# Person—clinical type of dementia, code NN

## Exported from METEOR (AIHW's Metadata Online Registry)

# Person—clinical type of dementia, code NN

## Identifying and definitional attributes

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|---|---|
| **Metadata item type:** | Data Element |
| **Short name:** | Type of dementia |
| **METEOR identifier:** | 424085 |
| **Registration status:** | Health, Standard 05/10/2022 |
| **Definition:** | The type of **dementia** a person had been clinically **diagnosed** with, as represented by a code. |

# Data element concept attributes

## Identifying and definitional attributes

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| **Data element concept:** | Person—Clinical type of dementia |
| **METEOR identifier:** | 424482 |
| **Registration status:** | Health, Standard 05/10/2022 |
| **Definition:** | The type of **dementia** a person has been clinically **diagnosed** with. |
| **Object class:** | Person |
| **Property:** | Clinically-reported dementia type |

## Source and reference attributes

| | |
|---|---|
| **Submitting organisation:** | Australian Institute of Health and Welfare |

# Value domain attributes

## Identifying and definitional attributes

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| **Value domain:** | Type of dementia code NN |
| **METEOR identifier:** | 423207 |
| **Registration status:** | Health, Standard 05/10/2022 |
| **Definition:** | A code set representing the aetiology of **dementia.** |

## Representational attributes

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|---|---|---|
| **Representation class:** | Code | |
| **Data type:** | String | |
| **Format:** | NN | |
| **Maximum character length:** | 2 | |
| | **Value** | **Meaning** |
| **Permissible values:** | 01 | Alzheimer's disease |
| | 02 | Vascular dementia |
| | 03 | Dementia with Lewy bodies |
| | 04 | Mixed dementia |
| | 05 | Fronto-temporal dementia - Behavioural variant |

| | 06 | Fronto-temporal dementia - Primary progressive aphasia |
|---|---|---|
| | 07 | Fronto-temporal dementia - Other/unspecified |
| | 08 | Dementia in Creutzfeldt-Jakob disease |
| | 09 | Dementia in Huntington's disease |
| | 10 | Dementia in Parkinson's disease |
| | 11 | Dementia in Human Immunodeficiency Virus |
| | 12 | Delirium superimposed on dementia |
| | 13 | Dementia due to use of alcohol |
| | 14 | Dementia in other substance abuse |
| | 15 | Dementia in other conditions |
| | 16 | Unspecified dementia |
| | 17 | Suspected dementia/diagnosis not confirmed |
| | 18 | Not diagnosed with dementia after clinical assessment |
| **Supplementary values:** | 98 | Unknown |
| | 99 | Not stated/inadequately described |

## Collection and usage attributes

**Guide for use:**

There are many forms of dementia as defined by their putative pathologies. The cognitive symptoms of different causes of dementia often overlap, and multiple different causes of dementia can be present in a single person, especially after the age of 80. The codes 01-16 may only be assigned after a diagnosis has been recorded by a clinician.

A diagnosis of dementia should be made only after a clinical assessment, which should include:

- history taking from the person
- history taking from a person who knows the person well, if possible
- cognitive and mental state examination with a validated instrument
- physical examination
- a review of medication in order to identify and minimise use of medications, including over-the-counter products, that may adversely affect cognitive functioning and to simplify medication dosing
- consideration of other causes (including delirium or depression).

A basic dementia screen should be performed at the time of presentation, usually within primary care. It should include the following blood tests:

- routine haematology
- biochemistry tests (including electrolytes, calcium, glucose, and renal and liver function)
- thyroid function tests
- serum vitamin B12.

Structural imaging (with computed tomography (CT) or magnetic resonance imaging (MRI)) should usually be used in the assessment of people with suspected dementia to exclude other cerebral pathologies and to help establish the subtype diagnosis, unless clinical judgement indicates this inappropriate. Structural imaging may rarely be needed in those presenting with moderate-to-severe dementia, if the diagnosis is already clear.

CODE 01    Alzheimer's disease

Alzheimer's disease is a primary degenerative cerebral disease of unknown aetiology with characteristic neuropathological and neuro-chemical features. The

disorder is usually insidious in onset and develops slowly but steadily over a period of several years.

This code corresponds to ICD-10-AM codes F00.00-F00.01, F00.10-F00.11, F00.20-F00.21, F00.90-F00.91, G30.0, G30.1, G30.8, G30.9.

CODE 02    Vascular dementia

Vascular dementia is the result of infarction of the brain due to vascular disease, including hypertensive cerebrovascular disease. The infarcts are usually small but cumulative in their effect. Onset is usually in later life.

This code corresponds to ICD-10-AM codes F01.00-F01.01, F01.10-F01.11, F01.20-F01.21, F01.30-F01.31, F01.80-F01.81, F01.90-F01.91.

CODE 03    Dementia with Lewy bodies

Dementia caused by the degeneration and death of nerve cells in the brain, and characterised by Lewy bodies. Also known as Lewy body dementia.

This code corresponds to ICD-10-AM code combinations assigning F02.80-F02.81 and G31.3.

CODE 04    Mixed dementia

The person has dementia with atypical or mixed presentation, not distinct to a single dementia type.

CODE 05    Fronto-temporal dementia - Behavioural variant

A progressive dementia caused by nerve cell damage to the frontal lobes of the brain, often leading to changes in personality, emotion and behaviour, as well as reduced judgement, empathy and motivation. Also known as Pick's disease.

This code corresponds to ICD-10-AM category F02.0.

