

Instructions (continued) from [REDACTED]

relationships, but does not have any constructional component, was in the low average range. Ms. Beach's language functioning was also notably impaired. On a confrontational naming task associated with cortical language function her score was assessed in the mild impairment range. Her score on the phonemic trial of a verbal fluency task was assessed in the severe impairment range and her score on the semantic trial of the same task was assessed in the mild impairment range. Ms. Beach demonstrated a notable strength in processing speed, with scores ranging from average to high average across tasks.

In order to assess Ms. Beach's current emotional functioning and mood status she completed a self-report psychiatric inventory. Her profile on this measure was valid and she appeared to respond in a reasonably honest and forthright manner. She did not report any concerns at a clinical level and there was no indication of psychopathology, but Ms. Beach did endorse some symptoms at a moderate level. She reported concerns about her physical functioning and health. Her responses indicate that she may be rather moody, and other may view her as overly sensitive, withdrawn or aloof.

Taken together, given the scope and severity of her cognitive impairments and functional decline, particularly against a backdrop of above average baseline functioning, Ms. Beach meets diagnostic criteria for dementia. The etiology of the observed deficits appears to be related to prior cerebrovascular accidents (CVA), and is consistent with a diagnosis of vascular dementia. Neuroimaging studies reveal significant frontal lobe abnormalities associated with prior infarct and this has likely resulted in the observed executive dysfunction, including impulsivity, as well as impaired attention functioning. Neuroimaging results also reflect extensive chronic ischemic changes in the left anterior temporal lobe, which can impact semantic processing, resulting in difficulty with rote verbal memory, verbal fluency, and word finding (naming) ability. Furthermore, the recent onset of compulsive behaviors is likely associated with infarct and chronic ischemic changes in the basal ganglia. Mood and anxiety symptoms do not appear to be a salient concern at the present time, and the pattern of deficits observed on testing is not consistent with pseudodementia. Overall, based on these results, I would like to make the following recommendations:

Recommendations:

1. It will be extremely important for Ms. Beach to work with her medical providers to control vascular risk factors as much as possible, as additional cerebrovascular events or progression of microvascular ischemic changes will likely contribute to further cognitive decline. If vascular risk factors can be well managed and controlled, cognitive challenges will likely stabilize at this time.
2. It is strongly recommended that Ms. Beach continue to work with her occupational therapist, [REDACTED] to address cognitive and daily functional challenges and learn compensatory strategies. Therapy can specifically focus on strategies to address attention deficits and executive dysfunction, particularly as this relates to her ability to solve problems and complete tasks. Therapy can also help her set goals related to consistently completing self-care/personal hygiene tasks independently. A referral for speech/language therapy could also be considered to address challenges with semantic processing.
3. Ms. Beach may benefit from a medication to help slow down further cognitive decline, such as an acetylcholinesterase inhibitor (e.g. donepezil). The nature and mechanisms of these medications will be reviewed during the feedback session, and I ultimately defer back to [REDACTED] expertise in this regard.
4. Given her current cognitive deficits Ms. Beach may have difficulty maintaining employment at this time. If needed, she could consider applying for social security disability benefits. Perhaps with ongoing therapy services she may be able to return to work in the future, but will likely be most successful in low stress, routine jobs which do not require significant judgment or problem solving.

Instructions (continued) from [REDACTED]

5. It will be important for Ms. Beach to stay as physically, mentally, and socially active as possible. Research has shown the importance of exercise and new learning with regard to brain health, and social activity helps to mitigate stress. Maintaining an active lifestyle can help to slow the decline of cognitive functioning. She has already experienced significant improvement in physical functioning with exercise, and is encouraged to continue to exercise regularly and engage in activities that challenge her mind.
6. I am not scheduling Ms. Beach to return for any follow-up testing at this time, but she can be seen for reevaluation in the 18-24 months, as serial assessment is helpful in aiding in diagnostic clarity, predicting course and decline, and assisting with any additional treatment planning that may be needed. I defer to her physician to make this referral if/when appropriate.
7. Dementia related resources:

- a. Dementia-Friendly Communities of Northern Colorado – (can assist you in connecting with numerous community resources)
970-213-4548, www.dementiafriendsnoco.org

- b. Larimer County Office on Aging resource guide:
<http://larimer.co.networkofcare.org/aging/>

Click on "Publications" on the right hand side of the screen and the second publication down is the [Answers on Aging Resource Guide](#).

- c. Alzheimer's Association general website:
www.alz.org

- d. Website for Northern Colorado Alzheimer's Association:
<http://www.alz.org/co/>

Today's Visit

[REDACTED] You saw [REDACTED] on Friday May 22, 2020.