

PHILADELPHIA COORDINATED HEALTH CARE

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 The Southeastern Pennsylvania Health Care Quality Unit

Differential Diagnosis Considerations for Symptoms of Dementia

There are many medical conditions that can mimic symptoms of dementia. The physician will determine which screening/test would be beneficial after the physician completes a physical examination and a review of medical history, family health history, and information provided by support staff/family. This chart provides some common conditions the physician might consider ruling out.

Condition	Consideration/Screen for	Possible Referral/Testing
<input type="checkbox"/> Sensory deficits	Hearing loss	-Referral to audiologist -Referral to ENT consultant
<input type="checkbox"/>	Vision loss, low vision, depth perception changes	-Referral to ophthalmologist
<input type="checkbox"/> Metabolic disturbances	Electrolyte imbalance, hypo/hyperglycemia	- Check a comprehensive metabolic panel (CMP) - Renal Function Testing - Electrocardiogram - Chest x-ray
<input type="checkbox"/>	B12 or folate deficiency or other nutritional deficiencies	- Check a vitamin B12 level, folate level - Referral to nutritionist
<input type="checkbox"/>	Anemia	- Check a complete blood count (CBC)
<input type="checkbox"/>	Thyroid dysfunction	- Check a thyroid panel
<input type="checkbox"/>	Toxic levels of anticonvulsant medication	- Check serum medication level
<input type="checkbox"/>	Toxic side effects of medication (e.g., high ammonia level with the use of Depakote)	- Check an ammonia level - Hepatic testing bloodwork
<input type="checkbox"/> Infection	Urinary tract infection	- Urinalysis - Complete Blood Count

Conditions	Consideration/Screen for	Possible Referral/Testing
<input type="checkbox"/> Mood disorder	New onset or worsening of baseline mood disorder (depression can have symptoms similar to dementia/ can co-occur with dementia)	- Depression screening - Referral for a psychiatric evaluation
<input type="checkbox"/> Pharmacologic concerns	Unwanted drug to drug interactions, polypharmacy	- Medication review by physician - Medication review by a pharmacist
<input type="checkbox"/> Sleep problems	Undiagnosed sleep apnea or other sleep disorder	- Referral for a sleep study evaluation - Sleep study
<input type="checkbox"/> Epilepsy	Undiagnosed seizure disorder Uncontrolled seizure disorder or worsening of baseline seizure activity	- Referral to a neurologist - Electroencephalogram (EEG) - Computed tomography (CT) of brain - Magnetic Resonance Imaging (MRI)
<input type="checkbox"/> Pain	Undiagnosed or undertreated pain	- Referral to pain specialist
<input type="checkbox"/> Mobility issues	Fall risk Loss or change in function Osteoarthritis	- Referral to orthopedic consultant - Referral to occupational and/or physical therapist
<input type="checkbox"/> Psychosocial or environmental stressors	Changes in routine, death of family member or friend, relocation to new home or work place	- Referral for cognitive therapy, bereavement, counseling
<input type="checkbox"/> Other	Conditions that may be associated with cognitive changes (e.g.: brain tumor, multiple sclerosis, human immunodeficiency virus, cryptococcal infection)	- Rapid Plasma Reagin (RPR)/VDRL/HIV - Erythrocyte sedimentation rate - Toxicology screen - Urinalysis - Hepatic testing
<input type="checkbox"/> Additional considerations <i>(Prevalent conditions in adults with Down syndrome)</i>	Celiac disease Atlantoaxial instability	- IgA TTG (anti-tissue transglutaminase antibody) - Cervical x-ray