

Combining clinical judgment and brief cognitive assessment for the detection of neurocognitive disorders in primary care



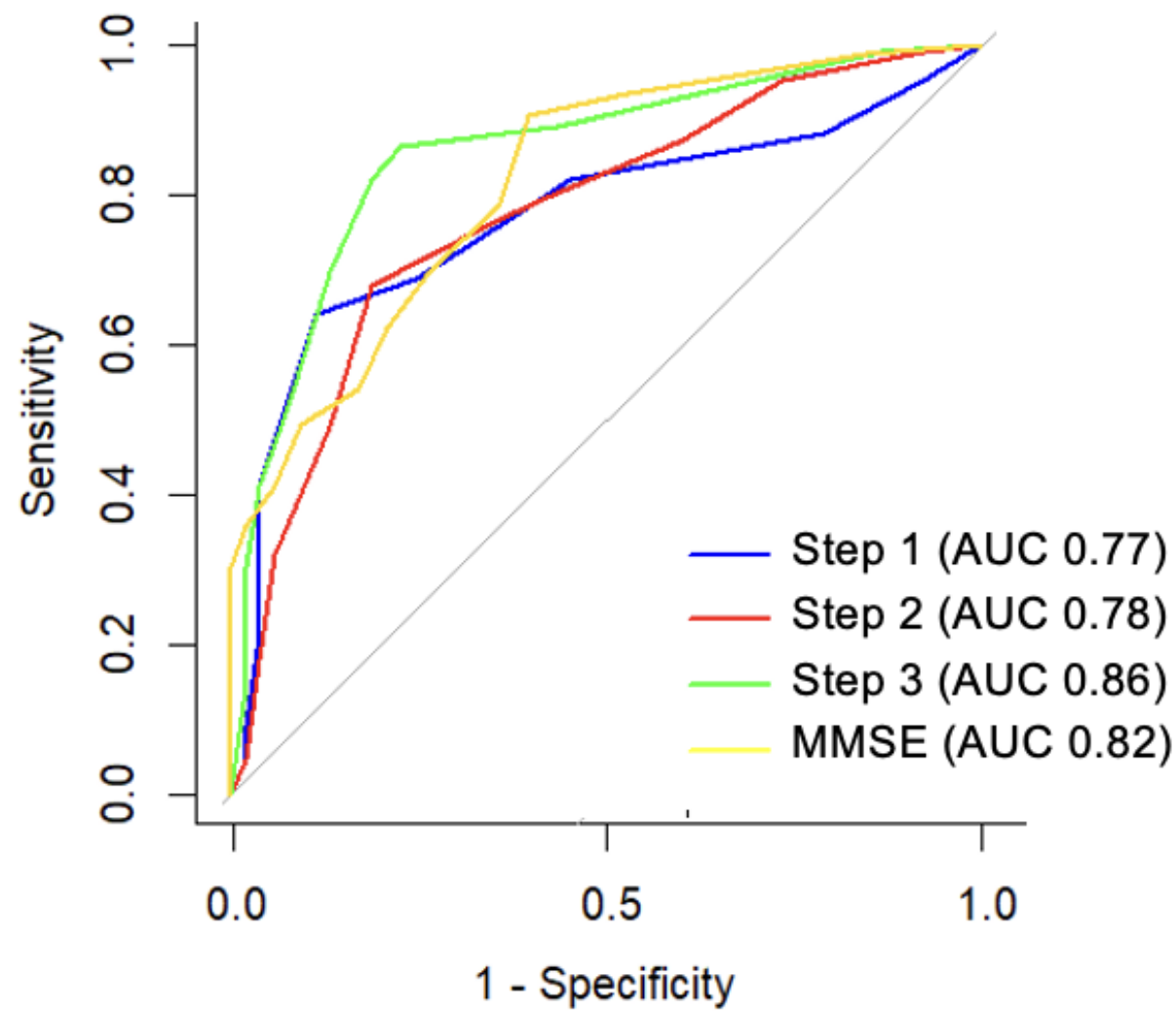
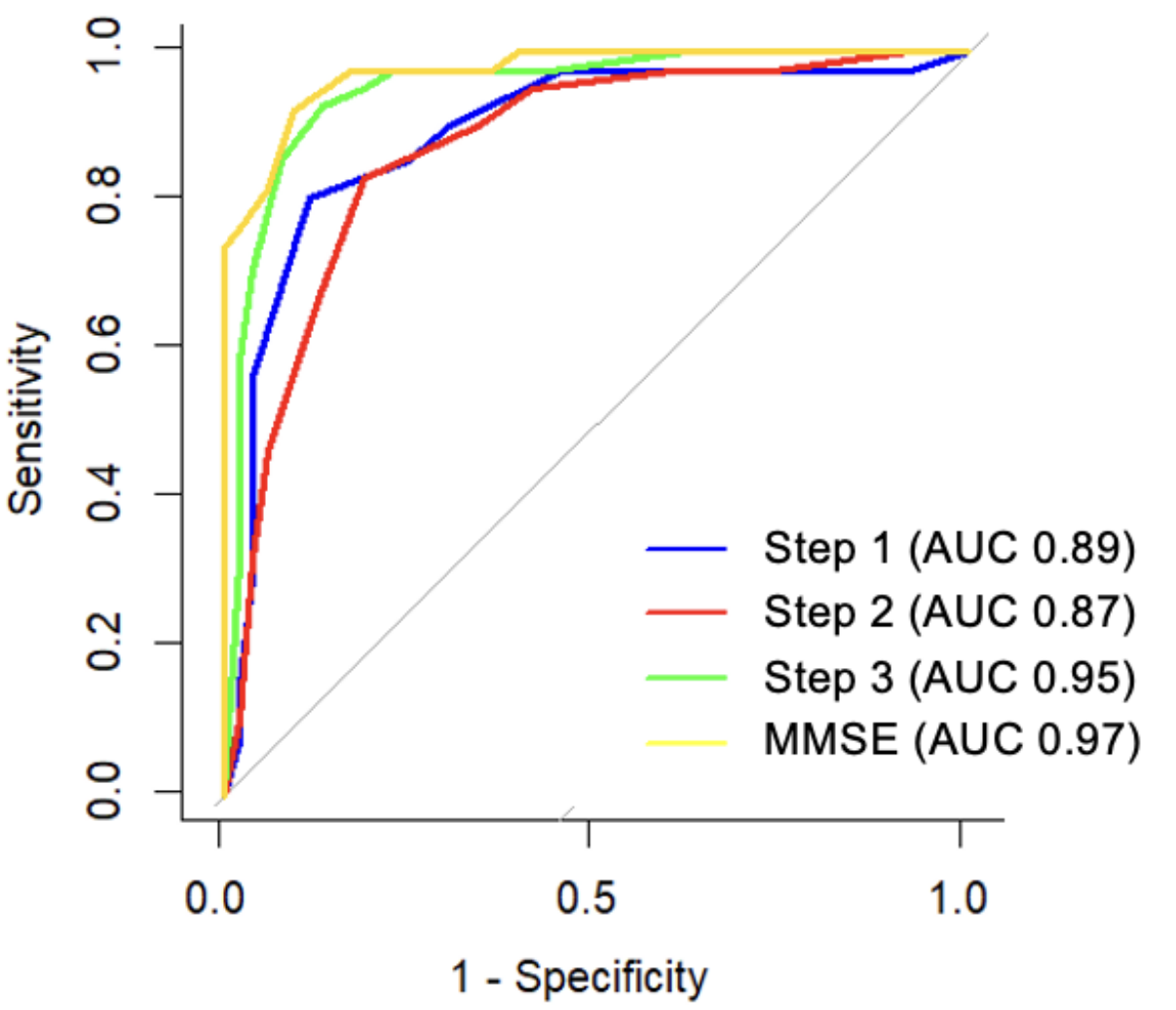
P4-09

