UNDERSTANDING THE CONDITION

Alzheimer's disease

A clear guide from Oxford Psychiatry Group for people with symptoms or a diagnosis, and for families and carers.

The essentials

Alzheimer's disease is the most common cause of dementia. It is a progressive brain condition that affects memory and other thinking abilities enough to interfere with everyday life. Symptoms vary, and memory problems have many possible causes. There is no single test that proves Alzheimer's disease.

Common early changes

Recent-memory difficulty is common, such as repeating questions or forgetting conversations. Finding words, planning, orientation, judgement and confidence may also change. Depression, anxiety, sleep problems, medicines, thyroid disease, vitamin deficiency, delirium, hearing or sight loss can mimic or worsen symptoms and should be considered. **NHS Alzheimer's disease**

Seek assessment early

Start with a general practitioner (GP). A full history, physical review, medicines check, blood tests and brief cognitive assessment may be followed by referral to a specialist memory service. With consent, information from someone who knows the person well is useful. Brain imaging may support diagnosis and exclude other causes, but results must be interpreted with the clinical picture. **NHS diagnosis** | **NICE NG97**

Diagnosis is not a test score

The National Institute for Health and Care Excellence (NICE) recommends specialist dementia diagnostic services when dementia is suspected after reversible causes have been investigated. The service should explain the likely subtype, uncertainty, options for further tests, treatment and who will coordinate follow-up. **NICE NG97**

Plan one step at a time

Write down one priority: understanding the diagnosis, medicine review, driving, work, home safety, legal planning or carer support. Ask for written information in an accessible format and a named contact.

TREATMENT AND CARE

What can help

Treatment aims to support function, wellbeing and independence; it does not currently cure Alzheimer's disease.

Medicines for cognitive symptoms

NICE recommends donepezil, galantamine or rivastigmine as options for mild to moderate Alzheimer's disease. Memantine is an option for moderate disease when acetylcholinesterase inhibitors are not tolerated or are contraindicated, and for severe disease. A clinician should discuss expected benefit, possible adverse effects and review arrangements. **NICE NG97** | **NHS treatment**

New disease-modifying treatments

Eligibility and National Health Service access to newer treatments can change. These medicines are not suitable for everyone and require specialist confirmation of early Alzheimer's disease, discussion of uncertain benefit and burdens, and safety monitoring. Ask a specialist memory service for the current position rather than relying on advertising or social media. **NHS England dementia programme**

Psychological and practical therapies

NICE recommends group cognitive stimulation therapy for mild to moderate dementia. Cognitive rehabilitation or occupational therapy can work towards personal functional goals. Psychological treatment for mild to moderate anxiety or depression should be considered in mild to moderate dementia and adapted for cognitive or communication needs. **NICE NG97**

Distress and changed behaviour

First check for pain, illness, delirium, fear, overstimulation, medicine effects or an unmet need. Antipsychotic medicine should only be considered for risk of harm or severe distress from agitation, hallucinations or delusions after assessment, with risks explained and close review. **NICE NG97**

LIVING WELL

Plan ahead and use support

Support should preserve choice, identity, relationships and familiar activities.

Everyday health and safety

Review hearing, sight, dental health, medicines and long-term conditions. Support suitable activity, food, fluids, sleep and social connection. Use good lighting, simple signs, reduced trip hazards and medication support. A sudden change needs urgent medical assessment rather than being assumed to be progression.

Driving and planning

A driver must tell the Driver and Vehicle Licensing Agency (DVLA) and motor insurer. Consider a lasting power of attorney (LPA), advance care planning, benefits and a council needs assessment while the person can participate fully. An unpaid carer can request a separate carer's assessment. **GOV.UK driving** | **GOV.UK LPA** | **Council assessment**

Advice and peer support

Alzheimer's Society provides information, local services and a Dementia Support Line on 0333 150 3456. Dementia UK's Admiral Nurse Dementia Helpline is 0800 888 6678. Age UK and Carers UK offer practical information. These services do not replace urgent medical care. **Alzheimer's Society** | **Dementia UK** | **Age UK** | **Carers UK**

Through Oxford Psychiatry Group

Oxford Psychiatry Group provides specialist older-adult psychiatry, memory assessment, diagnostic review, treatment guidance and support for patients and carers. Use your clinical letter or enquire through our website. **Oxford Psychiatry Group**

Terms and urgent help

National Health Service (NHS); National Institute for Health and Care Excellence (NICE); general practitioner (GP); Driver and Vehicle Licensing Agency (DVLA); lasting power of attorney (LPA); accident and emergency (A&E). Call 999 for immediate danger, possible stroke or serious acute illness; otherwise use NHS 111 for urgent advice. **NHS 111**

Trusted sources used in this leaflet

Clinical guidance: **NICE NG97**

NHS information: **Alzheimer's disease** | **Treatment**

Support: **Alzheimer's Society** | **Dementia UK**

This leaflet gives general information and does not replace an individual clinical, legal, educational or occupational assessment. Guidance and links were checked on 4 September 2026. External services and availability can change.