

Choosing a doctor to evaluate memory and thinking problems

While many people experience some changes in memory, thinking and behavior as they age, cognitive changes that disrupt daily life are not a typical part of aging. If you or someone you know is experiencing memory or thinking problems, it is important to share these concerns with your doctor. Only a full medical evaluation conducted by a licensed physician can determine if symptoms are related to dementia.

About dementia

Dementia is not a specific disease, but a range of symptoms associated with memory or thinking problems severe enough to affect a person's ability to perform everyday activities. Consulting a doctor at the earliest stage is critical to allow for treatment and planning. If you have dementia, it's important to find out what type it is because treatments and symptoms can vary. The four most common types of dementia are:

- Alzheimer's disease.
- Vascular dementia.
- Dementia with Lewy bodies.
- Frontotemporal dementia.

Types of doctors who evaluate memory and thinking problems

Primary care physicians

People often first discuss their memory or thinking concerns with their primary care physician, sometimes referred to as a “generalist or PCP.” Trained in general internal medicine or family medicine, primary care physicians focus on diagnosing and treating common medical conditions. Many primary care physicians perform an initial assessment and full evaluation, but may also refer patients to a specialist to confirm the diagnosis and determine the type of dementia. When talking to your primary care physician about memory and thinking problems, ask how familiar he or she is with diagnosing dementia and whether there are circumstances in which he or she would refer to a specialist.

Specialists

The specialists listed below can evaluate memory and thinking issues and diagnose dementia. Some people with unclear symptoms, including those under age 65, may require evaluation by two or more specialists who combine their findings to reach a diagnosis.

- **Geriatricians** are primary care physicians who have additional training in geriatrics (medical care for diseases and conditions common among older adults, generally over age 65). These physicians are typically prepared to manage multiple medical conditions.

- **Geriatric Psychiatrists** are trained in general psychiatry with additional training in mental health and aging. They may be helpful in ruling out other causes of memory loss, such as depression, and in treating dementia-related behaviors in people living with dementia.
- **Neurologists** are trained in nervous system disorders, including issues with the brain, spinal cord and peripheral nerves. Neurologists typically receive formal training in Alzheimer's disease and other dementias, although not all diagnose or treat people living with the disease. Some neurologists focus on other conditions, such as pain management, Parkinson's disease and seizure disorders. If you are referred to a neurologist, inquire if they treat patients living with Alzheimer's or other dementias.
- **Neuropsychologists** administer a variety of tests to assess thinking abilities, including memory, attention, language, reading and problem-solving skills. Neuropsychologists work closely with other specialists and primary care physicians during the diagnostic process. Most practicing clinical neuropsychologists have an advanced degree (Ph.D. or Psy.D.) in clinical psychology and additional training in neuropsychology.
- **Dementia diagnostic centers, Alzheimer's Disease Centers (ADCs) and Alzheimer's Disease Research Centers (ADRCs)** generally have at least two types of specialists as part of their medical team who can diagnose and treat dementia. ADCs and ADRCs are funded by the National Institute on Aging (NIA). ADRCs and some dementia diagnostic centers are involved in research and can suggest ways to participate in clinical studies.

The diagnostic process

The doctor may request multiple tests in order to evaluate memory concerns so that the cause can be accurately determined. The evaluation may be divided up into several visits, giving the doctor(s) enough time to determine the cause of memory changes and rule out others. In situations where the cause of memory loss is more evident, fewer tests may be needed. The steps in a memory evaluation may include:

- A **medical history** includes current and past medical problems and concerns, current and past medications, family medical history and diet, including alcohol use. In addition to speaking with the individual with memory or thinking problems, the doctor may ask to speak with family members or others who know this person well to determine if they have noticed any changes.
- A **physical exam** involves assessing blood pressure, temperature and pulse, as well as other procedures to evaluate overall health.
- A **screen for depression** includes answering a short set of questions. This process can add information needed for an accurate diagnosis because depression can cause memory and thinking problems similar to dementia.
- **Laboratory tests**, such as blood and urine samples, may be checked to rule out infection or to check how organs, such as the liver or kidney, are

functioning. In cases where additional information is needed, the doctor may order an analysis of proteins in cerebrospinal fluid (CSF).

- **Mental cognitive status tests** evaluate memory, thinking and simple problem-solving abilities. Some tests are brief, while others can be more time intensive and complex. More comprehensive mental cognitive status tests are often given by a neuropsychologist to evaluate executive function, judgment, attention and language.
- **Brain imaging**, such as magnetic resonance imaging (MRI) or a computerized tomography (CT) scan, look at the structure of the brain, while others, such as single photon emission computed tomography (SPECT) or positron emission tomography (PET), look at how the brain is functioning. These scans can rule out conditions that may cause symptoms similar to Alzheimer's but require different treatment, including brain tumors, aneurysm, stroke or buildup of fluid in the brain.

Visit alz.org/evaluatememory to learn more about what an evaluation may include.

Medicare coverage of care planning

Medicare now covers care planning services for people recently diagnosed with cognitive impairment, including Alzheimer's disease and other dementias. Care planning allows individuals living with dementia and their caregivers to learn about medical and non-medical treatments, clinical trials and services available in the community, and additional information and support that can contribute to a higher quality of life.

Under this new coverage, physicians, physician assistants, nurse practitioners, clinical nurse specialists and certified nurse midwives can provide detailed care planning that includes:

- Evaluating cognition and function.
- Measuring neuropsychiatric symptoms.
- Medication reconciliation.
- Evaluating safety (including driving ability).
- Identifying caregivers and caregiver needs.
- Identifying and assessing care directives.
- Planning for palliative care needs.
- Referrals to community services for both the beneficiary and his or her caregiver.

Experts note that care planning for individuals living with dementia is an ongoing process and that a formal update to a care plan should occur at least once per year or when there is a significant change. Talk to your health care provider about care planning services. If your provider is not familiar with Medicare coverage of care planning, he or she can visit alz.org/careplanning for more information.

Resources

Alzheimer's Association & AARP Community Resource Finder
alz.org/CRF

Diagnosis of Alzheimer's Disease and Dementia
alz.org/diagnosis

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