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Forget: pilot of an innovative and simple history-based screening tool for dementia community clinics and acute medical hospitalsVellingiri Raja Badrakalimuthu
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FORGET an innovative way of capturing clinical history whilst screening patients presenting with a symptom of cognitive impairment for a diagnosis of dementia. Thirty consecutive liaison assessments were carried out using history collection based on FORGET and MMSE. Sensitivity, specificity, positive predictive value, negative predictive value and odds ratio were calculated for Forget (Cut-off 3+), in diagnosing dementia. Out of 30 referrals to liaison, 20 were diagnosed with dementia. A score of more than 3 on Forget had a sensitivity of 95% (95% CI 75.13% - 99.87%), specificity of 90% (95% CI 55.50% - 99.75%), PPV of 95% (95% CI 75.13% - 99.87%) and NPV of 90% (95% CI 55.50% - 99.75%) for diagnosis of dementia. The odds ratios for diagnosis of dementia with Forget score of 3+ was 171 (95% CI=9.569-3055.681; p=0.0005; z=3.49) and for MMSE of 27 and lower were odds ratio of 19.133 (95% CI 0.88-415.90; p=0.060; z=1.879). Combined cut off of MMSE of 27 and lower and FORGET of 3+ provided an odd ratio of 273 (95% CI= 10.197-7309.229; p=0.0008; z=3.344) for a diagnosis of dementia. FORGET as a screening tool at a score of more than three has a good sensitivity and specificity and is associated with significant odds ratio for a diagnosis of dementia.

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