

COGNITIVE IMPAIRMENT

This provides suggestions as you engage in shared health care decision-making with Veterans. It is not intended to replace clinical judgement.

Cognitive impairment is found in up to 60% of patients greater than 4 weeks after COVID-19. In some studies, 23% of patients reported persistent signs and symptoms more than 8 months after COVID-19.¹⁴ (NICE, 2021)

Things to Keep in Mind

- Patient signs and symptoms¹⁵ (AAPM&R, 2022)
 - Attention - Brain fog, lost train of thought, concentration problems
 - Processing Speed - Slowed thoughts
 - Motor Function - Slowed movements
 - Language - Word finding problems, reduced fluency
 - Memory - Poor recall, forgetting tasks
 - Mental Fatigue - Exhaustion, brain fog
 - Executive Function - Poor multitasking and/or planning
 - Visuospatial - Blurred vision, neglect
- Perform a workup aiming to address reversible causes of dementia or cognitive impairment
- Consider screenings for mental health, substance use and sleep disturbances
- Assess pregnancy/lactation status, review teratogenic medications

Evaluation

Labs to Consider

- B12
- Thyroid stimulating hormone (TSH)
- Glucose
- Rapid plasma reagin (RPR)

Tests to Consider

- For purely cognitive impairment without other neurologic signs and symptoms, magnetic resonance imaging (MRI) or head computed tomography (CT) is not routinely indicated

PACT Management to Consider

- ICD-10 Code: U09.9, Post-COVID-19 condition, unspecified
- Medication reconciliation
- [Diaphragmatic breathing](#)

Consults to Consider

- Occupational Therapy, Speech Language Pathology or Primary Care Mental Health Integration (PCMHI): perform Montreal Cognitive Assessment (MOCA), Mini-Mental State Exam (MMSE), or Saint Louis University Mental Status (SLUMS)
- Occupational Therapy and Speech Language Pathology: perform cognitive assessment, cognitive rehabilitation, functional assessment and evaluate impact upon activities of daily living (ADLs), work, school, and hobbies
- PCMHI: address mental health concerns associated with coping with new signs and symptoms, and provide cognitive behavioral therapy for insomnia (CBT-I)
- Nutrition: Nutrition optimization, food diary, and glucose regulation
- Whole Health System approach: mindfulness/meditation, Tai Chi, acupuncture, health coaching
- Neurology: At initial visit if there are focal signs and symptoms or “red flags” to suggest a systemic disease, OR potentially after 12-24 weeks if signs and symptoms worsen or persist, affecting daily function and quality of life despite cognitive rehabilitation

¹⁴ National Institute for Health and Care Excellence (NICE) UK, <https://www.nice.org.uk/guidance/ng188>

¹⁵ American Academy of Physical Medicine and Rehabilitation. <https://www.aapmr.org/members-publications/covid-19/pasc-guidance>