



# Dementia: target organ damage (all patients)

NICE indicator

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[www.nice.org.uk/indicators/ind118](http://www.nice.org.uk/indicators/ind118)

## Indicator

The percentage of patients with dementia (diagnosed on or after 1 April 2014) with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B<sub>12</sub> and folate levels recorded up to 12 months before entering on to the register.

## Indicator type

The new indicator replaces the 2013/14 Quality and Outcomes Framework indicator:

The percentage of patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B<sub>12</sub> and folate levels recorded between 6 months before or after entering on to the register.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our NICE [indicator process guide](#).

## Rationale

The timeframe for this indicator has been amended to be consistent with a new dementia indicator NM65 (attendance at a memory assessment service).

There is no universal consensus on the appropriate diagnostic tests to be undertaken in people with suspected dementia. However, a review of 14 guidelines and consensus statements found considerable similarity in recommendations (Beck et al. 2000). The main reason for undertaking investigations in a person with suspected dementia is to exclude a potentially reversible or modifying cause for the dementia and to help exclude other diagnoses (such as delirium). Reversible or modifying causes include metabolic and endocrine abnormalities (for example, vitamin B<sub>12</sub> and folate deficiency, hypothyroidism, diabetes and disorders of calcium metabolism).

The NICE clinical guideline on [dementia](#) (NICE clinical guideline 42) states that a basic dementia screen should be performed at the time of presentation, usually within primary care. It should include:

- routine haematology
- biochemistry tests (including electrolytes, calcium, glucose, and renal and liver function)
- thyroid function tests
- serum vitamin B<sub>12</sub> and folate levels.

## Reporting and verification

See indicator wording for requirement criteria.

For the purpose of this indicator, if a test for HbA<sub>1c</sub> has been carried out within the timeframe permitted by this indicator, then a test for glucose would not be required. All tests are required to be carried out (with the exception of glucose in the above scenario) to meet the requirements of this indicator. If the test is declined by the patient, then the patient may be exception reported.

## References

- Beck C, Cody M, Souder E et al. (2000) Dementia diagnostic guidelines: methodologies, results, and implementation costs. *Journal of the American Geriatrics Society* 48: 1195–203
- National Institute for Health and Clinical Excellence (2006) [Dementia. Supporting people with dementia and their carers in health and social care.](#) NICE clinical guideline 42

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