

## Summary Of Recommendations of When CT Scan Indicated

<u>Age 65 or less</u>	<u>Age 65-79</u>	<u>Age 80+</u>
Not suitable for primary care management- refer secondary care service	Arrange scan unless history of gradual memory decline over 1 yr and no atypical features	Only scan if: <ul style="list-style-type: none"> <li>• Recent head injury</li> <li>• History of malignancy</li> <li>• Rapid unexplained deterioration</li> <li>• Unexplained focal neurological symptoms and signs including early urinary incontinence or gait disturbance</li> </ul>

CT scans are not generally useful to diagnose dementia subtype (this is done more reliably on history and clinical features) but may be indicated to exclude any possible space-occupying lesion (SOL) especially if evidence of neurological signs/symptoms or history of carcinoma

- To exclude chronic subdural (especially if history of falls, on anticoagulants etc)
- If there is atypical history or progression of dementia progression. (Limited value in those aged >80 yrs.)

If cognitive impairment or dementia likely due to vascular causes (multiple risk factors, PMH diabetes and/or coronary or cerebro-vascular disease) then value of a CT scan is limited especially as Acetylcholinesterase inhibitors not indicated in this group.

### Requesting CT scan of brain

This is done on ICE under limited access investigations requesting CT head and neck.

Please mark your request clearly as: PCMAS DEMENTIA PILOT

and address to:

Mr Rufus Corkill  
 Consultant Neuroradiologist  
 Department of Neurology  
 Level 1, West Wing  
 John Radcliffe Hospital  
 Headley Way  
 Headington  
 Oxford  
 OX3 9DU