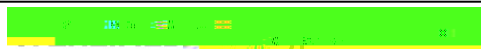


# Choosing

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## 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 individuals 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.



community, and additional information and support that can contribute to a higher quality of life.

Under this coverage, physicians, physician assistants, nurse practitioners, clinical nurse specialists and certified nurse midwives can provide A

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