

— DEMENTIA

Signs of Dementia: What's Normal Ageing and What to Do Next

The early signs NHS and Alzheimer's Society describe, how to tell them from normal ageing, getting a GP assessment and your London borough's memory service.

By the JNP Sidona team · 16 October 2026 · 12 min read

Early signs of dementia include memory loss, trouble concentrating, difficulty with familiar tasks, struggling with words, confusion about time and place, and mood changes. Unlike normal forgetfulness, they keep repeating over weeks, slowly get worse and affect daily life. If you see that pattern in a parent or partner, book a GP appointment, which in London is the usual route to your borough's NHS memory service.

KEY POINTS

- Look for a pattern that keeps repeating over weeks and slowly gets worse, not one bad day. Forgetting a name and recalling it later is normal. Forgetting what happened this morning, or repeating the same question without noticing, is worth a GP visit.
- Confusion that comes on **suddenly** is an emergency. The NHS says go to A&E or call 999. It may be delirium, a sudden confusion that often has a treatable cause such as an infection.
- Book the GP and start a dated note of what you see at the same time. The Alzheimer's Society has a free 20-question symptoms checklist endorsed by the Royal College of GPs.
- You can tell the GP your worries even if your parent will not go. The GP will not usually share your parent's information without their consent, but should not refuse to listen to you.

- Ask about hearing and eyesight checks too. NHS England's London team has published a directory that lists each memory service alongside a linked NHS hearing (audiology) department.
- If dementia is likely, the GP refers on to the local memory service. Waits vary by area, from a few weeks to several months.

Reviewed against NHS and NICE guidance on 9 October 2026.

What are the early signs of dementia?

The [NHS lists six common early symptoms](https://www.nhs.uk/conditions/dementia/symptoms-and-diagnosis/symptoms/) (<https://www.nhs.uk/conditions/dementia/symptoms-and-diagnosis/symptoms/>):

- memory loss
- difficulty concentrating
- finding it hard to carry out familiar daily tasks, such as getting confused over the correct change when shopping
- struggling to follow a conversation or find the right word
- being confused about time and place
- mood changes

The Alzheimer's Society adds a seventh that families often miss: [misunderstanding what is being seen](https://www.alzheimers.org.uk/about-dementia/stages-and-symptoms/dementia-symptoms) (<https://www.alzheimers.org.uk/about-dementia/stages-and-symptoms/dementia-symptoms>). That can mean misjudging distances on stairs, misinterpreting reflections, or misidentifying things.

These signs are often mild at first, come on slowly and are easy to explain away. It usually takes someone who knows the person well, seeing them over time, to notice the changes adding up.

Signs that look different depending on the type of dementia

Dementia is caused by several diseases, and the first signs are not always about memory. The NHS describes these patterns:

- **Alzheimer's disease**, the most common cause: forgetting recent events, names and faces, and repeating questions.
- **Vascular dementia**: memory loss may be less obvious early on. Problems with attention, planning and reasoning, or a change in the way someone walks, may stand out more. Symptoms can start suddenly and get worse quickly, or build up over months or years.

- **Dementia with Lewy bodies:** alertness and confusion that change a lot from day to day, seeing things that are not there, slower movement, falls and disturbed sleep.
- **Frontotemporal dementia:** changes in personality and behaviour, such as tactless remarks or loss of concern for others, and new fixed habits around food. The NHS says most cases are diagnosed between ages 45 and 65.

Is it dementia or normal ageing?

The Alzheimer's Society's guide to [telling the difference](https://www.alzheimers.org.uk/about-dementia/worried-about-memory-problems/do-i-have-dementia-signs) (<https://www.alzheimers.org.uk/about-dementia/worried-about-memory-problems/do-i-have-dementia-signs>) comes down to two questions. Does the person recover the thread on their own? And is it getting in the way of everyday life? The table below sets out its examples side by side.

Normal ageing compared with possible signs of dementia (based on Alzheimer's Society guidance)

Area	Usually normal with age	Worth raising with a GP
Memory	Forgetting the name of someone they don't know well, or missing the occasional appointment. Misplacing glasses but retracing steps to find them.	Forgetting something they were told recently, or asking for the same information again and again. Putting things in odd places, such as keys in the fridge. Not being able to learn something new, such as using a new washing machine.
Planning and money	Being a bit slower to take things in, or making the odd mistake when following a new process.	Getting very confused when planning or thinking things through. Finding it hard to keep on top of regular payments and bills.
Language	Occasionally losing a word, or losing track of a conversation when there is noise around.	Often struggling to find the right word, or regularly unable to follow what someone is saying, even without distractions.
Time and place	Briefly unsure what day it is, then working it out. Getting	Losing track of the date, season or passage of time. Getting lost

Area	Usually normal with age	Worth raising with a GP
	lost somewhere new.	somewhere familiar, such as the local supermarket.
Seeing and judging	Cloudy vision from cataracts or other eye changes.	Problems making sense of what they see, such as judging the edge of a step.
Mood	Sometimes feeling reluctant to join in at family or social events, or being irritated when a routine is disrupted, but coping.	Withdrawing from friends and hobbies. Unusually anxious, sad or easily upset in familiar places.

