Canadian Task Force
on Preventive Health Care

Screening for Cognitive Impairment in Adults Aged 65 Years and Older

These recommendations were reaffirmed in 2024.

Who does this recommendation apply to?

- This recommendation **applies to** community dwelling older adults (≥65 years of age) who do not have noticeable symptoms suggestive of mild cognitive impairment or dementia.
- This recommendation **does not apply to** men or women who are concerned about their own cognitive performance, are suspected of having mild cognitive impairment or dementia, or have symptoms of cognitive impairment (e.g., loss of memory, language, attention, visuospatial or executive functioning, or behavioural or psychological symptoms).

1. What is the CTFPHC's recommendation on screening for cognitive impairment?

- We **strongly** recommend **not** routinely screening asymptomatic adults aged 65 years and older.
- A strong recommendation means that the CTFPHC is confident that there is no benefit of screening most asymptomatic individuals 65 years of age and older.

2. How should I implement this strong recommendation in practice?

- Do not routinely screen community dwelling adults aged 65 years or older for cognitive impairment.
- Remain alert to symptoms suggestive of cognitive decline or impairment and/or concerns expressed by the patient's friends or family members and undertake appropriate diagnostic testing if warranted.

3. Why does the CTFPHC recommend against cognitive assessments?

- We found no randomized controlled trials evaluating the benefits or harms of screening for cognitive impairment.
  - The CTFPHC's position is to recommend against screening when no evidence of clinical benefit is available.
- Available screening tools for mild cognitive impairment may incorrectly classify some individuals as having cognitive impairment.
  - Approximately 1 in 10 will be falsely identified using the Mini Mental State Exam and 1 in 4 using the Montreal Cognitive Assessment tool.
- Available evidence suggests that pharmacological treatment is not effective for people with MCI and that non-pharmacological treatment (i.e., exercise, cognitive training, and rehabilitation) produces small, clinically insignificant benefits.

4. What is the difference between screening, diagnosis, and case finding of cognitive impairment?

- Screening involves routinely assessing all asymptomatic patients using a specified tool to identify a condition, whereas case finding usually involves a targeted approach to assessing patients suspected of having a condition or who are at risk. Diagnosis involves more thorough testing to establish the presence or absence of the condition in an individual.
- Screening may be justified if early identification and treatment can change the course of a disease. When that is not the case, case finding is the preferred approach.

5. Should older populations, such as those over 85, be screened?

- The CTFPHC does not recommend screening in any age group over 65 as the lack of high-quality evidence on the efficacy of treatment and the high potential for false positive rates outweigh the potential benefits.
- Instead, the focus should be on clinical evaluation or case-finding in the context of signs and symptoms to ensure patients are attended to and treated individually.