CODE 06    Fronto-temporal dementia - Primary progressive aphasia

A progressive dementia caused by nerve cell damage to the temporal lobes of the brain, leading to reduced abilities in language, speaking, writing and comprehension. Includes semantic variant and progressive non-fluent aphasia. Also known as Pick's disease.

This code corresponds to ICD-10-AM category F02.0.

CODE 07    Fronto-temporal dementia - Other/unspecified

The person has a confirmed diagnosis of fronto-temporal dementia where the type is not the behavioural variant (code 05) or primary progressive aphasia (code 06), or where the type is unknown or unspecified.

This code corresponds to ICD-10-AM code category F02.0.

CODE 08    Dementia in Creutzfeldt-Jakob disease

A progressive dementia with extensive neurological signs, due to specific neuropathological changes that are presumed to be caused by a transmissible agent. Onset is usually in middle or later life, but may be at any adult age. The course is subacute, leading to death within one to two years.

This code corresponds to ICD-10-AM codes F02.10-F02.11.

CODE 09    Dementia in Huntington's disease

A dementia occurring as part of a widespread degeneration of the brain. The disorder is transmitted by a single autosomal dominant gene. Symptoms typically emerge in the third and fourth decade. Progression is slow, leading to death usually within 10 to 15 years.

This code corresponds to ICD-10-AM codes F02.20-F02.21.

CODE 10    Dementia in Parkinson's disease

A dementia developing in the course of established Parkinson's disease. No particular distinguishing clinical features have yet been demonstrated.

This code corresponds to ICD-10-AM codes F02.30-F02.31.

CODE 11    Dementia in human immunodeficiency virus disease

Dementia developing in the course of HIV disease, in the absence of a concurrent illness or condition other than HIV infection that could explain the clinical features.

This code corresponds to ICD-10-AM codes F02.40-F02.41.

CODE 12    Delirium superimposed on dementia

Delirium superimposed on dementia occurs when a delirium occurs concurrently with a pre-existing dementia.

This code corresponds to ICD-10-AM code F05.1.

CODE 13    Dementia due to use of alcohol

Dementia caused by a disorder in which alcohol-induced changes of cognition, affect, personality, or behaviour persist beyond the period during which alcohol might reasonably be assumed to be operating.

This code corresponds to ICD-10-AM code F10.7.

CODE 14    Dementia in other substance abuse

Dementia caused by a disorder in which substance-induced changes of cognition, affect, personality, or behaviour persist beyond the period during which a direct psychoactive substance-related effect might reasonably be assumed to be operating.

This code corresponds to ICD-10-AM codes F13.70-F13.79, F18.7.

CODE 15    Dementia in other conditions

The person has dementia due to specific disease. Where specific dementia types and another condition are recorded, the specific type assigned to CODE 01–CODE 14 should be used in preference to CODE 15.

This code is equivalent to ICD-10-AM codes F02.80-F02.81 and not G31.3.

CODE 16    Unspecified dementia

The person has a confirmed diagnosis of dementia, and the type is unknown or unspecified.

This code is equivalent to ICD-10-AM codes F03.00-F03.01 and not F00.00-F00.01, F00.10-F00.11, F00.20-F00.21, F00.90-F00.91, G30.0, G30.1, G30.8, G30.9, F01.00-F01.01, F01.10-F01.11, F01.20-F01.21, F01.30-F01.31, F01.80-F01.81, F01.90-F01.91, F02.00-F02.01, F02.10-F02.11, F02.20-F02.21, F02.30-F02.31, F02.40-F02.41, F02.80-F02.81, F10.7, F13.70-F13.79, F18.7.


CODE 17    Suspected dementia/diagnosis not confirmed.

The person has undergone or is in the process of assessment for dementia and a diagnosis has not yet been clinically confirmed.


CODE 18    Not diagnosed with dementia after clinical assessment

The person has not received a diagnosis of Alzheimer's disease, vascular dementia, mixed dementia, fronto-temporal dementia, dementia with Lewy bodies, dementia in other conditions or dementia of type unspecified, as recorded in CODE 01–CODE 16 after a clinical assessment.


CODE 98    Unknown

Record if person has not been assessed for dementia in a clinical setting.


CODE 99    Not stated/inadequately described

This code is for use where information is insufficient to assign CODE 01–CODE 18 or information is unclear or unavailable.

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| **Collection methods:** | The diagnosis must be recorded in a clinical setting by a qualified clinician, i.e. Geriatrician, GP, Neurologist etc. |

## Source and reference attributes

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|---|---|
| **Submitting organisation:** | Australian Institute of Health and Welfare |

# Data element attributes

## Collection and usage attributes

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|---|---|
| **Collection methods:** | In primary collection settings where dementia assessment or screening is required, such as for access to dementia-specific services or funding, assign CODE 98 in preference to CODE 99 where there is no evidence of a dementia assessment. Where an assessment was undertaken and the findings have not been confirmed, assign CODE 17. Where an assessment was undertaken and the findings are unclear, assign CODE 99. |

## Source and reference attributes

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|---|---|
| **Submitting organisation:** | Australian Institute of Health and Welfare |
| **Reference documents:** | IHPA (Independent Hospital Pricing Authority) 2022, The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM). Sydney: IHPA. |

## Relational attributes

**Related metadata references:**

See also [Person—non-clinically reported dementia type, code NN](#)
[Health](#), Standard 05/10/2022

**Implementation in Data Set Specifications:**

[Dementia clinical diagnosis cluster](#)
[Health](#), Standard 05/10/2022
*DSS specific information:*

If more than one dementia type is diagnosed record all types for this item.