

Screening for Cognitive Impairment – ERSC deliverable

Updated Literature search based on the United States Preventive Services Task Force (USPSTF) search strategy. The dates of the search were Dec. 8, 2012-Nov. 7, 2014 in Medline, PsychINFO and the Cochrane Central Register of Clinical Trial for RCTs.

Key questions from the USPSTF review on screening:

1. Does screening for cognitive impairment (dementia or MCI) in community-dwelling older adults in *primary care relevant settings improve decision making, patient, family/caregiver, or societal outcomes?*
2. What are the harms of screening for cognitive impairment?

Contextual questions:

1. What is the cost-effectiveness of screening for cognitive impairment in older adults?
2. What are the patient or caregiver values and preferences for screening for cognitive impairment in older adults?
3. What risk assessment tools are identified in the literature to assess the risk of cognitive impairment?
4. What is the evidence for a higher burden of disease, a differential treatment response, differential performance of screening for cognitive impairment or barriers to implementation of screening for cognitive impairment in subgroups? Subgroups include: Aboriginal population, rural or remote populations, or other ethnic populations.

For the key questions a total of 1076 unique citations were located and screened at for inclusion using standardized systematic review methods using the inclusion/exclusion criteria established by the USPSTF. No studies were identified that met the inclusion criteria. A GRADE table for no outcomes was produced by the PHAC office. Given that there was no evidence to support screening, contextual questions were not answered (as per the protocol).