



**SNAC-K**

# Karolinska Institutet Äldrecentrum

## Diagnoser

1. Proband nr K **D1.0LOPNR**
2. Namn .....
3. Kön 1 Man 2 Kvinna **D1.0SEX**
4. Personnummer **D1.0PNR**
5. Datum för intervjun **D1.0DATE**
6. Plats för intervjun **D1.0LOC**
- 1 Äldrecentrum
  - 2 Hemma (lägenhet, villa)
  - 3 Servicehus
  - 4 Sjukhem, ålderdomshem, gruppboende
  - 5 Akutsjukhus, korttidsboende
  - 6 Annat .....
7. Intervjuare (namn)
- Sjuksköterska ..... **D1.0N**
- Läkare ..... **D1.0PH**

**J** = Ja  
**N** = Nej  
**T** = Tveksam

**First dg** = examining physician diagnosis  
**Second dg** = reviewing physician diagnosis  
**Third dg** = consent

## DEMENTIA

DSM-IV	First dg			Second dg			Final dg		
	J	N	T	J	N	T	J	N	T
A. The development of multiple cognitive deficits manifest in both 1 and 2 1. Memory impairment <b>D1.0D1A1 +</b> 2. One (or more) of the following disturbances: (a) Aphasia <b>D1.0D1A2 +</b> (b) Apraxia (c) Agnosia (d) Disturbance in executive functioning			<b>_1</b>			<b>_2</b>			<b>_3</b>
B. Significant impairment in social or occupational functioning, representing a decline <b>D1.0D1B +</b>			<b>_1</b>			<b>_2</b>			<b>_3</b>
C. Deficits do not occur exclusively during the course of a delirium <b>D1.0D1C +</b>			<b>_1</b>			<b>_2</b>			<b>_3</b>
<b>DEMENTIA D1.0D1D +</b> 0. Intact 1. Questionable dementia (A.1 and either A.2 OR B but not both). 2. Demented (according to DSM-IV criteria)			<b>_1</b>			<b>_2</b>			<b>_3</b>

**Questionable dementia:**

If a person does not meet the criteria for dementia, judge as questionable if one of the following is true:

- A There is a deficit of memory (criterion A.1) and it is sufficient to interfere in functioning (criterion B), but there is not a second area of cognition in which there is evidence of progressive decline (criterion A.2 is not met)
- B There is a deficit on memory (criterion A.1) and a deficit in a second are of cognition (criterion A.2), but the deficits do not interfere sufficiently functioning (criterion B is not met)

Other support for the questionable dementia category comes from:

- A Cognitive impairment at a lesser level than 2 standard deviations below the average for intact
- B Uncertain deficits
- C CDR=0.5

Impaired memory	J	J	T	J	T	J	T	T	J	N
Impairment in other cog. areas	N	J	T	T	J	T	T	J	N	T
Social decline	J	N	J	T	J	N	T	T	N	J
<b>DIAGNOSTIC DECISION</b>	<b>?</b>	<b>?</b>	<b>?</b>	<b>?</b>	<b>?</b>	<b>INTACT</b>				

**? = QUESTIONABLE**

DSM-III-R	First dg			Second dg			Final dg		
	J	N	T	J	N	T	J	N	T
<p>A. Demonstrable evidence of impairment in short- and long-term memory <b>D1.0D3A +</b></p> <p>B. At least one of the following:</p> <ol style="list-style-type: none"> <li>1. Impairment in abstract thinking <b>D1.0D3B1 +</b></li> <li>2. Impaired judgement <b>D1.0D3B2 +</b></li> <li>3. Other disturbances of higher cortical function <b>D1.0D3B3 +</b></li> <li>4. Personality change <b>D1.0D3B4 +</b></li> </ol> <p>C. The disturbance in A and B significantly interferes with work or usual social activities or relationships with others <b>D1.0D3C +</b></p> <p>D. Not occurring exclusively during the course of Delirium <b>D1.0D3D +</b></p> <p>E. Either 1 or 2:</p> <ol style="list-style-type: none"> <li>1. There is evidence from the history, physical examination, or laboratory tests of a specific organic factor (or factors) judged to be etiologically related to the disturbance <b>D1.0D3E1 +</b></li> <li>2. In the absence of such evidence, an etiologic organic factor can be presumed if the disturbance cannot be accounted for by any non-organic mental disorder <b>D1.0D3E2 +</b></li> </ol>	_1	_2	_3						
<p><b>SEVERITY OF DEMENTIA D1.0D3F +</b></p> <p>0. Intact</p> <p>1. Questionable</p> <p>2. Mild (Although significantly impaired, the capacity for independent living remains).</p> <p>3. Moderate (Independent living is hazardous).</p> <p>4. Severe (Activities of daily living are so impaired that continual supervision is required)</p>	_1	_2	_3						