The NHS says plainly that dementia is not a natural part of ageing (<https://www.nhs.uk/conditions/dementia/symptoms-and-diagnosis/symptoms/>). Equally, memory problems do not always mean dementia (<https://www.nhs.uk/conditions/memory-loss-amnesia/>). The NHS and the Alzheimer's Society list other causes (<https://www.alzheimers.org.uk/about-dementia/worried-about-memory-problems/causes-of-memory-problems>), several of them treatable:

- depression, anxiety and stress
- infections, especially chest and urinary tract infections
- an underactive thyroid
- low vitamin B12
- side effects of medicines
- poor sleep, or drinking too much alcohol
- problems with eyesight or hearing

Some people have mild cognitive impairment, which the NHS describes as symptoms that are not severe enough to be diagnosed as dementia. Not everyone with it goes on to develop dementia. All of these are reasons to see a GP, not reasons to wait.

Sudden confusion is an emergency. Dementia develops over months or years. Don't wait for a GP appointment if you see:

- **Confusion that comes on over hours or a day or two:** [go to A&E or call 999](https://www.nhs.uk/symptoms/confusion/) (<https://www.nhs.uk/symptoms/confusion/>).
- **Weakness or numbness down one side of the body:** call 999. It can be a [sign of a stroke](https://www.nhs.uk/conditions/stroke/symptoms/) (<https://www.nhs.uk/conditions/stroke/symptoms/>).
- **Not sure how urgent it is, or the surgery is closed:** call NHS 111 or use [111 online](https://111.nhs.uk/) (<https://111.nhs.uk/>).

Sudden confusion may be [delirium](https://www.alzheimers.org.uk/get-support/living-with-dementia/delirium) (<https://www.alzheimers.org.uk/get-support/living-with-dementia/delirium>), which the Alzheimer's Society calls often treatable, and it can happen on top of dementia; while you get help, the NHS says stay with them, tell them who you are and where they are, and avoid asking lots of questions.

What to note down before you see the GP

The national guideline for doctors, [NICE NG97](https://www.nice.org.uk/guidance/ng97/chapter/Recommendations) (<https://www.nice.org.uk/guidance/ng97/chapter/Recommendations>), tells GPs to take a history from the person and, if possible, from someone who knows them well, including the impact on daily life. A short appointment may not show the full picture, and your notes give the GP that second view.

- 1 **Start a short dated diary now and keep it going.** Book the GP appointment at the same time; you don't need to wait until you have weeks of notes. Write the date, what happened and why it worried you. "Asked me four times in an hour whether I'd eaten" is more useful than "her memory's bad".
- 2 **Use the Alzheimer's Society checklist.** Its [dementia symptoms checklist](https://www.alzheimers.org.uk/about-dementia/dementia-diagnosis/how-to-get-dementia-diagnosis/dementia-symptoms-checklist) (<https://www.alzheimers.org.uk/about-dementia/dementia-diagnosis/how-to-get-dementia-diagnosis/dementia-symptoms-checklist>) has 20 questions. You can fill it in on your parent's behalf, print it or download your answers, and take it to the GP.
- 3 **List every medicine.** Include over-the-counter and herbal remedies. Some medicines affect memory.
- 4 **Note what has changed at home.** Unpaid bills, burnt pans, missed meals, a fall, getting lost.
- 5 **Note family history** of dementia, stroke or similar conditions.

How to get a GP assessment

Book an appointment and say on the phone or online form that it is about memory. The [Alzheimer's Society suggests](https://www.alzheimers.org.uk/about-dementia/dementia-diagnosis/how-to-get) (<https://www.alzheimers.org.uk/about-dementia/dementia-diagnosis/how-to-get>

[-dementia-diagnosis/dementia-assessment-with-gp](#)) asking for a longer appointment, a face-to-face one, a GP who knows your parent, an interpreter if needed, and a quieter time of day. The NHS says it helps if someone who knows the person well goes with them.

What the GP does

According to the [NHS](https://www.nhs.uk/conditions/dementia/symptoms-and-diagnosis/diagnosis/) and NICE, the GP will usually:

- ask about the symptoms, general health and daily life;
- do a physical examination;
- arrange blood and urine tests to rule out other causes, such as thyroid problems or vitamin deficiencies;
- do a short memory or thinking test. The NHS names the GPCOG as a common one. NICE lists others, including the 6CIT and the Mini-Cog.

