

Diagnosis

To diagnose the cause of dementia, a health care professional must recognize the pattern of loss of skills and function. The care professional also determines what the person is still able to do. More recently, biomarkers have become available to make a more accurate diagnosis of Alzheimer's disease.

A health care professional reviews your medical history and symptoms and conducts a physical exam. Someone who is close to you may be asked about your symptoms as well.

No single test can diagnose dementia. You'll likely need a number of tests that can help pinpoint the problem.

Cognitive and neuropsychological tests

These tests evaluate your thinking ability. A number of tests measure thinking skills, such as memory, orientation, reasoning and judgment, language skills, and attention.

Neurological evaluation

Your memory, language skills, visual perception, attention, problem-solving skills, movement, senses, balance, reflexes and other areas are evaluated.

Brain scans

- **CT or MRI.** These scans can check for evidence of stroke, bleeding, tumor or fluid buildup, known as hydrocephalus.
- **PET scans.** These scans can show patterns of brain activity. They can determine whether amyloid or tau protein, hallmarks of Alzheimer's disease, have been deposited in the brain.

Laboratory tests

Simple blood tests can detect physical problems that can affect brain function, such as too little vitamin B-12 in the body or an underactive thyroid gland. Sometimes the spinal fluid is examined for infection, for inflammation or for markers of some degenerative diseases.

Psychiatric evaluation

A mental health professional can determine whether depression or another mental health condition is contributing to your symptoms.

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Treatment

Most types of dementia can't be cured, but there are ways to manage your symptoms.

Medications

The following are used to temporarily improve dementia symptoms.

- **Cholinesterase inhibitors.** These medicines work by boosting levels of a chemical messenger involved in memory and judgment. They include donepezil (Aricept, Adlarity), rivastigmine (Exelon) and galantamine (Razadyne ER).
Although primarily used to treat Alzheimer's disease, these medicines also might be prescribed for other dementias. They might be prescribed for people with vascular dementia, Parkinson's disease dementia and Lewy body dementia.
Side effects can include nausea, vomiting and diarrhea. Other possible side effects include slowed heart rate, fainting and sleep problems.
- **Memantine.** Memantine (Namenda) works by regulating the activity of glutamate. Glutamate is another chemical messenger involved in brain functions such as learning and memory. Memantine is sometimes prescribed with a cholinesterase inhibitor.
A common side effect of memantine is dizziness.

- **Other medicines.** You might take other medicines to treat symptoms or other conditions. You may need treatment for depression, sleep problems, hallucinations, parkinsonism or agitation.

The U.S. Food and Drug Administration (FDA) has approved lecanemab (Leqembi) and donanemab (Kisunla) for people with mild Alzheimer's disease and mild cognitive impairment due to Alzheimer's disease.

Clinical trials found that the medicines slowed declines in thinking and functioning in people with early Alzheimer's disease. The medicines prevent amyloid plaques in the brain from clumping.

Lecanemab is given as an IV infusion every two weeks. Side effects of lecanemab include infusion-related reactions such as fever, flu-like symptoms, nausea, vomiting, dizziness, changes in heart rate and shortness of breath.

Donanemab is given as an IV infusion every four weeks. Side effects of the medicine may include flu-like symptoms, nausea, vomiting, headache and changes in blood pressure. Rarely, donanemab can cause a life-threatening allergic reaction and swelling.

Also, people taking lecanemab or donanemab may have swelling in the brain or may get small bleeds in the brain. Rarely, brain swelling can be serious enough to cause seizures and other symptoms. Also in rare instances, bleeding in the brain can cause death. The FDA recommends getting a brain MRI before starting treatment. The FDA also recommends periodic brain MRIs during treatment for symptoms of brain swelling or bleeding.

People who carry a certain form of a gene known as APOE e4 appear to have a higher risk of these serious complications. The FDA recommends testing for this gene before starting treatment.

If you take a blood thinner or have other risk factors for brain bleeding, talk to your healthcare professional before taking lecanemab or donanemab. Blood-thinning medicines may increase the risk of bleeds in the brain.

More research is being done on the potential risks of taking lecanemab and donanemab. Other research is looking at how effective the medicines may be for people at risk of Alzheimer's disease, including people who have a first-degree relative, such as a parent or sibling, with the disease.

Therapies

Several dementia symptoms and behavior problems might be treated initially with therapies other than medicine. These may include:

- **Occupational therapy.** An occupational therapist can show you how to make your home safer and teach coping behaviors. The purpose is to prevent accidents, such as falls. The therapy also helps you manage behavior and prepare you for when the dementia progresses.
- **Changes to the environment.** Reducing clutter and noise can make it easier for someone with dementia to focus and function. You might need to hide objects that can threaten safety, such as knives and car keys. Monitoring systems can alert you if the person with dementia wanders.
- **Simpler tasks.** Breaking tasks into easier steps and focusing on success, not failure, can be helpful. Structure and routine help reduce confusion in people with dementia.

[Request an appointment](#)

Clinical trials

[Explore Mayo Clinic studies](#) testing new treatments, interventions and tests as a means to prevent, detect, treat or manage this condition.

