

Is There a
Problem?



**DEMENTIA
ALLIANCE**

of North Carolina

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Normal signs of aging:

- Decrease in the ability to multi-task
- Changes in hearing and vision
- Occasional forgetfulness
- Learning new skills takes more time and practice
- Conversation requires more concentration
- Trouble recalling names & appointments, but remember them later
- Trouble finding the right words
- Misplace things more often, but can retrace steps to find them
- Changes to routines take more time to adapt to

Keep in mind that these are possible changes.

Everyone is different and not everyone will have all of these changes. Being tired, stressed, even being depressed can also lead to these changes.



What to look for

The early signs of dementia are similar to red flags. One might get your attention, but the **more red flags you notice, the more important it is to contact a healthcare provider.**

Early signs, or changes, from a person's "normal" that begin to affect daily life might include:

- Short term memory loss: *forgetting a recent meeting or someone you just met, don't remember eating lunch an hour after eating, misplacing items.*
- Confusion about place and time: *forgetting a standing meeting, confusing the day of the week.*
- Once familiar tasks become challenging: *missing steps of routine tasks like cooking, paying bills on time, and problems following directions when driving.*

- Trouble finding words and finishing thoughts: *difficulty thinking of a specific word or phrase, getting lost mid-story and being unable to return to the topic.*
- Decreased reasoning ability and altered judgment: *wearing a coat in the middle of summer, hygiene issues, purchasing unneeded items.*
- Changes in mood and personality: *frequent mood swings, withdrawal from work/social activities, and suspicion of others.*
- Difficulty with complex mental tasks, planning, problem-solving: *trouble following a recipe, balancing the check book.*
- Disorientation to location: *can't find the way home from the grocery store).*

While red flags can indicate a problem, **it might not be dementia.** That is why getting an accurate diagnosis is so important. Some of these signs can be caused by other medical conditions, medication interactions or side-effects, hearing or vision loss, depression, thyroid problems, or even severe untreated pain.

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An early, accurate diagnosis allows for:

- Opportunity for the person who has been diagnosed to be included in the process.
- More opportunities to participate in clinical trials.
- Time to work on financial and healthcare planning or share end-of-life wishes with family members.



Where can we get an accurate diagnosis?

Neurocognitive dementia treatments are more effective when used earlier in the diagnosis rather than later.

An accurate diagnosis, while sometimes difficult and slow to obtain, can help us know what to expect. In addition, certain medications can have adverse effects in some types of dementia. The knowledge provided by an accurate diagnosis can often be reassuring and putting a name to the brain changes can also be a relief.

When we are having trouble with our heart, we see a cardiologist. When having trouble with brain function, consult a healthcare professional who specializes in the brain.

While it is good to start with your primary care provider, you may choose to see someone who specializes in cognitive changes when seeking an accurate diagnosis. If whomever you speak to first says, “It’s just signs of getting

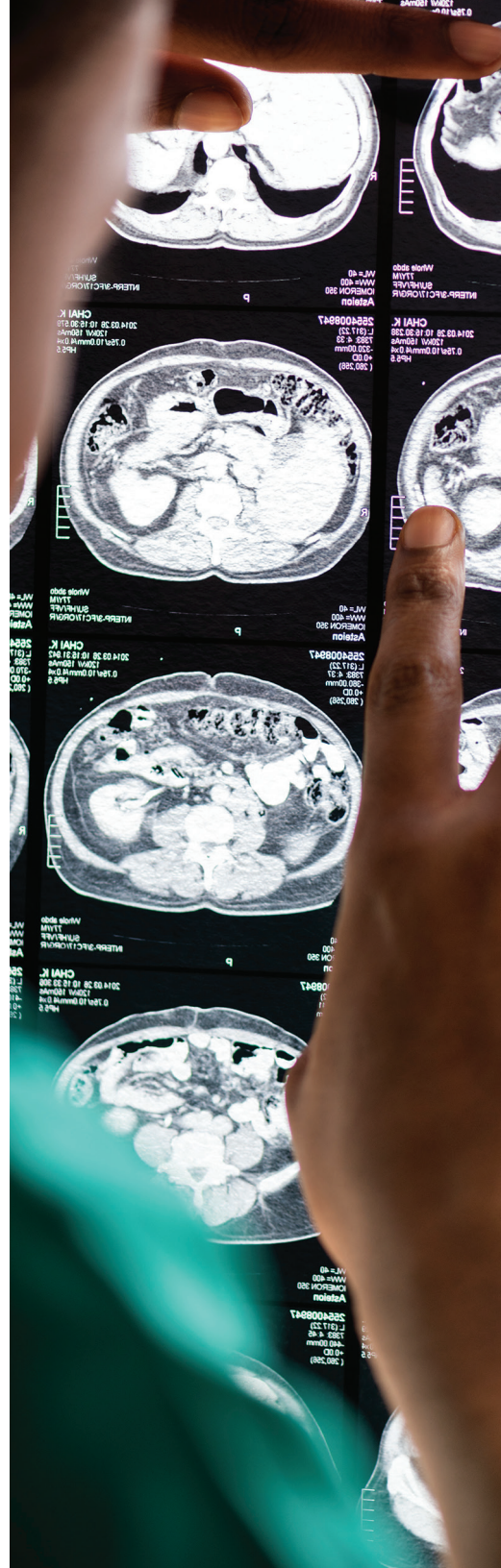
older” and that doesn’t ring true to you, it is suggested you get another opinion.

