gov.au/caru/networks/docs/dementia-hp-support.pdf) to identify other health professionals who may be available to provide support based on individual needs.

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