

Cerebral Atrophy G31.9

Diagnosis Overview: Loss of neurons and connections that help them communicate within the brain's tissues.

- Common in patients with neurodegenerative dementia, **but also in normal aging**.
- Can be considered as a diagnosis when a patient has a greater loss of brain cells and volume than would be expected of the typical aging process and the atrophy leads to functional impairment.
- Atrophy must be interpreted relative to the patient's age and other factors.

Diagnosis Types | Classes:

Diagnosis

- Typically identified on brain imaging tests (CT, MRI, PET, SPECT). These tests can reveal physiological change, such evidence of brain shrinkage
- Neurocognitive testing may be administered to ascertain possible cognitive impairment (language or memory)

Medical History and Physical Exam can reveal symptoms, onset, frequency, severity, and any changes over time.

Types of cerebral atrophy:

- Focal:** affects cells in some regions of the brain and affects the function those areas control
- Generalized:** atrophy affecting cells all over the brain, causing shrinkage

Documentation Tips & Examples:

- Conditions diagnosed from imaging results can potentially be viewed as incidental findings.
- To consider an incidental finding reportable, documentation must contain evidence that the incidental finding is pertinent and considered in the current encounter; that is, evidence that a condition was monitored, evaluated, addressed, or treated (MEAT).
- Ensure that the clinical significance of the radiological finding is confirmed in the note, outside of any embedded results, and that there is an associated care plan or treatment.
- There should also be documentation that the patient was informed of the finding/results

Incidental findings on radiology reports

- It is inappropriate to report an incidental finding found on a radiology report when the finding is unrelated to the sign, symptom, or condition that necessitated the performance of the test for a patient being seen.

Cerebral Atrophy	Known MCI with recent MRI noting progressive cerebral atrophy. Will continue to monitor memory progression and consider neurology referral at next visit.
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Risk Factors

- Advanced age
- Head or brain injury
- Heavy Drinking
- Smoking
- Hypertension

Symptoms

- Dementia
- Seizures
- Difficulty communicating
- Memory loss
- Loss of coordination

Pearls: Treatment:

- Medication (B Vitamin supplementation (shown to reduce rate of brain atrophy))
- Physical and occupational therapy
- Counseling
- Speech therapy
- Lifestyle modification