## Dementia

Dementia (major neurocognitive disorder[^68]) is more prevalent among adults with intellectual and developmental disabilities (IDD) compared with the general population (age of onset 60-65 y), with a statistically significant increased risk in adults with Down syndrome and at an earlier age (50-55 y).[^326, ^327]

### Diagnosis might be missed because changes in emotion, social behaviour, or motivation can be gradual and subtle. A baseline of functioning against which to measure change is needed.[^326]

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Types of Knowledge</th>
<th>Recommendation Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educate caregivers to recognize and report possible early signs of dementia, such as new onset of forgetfulness, incontinence, loss of personal skills, and changes in sleep patterns, personality and behaviour.[^328, ^329]</td>
<td>Empirical</td>
<td>✔ ✔</td>
</tr>
<tr>
<td>When signs of dementia are present, investigate for potential reversible causes including infections, thyroid disorder, cardiovascular disease, hearing and visual impairments, nutritional deficiencies, or medication effects.[^330]</td>
<td>Expert</td>
<td>✔</td>
</tr>
<tr>
<td>Refer individuals who are known to be at risk of dementia to a psychologist for a baseline assessment of cognitive, adaptive, and communicative functioning after age 40 y and at age 30 y for people with Down syndrome.[^326]</td>
<td>Expert</td>
<td>✔</td>
</tr>
</tbody>
</table>

### Differentiating dementia from depression and delirium can be especially challenging in adults with IDD.[^331]

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<tr>
<td>Monitor with tools designed for people with IDD and dementia (eg, NTG-Early Detection Screen for Dementia).[^329, ^332, ^333]</td>
<td>Empirical</td>
<td>✔ ✔</td>
</tr>
<tr>
<td>Apply the differential diagnosis criteria for dementia and delirium as in the general population using a systematic and sequential approach, such as the HELP framework (see guideline Behaviours that Challenge), to review signs and symptoms of concern.[^330]</td>
<td>Expert</td>
<td>✔</td>
</tr>
<tr>
<td>After addressing any medical findings and precipitating life events, consider the possibility of depression and a trial of an antidepressant medication to resolve symptoms and support the diagnosis of depression.[^327]</td>
<td>Expert</td>
<td>✔</td>
</tr>
<tr>
<td>Refer to the appropriate specialist (eg, IDD mental health team, geriatric service, or</td>
<td>Expert</td>
<td>✔</td>
</tr>
</tbody>
</table>

### Icon Legend

| Recommendation Strength: | Clinicians’ top recommendation | ✔ Recommended | ✔ ✔ Strongly Recommended |

| Types of Knowledge: |  | Blue and grey colours specify different knowledge subtypes. Half circle symbols indicate that reviewed publications pertain to the background information to the recommendations that is presented in the first column. |

[^68]: Major neurocognitive disorder
[^326]: 326
[^327]: 327
[^331]: 331
[^330]: 330
[^329]: 329
[^332]: 332
[^333]: 333

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neurologist) if it remains uncertain whether symptoms and behaviour are due to emotional disturbance, psychiatric disorder, or dementia.\textsuperscript{326}

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**Icon Legend**

**Recommendation Strength:**
- Clinicians’ top recommendation
- Recommended
- Strongly Recommended

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References


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