#3338

Antoine GARNIER-CRUSSARD, MD PhD, Virginie DAUPHINOT, PhD, Laurent LETRILLIART, MD PhD, TROCOMERGE Group

Main collaborators: Garnier-Crussard A; Vernaudeau J; Dauphinot V; Montellier M; Bourdon S; Allory E; Auger I; Baudot PJ; Biard P; Chapron A; Corvol A; Couratier P; Delrieu J; Di Patrizio P; Dulac-Bertani V; Dumoitier N; Dumurgier J; Ferrand Devouge E; Fougere B; Gabelle A; Gilbert D; Guérin R; Lognos B; Magnin E; Malard G; Moréno JP; Noé-Lagrange A; Oscar H; Oustric S; Perret F; Rivasseau-Jonveaux T; Robert J; Samko B; Sun S; Wallon D; Krolak-Salmon P; Letrilliart L + TROCOMERGE Group

- 1) GP clinical judgment alone is already highly informative for neurocognitive disorders diagnosis
- 2) Adding a structured cognitive assessment (6-CIT) significantly improves performance
- 3) The whole pathway takes <10 minutes

INTRODUCTION	METHODS	RESULTS	Figures	CONCLUSION
Detection of neurocognitive disorders (NCD) remains challenging in primary care. Although guidelines emphasize the integration of clinical judgment, functional and cognitive assessment, no standardized diagnostic strategy incorporating these elements has been validated in routine practice. We evaluated the diagnostic accuracy of a three-step strategy requiring less than 10 minutes to administer for NCD detection in older adults with cognitive complaints.	Prospective multicentric 36 GPs  3-steps strategy (1) GP clinical judgment on a 10-point scale (2) Functional assessment using the informant section of GPCOG + clinical judgment (3) Cognitive assessment using the 6-CIT + clinical judgement (10-point scale)  <i>Versus</i> 11 Memory Clinic Diagnosis of NCD according to DSM criteria AUC, Se/Sp, PPV/NPV	165 participants: 53 (32.1%) with normal cognition, 71 (43.0%) MCI, and 41 (24.8%) dementia GP clinical judgment alone → AUC of 0.77 (95%CI 0.70–0.85) for any NCD and 0.89 (0.82–0.96) for dementia. Diagnostic accuracy improved significantly after completion of the full diagnostic pathway, reaching an AUC of 0.86 (0.80–0.92) for any NCD, 0.95 (0.91–0.99) for dementia, and 0.80 (0.72–0.88) for MCI	GPs' clinical impression Normal cognition vs NCD (MCI or dementia) N=165  GPs' clinical impression Normal cognition vs Dementia N=94 	GPs' clinical judgment provides substantial diagnostic information for the detection of NCD. A brief strategy combining clinical judgment with a functional and cognitive assessment improves diagnostic accuracy while remaining feasible. CONTACT antoine.garnier-crussard@chu-lyon.fr Fundings: DGOS, PHRC-N  