

Alzheimer Society of London Middlesex (ASLM) Position Paper Regarding Memory Assessment

Like any health problem, problems with cognitive functioning, have the potential to impact a person's life in profound ways. Without proper procedures in place around memory assessment, people have the potential to be harmed by the process. The provision of memory assessment by Alzheimer Societies and other agencies has proven to be a controversial issue. In April 2009, the Alzheimer Societies of Ontario (ASiO) issued a document entitled "Guidelines for ASiO Chapters Regarding Identifying Cognitive Impairment". The document provides guidelines for those chapters who have decided to respond to a need in their community by providing memory assessments. The following summarizes the issues outlined in the ASiO guidelines and speaks to the Alzheimer Society of London Middlesex's position on each issue.

Issue: "Community Service Need"

Guideline Summary Statement: A need for the service must be identified either by community members or primary care providers within the community.

ASLM Position: The ASLM was approached by the Head of the Division of Geriatric Medicine and other local health care professionals who provided encouragement and guidance in the development of the ASLM Memory Clinic.

Issue: "Identifying Risk Factors"

Guideline Summary Statement: Cognitive assessment is conducted only when risk factors for cognitive impairment are present.

ASLM Position: Clients presenting for memory screening have risk factors (see page 5 of the ASO Guidelines document), and they are either self-referrals or they have been referred by their health care professional.

Issue: "Potential Benefits and Harms of Case Finding"

Guideline Summary Statement: The existence of potential benefits and harms of the program are identified and considered. (see page 6 of the ASO Guidelines document)

ASLM Position: Those who present for assessment must meet the criteria set by the ASLM which includes ensuring the availability of medical follow-up and ensuring that the person is not already under the care of a Specialist Physician for cognitive concerns.

Issue: "Staff Requirements"

Guideline Summary Statement: All staff conducting assessments should be regulated health professionals trained in the use of the cognitive assessment tool in use. Results of assessments should be kept in accordance with the Personal Health Information Act, 2004

ASLM Position: Memory assessments are carried out by ASLM Registered Social Workers who have been trained by the Aging Brain and Memory Clinic physicians and staff to conduct cognitive assessments.

Issue: “Insurance and Liabilities”

Guideline Summary Statement: Chapters are encouraged to obtain “Errors and Omissions” insurance.

ASLM Position: ASLM has appropriate insurance.

Issue: “Core Partnerships”

Guideline Summary Statement: Chapters are to develop and work with core partners in the running of their program.

ASLM Position: ASLM has established and maintained appropriate partnerships around memory clinics, including: Aging Brain and Memory Clinic; Alzheimer Outreach Services of the McCormick Home; Alzheimer Community Support Program of the VON; Cognitive Neurology and Alzheimer Research Centre; Community Care Access Centre; Family Health Teams; General Practitioners; Health Unit; Nurse Practitioners; Regional Mental Health; Robarts Research Institute; Salvation Army, Specialized Geriatric Services.

Issue: “Key messages to clients”

Guideline Summary Statement: Practitioners are to ensure that the client understand some key information including: the need to have identified risk factors (ie. advanced age, a change in cognitive functioning identified by self or others, vascular and/or lifestyle risk factors, etc.); the fact that the assessment that will be provided is NOT a diagnosis, as only a physician can provide a diagnosis of cognitive impairment; and, that the results of the assessment will be shared with their family physician.

ASLM Response: The ASLM Registered Social Workers always explain that the assessment is not a diagnosis, and that, while it is within their scope of practice to administer the assessment, they are unable to interpret the result in any way. Permission to forward the result to their family physician is always gained from the client prior to screening being carried out.

Issue: “Reasons to withhold a Cognitive Assessment”

Guideline Summary Statement: Assessments are to be withheld if the individual is using the assessment as a “second opinion”, if the individual does not provide consent, or if no risk factors are apparent.

ASLM Response: ASLM does not provide a screening if the person has been seen by a specialist physician for cognitive concerns; if the RSW assesses that there may be underlying factors such as brain injury, complex psychiatric issues; or developmental delay; if they refuse to give consent for the result to be sent to the family physician, or if there are no risk factors present.