

# PHILADELPHIA COORDINATED HEALTH CARE

1601 Market Street, 5<sup>th</sup> Floor • Philadelphia, PA 19103  
 (215) 546-0300 • Fax: (215) 790-4976  
 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"/> <b>Sensory deficits</b>	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"/> <b>Metabolic disturbances</b>	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"/> <b>Infection</b>	Urinary tract infection	- Urinalysis - Complete Blood Count

Conditions	Consideration/Screen for	Possible Referral/Testing
<input type="checkbox"/> <b>Mood disorder</b>	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"/> <b>Pharmacologic concerns</b>	Unwanted drug to drug interactions, polypharmacy	- Medication review by physician - Medication review by a pharmacist
<input type="checkbox"/> <b>Sleep problems</b>	Undiagnosed sleep apnea or other sleep disorder	- Referral for a sleep study evaluation - Sleep study
<input type="checkbox"/> <b>Epilepsy</b>	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"/> <b>Pain</b>	Undiagnosed or undertreated pain	- Referral to pain specialist
<input type="checkbox"/> <b>Mobility issues</b>	Fall risk Loss or change in function Osteoarthritis	- Referral to orthopedic consultant - Referral to occupational and/or physical therapist
<input type="checkbox"/> <b>Psychosocial or environmental stressors</b>	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"/> <b>Other</b>	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"/> <b>Additional considerations</b> <i>(Prevalent conditions in adults with Down syndrome)</i>	Celiac disease Atlantoaxial instability	- IgA TTG (anti-tissue transglutaminase antibody) - Cervical x-ray