



## Newly Diagnosed Patient - Setting a Plan

### Disclosing the Diagnosis

1. Best communicated as another long slot appointment, with family present.
2. Prep for bad news by asking: "Is it OK to share what I think is going on?"
3. Even if it's mild cognitive impairment, mention high concern for Alzheimer's disease.
4. If mild cognitive impairment, 30% may never get worse (but most have Alzheimer's.)
5. Include optimism: things will change slowly, many years good living still to come.
6. Printed booklet: Dementia Road Map is useful to hand out.

### When to Refer to Neurology

1. For sure if visual hallucinations (risk of Lewy Body.) Included in .cognitivechecklist
2. If onset of cognitive impairment before age 65.
3. Other neurologic symptoms present (such as a tremor or focal neuro deficit on exam.)

### Brain Health Checklist .cognitivechecklist

- Alcohol: limiting to 0-1 drinks will help.
- Medications: limit sedating and anticholinergics.
- Contributors: treat sleep apnea and hearing loss.
- Exercise, diet, social stimulation.

### Community Resources [Cognition-PrimaryCare.org](http://Cognition-PrimaryCare.org)

1. Momentia: directory of social groups to join.
2. Powerful Tools for Caregivers: free 6-week class teaching coping skills.
3. Alzheimer's Association Help Line: 24/7 social work support 800.272.3900

### Follow-up Visits

1. DPOA-H: set back up to spouse before patient loses capacity to do so.
2. Discuss medications to treat cognitive decline.