

Screening and referral for cognitive dysfunction in older patients with diabetes

A Screening

- Screening for cognitive dysfunction should be part of the annual review or carried out sooner if patients show signs of noncompliance with medication, diet or frequent hypoglycaemia
- Screening and treating cardiovascular risk factors may reduce cerebrovascular disease and risk of cognitive dysfunction
- The time frame of benefit for blood pressure and lipid lowering is short (around 1-2 years) unlike that of blood glucose control which is longer (around 10 years). Therefore, patients with limited life expectancy (< 5 years) may still benefit from blood pressure and lipid lowering to reduce cognitive decline when the benefit from tight glycaemic control is limited

B Referral

- Mild cognitive dysfunction can mostly be managed in primary care
- Referral to a psychogeriatrician should be considered if the patient has a low score on mental function assessment (e.g. ≤ 7 in abbreviated mental test)
- Referral should also be considered if patients develop significant difficulties in activities of daily living or performing tasks necessary to maintain their diabetes management because of a decline in cognitive function