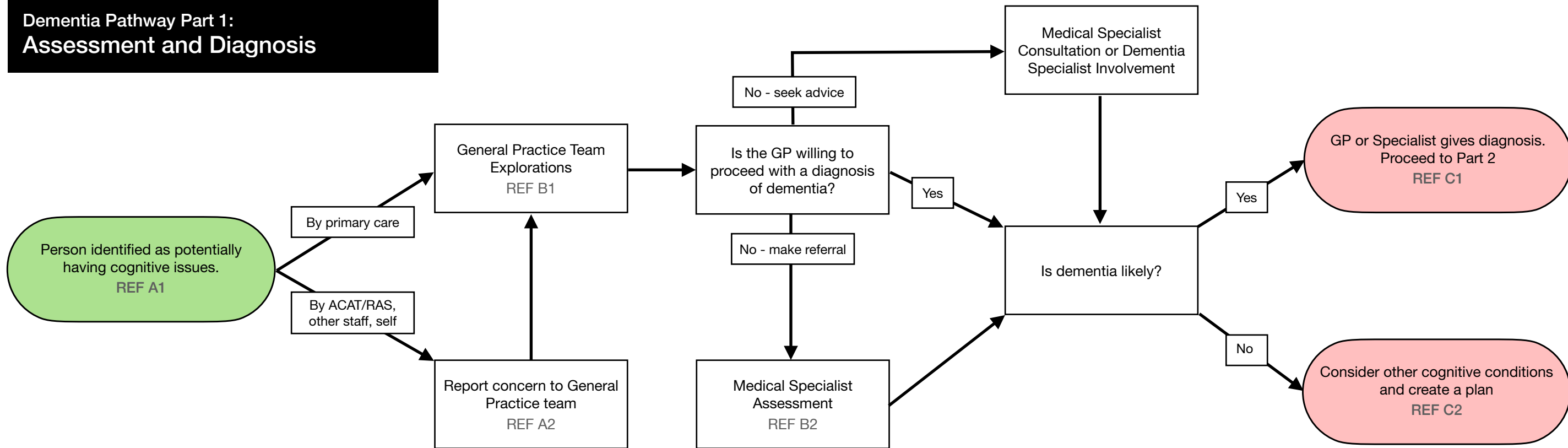


## Dementia Pathway Part 1: Assessment and Diagnosis



### A1: Person identified as potentially having cognitive issues.

Common early symptoms include difficulties with memory, judgement or communication, confusion, trouble with everyday tasks, changes in mood, behaviour or personality, withdrawing from work or social activities

### A2: Report concern to primary care provider.

If you are a family member or friend, or work for a hospital, Aged Care Assessment Team (ACAT), Regional Assessment Service (RAS), or community care, please report potential cognitive issues to the individual's General Practice Team. People in your position are often the first to identify a potential concern. The GP team can put those concerns into the context of the patient as a whole.

### B1: General Practice Team Explorations

To be completed over several consultations. If possible, a family member or carer who knows the patient well should attend some consultations.

Domains of Enquiry include:

- Review of medical and psychological history and symptom timeline
- Physical examination
- Cognitive assessments
- Basic bloods, urine tests and relevant scans

### B2: Medical Specialist Assessment

Follow the Australian Dementia Network (ADNeT) Memory Clinic Guidelines.

- Atypical symptoms or complex comorbidities: Geriatrician
- Neurological signs, particularly if under 65 years: Neurologist
- Mental health or behavioural comorbidities or complications: Psychogeriatrician
- Mild cognitive difficulties, complex or atypical symptom presentation, differential diagnostic difficulties for a person of any age: Memory clinic

### C1: Dementia likely - get diagnosis confirmation if necessary

If Alzheimer's dementia is suspected or diagnosed, confirmation of diagnosis from a specialist is required for subsidized medication

Proceed to Part 2 - Medical and Psychosocial Support

### C2: Dementia not likely - consider other conditions & create plan

Mild Cognitive Impairment (MCI) or other memory/thinking difficulties may exhibit without meeting criteria for dementia. Consider other potential conditions and create a follow-up plan:

- Treat or manage other conditions
- Reassure patient
- Review in 3-6 months