## TYPE OF DEMENTIA

Alzheimer's Disease (NINCDS/ADRDA)	First dg			Second dg			Final dg		
	J	N	T	J	N	T	J	N	T
<b>PROBABLE ALZHEIMER'S</b> <b>A Necessary Criteria</b> <ol style="list-style-type: none"> <li>1. Dementia established by clinical examination <b>D1.0D4A1 +</b></li> <li>2. Deficits in two or more areas of cognition <b>D1.0D4A2 +</b></li> <li>3. Progressive worsening of memory <b>D1.0D4A3 +</b></li> <li>4. No disturbance of consciousness <b>D1.0D4A4 +</b></li> <li>5. Absence of systemic diseases <b>D1.0D4A5+</b></li> </ol> <b>B Supported by</b> <ol style="list-style-type: none"> <li>1. Progressive deterioration of specific cognitive functions <b>D1.0D4B1 +</b></li> <li>2. Impaired activities <b>D1.0D4B2 +</b></li> </ol> <b>C Consistent with</b> <ol style="list-style-type: none"> <li>1. Plateaus in the course of progression of the illness <b>D1.0D4C1 +</b></li> <li>2. Associated symptoms <b>D1.0D4C2 +</b></li> <li>3. Other neurological abnormalities in some patients <b>D1.0D4C3 +</b></li> <li>4. Seizures in advanced disease <b>D1.0D4C4+</b></li> </ol> <b>Unlikely features</b> <ol style="list-style-type: none"> <li>1. Sudden, apoplectic onset <b>D1.0D4UF1 +</b></li> <li>2. Focal neurological findings <b>D1.0D4UF2 +</b></li> <li>1. Seizures or gait disturbances <b>D1.0D4UF3+</b></li> </ol>	_1	_2	_3						
<b>POSSIBLE ALZHEIMER'S</b> <ol style="list-style-type: none"> <li>1. Dementia syndrome <b>D1.0D4D1 +</b></li> <li>2. Presence of a second disorder is permitted. <b>D1.0D4D2 +</b></li> <li>3. A single progressive deficit is sufficient <b>D1.0D4D3 +</b></li> </ol>	_1	_2	_3						
<b>ALZHEIMER'S DISEASE D1.0D4E +</b> <ol style="list-style-type: none"> <li>0. No AD</li> <li>1. Probable AD</li> <li>2. Possible AD</li> </ol>	_1	_2	_3						

Vascular Dementia (NINDS-AIREN)	First dg			Second dg			Final dg		
	J	N	T	J	N	T	J	N	T
<b>PROBABLE VASCULAR</b> <b>A Necessary Criteria</b> 1. Dementia <b>D1.0D5A1 +</b> (a) Impairment of memory (b) Impairment of two or more cognitive domains (c) Interfere with daily activities not due to physical effects of stroke alone 2. Cerebrovascular disease <b>D1.0D5A2 +</b> Focal signs on neurologic examination 3. A relationship between the above two disorders <b>D1.0D5A3 +</b> (a) Onset within 3 months of stroke (b) Abrupt deterioration or fluctuating, stepwise <b>B Consistent with</b> 1. Early presence of a gait disturbance <b>D1.0D5B1 +</b> 2. History of unprovoked falls <b>D1.0D5B2 +</b> 3. Urinary symptoms not explained by urologic disease <b>D1.0D5B3 +</b> 4. Pseudobulbar palsy <b>D1.0D5B4 +</b> 5. Personality and mood changes <b>D1.0D5B5 +</b> <b>Unlikely features</b> Absence of focal neurological signs <b>D1.0D5UF +</b>									
<b>POSSIBLE VASCULAR</b> <b>C Permitted</b> 1. Absence of brain imaging <b>D1.0D5C1 +</b> 2. Absence of clear temporal relationship between dementia and stroke <b>D1.0D5C2 +</b> 3. Subtle onset and variable course and evidence of relevant CVD <b>D1.0D5C3 +</b>									
<b>VASCULAR DEMENTIA D1.0D5D +</b> 0. No VaD 1. Probable VaD 2. Possible VaD									

