## The Facts About…

## Dementia Diagnosis

In the UK it is estimated that 800,000 individuals are living with dementia, yet fewer than 50% of that number are ever formally diagnosed.

Belief that dementia is part of normal ageing and that nothing can be done contribute to the low diagnosis rate.

The Department of Health has tried to raise awareness and to encourage people to come forward for investigation and treatment.

Attempts have been made to counter stigma and to increase awareness of dementia and its early symptoms.

## Why is diagnosis important?

Empowers person living with dementia to make decisions and plan for the future.

Allows family discussion and planning - putting in place Power of Attorney, long term care planning.

## Why worry about a formal diagnosis?

The goal of diagnosis is to eliminate any other possible condition that could be creating dementia-like symptoms.

It is important to distinguish between dementia and depression.

Both conditions are associated with impairments of thinking and with diminished interest in activities.

Both in dementia and depression, the symptoms can be disruptive to daily activity.

Depression is more common than dementia in older people.

Ruling out depression is an important step in diagnosing dementia.

Distinguishing dementia from the mild normal cognitive decline of advanced age is critical.

## How is Dementia Diagnosed?

The first port of call for people who are concerned that they or a relative may have undiagnosed dementia is the GP.

The GP will ask about the symptoms and other aspects of the patient’s health.

They will do a physical examination.

They will organise blood tests and establish what medication the patient is taking, as these can sometimes cause symptoms similar to dementia.

They will ask questions or give the patient some memory exercises to measure any problems with memory or the ability to think clearly.

Dementia can be difficult to diagnose, especially if symptoms are mild.

If the GP is unsure about the diagnosis, they will refer the patient to a specialist such as a neurologist (an expert in treating conditions that affect the brain and nervous system), an elderly care specialist or a psychiatrist with experience of treating dementia.

The specialist may be based in a memory clinic alongside other professionals who are experts in diagnosing, caring for and advising people with dementia and their families.

Further tests which may assist in diagnosis include brain scans such as a computerised tomography (CT) scan, or preferably a magnetic resonance imaging (MRI) scan.

If there is still uncertainty about the diagnosis, further, more complex, tests may be required.

## What happens after diagnosis?

Once the necessary tests have been completed, the doctor will ask the patient if they want to know their diagnosis.

They will explain what having dementia might mean for them.

They will give the patient the opportunity to ask any questions they may have.

The doctor or a member of their team should explain to the patient and to their family:

* the type of dementia the patient has, or if it is not clear, what the plan to investigate further will entail; sometimes, despite investigations, a diagnosis may not be clear, in which case the doctors will review the patient again after a period of time to reassess
* details about symptoms and how the illness might develop
* appropriate treatments that might be offered
* care and support services in the local area, including support groups and voluntary organisations for people with dementia and their families and carers
* where to find financial and legal advice

## Linking Diagnosis to Support

Carers or families should be involved in the assessment process.

Outcomes are better for everyone when diagnosis and support is in place.

Ethical issues around patient confidentiality need to be considered but weighed against the impact of diagnosis on the family.

Diagnosis must lead to person-centred care, including treatment of physical conditions which may also be present.

Wider networks, such as support groups, specialist organisations and local resources musr be signposted to the patient, family and/or carer.

# Diagnosis should be “more than diagnosis”