

## NHS FORTH VALLEY

# Assessment Tools for Depression, Cognitive Impairment and Delirium in General Practice

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## Management of Policies Procedure control sheet

(Non clinical documents only)

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## Consultation and Change Record – for ALL documents

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<b>Consultation Process:</b>	FV Old Age psychiatry consultants and Primary care leads,		
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25/01/2017	Nicola Wood	Changed AMT10 and CAM to 4AT Updated document	2.0

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<b>Feature</b>	<b>Delirium</b>	<b>Dementia</b>	<b>Depression</b>
<b>Onset</b>	Abrupt	Slow and Insidious	Gradual
<b>Duration</b>	Hours/Day	Months/Years	Weeks/Months
<b>Course</b>	Fluctuating	Progressive	Often worse in mornings
<b>Orientation</b>	Severe Impairment	Variably Impaired	Usually Normal
<b>Memory</b>	Impaired	Impaired	May be impaired due to poor concentration
<b>Mood</b>	Anxious, fearful, agitated apathetic	Normal	Low, sad, irritable
<b>Perception</b>	Visual hallucinations common	Usually Normal	Usually Normal
<b>Sleep-Wake</b>	Severe disruption Drowsy	Alert Nocturnal Wandering	Difficulty in getting to sleep, early morning wakening

## Delirium Assessment (4AT)

### (1) ALERTNESS

(Includes patients who are abnormally sleepy or agitated)

Normal (fully alert, but not agitated throughout session)	0
Mild sleepiness for <10 seconds after waking, then normal	0
Clearly abnormal	4

### (2) AMT4 (Age, DOB, year, place)

No mistakes	0
1 mistake	1
2 or more mistakes	2

### (3) ATTENTION

(Ask patient to state the months of the year backwards)

Achieves 7 or more months correctly	0
Starts but scores <7 months/refuses to start	1
Untestable (cannot start as too drowsy/unwell)	2

### (4) ACUTE CHANGE OR FLUCTUATING COURSE

(Evidence of significant change or fluctuation in alertness, cognition or other mental functions arising in the past 2 weeks and still evident in past 24 hours)

No	0
Yes	4

### 4AT SCORE

4 or more – possible delirium +/- cognitive impairment

1-3 – possible cognitive impairment – complete GPCOG

0 – delirium or severe cognitive impairment unlikely (however delirium still possible if (4) information incomplete)

**GPCOG**  
**Step 1: Patient Examination**

*Unless, specified, each question should only be asked once*

**Name & address**

1 Recall of address 'John Brown, 42 West Street, Kensington'. Ask patient to remember for subsequent recall below.

Correct                  Incorrect

**Time orientation**

2 What is the date? (exact only)

                

**Clock drawing** - use blank page

                

3 Please mark in all the numbers to indicate the hours of a clock (correct spacing required)

4 Please mark in hands to show 10 minutes past eleven o'clock (11.10)

                

**Information**

5 Can you tell me something that happened in the news recently? (Recently = in the last week. If a general answer is given, e.g. "war", "a lot of rain", ask for details. Only specific answer scores).

                

**Recall**

6 What was the name and address I asked you to remember?

John  
Brown  
42  
West (St) Kensington


**(To get a total score add the number of items answered correctly)**                  **Total correct (score out of 9)**

/9
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If patient scores 9, no significant cognitive impairment and further testing not necessary.
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If patient, scores 5-8, more information required. Proceed with step 2, Carer/Informant interview.
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If patient scores 0-4, cognitive impairment is indicated. Conduct standard investigations
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## Step 2: Carer/Informant interview

Record informant's name and their relationship to the patient.

**These 6 questions ask how the patient is compared to when s/he was well, say 5-10 years ago.**

**Compared to a few years ago:**

- |  | Yes                      | No                       | Don't Know               | N/A                      |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Does the patient have more trouble remembering things that have happened recently than s/he used to?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does he or she have more trouble recalling conversations a few days later?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. When speaking, does the patient have more difficulty in finding the right word or tend to use the wrong words more often?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the patient less able to manage money and financial affairs (e.g. paying bills, budgeting)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the patient less able to manage his or her medication independently?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the patient need more assistance with transport (either private or public)? (If the patient has difficulties due only to physical problems, e.g. bad leg, tick `no') | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**(To get a total score add the number of items answered "no", "don't know" or "N/A")**

**Total correct (score out of 6)**

/6
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If patient scores 0-3 cognitive impairment is indicated. Conduct standard investigations

### Geriatric Depression Scale (GDS)

- |  | Yes/No* | *Score |
|--|---------|--------|
| 1. Are you basically satisfied with your life?                                       | Yes/No* |        |
| 2. Do you feel that your life is empty? ....   | Yes*/No |        |
| 3. Are you afraid that something bad is going to happen? .....                       | Yes*/No |        |
| 4. Do you feel happy most of the time? ..  | Yes/No* |        |
| 5. Have you dropped many of your activities and interests? .....                     | Yes*/No |        |
| 6. Do you often feel helpless? .....   | Yes*/No |        |
| 7. Do you feel you have more problems with memory than most? .....                   | Yes*/No |        |
| 8. Do you feel full of energy? .....   | Yes/No* |        |
| 9. Do you feel that your situation is hopeless? .....                                | Yes*/No |        |
| 10. Do you think that most people are better off than you are? .....                 | Yes*/No |        |
| 11. Do you often get bored? .....  | Yes*/No |        |
| 12. Are you in good spirits most of the time?.....                                   | Yes/No* |        |
| 13. Do you prefer to stay at home, rather than going out and doing new things? ..... | Yes*/No |        |
| 14. Do you think it is wonderful to be alive now?                                    | Yes/No* |        |
| 15. Do you often feel pretty worthless the way you are now?                          | Yes*/No |        |

/15

0-4 – no cause for concern  
 9-11 - suggests moderate depression

5-8 – suggests mild depression  
 12-15 – suggests severe depression



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