

Apr 24, 2019

Improving Diagnosis in Cognitive Disorders

DOI

dx.doi.org/10.17504/protocols.io.z97f99n

Laura Mcwhirter¹, Craig Ritchie¹, Alan Carson², Jon Stone²

¹University of Edinburgh; ²University of Edinburgh and NHS Lothian



Laura Mcwhirter

University of Edinburgh

Create & collaborate more with a free account

Edit and publish protocols, collaborate in communities, share insights through comments, and track progress with run records.

Create free account

OPEN  ACCESS



DOI: <https://dx.doi.org/10.17504/protocols.io.z97f99n>

Protocol Citation: Laura Mcwhirter, Craig Ritchie, Alan Carson, Jon Stone 2019. Improving Diagnosis in Cognitive Disorders. protocols.io <https://dx.doi.org/10.17504/protocols.io.z97f99n>

Manuscript citation:

License: This is an open access protocol distributed under the terms of the [Creative Commons Attribution License](#), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited

Protocol status: Working

This study is currently recruiting

Created: April 24, 2019

Last Modified: April 24, 2019

Protocol Integer ID: 22559

Keywords: Cognitive disorders, dementia, functional neurological disorders, diagnosis, diagnosis in cognitive disorder, functional cognitive disorder, functional cognitive symptom, isolated functional cognitive symptom, cognitive disorder, cognitive examination, subjective memory symptom, prodromal neurodegenerative disease phenotype, specificity of prodromal neurodegenerative disease phenotype, normal cognitive lapse, neurodegenerative disease, improving diagnosis, neuropsychiatry clinic, general practice diagnosis, due to neurodegenerative disease, neurology, metacognitive feature, disorder comorbidity, diagnostic scoring tool, assessment, improved diagnostic method, need for improved diagnostic method, panel consensus diagnosis, structural brain lesion, disorder, primary psychiatric disorder, symptom

Abstract

Functional cognitive disorders are likely to account for a significant proportion of adults presenting with cognitive (memory and thinking) symptoms which are not caused by neurodegenerative disease or structural brain lesions, incorporating those with isolated functional cognitive symptoms, those with primary psychiatric disorders, and those with health anxiety or who attend excessively to normal cognitive lapses. There is a need for improved diagnostic methods to identify those with functional cognitive symptoms so that they might be offered appropriate treatment, protected from iatrogenic harms, and also in order to improve the specificity of prodromal neurodegenerative disease phenotypes.

This study aims to identify elements of clinical, neurological, cognitive examination which can, in combination as part of a diagnostic scoring tool, accurately discriminate functional cognitive symptoms from those more likely to be due to neurodegenerative disease. The study will recruit 120 participants with mild or subjective memory symptoms (but not dementia) from memory, neurology, and neuropsychiatry clinics. Each subject will attend for a structured research assessment examining interactional, linguistic, metacognitive features, as well as psychiatric, physical, and sleep disorder comorbidity. Multiple outcomes will be compared with panel consensus diagnosis using discriminant factor analysis. The intention is to follow up medical record / general practice diagnosis at 1-2 years, and ultimately it is hoped that further studies beyond this will re-examine the cohort in the future.

Attachments



IDCD Protocol V2 26 ...

608KB

Troubleshooting