The NHS is clear that [these tests cannot diagnose dementia](https://www.nhs.uk/conditions/dementia/symptoms-and-diagnosis/tests/) on their own. NICE goes further: GPs should not rule out dementia just because someone scores normally on a test. If your parent "passed" but you are still seeing the changes at home, say so, and share your diary.

If your parent will not go

The Alzheimer's Society suggests choosing a calm moment in a familiar place, giving specific examples, and explaining that a GP can check for treatable causes. Offering to go with them can help.

If they still refuse, you can [contact their GP yourself](https://www.alzheimers.org.uk/about-dementia/worried-about-memory-problems/talking-someone-about-memory-problems). The GP will not usually share your parent's information without their consent, but can receive information from you and decide whether to act. The Alzheimer's Society cites General Medical Council guidance that a doctor [should not refuse to listen](https://www.alzheimers.org.uk/get-support/help-with-dementia-care/gp-sharing-information-carers) to someone close to the patient on grounds of confidentiality, though the doctor may tell your parent that you have been in touch. It can help to set out your concerns in writing. There are exceptions to the consent rule: if your parent has a registered health and welfare Lasting Power of Attorney and can no longer make the decision themselves, the Alzheimer's Society says the GP should share information with the attorney.

If a diagnosis follows and your parent refuses help at home, see our guide on when a parent with dementia refuses care.

If the GP says it is "just age"

Ask how the symptoms differ from what they would expect with dementia, and whether a referral to the memory service is possible anyway. The Alzheimer's Society says you can ask for a second opinion from another GP. Keep your diary going and go back if the pattern continues.

1. Notice and note it down

Keep a dated diary. Book the GP.

2. GP assessment

History, physical check, blood and urine tests, memory test.

3. Referral to a memory service

If other causes are ruled out.

4. Specialist assessment

Detailed tests, sometimes a scan. Then support.

Sudden confusion?

Go to A&E or call 999 (NHS advice).

The usual NHS route from first worries to a diagnosis. Sudden confusion is different: don't wait for a GP appointment.

What happens at a London memory service?

If the GP has ruled out other causes and still suspects dementia, NICE says they should refer to a specialist diagnostic service, such as a memory clinic or a community old age psychiatry service. Every London borough is covered by an NHS memory service, and some boroughs share one (see the table below).

The [Alzheimer's Society explains](https://www.alzheimers.org.uk/about-dementia/dementia-diagnosis/how-to-get-dementia-diagnosis/referral-to-dementia-specialist) (<https://www.alzheimers.org.uk/about-dementia/dementia-diagnosis/how-to-get-dementia-diagnosis/referral-to-dementia-specialist>) that the team may include an old age psychiatrist, geriatrician or neurologist, with nurses and other specialists. They will talk through the changes you have noticed, look at medical history, do more detailed memory tests and sometimes arrange a CT or MRI scan. Going with your parent, and taking your diary, helps.

On waits, the Alzheimer's Society says you "may have to wait a few weeks or several months", depending on where you live and how serious the symptoms are. If things get worse while you

wait, tell the GP and ask whether the referral can be reviewed.

Which memory service covers your borough?

NHS England's London team published a [directory of London memory services](https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2026/04/London-Memory-Audiology-clinic-directory-1.pdf) (https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2026/04/London-Memory-Audiology-clinic-directory-1.pdf) in April 2026, which lists each memory service alongside a linked NHS hearing (audiology) department. Referral is normally through the GP, so you don't need to contact the service yourself, but knowing the name helps you follow up.

NHS memory services by London borough (NHS England London directory, April 2026)

Borough	Memory service
Barking and Dagenham	Barking & Dagenham Memory Service
Barnet	Barnet Memory Service
Bexley	Bexley Memory Centre
Brent	Brent Memory Service
Bromley	Bromley Memory Service
Camden	Camden Memory Service
City of London and Hackney	City & Hackney Dementia Service
Croydon	Croydon Memory Service
Ealing	Ealing Cognitive Impairment & Dementia Team
Enfield	Enfield Memory Service
Greenwich	Greenwich Memory Service
Hammersmith and Fulham	Hammersmith & Fulham Memory Cognitive Impairment & Dementia Team

Borough	Memory service
Haringey	Haringey Memory Service
Harrow	Harrow Memory Service
Havering	Havering Memory Service
Hillingdon	Hillingdon Memory Service
Hounslow	Hounslow Cognitive Impairment & Dementia (CID) Service
Islington	Islington Memory and Dementia Navigator Service
Kensington and Chelsea, Westminster	Kensington & Chelsea & Westminster Memory Service
Kingston upon Thames	Kingston CMHT for Older People & Memory Service
Lambeth and Southwark	Southwark & Lambeth Integrated Memory Service (SLIMS)
Lewisham	Lewisham Memory Service
Merton	Merton Memory Assessment Service
Newham	Newham Diagnostic Memory Clinic
Redbridge	Redbridge Memory Service
Richmond upon Thames	Richmond Memory Service
Sutton	Sutton Memory Assessment Service
Tower Hamlets	Tower Hamlets Diagnostic Memory Clinic
Waltham Forest	Waltham Forest Memory Service

Borough	Memory service
Wandsworth	Wandsworth Memory Assessment Service

If your parent lives in a different borough from you, it is their GP who makes the referral, so look up their borough, not yours.

