A diagnosis of dementia can be made with a high degree of certainty if all five criteria listed below are met:

1. Functional impairment
   The person is no longer fully independent in relation to basic activities of daily living, washing, dressing, feeding and attending to own continence needs. The requirement of prompting or supervision of staff constitutes a loss of full independence.

2. Mini-Cog
   **Step 1: Three Word Registration**
   Look directly at person and say, “Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now.” If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

   The following and other word lists have been used in one or more clinical studies. For repeated administrations, use of an alternative word list is recommended.

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<tbody>
<tr>
<td>Banana</td>
<td>Leader</td>
<td>Village</td>
<td>River</td>
<td>Captain</td>
<td>Daughter</td>
</tr>
<tr>
<td>Sunrise</td>
<td>Season</td>
<td>Kitchen</td>
<td>Nation</td>
<td>Garden</td>
<td>Heaven</td>
</tr>
<tr>
<td>Chair</td>
<td>Table</td>
<td>Baby</td>
<td>Finger</td>
<td>Picture</td>
<td>Mountain</td>
</tr>
</tbody>
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   **Step 2: Clock Drawing (see over page)**
   Say: “Next, I want you to draw a clock for me. First, put in all of the numbers where they go.” When that is completed, say: “Now, set the hands to 10 past 1.” Use pre-printed circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

   **Step 3: Three Word Recall**
   Ask the person to recall the three words you stated in Step 1. Say: “What were the three words I asked you to remember?” Record the word list version number and the person’s answers below.

   **Word List Version: ____ Person’s Answers: _______ _______ _______**

3. Corroborating History
   History of cognitive decline, typically gradual in onset and progression, but may be abrupt in some cases. This should be present for at least two years at a degree sufficient to impair performance on daily living tasks.

4. Investigations
   Dementia screening **bloods are normal** (where clinically appropriate and patient consents to bloods). If patient lacks capacity to consent to bloods, a best interest decision must be made and documented accordingly. NB. If intracranial pathology (e.g. subdural haematoma, cerebral tumour) is suspected, referral for a brain scan may be appropriate. Otherwise where dementia is advanced, differential diagnosis is unlikely to affect patient management and a brain scan is unnecessary.

5. Exclusion Criteria
   There is **no acute underlying cause to explain** confusion i.e. delirium (acute confusional state) has been excluded. Mood disorder or psychosis is also excluded.

A diagnosis of dementia can be made with a high degree of certainty if all five criteria listed above are met. If dementia is confirmed, please add this patient to your GP practice dementia register using the recommended codes. Consent should be sought for this from the person themselves or a family carer where the individual lacks capacity.

NB. Where a diagnosis of dementia is confirmed, a copy of the completed DiADeM tool should be saved into the patient’s notes as it forms part of their clinical record.
Patient’s First Name …………………………………………………………………………….. Surname………………………………………………………………………………………….

D.O.B. …………………/……………./……………… NHS Number ……………………………………………………………………………………………

Patients GP………………………………………………………………………………………… Care Home…………………………………………………………………………………………

Scoring

<table>
<thead>
<tr>
<th>Word Recall: _____</th>
<th>(0-3 points)</th>
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| 1 point for each word spontaneously recalled without cueing.

<table>
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<tr>
<th>Clock Draw: 2</th>
<th>(0 or 2 points)</th>
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</table>
| Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.

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<tr>
<th>Total Score: 3</th>
<th>(0-5 points)</th>
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| A total score of 0, 1 or 2 indicates a high likelihood that the person has dementia. It is taken as a positive result in this part of the DiADeM process. A score of 3, 4 or 5 is less likely to be associated with a diagnosis of dementia. You may wish to consider referral to Care Home Liaison services if other parts of the DiADeM process are suggestive of cognitive impairment.

References


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