

S27-01

DIAGNOSIS AND DIFFERENTIAL DIAGNOSIS OF DEMENTIA

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The European prevalence of dementias will increase of 40% during the next 40 years, with serious effects on families, communities and healthcare systems (1).

A correct diagnosis of dementia is the first step to plan treatment, care and support. There is no single test to identify the cause of dementia. The diagnostic process involves, medical history, mental status exam, physical exam, laboratory tests, psychiatric and (neuro)psychological tests and assessment of individual's functioning. An image of brain is suitable.

There is an idea that this diagnostic process can only be realized by highly specialized staff. WHO has recently published the mhGAP Intervention Guide for use in non-specialized health-care settings by health-care providers working at first- and second-level facilities. It includes guidance on evidence-based interventions to make the diagnosis and manage a number of priority conditions, including dementia (2).

The recent progress in pathological process understanding of Alzheimer's disease (AD), may help to the proposal of new research criteria that reconceptualise the diagnosis around both a specific pattern of cognitive changes and structural/biological evidence of Alzheimer's pathology (3).

These two recent developments are significant contributions to increase the accessibility to a proper diagnosis and care of dementia around the world.

References:

1 - ADI. Annual Report 2008-2009. ADI, London, 2009.

2 - WHO. mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings. WHO, Geneva, 2010.

3 - Dubois B, et al. Revising the definition of Alzheimer's disease: a new lexicon. *The Lancet Neurology*, early online publication, 11/10/2010.