Dementia Clinical Pathways
(revised 8/16/05)

Suspected memory loss, cognitive and behavioral changes. R/O delirium or depression.

No impairment suggested. Give CLOX exam.

CLOX impaired. Initiate memantine 5 mg/day. May titrate up to 20 mg/day in 2 divided doses after one week.

EXIT25 shows impairment. R/O treatable causes. Initiate memantine after dementia begins at 5 mg/day. May titrate to 20 mg/day in 2 divided doses after one week.

EXIT25 is OK. Give EXIT25.

R/O other medical conditions, such as medication induced, hypothyroid, B₁₂ deficiency, systemic illness, tumor, subdural hematoma

EXIT25 is OK
Observe for 1 year, then repeat testing.

R/O LBD
R/O treatable causes. Initiate memantine after dementia begins at 5 mg/day. May titrate to 20 mg/day in 2 divided doses after one week.

No LBD. Initiate memantine 5 mg/day. May titrate to 20 mg/day in 2 divided doses after one week.

If vascular dementia is confirmed add high dose sertraline 100-200 mg/day

LBD confirmed. Avoid all neuroleptics. Initiate donepezil or galantamine

May add cholinesterase inhibitor:
1. No response to memantine;
2. MMSE declines greater than 3-5 points in one year;
3. Institutionalization considered

Use donepezil if MMSE is greater than 18.
Use any cholinesterase inhibitor if MMSE ≤ 18.
If no response is seen after 6 months, discontinue or switch to another cholinesterase inhibitor.

Cost per tablet
- Memantine 5 mg--$
- Memantine 10 mg--$
- Donepezil 5 mg--$
- Donepezil 10 mg--$
- Sertraline 100 mg--$
- Galantamine 4 mg--$
- Galantamine 8 mg--$
- Galantamine 12 mg--$

$= $0.00-$0.99
$$= $1.00-$1.99
$$$= $2.00-$2.99
$$$$= $3.00-$3.99

Definitions
- MMSE- Mini-Mental Status Exam
- LBD- Lewy Body Dementia
- EXIT 25- Executive Interview
- CLOX- Clock drawing task.