

**Behavioral Neurology
Diagnostic Criteria Checklist**

Clinic Site _____

Patient Name _____

Hospital ID _____

Date _____

Probable Alzheimer's Disease (McKhann et al., 1984)

- Dementia established by clinical examination and documented by tests such as the MMSE and confirmed by neuropsychological tests
- Deficits in 2 or more areas of cognition
- Progressive worsening of memory and other cognitive functions
- No disturbance of consciousness
- Onset between 40-90
- Absence of systemic disorders or other brain diseases that in and of themselves could account for the progressive deficits in memory and cognition.

Probable Vascular Dementia (Roman et al., 1993)

- Dementia (decline in memory and intellectual abilities that causes impaired functioning in daily living. The decline should be demonstrated by a loss of memory and deficits in at least two other domains)
- Cerebrovascular disease defined by presence of focal neurological signs consistent with stroke (with or without a history of stroke) and relevant CVD on CT or MRI
- Relation between dementia and CVD as shown by onset of dementia within 3 months following a recognized stroke, abrupt deterioration in cognitive functions, or fluctuating, stepwise progression of cognitive deficits.

Frontotemporal Dementia (Neary et al. 1998)

- NB Character change and disordered social conduct are the dominant features initially and throughout the disease course. Instrumental functions of perception, spatial skills, praxis, and memory are intact or relatively well preserved
- Insidious onset and gradual progression
- Early decline in social interpersonal conduct
- Early impairment in regulation of personal conduct
- Early emotional blunting
- Early loss of insight

Progressive Nonfluent Aphasia (Neary et al. 1998)

- NB Disorder of expressive language is the dominant feature initially and throughout the disease course. Other aspects of cognition are intact or relatively well preserved
- Insidious onset and gradual progression
- Nonfluent spontaneous speech with at least one of the following: agrammatism, phonemic paraphasias, anomia.

Semantic Dementia (Neary et al. 1998)

- NB Impaired understanding of word meaning and/or object identity is the dominant feature initially and throughout the disease course. Other aspects of cognition, including autobiographical memory, are intact or relatively well preserved.
- Insidious onset and gradual progression
- Language disorder characterized by
 - 1) Progressive, fluent, empty spontaneous speech
 - 2) Loss of word meaning, manifest by impaired naming and comprehension
 - 3) Semantic paraphasias and/or
- Perceptual disorder characterized by
 - 1) Prosopagnosia: impaired recognition of identity of familiar faces and /or
 - 2) Associative agnosia: impaired recognition of object identity
- Preserved perceptual matching and drawing reproduction
- Preserved ability to read aloud and write to dictation orthographically regular words

Dementia Lewy Bodies (McKeith et al. 1996, 2005)

- Dementia plus 2 of the following core features:
- Fluctuating cognition with pronounced variations in attention and alertness
- Recurrent visual hallucinations
- Spontaneous motor features of Parkinsonism

OR

- Dementia with one or more suggestive features plus one or more core features
- Suggestive features are:
- REM sleep behavior disorder
 - Severe neuroleptic sensitivity
 - Low DA transporter uptake in basal ganglia on SPECT or PET

Mild Cognitive Impairment (Peterson et al. Arch. Neurol, 2001)

- Memory complaint, preferably corroborated by an informant
- Impaired memory function for age and education
- Preserved general cognitive function
- Intact activities of daily living
- Not demented

Preliminary Diagnosis _____

Final Diagnosis _____

Page 2 “Possible” variations on diagnoses

Clin diagnosis of **possible AD**:

- Dementia syndrome in the absence of other neurologic, psychiatric, or systemic disorders sufficient to cause dementia
 - Presence of variations in onset or presentation or clinical course
- OR
- In the presence of a second systemic or brain disorder sufficient to produce dementia, which is not considered to be the cause of the dementia

Possible Dementia Lewy Bodies (McKeith et al. 1996, 2005)

- Dementia plus 1 of the following core features:
 - Fluctuating cognition with pronounced variations in attention and alertness
 - Recurrent visual hallucinations
 - Spontaneous motor features of Parkinsonism