Dementia with Lewy Bodies (DLB consortium)	First dg			Second dg			Final dg		
	J	N	T	J	N	T	J	N	T
<p><b>A Necessary Criteria D1.0D6A +</b></p> <p>1. Progressive cognitive decline</p> <p><b>B Two of the following</b></p> <p>1. Fluctuating attention and alertness <b>D1.0D5B1 +</b></p> <p>2. Recurrent visual hallucinations <b>D1.0D6B2 +</b></p> <p>3. Spontaneous motor features of Parkinsonism <b>D1.0D6B3 +</b></p> <p><b>C Supported by</b></p> <p>1. Repeated falls <b>D1.0D6C1 +</b></p> <p>2. Syncope <b>D1.0D6C2 +</b></p> <p>3. Transient loss of consciousness <b>D1.0D6C3 +</b></p> <p>4. Neuroleptic sensitivity <b>D1.0D6C4 +</b></p> <p>5. Systematized delusions <b>D1.0D6C5 +</b></p> <p>6. Hallucinations in other modalities <b>D1.0D6C6 +</b></p> <p><b>Less likely</b></p> <p>1. Stroke disease <b>D1.0D6LL1 +</b></p> <p>2. Evidence sufficient to account for the clinical picture <b>D1.0D6LL2 +</b></p>									
<p><b>LEWY BODY DEMENTIA D1.0D6D +</b></p> <p>0. No Lewy Body dementia</p> <p>1. Lewy Body dementia</p>									

Fronto-temporal dementia (modified Lund-Manchester)	First dg			Second dg			Final dg		
	J	N	T	J	N	T	J	N	T
<p><b>A Necessary Criteria D1.0D7A +</b></p> <p>Progressive cognitive decline</p> <p>Gradual onset, continuing cognitive decline</p> <p><b>B Consistent with</b></p> <ol style="list-style-type: none"> <li>1. Early loss of personal awareness <b>D1.0D7B1 +</b></li> <li>2. Early loss of social awareness <b>D1.0D7B2 +</b></li> <li>3. Early signs of disinhibition <b>D1.0D7B3 +</b></li> <li>4. Hyperorality <b>D1.0D7B4 +</b></li> <li>5. Sterotyped and perseverative behaviour <b>D1.0D7B5 +</b></li> <li>6. Early loss of insight into own deficits <b>D1.0D7B6 +</b></li> <li>7. Amimia/apathy <b>D1.0D7B7 +</b></li> <li>8. Progressive reduction of speech output <b>D1.0D7B8 +</b></li> <li>9. Preserved praxis <b>D1.0D7B9 +</b></li> </ol> <p><b>Unlikely features</b></p> <ol style="list-style-type: none"> <li>1. Abrupt onset <b>D1.0D7UF1 +</b></li> <li>2. Early severe amnesia. <b>D1.0D7UF2 +</b></li> <li>3. Early spatial disorientation <b>D1.0D7UF3 +</b></li> </ol>									
<p><b>FRONTOTEMPORAL DEMENTIA</b></p> <p><b>D1.0D7C +</b></p> <ol style="list-style-type: none"> <li>0. No Frontotemporal dementia</li> <li>1. Possible Frontotemporal dementia</li> <li>2. Frontotemporal dementia</li> </ol>									



Other dementia type	First dg			Second dg			Final dg		
	J	N	T	J	N	T	J	N	T
1. Dementia due to HIV/AIDS <b>D1.0D81 +</b>									
2. Dementia due to head trauma <b>D1.0D82 +</b>									
3. Dementia due to Parkinson's disease <b>D1.0D83+</b>									
4. Dementia due to Huntington's disease <b>D1.0D84 +</b>									
5. Dementia due to Creutzfeldt-Jakob disease <b>D1.0D85 +</b>									
6. Dementia due to other general medical conditions:									
A Hydrocephalus <b>D1.0D86A +</b>									
B Progressive supranuclear palsy <b>D1.0D86B+</b>									
C Tumor <b>D1.0D86C +</b>									
D Subdural hematoma <b>D1.0D86D +</b>									
E Anoxia <b>D1.0D86E +</b>									
F Vitamin B insufficiency <b>D1.0D86F +</b>									
G Multiple Sclerosis <b>D1.0D86G +</b>									
H Neurosyphilis <b>D1.0D86H +</b>									
I Alcoholic dementia <b>D1.0D86I +</b>									
J Dementia syndrome of depression <b>D1.0D86J +</b>									
7. Other: <b>D1.0D87 +</b>									

## Dementia due to multiple etiologies

If true indicate the diagnoses!

