Brief Report


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Keywords: 
Case finding  
cognitive screening  
dementia  
primary care

Abstract

Background: Case-finding services using a composite total risk score (TRS) and the informant AD8 have been previously recommended to detect cognitive impairment (CI) in government subsidized primary health care centers of Singapore (ie, polyclinics).

Objective: We compared the feasibility of implementing the services recommended for government-subsidized primary health care in private, primary health care service providers such as general practitioner (GP) clinics.

Method: 123 patients ≥60 years of age were recruited from 2 GP clinics within Singapore. Trained research personnel administered the AD8 to informants. Patients of the present study were compared against a random sample of 123 patients selected from polyclinics.

Results: Significantly higher positive screening rates (AD8 ≥3) were found among patients in polyclinics than GP clinics (P < .001). Patients attending polyclinics reported more comorbid medical issues such as subjective cognitive complaint (P < .001) and heart disease (P < .001). The TRS of patients attending polyclinics was significantly higher than those attending GP clinics (P < .001), indicating a higher proportion of patients at risk of CI in polyclinics. Therefore, patients attending polyclinics were found to have higher AD8 scores compared with patients in GP clinics (P < .001).

Conclusion: Compared with GP clinics, polyclinics may be more suited to provide case-finding services for the detection of CI in primary health care.

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