MythBusters: Dementia

Professor Alistair Burns is NHS England’s National Clinical Director for Dementia. Here he challenges some of the common myths associated with dementia.

1. ‘There is no point in making a diagnosis of dementia as there is no treatment for it, there are no interventions that affect the outcome and no support is available.’

There are treatments available for the most common form of dementia – Alzheimer’s disease. There is good evidence that psychosocial approaches to care improve outcomes for patients and their carers and there is support available in the community if one knows where to look.

2. ‘There is nothing I can do as a doctor to help – it’s not a medical problem.’

The investigation of people with symptoms of possible dementia and the diagnosis of dementia is a medical procedure. The support of people after diagnosis is largely community based. Social care professionals and the voluntary sector have the main role to play in this, with medical interventions needed alongside this – when co-morbid physical and psychological aspects appear, and at end of life care.

3. ‘You can diagnose dementia using a cognitive function test or a brain scan.’

Dementia is a clinical diagnosis based on a history, mental state and physical examinations. Tests of cognitive function are important, but low scores can occur in depression and delirium and a brain scan can exclude competing causes of the symptoms such as vascular lesions and brain tumours (a normal scan does not exclude the clinical diagnosis of dementia).

4. ‘People don’t want to know that they have a diagnosis of dementia. If they have it, telling them will only cause distress.’

The fear and stigma around dementia contributes to this belief – a bit like cancer 30 years ago. Most people want an explanation for symptoms they have and surveys consistently show that the majority of people with dementia wish to have a diagnosis. The diagnosis opens doors to post-diagnostic support for patients and their carers.

5. ‘It isn’t possible to live well and have a good and rewarding life with dementia.’

There is no doubt that a diagnosis of dementia can be a life changing experience for the person and their family, but there are many examples where a person can live well and enjoy life in the presence of dementia – as long as support is available for them and their families, and they know how to access it.
Recommended reading

*Dementia Revealed: What Primary Care Needs to Know*, NHS England and Hardwick CCG

*Dementia: Supporting people with dementia and their carers in health and social care*, NICE
www.nice.org.uk/guidance/CG42

The Alzheimer’s Society website
www.alzheimers.org.uk

The Dementia Friends website
www.dementiafriends.org.uk

*Improving Dementia Care*, NHS Wales
www.1000livesplus.wales.nhs.uk/mh-dementia

Scotland’s National Dementia Strategy
www.scotland.gov.uk/Topics/Health/Services/Mental-Health/Dementia

*Improving Dementia Services in Northern Ireland*