



# Annual Health Check Information for GPs

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## Alzheimer's Disease

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**Below is Down's syndrome specific information. The information is for GPs and is to be used alongside DSA's Adult Health Book.**

You have arrived at this page because your patient is having problems with swallowing or memory or gait in conjunction with skill loss, seizures, weight loss and/or withdrawal. These symptoms may be indicative of Alzheimer's Disease and require investigation.

Dementia is a frequently voiced concern about people with Down's syndrome (DS). There is a tendency for people with DS to develop dementia at a younger age than in the general population. However, the overall percentage of adults with DS who develop dementia is probably similar to that of the population who do not have DS. It is not inevitable that those with DS will develop dementia. Most importantly, many other medical conditions and psychological problems that are potentially reversible can mimic Alzheimer's disease and should be checked prior to making a diagnosis. These can include poor hearing, poor vision, sleep apnoea, celiac disease, seizure disorder, neck instability, hypothyroidism, metabolic diseases such as diabetes, vitamin B-12 deficiency and depression. It is important to remember that the various medical conditions mentioned above can co-exist with dementia.

Diagnosis of dementia can be made with a high degree of certainty in situations where there is good and reliable information available about how someone has changed and how/she is now. Dementia affects a person's cognitive abilities and his/her ability to understand task or communicate. Whilst a decline in memory or the slow loss of specific abilities may be readily apparent in those without a pre-existing disability, it may be less easily noticed in people with DS. There are two main reasons for this. First, unless someone has known that person for some time and has observed the changes, the inability to do something is all too easily put down to his or her learning disability. The crucial question, in the case of an older person with DS, is has he/she been able to do this in the past and now cannot? If so, why has this change occurred? It can be more difficult to track long-term changes in a person with DS who is living in a residential home due to changes of staff, changes of residential home and the lack of long-term record keeping about the individuals' skills. Secondly, loss of ability may go unnoticed if the person is leading a life where he/she is, for example, not expected to take part in household activities or do tasks that require good memory. The fact that someone's memory may have deteriorated would under these circumstances go unnoticed.

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**The Down's Syndrome Association (DSA)** is the only organisation in England, Wales and Northern Ireland which supports people with Down's syndrome at every stage of life.

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