Important change

DSM-5 (2013) manual has renamed the term of dementia to MND; which expands the diagnostic criteria to include:

- Memory impairment
- Social cognitive dysfunction
- Complex attention derangement

MND goes beyond dementia to include dysfunction in the following forms:

- **Aphasia** – Inability to comprehend and express language
- **Apraxia** – Inability to execute purposeful movements
- **Agnosia** – Inability to recognize or process sensory information
- **Executive function** – Inability to connect past experience with present action

Mild cognitive impairment

Mild cognitive impairment (MCI) is classified as between normal cognition and MND and is often an early form of MND. Patients may exhibit:

- Intact activities of daily living
- Preserved cognitive function
- Objective memory dysfunction may be noted by family or friends such as:
  - Inability to remember age, education or historical background

Patients who express signs of aphasia, apraxia, agnosia, and executive function disturbances are no longer classified as MCI, but diagnosed as MND

Reversible MNDs

Reversible MNDs typically resolve once the insulting disease or noxious substance is removed. Examples of reversible causes include:

- Hypoxia
- Depression
- Normal pressure hydrocephalus
  - Symptoms include urinary incontinence and gait defects
- Medication/toxin
  - Alcohol
  - Prescriptive or illicit drugs
  - Newly added medications, such as benzodiazepines, opiates, tri-cyclic antidepressants, anti-convulsants, fluoroquinolone antibiotics, H-2 receptor antagonists, and corticosteroids
Reversible MNDs (continued)

- Acute related illness
  - Infection
  - Anemia
  - Dehydration
  - Organ failure

- Metabolic derangement
  - Acidosis
  - Thyroid disease
  - Hyper/hypo-natremia
  - Liver (ammonia)
  - Renal (uremia)

ICD-10-CM codes to support a more precise diagnosis

<table>
<thead>
<tr>
<th>ICD 10-CM Code</th>
<th>ICD 10-CM Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F10.27</td>
<td>Alcohol dependence with alcohol-induced persisting dementia</td>
</tr>
<tr>
<td>F13.27</td>
<td>Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting dementia</td>
</tr>
<tr>
<td>F13.97</td>
<td>Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced persisting dementia</td>
</tr>
<tr>
<td>F18.17</td>
<td>Inhalant abuse with inhalant-induced dementia</td>
</tr>
<tr>
<td>F18.27</td>
<td>Inhalant dependence with inhalant-induced dementia</td>
</tr>
<tr>
<td>F18.97</td>
<td>Inhalant use, unspecified with inhalant-induced persisting dementia</td>
</tr>
<tr>
<td>F19.17</td>
<td>Other psychoactive substance abuse with psychoactive substance-induced persisting dementia</td>
</tr>
<tr>
<td>F19.27</td>
<td>Other psychoactive substance dependence with psychoactive substance-induced persisting dementia</td>
</tr>
<tr>
<td>F19.97</td>
<td>Other psychoactive substance use, unspecified with psychoactive substance-induced persisting dementia</td>
</tr>
</tbody>
</table>

Documentation

In addition to the objective examination it is important to document behavioral disturbances such as:

- Sleep disturbance
- Agitation
- Delusion
- Aggression
- Hallucination
- Wandering

It is important to:

- Include findings that support a diagnosis of MND
- Ensure that a treatment plan and follow-up are included
- Confirm a face to face encounter is signed and dated by a credentialed provider
- Include specific ICD-10 code with written description

Evaluation

It is important to interview the patient along with an informant. Clinician should ask about deficits with:

- Judgment
- Language
- Learning elementary tasks
- Reduced activity interest
- Handling finances

Memory problems

- Appointments
- Days of week
- Specific or current year

Examination

An objective examination needs to include the results of neurocognitive testing such as:

- **Mini-Mental State Exam**: [http://ncemi.org/shared/etools_c/etools_c.pl](http://ncemi.org/shared/etools_c/etools_c.pl)

References

CDC. (October, 2013). Dementia/Alzheimer’s disease [http://www.cdc.gov/mentalhealth/basics/mental-illness/dementia.htm](http://www.cdc.gov/mentalhealth/basics/mental-illness/dementia.htm)

