What does it mean to have an Alzheimer’s diagnosis?
Under criteria established in 1984, physicians diagnosed an individual with Alzheimer’s disease when the damage to and death of neurons in the brain was so significant that the individual showed obvious cognitive decline, including symptoms such as memory loss or confusion as to time or place. However, in 2011, the Alzheimer’s Association and the National Institute on Aging recommended new diagnostic criteria and guidelines for Alzheimer’s disease that recognize a broader continuum, not just the symptomatic points on the continuum, as representing Alzheimer’s disease. Specifically, the updated guidelines recognize three stages. (1) Pre-clinical Alzheimer’s, where individuals have measurable changes in the brain, but symptoms such as memory loss are not yet evident. The guidelines do not establish diagnostic criteria for pre-clinical Alzheimer’s that doctors can use now; more research on biomarker tests is needed before this stage of Alzheimer’s disease can be diagnosed. (A biomarker is a measurable biological factor that indicates the presence of, or risk of developing, a disease. For example, in determining heart disease risk, cholesterol level is a biomarker.) (2) Mild cognitive impairment (MCI) due to Alzheimer’s, where some signs and symptoms of the disease are noticeable to the individual, family, and friends – but they do not affect the individual’s ability to carry out everyday activities. (3) Dementia due to Alzheimer’s, which is the traditional notion of Alzheimer’s disease – what was diagnosed under the 1984 criteria – in which a person’s ability to function in daily life is impaired. The new guidelines include specific diagnostic criteria for physicians to diagnose these latter two stages.

Why is early detection and diagnosis important?
As many as half of people with dementia have never received a diagnosis. Early detection and diagnosis are essential to providing the best medical care and outcomes for those with the disease. Even without a way to cure or slow the progression of Alzheimer’s, an early, formal diagnosis offers the best opportunities for intervention and better outcomes by allowing individuals and their caregivers to have access to available treatments, build a care team, and better manage co-existing chronic conditions, which may lessen secondary disorders and enhance quality of life. Additionally, early diagnosis allows for some forms of cognitive impairment, such as that caused by a vitamin B12 deficiency, to be reversed. Recent research shows that 9 percent of individuals experiencing dementia-like symptoms had potentially reversible forms of cognitive impairment. For a factsheet on the value of an early diagnosis, click here.

What can the public health community do to increase diagnosis of Alzheimer’s disease?
Early detection and diagnosis are part of the Alzheimer’s Association’s public health agenda. That agenda includes steps that public health officials can take to increase early diagnosis:

- Educate the public and medical community about the warning signs of dementia – such as by including the 10 Warning Signs on agency websites – and the benefits of early diagnosis;
- Develop best practices aimed at early detection and risk reduction of co-morbid conditions in individuals with Alzheimer’s; and
- Educate health care professionals on the importance of discussing memory issues with their adult patients and on how to assess cognition during a primary care visit, such as with the Association’s algorithm for assessing cognition during the Medicare Annual Wellness Visit.