Primary Care Advice and Guidance
Cognitive Symptoms

For adults over the age of 65 with cognitive symptoms; *please refer to the local memory services.*
Cognitive symptoms, such as memory lapses, difficulties with attention or concentration, slowed information processing, and problems with planning or word-finding are very common and do not necessarily mean that there is an underlying neurological disorder. These symptoms may be associated with primary mental health disorders, fatigue, lack of sleep or medication side effects.
Dementia is an acquired disorder that is characterised by a significant decline in cognition involving one or more cognitive domains (learning and memory, language, executive function, complex attention, perceptual-motor, social cognition).
Mild cognitive impairment is a cognitive impairment that does not fulfil the diagnostic criteria for dementia, for example because only 1 cognitive domain is mildly affected or deficits do not significantly affect activities of daily living (ADLs). 50% of people with mild cognitive impairment subsequently develop dementia.

Initial Primary Care Assessment

- Please ensure that a general and neurological examination and investigations have been undertaken where organic disease is suspected. Where appropriate, the GP should assess for delirium (acutely confused state).
- Where possible, take history from someone who knows the person well (such as a partner or close family member). Please document alcohol intake and vascular risk factors.
- Arrange a follow-up consultation to assess cognition with the Mini-Addenbrooke's Cognitive Examination (Mini-ACE)

Investigations in Primary Care

- Please also checkthe following bloodtests:
  FBC, B12*,Folate*, U&Es, TFTs*,LFTs, Calcium/albumin, Randomglucose & HbA1C. Consider HIV and VDRL if clinical suspicion.
  *(TFT, Vitamin B12 and folate do not need to be repeatedif done within 3 months prior to referral).
- Arrange CT head scan.

Who to refer?

- New onset cognitive decline with associated neurological symptoms including seizures, jerks and neurological disability (e.g. Parkinsonism, focal neurological deficits, gait disorder).
- Rapidly progressive cognitive decline at any age not due to mental health disorder and/or medication.
- Younger patients with progressive cognitive decline.

Who not to refer

Suggest a watch and wait policy for;

- Adults aged under 50 with subjective memory problems and no other neurological symptoms or signs
- Patients with fluctuating or inconsistent memory symptoms - these are more suggestive of concentration difficulties.

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