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Is it dementia or just forgetfulness?

I've never met a patient over 50 (and sometimes earlier) who doesn't worry about dementia. Forgetfulness is common, especially as you get older. But should you be laughing it off or seeing your doctor?

I often hear half-joke comments about 'senior moments' from people who've got to the top of the stairs and forgotten what they came for. What they really want to know is whether this is the start of a slippery slope.

What causes forgetfulness?

There are lots of causes of [memory loss](#) other than dementia. The most obvious is having other things on your mind. If you're bored, tired or [anxious](#), things are more likely to slip your mind, especially if they're not hugely important to you. [Depression](#) (with low mood, tearfulness, disturbed sleep or appetite and/or lack of enjoyment of life) can also affect concentration and memory.

Some medicines, including strong painkillers, steroid tablets, [Parkinson's](#) medication and combinations of tablets, can make you prone to forgetfulness. So too can physical illness, including urine or chest infections and [underactive thyroid](#).

Am I at increased risk of dementia?

There are actually over 60 conditions which can cause dementia, although [Alzheimer's disease](#) accounts for more than half of cases. The second most common type is 'vascular dementia', caused by blockages in multiple small blood vessels in the brain.

If you're at high risk for heart attack and stroke (because of high blood pressure, raised cholesterol, physical inactivity, smoking, etc), you're also at higher risk of vascular dementia. The good news is that by addressing these risk factors, you can reduce your risk of three conditions: heart attack, stroke and dementia.

In fact, you can cut your risk of several types of dementia with a healthy lifestyle, but it's especially important if you want to avoid vascular dementia.

Certain conditions do increase your risk of dementia. These include:

- Parkinson's disease, which largely affects movement in the early stages but which also increases your risk of developing depression and dementia.
- A past history of stroke or [severe head injury](#).
- [Down's syndrome](#) and other learning disabilities.
- [Excess alcohol](#), which can cause irreversible damage to the brain.

What will my doctor be looking for?

The first thing your doctor will want to know is what you're forgetting most often. For instance, in dementia, people tend to forget recent events most often, but can often hang on to long-standing memories for much longer. You may find yourself forgetting names and addresses, or repeatedly searching for the word for common everyday objects. Others may notice that you're asking the same questions time and again.

People with dementia may have difficulty learning new tasks, and can become easily confused and disorientated. This is a particular issue if they're in unfamiliar surroundings. They may forget to eat or wash, and even how to dress themselves. At every stage of dementia, having a regular routine, with prominent reminders of the time of day, can cut the chance of distressing confusion. Dementia can also lead to personality changes and low mood.

If your doctor suspects dementia, they'll do blood tests to look for possible other causes of memory loss (such as infection or underactive thyroid).

What if dementia is suspected?

If your history and examination suggest possible dementia, and initial tests (like blood and urine tests) don't show any cause for your memory problems, your doctor should refer you for a full hospital assessment.

Here the team will decide if specialised scans and other tests are indicated. People with dementia are looked after by a multidisciplinary team including doctors, specialist nurses, counsellors, physiotherapists, occupational therapists (to help with home adaptations, etc) and sometimes a dietician.

Dementia does get more common with age, but even if you live to 95, you have a three in five chance of not being affected. Many people with dementia live fulfilling lives for years, and family help to provide regular reminders and routine help enormously.

Several medications have been developed in recent years to help specifically with Alzheimer's disease. Most aim to raise the brain levels of a chemical called acetylcholine, which is often low in Alzheimer's disease. They're not a cure and don't work for everyone. However, they can now be prescribed for people with early or moderate symptoms of Alzheimer's disease and can be continued for as long as they provide benefit. They're usually started by a specialist but the GP will often be able to issue prescriptions after that.

But much of the 'treatment' of dementia doesn't come in the form of tablets. Carers can make a world of difference, with the help of the specialist team who can set up a care plan to help someone with dementia live as independently as possible.

Of course, it's essential that carers look after themselves as well. All too often caring for a loved one with dementia can be very lonely, especially if that person is the life partner you would have confided in or leaned on for support in the past. Your GP and social services can help with a yearly assessment of your needs as a carer, and voluntary bodies can provide invaluable advice and support.

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