Lifestyle and home remedies

Dementia symptoms and behavior problems get worse over time. Caregivers and care partners might try the following suggestions:

- **Enhance communication.** When talking with your loved one, maintain eye contact. Speak slowly in simple sentences, and don't rush the response. Present one idea or instruction at a time. Use gestures and cues, such as pointing to objects.
- **Encourage exercise.** The main benefits of exercise in people with dementia include improved strength, balance and cardiovascular health. Exercise also might help with symptoms such as restlessness. There is growing evidence that exercise also protects the brain from dementia, especially when combined with a healthy diet and treatment of risk factors for cardiovascular disease.
Some research also shows that physical activity might slow the progression

of impaired thinking in people with Alzheimer's disease. It also can lessen symptoms of depression.

- **Engage in activity.** Plan activities the person with dementia enjoys and can do. Dancing, painting, gardening, cooking, singing and other activities can help you connect with your loved one. The activities also can help people with dementia focus on what they can still do.
 - **Establish a nighttime routine.** Behavior is often worse at night. Try to establish going-to-bed routines. Aim for a calming routine away from the noise of television, meal cleanup and active family members. Leave night lights on in the bedroom, hall and bathroom to prevent disorientation. Limiting caffeine, discouraging napping and offering opportunities for exercise during the day might ease nighttime restlessness.
 - **Keep a calendar.** A calendar might help your loved one remember upcoming events, daily activities and medicine schedules. Consider sharing a calendar with your loved one.
 - **Plan for the future.** Develop a plan while your loved one is still able to participate. The plan can state goals for future care. Support groups, legal advisers, family members and others might be able to help. You'll also need to consider financial and legal issues, safety and daily living concerns, and long-term care options.
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Alternative medicine

Several dietary supplements, herbal remedies and therapies have been studied for people with dementia. But there's no convincing evidence that these treatments are effective.

Use caution when considering taking dietary supplements, vitamins or herbal remedies, especially if you're taking other medicines. Supplements, vitamins and herbs aren't regulated. Claims about their benefits aren't always based on scientific research.

While some studies suggest that vitamin E supplements may be helpful for Alzheimer's disease, study results have been mixed. Also, high doses of vitamin E can pose risks. Taking vitamin E supplements is generally not recommended. However, including foods high in vitamin E, such as nuts, in your diet is recommended.

Other therapies

The following techniques may help reduce agitation and promote relaxation in people with dementia.

- Music therapy, which involves listening to soothing music.
 - Light exercise.
 - Watching videos of family members.
 - Pet therapy, which can include visits from dogs or other animals to promote improved mood and behavior.
 - Aromatherapy, which uses fragrant plant oils.
 - Massage therapy.
 - Art therapy, which involves creating art, focusing on the process rather than the outcome.
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Coping and support

After being diagnosed with dementia, you'll need to consider many details to prepare you and your family members to deal with the condition.

Care and support for the person with the disease

Here are some suggestions you can try to help yourself cope with the disease:

- Learn about memory loss, dementia and Alzheimer's disease.
- Write about your feelings in a journal.
- Join a local support group.
- Get individual or family counseling.
- Talk to a member of your spiritual community or another person who can help you with your spiritual needs.
- Stay active and involved. Volunteer, exercise and participate in activities for people with memory loss.
- Spend time with friends and family.
- Participate in an online community of people who are having similar experiences.
- Find new ways to express yourself, such as through painting, singing or writing.
- Delegate help with decision-making to someone you trust.

Helping someone with dementia

You can help a person cope with the disease by listening. Offer reassurance that the person can enjoy life. Be supportive and positive, and do your best to help the person retain dignity and self-respect.

Support for caregivers and care partners

Providing care for someone with dementia is physically and emotionally demanding. You might feel angry, guilty, frustrated or worried. Grief and social isolation are common. If you're a caregiver or care partner for someone with dementia:

- Learn about the disease and participate in caregiver education programs.
 - Find out about supportive services in your community, such as respite care or adult care. These services can give you a break from caregiving at scheduled times during the week.
 - Ask friends or other family members for help.
 - Take care of your physical, emotional and spiritual health.
 - Ask questions of health care professionals, social workers and others involved in the care of your loved one.
 - Join a support group.
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Preparing for your appointment

Most likely, you'll first see a health care professional if you have concerns about dementia. Or you might be referred to a doctor trained in nervous system conditions, known as a neurologist.

Here's some information to help you get ready for your appointment.

What you can do

When you make the appointment, ask if there's anything that needs to be done in advance, such as fasting before certain tests. Make a list of:

- **Symptoms**, including any that may seem unrelated to the reason for which you scheduled the appointment, and when they began.
- **Key personal information**, including any major stresses or recent life changes and family medical history.
- **All medicines**, vitamins or supplements you take, including the doses.
- **Questions to ask** the health professional.

Even in the early stages of dementia, it's good to take a family member, friend or caregiver along to help you remember the information you're given.

For dementia, basic questions to ask a health care professional include:

- What is likely causing my symptoms?
- Are there other possible causes for my symptoms?
- What tests are necessary?
- Is the condition likely temporary or chronic?
- What's the best course of action?
- What alternatives are there to the primary approach being suggested?
- How can dementia and other health issues be managed together?
- Are there brochures or other printed material I can have? What websites do you recommend?

Don't hesitate to ask other questions.

What to expect from your doctor

You're likely to be asked questions such as:

- When did your symptoms begin?
- Have symptoms been continuous or occasional?
- How severe are symptoms?
- What, if anything, seems to improve symptoms?
- What, if anything, appears to worsen symptoms?
- How have the symptoms interfered with your life?