

## Differentiating Normal Aging and Dementia

**Table 1. Distinguishing the Changes of Typical Aging From Dementia**

Typical Aging	Dementia
Independence in daily activities preserved	Person becomes critically dependent on others for key independent-living activities
Complains of memory loss but able to provide considerable detail regarding incidents of forgetfulness	May complain of memory problems only if specifically asked; unable to recall instances where memory loss was noticed
Patient is more concerned about alleged forgetfulness than are close family members	Close family members much more concerned about incidents of memory loss than patient
Recent memory for important events, affairs; conversations not impaired	Notable decline in memory for recent events and ability to converse
Occasional word-finding difficulties	Frequent word-finding pauses and substitutions
Does not get lost in familiar territory; may have to pause momentarily to remember way	Gets lost in familiar territory while walking or driving; may take hours to eventually return home
Able to operate common appliances even if unwilling to learn how to operate new devices	Becomes unable to operate common appliances; unable to learn to operate even simple new appliances
Maintains prior level of interpersonal social skills	Exhibits loss of interest in social activities; exhibits socially inappropriate behaviors
Normal performance on mental status examinations, taking education and culture into account	Abnormal performance on mental status examination not accounted for by education or cultural factors

Positive findings in any of the following areas generally indicate the need for further assessment for the presence of dementia.

**Table 2. Making the Diagnosis of Dementia**

Criteria	Probes to Be Asked of a Reliable Informant: "Does the person have . . . "
<p>Delerium <b>not</b> present</p>	<p>Intact arousal and alertness</p> <p>No abrupt changes in mental state</p> <p>No acutely exacerbated medical conditions</p>
<p>Memory impairment-- learning and retaining new information</p>	<p>Trouble remembering recent conversations, events, appointments; frequently misplaces objects; repeats self in conversation</p>
<p><b>At Least 1 of the Following:</b></p>	
<p>Disturbance of language function: aphasia</p>	<p>Increasing difficulty in word-finding and with following conversations</p>
<p>Disturbance of visual spatial abilities and impairment of visually guided activities-- agnosia and apraxia</p>	<p>Trouble dressing, driving, and locating and organizing objects around the house, finding his/her way around familiar places</p>
<p>Disturbance of executive functioning (ie, planning, organizing, sequencing, and abstracting, and judgment)</p>	<p>Trouble following a complex train of thought or performing tasks that require many steps, such as balancing a checkbook or cooking a meal</p> <p>Unable to respond with a reasonable plan to problems such as household emergencies</p> <p>Characteristic disregard for rules of social conduct, tending to make inappropriate remarks or show inappropriate behaviors</p>
<p><b>Sufficient to Cause:</b></p>	
<p>Significant impairment in social and occupational function that represents a decline from a previously higher level of functioning</p>	<p>Inability to live independently, meaning that the person is dependent on others as a result of concerns about safety, well-being, judgment, financial management, travel</p>

**Differentiating Normal Aging and Dementia**

When assessing older patients, it is important to keep in mind the differences between normal and pathological changes that occur with aging.

Collateral information from caregiver or family member is essential to verify historical events, if obtained from the patient. Questions to ask include:

1. What is the most distressing problem?
2. Are the cognitive or behavioral changes of recent onset or have they been developing over a period of months or years?
3. Have there been changes in patient activities of daily living and instrumental activities of daily living?

4. Has there been a change in patient social function or role?
5. What chronic medical conditions exist?
6. What is the patient's level of alertness?
7. Has the patient had problems driving (citations, crashes, near misses, getting lost, or behavioral problems while driving)?

### Complications to Be Aware of When Talking With Families

- The family plays a key role by providing detailed history concerning mental status changes.
- Family members may minimize or exaggerate subtle yet progressive symptoms (such as the inability to balance the checkbook, loss of inhibition, verbal or physical abuse of/by spouse, psychosocial stressors, or other factors).
- Different family members bring their own perception of the severity and impact of cognitive changes.

### Medications List Review

- Many commonly used medications can be responsible for cognitive changes; therefore, careful review of medication usage is essential, including prescription and nonprescription drugs.
- Patients and family should be reminded to bring all of their over-the-counter medications, herbal remedies, nutritional supplements, and prescription medications to the office.

**Table 3. Some Medications That May Cause Cognitive Impairment**

#### Antiarrhythmic Agents

Disopyramide, Quinidine, Tocainide

#### Antihistamines/Decongestants

Phenylpropanalamine, Diphenhydramine, Clorpheniramine, Brompheniramine, Pseudoephedrine

#### Antibiotics

Cephalexin, Cephalothin, Metronidazole, Ciprofloxacin, Ofloxacin

#### Cardiotonic Agents

Digitalis

#### Anticholinergic Agents

Benzotropine, Homatropine, Scopolamine, Trihexyphenidyl

#### Corticosteroids

Prednisone

#### Antidepressants

Amitriptyline, Imipramine, Desipramine, Doxepin

#### H<sub>2</sub> receptor Antagonists

Cimetidine, ranitidine

#### Anticonvulsants

Phenytoin, Valproic acid, Carbamazepine

#### Immunosuppressive Agents

Cyclosporine, Interferon

#### Antiemetics

Promethazine, Hydroxyzine, Metoclopramide,

#### Narcotic Analgesics

Codeine, Hydrocodone, Oxycodone, Meperidine,

Prochlorperazine

Propoxyphene

**Antihypertensive Agents**

Propranolol, Metoprolol, Atenolol, Verapamil, Methyldopa, Prazosin, Nifedipine

**Muscle Relaxants**

Baclofen, Cyclobenzaprine, Methocarbimol

**Antineoplastic Agents**

Chlorambucil, Cytarabine, Interleukin-2

**Nonsteroidal Anti-inflammatory Agents**

Aspirin, Ibuprofen, Indomethacin, Naproxen, Sulindac

**Antimanic Agents**

Lithium

**Radiocontrast Agents**

Metrizamide, Iothalamate, Iohexol

**Anti-Parkinsonian Agents**

Levodopa, Pergolide, Bromocriptine

**Sedatives**

Alprazolam, Diazepam, Lorazepam, Flurazepam, Clonazepam, Phenobarbital, Chloral hydrate

**Antipsychotics**

Haloperidol, Chlorpromazine, Thioridazine

(Table adapted from AHCPR *Clinical Practice Guidelines*. No. 19. Publication #97-0702, Washington, DC, US Department of Health and Human Services, November, 1996.)