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**Patient records** could help predict risk of developing**dementia**  
  
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Doctors can predict your risk of developing **dementia** by piecing together hidden clues contained in your medical records, researchers have said.

Crunching information routinely gathered during visits to the family doctor - such as the level of alcohol consumption, whether someone is underweight or if they have a history of depression - can pinpoint which patients are likely to have conditions such as **Alzheimer's** disease in the next five years.

A new screening **test** for people aged 60 to 79 developed at University College London could be used to reassure patients who approach their GPs concerned that they might be developing **dementia**, the researchers said.

The computer **algorithm** was developed and tested using the **patient records** of almost 1 million individuals with no record of **dementia**, cognitive impairment or memory problems.

Kate Walters, a lead researcher, said: "I am a GP and it is common to see people worried about developing **dementia**, so for some people it could be very reassuring ... if you are told you are at low risk, it is almost always right."

The **test** was slightly less accurate at identifying patients who were high-risk. Dr Walters said: "If you are told you are at high risk, most of the time you won't go on to get **dementia** ... because**dementia** is relatively rare in that age group." The researchers said that the tool "may be most helpful in 'ruling out' those at very low risk from further testing or intensive preventative activities". The **test** was not accurate enough to be used in groups of patients aged between 80 and 95, the researchers found. While adding extra information such as a family history of **dementia**, levels of physical exercise or education level could improve accuracy, the researchers said that a key advantage of the model was that it relied only on factors routinely recorded by GPs.

Family doctors are encouraged to screen people with certain **health** conditions for **dementia**, in an attempt to improve diagnosis rates.

Dr Walters said: "This is a much more rigorous way than just picking up individual risk factors." However, she added: "We are hesitant to say it should be used in this way. There are a lot of ethical questions to be worked out first."

Screening for **dementia** can be controversial, with many people preferring not to know their risk, particularly as there is no known cure for the condition. Dr Walters said that she would want to know because studies had shown that there were things patients could do to decrease their risk and new drugs were being developed all the time.

The anonymous records used to develop the **dementia** risk score tool came from 377 UK general practices and were recorded between 1995 and 2011 in the **health** improvement network database.

Government plans to make such data more available to researchers, under a scheme known as care.data, have stalled over patient privacy concerns.