

Dementia - diagnosis and early signs

The early signs of dementia are very subtle and vague, and may not be immediately obvious. Early symptoms also vary a great deal. Usually, though, people first seem to notice that there is a problem with memory, particularly in remembering recent events.

Other common symptoms include:

- Confusion
- Personality change
- Apathy and withdrawal
- Loss of ability to do everyday tasks.

Sometimes people fail to recognise that these symptoms indicate that something is wrong. They may mistakenly assume that such behaviour is a normal part of the ageing process. Or symptoms may develop gradually and go unnoticed for a long time. Sometimes, people may refuse to act even when they know something is wrong.

Ten warning signs

Go through the following list and note the symptoms that are present. If there are several ticks, a doctor should be consulted for a complete examination of the person with the symptoms.

1. Recent memory loss that affects day to day functions

It is normal to forget meetings, colleagues' names or a friend's telephone number occasionally, but then remember them later. A person with dementia may forget things more often, and not remember them at all.

2. Difficulty performing familiar tasks

Busy people can be so distracted from time to time that they may leave the carrots on the stove and only remember to serve them when the meal has finished. A person with dementia might prepare a meal and not only forget to serve it, but also forget they made it.

3. Problems with language

Everyone has trouble finding the right word sometimes, but a person with dementia may forget simple words or substitute inappropriate words, making sentences difficult to understand.

4. Disorientation to time and place

It is normal to forget the day of the week or your destination for a moment. But people with dementia can become lost on their own street, not knowing where they are, how they got there or how to get back home.

5. Poor or decreased judgement

Dementia affects a person's memory and concentration, and this in turn affects their judgement. Many activities, such as driving, require good judgement and when this ability is affected, the person will be a risk, not only to themselves, but also to others on the road.

6. Problems with abstract thinking

Balancing a cheque book may be difficult for many of us. Someone with dementia could forget completely what the numbers are and what needs to be done with them.

7. Misplacing things

Anyone can temporarily misplace a wallet or keys. A person with dementia may repeatedly put things in inappropriate places.

8. Changes in mood or behaviour

Everyone becomes sad or moody from time to time. Someone with dementia can have rapid mood swings, for no apparent reason. They can become confused, suspicious or withdrawn.

9. Changes in personality

People's personalities can change a little with age. But a person with dementia can become suspicious or fearful, or apathetic and uncommunicative. They may also become dis-inhibited, overfamiliar or more outgoing than previously.

10. Loss of initiative

It is normal to tire of housework, business activities or social obligations. The person with dementia may lose interest in previously enjoyed activities, or become very passive and require cues prompting them to become involved.

Based on *Is it Alzheimer's? Ten Warning Signs You Should Know*, Alzheimer's Association, USA

Many conditions have symptoms similar to dementia

Remember that many conditions have symptoms similar to dementia, so it is important not to assume that someone has dementia just because some of the above symptoms are present. Strokes, depression, alcoholism, infections, hormone disorders, nutritional deficiencies and brain tumours can all cause dementia-like symptoms. Many of these conditions can be treated.

A correct diagnosis is important

Consulting a Cognitive Dementia and Memory Service (CDAMS) clinic or doctor to obtain a diagnosis is critical at an early stage. A complete medical and psychological assessment may identify a treatable condition and ensure that it is treated correctly, or it may confirm the presence of dementia. Such an assessment might include the following:

- A detailed medical history, provided - if possible - by the person with the symptoms and a close relative or friend. This helps to establish whether there is a slow or sudden onset of symptoms and their progression.
- A thorough physical and neurological examination, including tests of the senses and movements to rule out other causes of dementia and to identify medical illnesses which may worsen the confusion associated with dementia.
- Laboratory tests, including a variety of blood and urine tests called a 'dementia screen' to test for a variety of possible illnesses which could be responsible for the symptoms. The dementia screen is available through a doctor.
- Neuropsychological testing to identify retained abilities and specific problem areas, such as comprehension, insight and judgement.
- Other specialised tests, such as a chest X-ray, ECG or CT scan.
- A mental status test to check a range of intellectual functions, such as memory and the ability to read, write and calculate.
- Psychiatric assessment to identify treatable disorders which can mimic dementia, such as depression, and also to manage psychiatric symptoms, such as anxiety or delusions, which may occur alongside a dementing illness.

Where to begin

The best place to start the diagnostic process is with the local doctor who, after considering the symptoms and ordering screening tests, may offer a preliminary diagnosis or refer the person to a Cognitive Dementia and Memory Service (CDAMS) clinic, neurologist, geriatrician or psychiatrist.

Some people may be resistant to the idea of visiting a doctor. In some cases, people do not realise, or else deny, there is anything wrong with them. This can be due to the brain changes of dementia that interfere with the ability to recognise or appreciate one's memory problems. Others, with retained insight, may be afraid of having their fears confirmed.

One of the most effective ways to overcome this problem is to find a physical reason for a visit to the doctor, preferably a check-up for a symptom that the person is willing to acknowledge, such as headaches or failing eyesight.

Perhaps suggest an examination of the heart, a test for blood pressure or diabetes, or a review of long term medication. Another way is to suggest that it is time for BOTH to have a physical check-up. Any expressed anxiety by the person is an excellent opportunity to suggest a visit to the doctor. Be sure to provide a lot of reassurance. A calm, caring attitude at this time can help overcome the person's very real worries and fears.

If the person will not visit the CDAMS or doctor:

- Talk with other carers who may have had to deal with similar situations
- Contact the Aged Care Assessment Team (ACAT)
- Ring Alzheimer's Australia Helpline.

Where to get help

- Your doctor
- Your local community health service
- Your local council
- The Cognitive Dementia and Memory Service (CDAMS) clinic
- Alzheimer's Australia Vic, National Dementia Helpline Tel. 1800 100 500
- Carer Support and Respite Coordination Centre Tel. 1800 059 059
- Carers Resource Centres Tel. 1800 242 636
- Aged Care Assessment Services - contact your regional Department of Human Services office
- The Aged Care Information line Tel. 1800 500 853

This page has been produced in consultation with, and approved by:

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