

MAKING THE DIAGNOSIS OF DEMENTIA

What are the early signs?

Dementia begins very gradually and often people just adapt to changes, thinking they are due to ageing and so the dementia diagnosis is not even considered. Sometimes a friend or relative who has not seen the person for a while notices that he or she is not functioning as well as previously and raises the alarm.

Early symptoms might be:

Poor memory, especially for recent events, such that it affects daily life. This could mean missing appointments, losing track of what bills have been paid, losing things.

- Inability to carry out usual tasks, for example a great cook struggles to plan and prepare a meal
- Personality changes: the person speaks or behaves in ways that are uncharacteristic e.g. a usually kind person makes hurtful remarks
- Changed behaviour including apathy or disinhibition. Loss of interest in usual activities.
- Speech and language problems: difficulties finding words to the extent that it is hard to understand what the person is trying to say
- Struggling to follow conversations or understanding what others say
- Psychological changes: Depression and withdrawal, increased suspiciousness or irritability. Poor concentration
- Difficulty with abstract thinking e.g. understanding concepts, handling numbers
- Poor judgement: the person might make poor decisions at any level, from what to wear for the weather to selling the house.
- Disorientation to time and place: forgetting what day it is, getting lost in familiar surroundings or not adjusting to new ones.
- Loss of spatial skills. The ability to judge distance, size and speed may diminish, making driving dangerous among other problems.

This list covers only the common symptoms. Different forms of dementia start with different early

signs, for example memory loss is prominent early in Alzheimer's disease, but not necessarily early in other forms of dementia.

What should you do if you or someone else has these signs?

Many (or even most) people are reluctant to acknowledge that they might be developing dementia. They may not recognise the changes that have occurred, or put them down to ageing, stress or some other physical health condition. So, it can be difficult getting yourself or someone else to raise the possibility of dementia with the General Practitioner. However, there are good reasons for getting a diagnosis (listed below) and a favourite relative or respected friend can persuade and support the person to be "checked out". If the person still refuses to attend the GP for assessment of dementia, they may still go for other conditions e.g. a blood pressure check. It is OK to let the GP know in advance about concerns for someone else and also if you do not want the person to know you have contacted the GP. (They will bring up the issue in some other way.) It is vital that someone provides the doctor with additional information that the person may not disclose or even be aware of. This is best done by going with the person if they have no objections.

How is the diagnosis made?

First the GP will take a full history and will usually need to talk to someone who knows the patient. Then s/he will examine them for any medical or psychological problem that could be causing these symptoms. This may include doing some tests of memory/ cognition (usually the 30-question MOCA test). The doctor will probably order some blood tests and maybe a CT head scan. If there are difficulties with making the diagnosis s/he will refer to a secondary service such as a hospital doctor or memory clinic for another opinion. GPs in most

areas of the country have an electronic “Cognitive Impairment Pathway” to follow so that even if they are not experts, they can do the right things to obtain a diagnosis.

Why is it important to make this diagnosis of dementia?

- It could be something else. There are treatable medical conditions that can look like dementia.
- Research shows that the earlier the diagnosis, the better the person with dementia and family/whānau cope. Often people are very relieved to understand why their relative has changed.
- Everyone can get support and education on how to cope with dementia. Dementia NZ accepts referrals as soon as the diagnosis is made.

- Medication and other activities (such as cognitive stimulation therapy) may slow down the progression.
- Family / whānau can do some future planning such as appointing an Enduring Power of Attorney, making an Advanced Care Plan.
- Do the things that you’ve always meant to do, while you still can.

Local Contacts:

- Dementia Auckland
- NASC

This publication provides a general summary only of the subject matter covered. People should seek professional advice about their specific case.

**Dementia New Zealand offers support, information and education.
Ring 0800 4 DEMENTIA or
0800 433 636.
Or visit our website at www.dementia.nz**