



## VISITING THE DOCTOR: A NEUROLOGIST'S VIEW

**When a person is confused, or has difficulty in thinking, remembering or communicating, these “symptoms” are collectively termed “dementia”.** Although any one patient may not have all of these problems, if a person develops difficulty in one or more of these areas, a thorough medical evaluation is advisable. **The doctor has several goals in evaluating a person with dementia:**

1. the nature or cause of the problem as precisely as possible.
2. assessing the extent of disability, defining and remaining areas of relative strength.
3. providing treatment for the illness, (not only medications, but also education and support to both the patient and family).

**Diagnosis:** The exact procedures to expect in a diagnostic evaluation will vary with the physician. However, in all instances it should include a thorough **physical and neurological examination**, a **detailed history** from someone who knows the person well, and additional **laboratory tests**. A thorough medical examination will disclose other medical conditions, which can cause or contribute to dementia; a neurological examination can reveal changes in the functioning of the nerve cells of the brain. The neurological evaluation includes a detailed mental status exam in which a variety of brain functions such as memory, learning, concentration, language, writing, abstract reasoning, and coordination are specifically assessed.

In contrast to other medical illnesses when a doctor can rely solely on the patient to describe the problem, this cannot and should not be done in evaluating the person with dementia. **It is crucial to obtain a detailed history of the onset, extent and progression of the symptoms from a knowledgeable and candid person who knows**

**the patient well.** We send a questionnaire to this person in advance of time to allow time to think about the questions. Once in the clinic, the history is best done without the patient in the room, allowing the family member to speak freely and without fear of embarrassing or angering the patient.

Family members should also be prepared to provide factual medical history regarding other illnesses (**such as high blood pressure, diabetes, strokes, alcoholism, or psychiatric disorders**), medications and information about the person's family history and illnesses. It is not prying to ask about other family members' history and illnesses. It is not prying to ask about other family members' health—some illnesses tend to “run in families” and this information can be very useful in determining the cause of the patient's difficulties.

Additional laboratory tests should include a good “picture” of the brain. This is done by CT or CAT scan (Computerized Axial Tomography Scan) or the newer MRI (Magnetic Resonance Image). Changes compatible with Alzheimer's disease may be visible on the CAT or MRI scan, but this diagnosis cannot and should not be made on the basis of the

scan alone. The scan can, however, find evidence of strokes, tumors, and changes in the flow of the fluid that surrounds the brain, blood clots causing pressure, or certain patterns of brain shrinkage. These findings may suggest a diagnosis other than Alzheimer's disease, which may respond to different forms of treatment.

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