

VADEC program: Cognitive Impairment Examination and improvement in patient's diagnosis

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Introduction

There is a huge controversy about the correct diagnosis and the neuropsychological approach to a patient with cognitive impairment (CI).

VADEC program's aim is to try to obtain a Consensus Guidelines of Good Clinical Practice in Spain, establishing which cognitive scales are needed for an optimal approach to this kind of patients.

Methods and Materials

- VADEC is a qualitative socio-sanitary research program based on Delphi methodology designed to establish a consensus on the diagnostic criteria and the proper scales to assess patients with CI, and its relationship with other epidemiological, diagnostic and clinical considerations included in the guidelines and in some bibliographical resources.
- It consists in a specific structured questionnaire on Dementia that has been completed by neurologist all over Spain. This questionnaire gives information about many aspects of cognitive impairment including which are the most popular test or scales, and reach a consensus.
- The questionnaire proposes key issues that can be evaluated from 1 to 9, so that they can be grouped into three different levels. The median value determines the degree of agreement and the group consensus achieved.

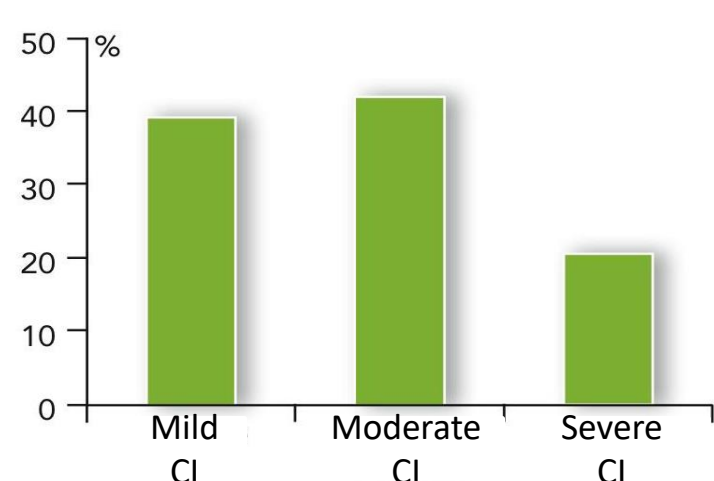
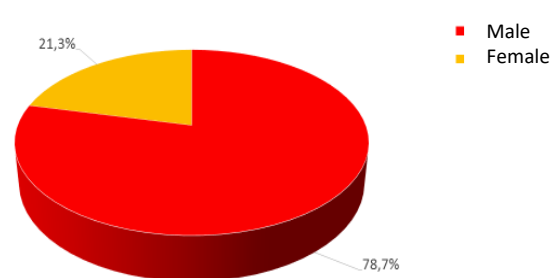
For each item it is considered:

- Major disagreement, if the median is ≤ 3 (scores of 1, 2 or 3).
- Majority agreement, if the median is ≥ 7 (scores of 7, 8 or 9).
- Doubtful agreement, if the median is between 4 and 6 (scores of 4, 5 or 6).

The objective of the agreement adopted is the one known as the 7 / 66,7%, which proposes the assessment of 7 to 9 in the different items by at least 2/3 of the participants. On the other hand, it is considered that there is no high dispersion in the responses, which is determined by the interquartile range (RIC <4 points).

Results

- The program was conducted from 1th June to 31th July 2017.
- 130 neurologists with an average of 21 years of clinical practice, Public Health System (90.8%).
- The participants visited daily and average of 7 patients with CI, 38.67 % had mild CI, 41.15%, moderate CI, and 20.18%, severe CI.

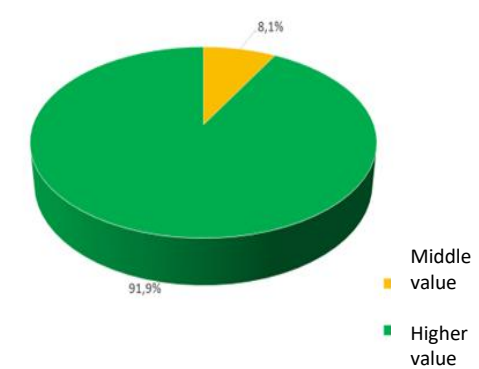


Results

There is consensus on most general issues raised, among them, the Petersen criteria to define the MCI.

Mean		7,8
95% IC	Lower limit	7,6
	Upper limit	8,1
Median		8
Standard deviation		1,2
Minimum		1
Maximum		9
Range		8
Interquartile range		2

Regarding with specific issues, there is consensus in considering the Mini Mental State Examination (MMSE) Test to be very useful in its two best known versions (30 and 35 points), validated to the Spanish reality, although it has some limitations and it is advised to be complemented with the TIN. Also, there is a broad consensus on the high utility of the clock test, the Friedman test, and the Montreal Cognitive Assessment (MoCA). There is no consensus on the rest of the tests.



	Frecuency (N)	Percentage (%)
Low utility (answers 1, 2 y 3)	0	0,0
Average utility (answers 4, 5 y 6)	10	8,1
High utility (answers 7, 8 y 9)	113	91,9
Total	123	100,0

The study highlights the need to have more information, especially regarding the DSM-V, the convenience of making a "guide of guides" or guide of recommendations and practices (GRP), which harmonizes criteria in relation to cognitive impairment, in general, and mild cognitive impairment, in particular.

Conclusions

There is a great consensus (high utility) of using MMSE or Mini Examen Cognoscitivo (MEC) in the diagnosis of Cognitive Impairment among neurologist in Spain. Besides, there is a wide consensus about the utility of MoCA TEST, Clock Test and Friedman Test.

These results show the need of a Consensus Guideline about the use of NPS in Cognitive Impairment in Spain.

References

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