1.

2.

## Dementia not otherwise specified

If one is more likely then put it first and indicate that it is preferred.

1.

2.

## Comments concerning dementia diagnosis **D1.0D11**

## PARKINSON'S DISEASE

<b>Parkinson's disease (CERAD)</b>	First dg			Second dg			Final dg		
	J	N	T	J	N	T	J	N	T
<b>A</b> Probable(two or more of the major signs) <b>D1.0P12A +</b>		_1			_2			_3	
<b>B</b> Possible 1. Only one of the four major signs <b>D1.0P12B1 +</b> 2. Two or more of the minor signs <b>D1.0P12B2 +</b>									
<b>C</b> Asymmetric <b>D1.0P12C +</b>									
<b>PARKINSON'S DISEASE D1.0P12D +</b> 0. No Parkinson's disease 1. Probable Parkinson's disease 2. Possible Parkinson's disease		_1			_2			_3	

Diagnoser

SNACK

# MIGRAINE

<b>Migraine</b>	<b>First dg</b>	<b>Second dg</b>	<b>Final dg</b>
	J N T	J N T	J N T

<p><b>Without aura</b></p> <p>A At least five attacks fulfilling B through D <b>D1.0M131A +</b></p> <p>B Headache lasting 4 to 72 h (untreated or unsuccessfully treated). <b>D1.0M131B +</b></p> <p>C Headache has at least one of the following:</p> <ol style="list-style-type: none"> <li>1. Unilateral location <b>D1.0M131C1 +</b></li> <li>2. Pulsating quality <b>D1.0M131C2 +</b></li> <li>3. Moderate or severe (inhibits or prohibits daily activities). <b>D1.0M131C3 +</b></li> <li>4. Aggravation by routine physical activity <b>D1.0M131C4 +</b></li> </ol> <p>D. During headache at least one of the following</p> <ol style="list-style-type: none"> <li>1. Nausea/vomiting <b>D1.0M131D1 +</b></li> <li>2. Photophobia and phonophobia <b>D1.0M131D2+</b></li> </ol> <p>E. At least one of the following:</p> <ol style="list-style-type: none"> <li>3. History, physical, and neurological examination do not suggest headache of other etiology <b>D1.0M131E3 +</b></li> <li>4. History and/or physical and/or neurologic examination do suggest such disorder, but it is ruled out by appropriate investigations <b>D1.0M131E4 +</b></li> <li>5. Such disorder is present, but migraine attacks do not occur for the first time in close temporal relation to the disorder <b>D1.0M131E5 +</b></li> </ol>	_1	_2	_3
<p><b>With aura</b></p> <p>A At least two attacks fulfilling B <b>D1.0M132A +</b></p> <p>B At least three of the following</p> <ol style="list-style-type: none"> <li>1. A + fully reversible aura symptoms <b>D1.0M132B1 +</b></li> <li>2. At least 1 aura sympt. develops over 4+ min. or 2 sympt. occur in succession. <b>D1.0M132B2 +</b></li> <li>3. No aura that last more than 60 min. <b>D1.0M132B3 +</b></li> <li>4. Headache follows aura with a free interval (&lt; 60 min.) <b>D1.0M132B4 +</b></li> </ol> <p>C. Similar to E in migraine without aura <b>D1.0M132C +</b></p>	_1	_2	_3
<p><b>MIGRAINE D1.0M133 +</b></p> <p>0. No migraine</p> <p>1. Migraine without aura</p> <p>2. Migraine with aura</p>	_1	_2	_3

## OTHER CLINICAL DIAGNOSIS

Diseases	ICD- 10
1.....	<b>D1.0O14_1</b>
2.....	<b>D1.0O14_2</b>
3.....	<b>D1.0O14_3</b>
4.....	<b>D1.0O14_4</b>
5.....	<b>D1.0O14_5</b>
6.....	<b>D1.0O14_6</b>
7.....	<b>D1.0O14_7</b>
8.....	<b>D1.0O14_8</b>
9.....	<b>D1.0O14_9</b>
10.....	<b>D1.0O14_10</b>
11.....	<b>D1.0O14_11</b>
12.....	<b>D1.0O14_12</b>
13.....	<b>D1.0O14_13</b>
14.....	<b>D1.0O14_14</b>