INTRODUCTION TO COGNITIVE SCREENING

Cognitive Screening: WHAT?

Cognitive screens are brief, inexpensive methods of identifying subtle deficits in cognition in order to help triage referrals, monitor known impairments, determine appropriateness for specific programs or identify the need for more in depth assessment. Cognitive screens should be performed when there is a reason to suspect an impairment might exist and are performed by a variety of qualified staff across the continuum of care. **Cognitive screens** help answer the question ***"Is there a problem?"*** This differs from **cognitive tests** and **cognitive assessments** which help answer specific questions such as ***"What kind of problem? What is the degree of the problem? What is the impact of the problem in a specific context?"*** Cognitive assessments are performed by experts in their field, which may be occupational therapists, psychologists, nurse practitioners, physicians, speech language pathologists or neuropsychologists. (Cady, et al. 2017)

- ✓ Triage referrals
- ✓ Identify appropriateness for specific programs
- ✓ Identify need for more in depth assessment or monitoring

Cognitive Screening: WHY?

- Identify need for further assessment.
- Establish baseline to allow for prospective monitoring of cognitive function over time.
- Flag factors that could be the primary focus for intervention (e.g. attention, memory).
- Prospective monitoring of medication effects.
- Identify possible neuropathology in need of further assessment by neuropsychology or medicine (e.g. epilepsy, TBI, dementia).
- Identify factors that may impact treatment adherence or successful participation in a program/therapy

"…**Screening tests are not considered diagnostic, but are used to identify a subset of the population who should have additional testing to determine the presence or absence of disease**."

(Johns Hopkins Medicine)

Cognitive Screening: WHO?

Training requirements vary by instrument but all are intended for use by clinical staff with competency in cognitive screening.

Professional Responsibilities in Cognitive Screening

- Obtain informed consent.
- Complete training requirements for specific instruments.

- Flag when a screen is not appropriate or the negative effect outweighs the potential benefits (ie. client with known dementia and no change in function who is distressed by testing).
- Identify when a screen is missing important issues (for example impact of behavior, culture, sensory impairment) or score does not tell the entire story.
- Know the limits of the tool, appropriate conclusions and next steps.

Cognitive Screening: WHEN?

- Intake screening (program dependent)
- There is a trigger (reason to suspect impairment)
- There is a question about function
- The situation seems to be changing

To help decide when to refer, or not refer

How often can screens be repeated?

- At referral or intake to service/program
- When status changes
- When transitioning between services
- At set intervals for some clinics (e.g., geriatrics, neuroscience clinics)
- ***Be aware of practice effects!*** Use alternative versions of tests when available. Repeated cognitive screening may not be appropriate in cases where cognitive impairment is established and there is no noted change in function,

Skip the screen & proceed directly to assessment when:

- Consequences are high, such as transition (discharge) planning or concerns with capacity / decision making ability
- Diagnosis is needed
- Specific skills need to be examined
- Complex client with comorbidities that require higher degree of clinical reasoning

Cognitive Screening: HOW?

Please refer to *General Tips for Cognitive Screening* (click here) for more information on important considerations, modifications and compensating for sensory, motor, or communication challenges. Ideally, cognitive screening take place in person, however, if it must take place virtually, review Virtual Health Resources such as Virtual Cognitive/Perceptual Assessment: Occupational Therapy Practice Guideline (click on link).

Limitations of Cognitive Screens:

- May miss subtle issues/not consider context
- May have the wrong focus
- May cause undue emotional distress for client/family
- Making hard decisions from soft scores (are the fluctuations in scores clinically significant?)
- Undertrained screeners may make mistakes

DON'T MISTAKE A SCREEN FOR AN ASSESSMENT!

DON'T MISTAKE A SCREEN SCORE FOR REAL LIFE, FUNCTIONAL ABILITY!

Examples of errors

- Temporary health condition: **delirium,** medication change, substance withdrawal
- Not considering impact of sensory impairment (missing glasses/hearing aids)
- Rushing to provide a 'number' or providing only a number without considering context or next steps.
- Lack of background information; low education, limited English
- Lack of context: previous health issue, lack of engagement, pain or sleep deprivation
- Scoring errors: forgetting points, administering only a portion but not adjusting interpretation, deviating from standardized protocol and not documenting details or rationale.
- Interpretation error: using tool to make a diagnosis, rather than a prompt for assessment.
- Losing focus on primary concern or not relating screen back to reason for administering.

***Clients who are experiencing* **DELIRIUM** *are not appropriate for cognitive screening*. Consider administration of a tool specifically designed for delirium such as the *Confusion Assessment Method* or *Intensive Care Delirium Screening Checklist*. If this is a new onset of delirium, liaise immediately with client's physician or urgent care provider.

References

Block, C.A., Johnson-Greene, D., Pliskin, N. & Boake, C. (2017) Discriminating cognitive screening and cognitive testing from neuropsychological assessment: implications for professional practice. *The Clinical Neuropsychologist*, 31:3, 487-500, DOI: 10.1080/13854046.2016.1267803

Johns Hopkins Medicine. (n.d.). *Screening for common diseases.* https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/screening-tests-for-common-diseases