Cognitive assessment in the early stages of dementia

Cognitive assessment should be a positive experience for the person being assessed. As well as a route to a diagnosis, it should be able to answer any questions that the person has about their own cognition; providing an account of their strengths and potential that gives them the best chance of making the best of their abilities no matter what stage of dementia they are at.

Types of cognitive assessment

There is a hierarchy of cognitive assessments from short simple tests suitable for brief screens to longer complex combinations of tasks that test a wide range of cognitive abilities and give the best comprehensive indication of a person’s cognition. Each test needs specific training to administer and interpret.

Good quality basic cognitive assessment

All cognitive tests have strengths and limitations. Tests need to be selected to be good measures of the cognitive abilities affected by dementia, to be given consistently and carefully, and scored and interpreted correctly. Poor quality assessments are costly for the person with dementia, services, and society. Avoidable errors in these areas can be reduced by regular training, supervision and audit from experienced Clinical Psychologists. All users of cognitive assessments should demonstrate competence in their use before assessing patients for the first time. It is important that competence in administration is maintained, and as such, refresher training may be indicated on an annual basis.

Individual assessment

Tests should be right for the purpose of the assessment and the person being assessed. Poor hearing and/or vision, a lack of education or learning disability, poor physical or mental health, different culture and language can all lead to overestimates of cognitive change. Equally, a person of very high ability may pass a basic screening test and consequently, subtle cognitive difficulties that are important for diagnosis, may be missed. All such cases need a specialised cognitive assessment by a neuropsychologist or equivalent specialist. Clinical judgement can be particularly difficult in the early stages of dementia.
Advanced cognitive assessment

A proportion of people with dementia will need an advanced, hypothesis-driven cognitive assessment because basic cognitive assessments are inconclusive. Advanced assessments will use reliable estimates of life long levels of intellectual ability, and a range of up to date assessments of memory, attention, executive function, perception, and language to clarify clinical uncertainty. Advanced assessments integrate quantitative and qualitative information to improve validity. Assessments may need to be repeated after a number of months to answer any remaining questions. Pressure for a quick diagnosis can lead to error. The specific cognitive tools used need to be suitable for the characteristics of the population being assessed, and subject to peer review.

High quality services

Good services will ensure that basic cognitive assessments are carried out accurately, reliably and validly through effective monitoring by experienced and qualified cognitive assessors. Good services will contain people capable of advanced cognitive assessments, and clear methods for accessing them appropriately. All people carrying out cognitive assessments will be aware of the uses and limitations of the assessments that they use, and when to seek advice and support from experienced colleagues with specific qualifications in cognitive assessment. Good services will be able to monitor the quality of cognitive assessments and make sure that poor quality practice does not result from pressures to increase the number of assessments carried out. Good services recognise the potential for error in assessing cognition and actively seek out and correct errors.

Stepped care

Stepped care models need to recognise the differing base rates of dementia in different parts of the health care system, and how this interacts with the results of cognitive assessment. In Primary Care, where dementia is relatively rare, the accuracy of ruling out dementia when cognition performance is high, but the accuracy of identifying dementia as the cause of poor cognitive performance is low. People with poor cognitive performance should be referred to specialist assessment services. The basic cognitive assessments used by memory clinics and similar services will be adequate in most cases, but a minority of people will need access to advanced assessments. There should be clear guides to help identify where advanced assessments will add most value to the care of an individual patient. These guides should not become barriers to accessing services through over rigid application.

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