Get their hearing checked too

NHS England's London team has also published a [report on a pilot](https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2026/04/Identifying-memory-hearing-concerns-in-London-memory-audiology-clinics.pdf) (<https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2026/04/Identifying-memory-hearing-concerns-in-London-memory-audiology-clinics.pdf>) in Wandsworth that checked hearing and memory at the local memory and audiology clinics. The report, published in 2026, says hearing loss has a well-documented association with dementia, and that treating it early may improve symptoms and quality of life. NICE also lists sight and hearing loss among the things a GP should look into before referring. Ask the GP about a hearing test, and book an eye test at a local optician. [NHS eye tests are free](https://www.nhs.uk/nhs-services/opticians/free-nhs-eye-tests-and-optical-vouchers/) (<https://www.nhs.uk/nhs-services/opticians/free-nhs-eye-tests-and-optical-vouchers/>) for people aged 60 or over.

What to do next, while you wait

You don't need a diagnosis to start on these.

- **Talk about a Lasting Power of Attorney now.** [GOV.UK says](https://www.gov.uk/power-of-attorney) (<https://www.gov.uk/power-of-attorney>) the person must have mental capacity, the ability to make their own decisions, when they make it. Doing it while memory problems are mild keeps that option open. Our guide to Lasting Power of Attorney when a parent needs care explains the two types and how to register them.
- **Check the money.** If your parent is over State Pension age, has an illness or disability that means they need help with personal care or supervision to stay safe, and has needed that help for at least 6 months, they may be able to claim Attendance Allowance ([GOV.UK eligibility rules](https://www.gov.uk/attendance-allowance/eligibility) (<https://www.gov.uk/attendance-allowance/eligibility>); different rules apply near the end of life). [Age UK explains](https://www.ageuk.org.uk/information-advice/money-legal/benefits-entitlements/attendance-allowance/) (<https://www.ageuk.org.uk/information-advice/money-legal/benefits-entitlements/attendance-allowance/>) that it is based on care needs, not on having a particular medical condition. See our guide to Attendance Allowance for dementia.
- **Get advice.** The Alzheimer's Society [Dementia Support Line](https://www.alzheimers.org.uk/get-support/dementia-support-line) (<https://www.alzheimers.org.uk/get-support/dementia-support-line>) is on 0333 150 3456, including for people worried about a diagnosis.
- **Ask for a council care needs assessment** if daily life is already getting hard. The [NHS says](https://www.nhs.uk/social-care-and-support/help-from-social-services-and-charities/getting-a-needs-assessment/) (<https://www.nhs.uk/social-care-and-support/help-from-social-services-and-charities/getting-a-needs-assessment/>) anyone can ask their council for one and it is free.

Once there is a diagnosis, our guide to the stages of dementia explains what usually changes over time, and what kind of help tends to fit each stage.

Questions families ask

Is there a quick test I can do at home?



Why bother getting a diagnosis if there is no cure?



My mum seems fine in the morning and confused by the evening. Is that a sign?



How we can help

We are a home care agency, not a diagnostic service, so the GP and memory service come first. Where we fit is the day-to-day part: a carer who visits to prompt meals and medicines, keeps your parent company, and can keep you updated, as agreed in the care plan. If more support is needed, a live-in carer can help. Our [dementia care at home \(/dementia-care-london\)](/dementia-care-london) starts with a free home assessment with Jackie, our registered manager, followed by a written care plan. We are based on Lewisham High Street and cover [boroughs across London \(/areas-we-serve\)](/areas-we-serve). Live-in care is available across London; visiting care depends on carer availability in your parent's area, so ask. For how families fund care, see [paying for care in London \(/paying-for-care-london\)](/paying-for-care-london).

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About this guide

Written by the JNP Sidona team using the official sources listed above, which we checked on 9 October 2026. Rules, rates and thresholds change, usually each April, so always confirm the current position with the source or your council. This guide is general information, not medical, legal or financial advice. If you spot something out of date, email info@jnpsidonasupportservices.co.uk (mailto:info@jnpsidonasupportservices.co.uk) and we will correct it.