key points

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In the UK, 6.5% of the population over 65 have dementia and more than 200,000 new cases develop annually. The most common early symptoms of dementia, such as forgetting recent conversations, becoming repetitive and misplacing items, are due to poor short-term memory. In most cases, long-term memory is relatively well preserved. Other aspects of cognitive function may also be affected, such as orientation in time and place; language; sequencing and planning; and facial recognition. Subtle changes in mood, personality or behaviour may occur.

The history should cover cognitive, behavioural and psychological symptoms, and the impact symptoms have on daily life. A physical examination is necessary to look for any focal neurological signs and to exclude any visual or auditory problems. Baseline blood tests (full blood count, thyroid function, liver function, glucose, lipids, ESR, renal function, vitamin B_{12} and folate levels) should be carried out. A midstream urine specimen, chest X-ray and ECG may also be needed where clinically indicated. Depression can mimic, or coexist with, dementia. If it is suspected it should be treated and cognitive function should be reassessed 6-8 weeks later.

A brief cognitive screening test should be carried out before referring patients to memory clinics for further assessment. However, these instruments lack sufficient sensitivity to be used as a rule-out test and patients with suspected dementia should be referred to a specialist dementia diagnostic service even if they score highly on cognitive tests.

There are currently four effective medications recommended for the treatment of cognitive symptoms of dementia: the acetylcholinesterase inhibitors (donepezil, galantamine and rivastigmine) and memantine. These medications can be initiated in primary care on the advice of a psychiatrist, neurologist, geriatrician or other healthcare professional with appropriate training in dementia. Dual prescribing is now recommended by NICE and GPs may prescribe memantine to patients already established on an acetylcholinesterase inhibitor without seeking further specialist advice. In severe dementia, the routine cessation of acetylcholinesterase inhibitors is no longer recommended.

Patients with a diagnosis of dementia should be offered a medication review. Many commonly prescribed medications have anticholinergic effects which can exacerbate cognitive impairment. Validated tools such as the anticholinergic cognitive burden scale can be used to estimate the total anticholinergic burden and facilitate reduction of anticholinergic exposure.