Specialists to consider include:

- neurologist
- geriatrician
- neuropsychologist
- neuropsychiatrist
- nurse practitioner specializing in dementia care
- memory-specific clinics

An accurate diagnosis includes gathering a wide variety of information, including:

- Medical tests including lab work to rule out other causes of symptoms
- History of cognitive changes
- Health records and medical history (*including family members*)
- Medication review
- Physical exam (*especially focusing on neurological and cardiovascular systems*)
- Imaging study of the brain (*CT, MRI, PET*)
- Other tests (*ECG, EEG, etc. as indicated*)
- Cognitive assessment
- Psychological/Emotional assessment



Tips on how to prepare



Once you have decided to consult a doctor, here's how you can be prepared:

Making the appointment

- Ask for accommodations that need to be made.
- Ask for patient forms that need to be completed ahead of time.
- Make the appointment during your “best” time of day.
- Consider transportation needs ahead of time.
- Keep parking in mind. A busy practice means a busy parking lot.
- Allow for plenty of time to prepare, travel, and extra “just in case” time.

Preparing for the appointment

- Bring completed patient information forms and insurance information.
- Bring a list of all medications, over-the-counter medications, and supplements.
- Be sure to include the dosage and purpose of all medication and the name of physician who prescribed them.

- List any side effects, similar medications tried, any questions about medications.

Be ready to ask and answer questions

- Appointments happen during limited time periods. Be ready with your top concerns/challenges you'd like to discuss.
- Take notes – Consider including a second person for an extra “set of ears.”
- **Leave with a plan!**

Challenges to keep in mind

If you are seeing changes in a loved one **they may or may not agree with you.** *Anosognosia* is common with dementia. This is a condition where damage to the brain impacts their ability to be aware of their illness. It's not that they are in denial, it's that they actually **cannot perceive a problem.**

In other cases, someone might be aware of a problem, but they may not see the level of severity that you do. **Either way, getting them to the doctor might be a challenge.**

Other Considerations:

- For some people it might be helpful to talk about the appointment ahead of time. Your person may find it stressful. Use your previous experience as a guide on what will work best in your situation.
- You may need to wait until the day before or the day of the appointment to tell your person about it. Or even make the appointment part of your day without sharing ahead of time. Consider what will be the least upsetting for your person.
- When you call the office to make the appointment, request accommodations you may need. Ask for an email address where you can detail your concerns prior to the appointment and let the staff know you will share it with your person.

Anosognosia is common with dementia. This term is used when someone is unaware of their own condition or they cannot perceive it accurately.



Getting them to the appointment:

1. Try, “It’s time to see the doctor for refills of current medications”.
2. Call the appointment your person’s “annual physical” and if need be, say it is for insurance purposes.
3. Bring something for your person to do while you wait. Ask to wait in a room other than the main waiting room where the exit door is.
4. Blame the doctor if follow-up is required. You can be on your loved one’s side and validate their feelings while still following the doctors’ orders.
5. Don’t rely on logic to argue your case.
6. Do something positive and fun after the appointment.
7. **Call our Dementia Navigator for more ideas and support!**



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