Getting a diagnosis of dementia
Going to a GP for a check-up can identify potentially treatable conditions that initially look like dementia but are not. For example: depression, an underactive thyroid, vitamin B12 deficiency, delirium caused by a medical condition like an infection, and the side effects of some medicines can all affect a person’s alertness, memory, or brain function.

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If you are concerned about your own memory, or you are worried about changes you have noticed with memory, communication, personality or behaviour of someone close to you, it is important to consult a GP as soon as possible, so that an accurate diagnosis can be made.
Why is it important to recognise and diagnose dementia in the early stages?

We know that seeking a diagnosis can be scary or overwhelming, and some people feel that they’d rather delay finding out. There are four main reasons you should take steps to get a diagnosis as soon as you can:

- For some people, it can be a relief to know what their condition actually is, and why their memory, behaviour, or the way they feel is changing. A diagnosis also benefits the wider family and enables them to understand what is happening and how they can help.
- A diagnosis helps the person with dementia and their family to get the best treatment, support and plans in place as soon as possible. This includes looking at finances, legal issues and making decisions for the present and the future.
- A timely diagnosis can help the person stay well for longer by increasing their awareness of the condition and how they and their family can make adjustments to improve their quality of life.
- Although there is no cure for dementia at present, medication and other interventions can be used to help manage and lessen the symptoms.

What are the possible signs and symptoms that may indicate a person could have dementia?

A change in:

- Short term memory
- Thought processes
- Concentration level
- Communication, comprehension and word finding
- Motivation level
- Ability to perform everyday tasks
- Personality, mood, behaviour or social functioning

All of these signs and symptoms may be due to potentially treatable causes, so it should never be assumed that one or more of these signs and symptoms is definitely an indication of dementia.
How is a diagnosis made?

Firstly, before the GP refers the person for a specialist assessment of dementia, they should assess whether the person has a treatable underlying condition, such as: depression, an underactive thyroid, vitamin B12 deficiency, delirium caused by a medical condition like an infection, and side effects of some medicines.

The GP should conduct an examination, some blood tests and ask questions to reveal physical or psychological conditions which could be the reason for the signs and symptoms experienced. The GP may also refer the person for a brain scan to check for evidence of other possible problems that could explain a person’s symptoms, such as a stroke or a brain tumour.

In addition, the GP should also ask when the symptoms started, and how these affect everyday living and whether these problems started suddenly or more gradually. It may be helpful to have a family member, or someone who knows the person well, present at this stage so they can say what changes they have noticed and how this affects the person and the people around them.

The GP should also briefly test the person’s memory and cognitive abilities, asking the person to:

- State what day, date and year it is
- Name some common items, from pictures, or as answers to questions
- Remember and repeat items to test concentration and short term memory
- Complete a drawing

If all physical or mental health conditions have been ruled out as possible causes of the changes in memory, behaviour and personality, the GP may then refer the person for further investigation. This could be at a memory clinic or with a specialist.

The memory clinic or specialist should take a detailed medical and family history from the person with symptoms of dementia. It is helpful if a family member, or someone who knows the person well, goes to this appointment, and speaks with the person conducting
the assessment to help with this process, and/or writes a short letter outlining what the issues are and how it affects the person being assessed.

Next, the memory clinic or specialist should assess the person’s cognitive abilities by asking specific questions. These usually include tests of attention, memory, verbal fluency and language, as well as testing their visuospatial abilities, by asking the person to copy diagrams or draw a clock. In addition, they will ask questions about the person’s abilities with everyday tasks such as shopping, housework, driving, and self-care, such as washing and dressing.

Lastly, the memory clinic or specialist should request a brain scan to examine the brain for any abnormalities, if that has not already been done by the GP.

**What if the person is reluctant to go for investigations and tests?**

The person may be feeling frightened of getting a diagnosis and may think that they will lose their independence, have to give up driving or have to go into care. In some cases, they may not
understand that there are concerns about their memory or behaviour and deny they have a problem.

It is important to reassure the person that their symptoms may be due to another potentially treatable condition. This could help them become more willing to visit their GP. If the person simply refuses to go to the GP, you can contact the surgery to explain the situation, either by phone, letter or email. The GP may be able to provide a home visit to speak to the person about their symptoms.

The GP may not be prepared to discuss confidential information with you, but they should welcome relevant information about the person’s current health and concerns.

What if the GP won’t make a referral to a memory clinic for a specialist assessment?

If you are experiencing difficulty getting a diagnosis, or if you have questions you can’t get answered, we’ll take the time to really understand the problem and give you the expert advice and support you need to tackle it. Please call the specialist dementia nurses on our Helpline on **0800 888 6678** or email **helpline@dementiauk.org**, 9am-9pm Monday to Friday, and 9am-5pm at weekends.
Sources of support

Dementia UK leaflet on What is dementia?
dementiauk.org/what-is-dementia

Dementia UK leaflet on Practical guide to getting the best out of GP and other health appointments
dementiauk.org/health-appointments

Dementia UK leaflet on Getting the most out of a remote consultation
dementiauk.org/remote-consultation

Dementia UK leaflet on the Emotional impact of a diagnosis
dementiauk.org/emotional-impact

Our Admiral Nurses can help

If you have any questions or concerns about dementia, you can call the dementia specialist Admiral Nurses on our Helpline for free.

Call 0800 888 6678 or email helpline@dementiauk.org

Opening hours:
Monday-Friday, 9am-9pm
Saturday-Sunday, 9am-5pm
If you’re caring for someone with dementia or if you have any other concerns or questions, call or email our Admiral Nurses for specialist support and advice.

Call 0800 888 6678 or email helpline@dementiauk.org

Open Monday–Friday, 9am–9pm
Saturday and Sunday, 9am–5pm

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Dementia UK is a registered charity in England and Wales (1039404) and Scotland (SCO47429).