MEDICAL COUNCIL OF CANADA | LE CONSEIL MÉDICAL DU CANADA

Major/mild neurocognitive disorders (dementia)

(February 2017)

Rationale

Neurocognitive disorder (dementia) is a diminution in cognition in the setting of a stable level of consciousness. It is a major issue for families and caregivers, and is increasing in prevalence with the aging population. Alzheimer's disease is by far the most common form of neurocognitive disorder (dementia) in the elderly. Preventive screening of the elderly for risk factors and possible reversible disorders should be routinely done.

See also Objective 31-1, , and Objective 74, .

Causal Conditions

(list not exhaustive)

- Alzheimer's disease
- Vascular dementia (e.g., multi-infarct, lacunar infarcts)
- Brain trauma (e.g., postconcussive, anoxia)
- Drugs (e.g., alcohol, substance abuse)
- Toxins (e.g., heavy metals, organic toxins)
- Neurodegenerative disorders (e.g., Parkinson disease, Lewy Body, Huntington disease)
- Normal pressure hydrocephalus
- Intracranial masses (e.g., tumours, subdural masses, brain abscesses)
- Infections (e.g., human immunodeficiency virus, neurosyphilis)
- Endocrine, metabolic, and nutritional disorders (e.g., hypothyroid, vitamin B12 deficiency)

Key Objectives

Given a patient with neurocognitive disorder (dementia), the candidate will identify potential causes, severity, and complications, and will initiate an appropriate management plan. In

particular, the candidate will identify a deterioration in cognitive function and look for reversible risk factors. The candidate will differentiate early Alzheimer disease from other causes.

Enabling Objectives

Given a patient with neurocognitive disorder (dementia), the candidate will

- list and interpret critical clinical findings, including those based on
    a. a history from the patient and on other collateral information to determine whether cognitive decline has occurred, the time course, and possible risk factors (e.g., drugs, toxins);
    b. a differentiation of true neurocognitive disorder (dementia) from psychiatric disorders (e.g., depression);
    c. the determination of the patient's mental status as well as the results of the mini-mental state examination;
- list and interpret critical investigations (e.g., thyroid-stimulating hormone, vitamin B12, venereal disease research laboratory);
- construct an effective initial management plan, including
    a. treatment of reversible underlying conditions;
    b. initiation of appropriate pharmacotherapy (e.g., cholinesterase inhibitors);
    c. patient and family counseling (e.g., prognosis, alternate decision-making and support services);
    d. determination as to whether a referral to specialized services (e.g., occupational therapy, addictions treatment) is required.