

Misdiagnosis of Alzheimer's Disease

Because AD is so well-known, it is sometimes an [over-diagnosed condition](#). Other causes of [dementia](#) or [memory loss](#) symptoms may be overlooked. Other possible diagnoses include normal [aging](#) (if very mild symptoms), [emotional problems](#) (such as grief), [fatigue](#), [depression](#), and certain physical medical conditions such as [thyroid disease](#), [brain tumors](#), [multi-infarct disease](#), or [Huntington's disease](#). In its early stages, a correct diagnosis of AD can also be overlooked itself and misdiagnosed as other conditions such as [depression](#), [dementia](#), simple [forgetfulness](#), or senilit

About misdiagnosis: When checking for a misdiagnosis of Alzheimer's Disease or confirming a diagnosis of Alzheimer's Disease, it is useful to consider what other medical conditions might be possible misdiagnoses or other alternative conditions relevant to diagnosis. These alternate diagnoses of Alzheimer's Disease may already have been considered by your doctor or may need to be considered as possible alternative diagnoses or candidates for misdiagnosis of Alzheimer's Disease. For a general overview of misdiagnosis issues for all diseases, **alternative diagnoses list for Alzheimer's Disease:** For a diagnosis of Alzheimer's Disease, the following list of conditions have been mentioned in sources as possible alternative diagnoses to consider during the diagnostic process:

- [Aging](#) - some level of memory and concentration lapse is normal.
- [Emotional problems](#)
 - [Fatigue](#)
 - Grief
 - [Depression](#) - Alzheimer's may be misdiagnosed as [depression](#) in its early stages.
- [Dementia](#) - and various [underlying causes of dementia](#) and causes of [dementia symptoms](#)
- [Brain conditions](#)
 - [Head injury](#)
 - [Subdural hematoma](#)
 - [Brain tumors](#)
 - Brain blood vessel disease
- [Chronic hypothermia](#) - may cause confusion or slowing down in elderly living with poor heating.
- [Pneumonia](#) - may cause confusion in the elderly.
- [Vitamin B deficiency](#)
- [Illness](#)
- [Vision loss](#)
- Hearing loss (*see* [Hearing impairment](#))
- [Alcoholism](#)
- Drug interactions (*type of* [Adverse reaction](#)) - adverse effects of drug combinations can cause similar symptoms.

- Certain medications - some medications affect memory and personality.
- [Thyroid problems](#)
- Any other condition that may cause [behavioral changes](#) such as:
 - High fever (*see* [Fever](#))
 - [Lead poisoning](#)
 - [Mercury poisoning](#)
 - Manganese poisoning
 - [Kidney disease](#)
 - [Liver disease](#)
 - Other causes of [dementia symptoms](#) or [behavioral changes](#)

Alzheimer's Disease as an alternative diagnosis: The other diseases for which Alzheimer's Disease is listed as a possible alternative diagnosis in their lists include:

- [Creutzfeldt-Jakob Disease](#)
- [Dementia With Lewy Bodies](#)
- [Depression](#)
- [Huntington's Disease](#)
- [Multi-Infarct Dementia](#)
- [Myoclonus](#)
- [Progressive Supranuclear Palsy](#)

Diagnosis/misdiagnosis discussion: The early symptoms of AD, which include forgetfulness and loss of concentration, can be missed easily because they resemble natural signs of aging. Similar symptoms can also result from fatigue, grief, depression, illness, vision or hearing loss, the use of alcohol or certain medications, or simply the burden of too many details to remember at once.¹

It is natural to lose some mental acuity as you age. Think of your brain as a computer, with megabytes of information added each year, year after year. Unlike a computer, however, we can't delete useless information. So our minds can at times experience something that feels like overload, and it's easy to forget some of life's details. Serious memory loss, however, is more rare.²

By looking at a picture of the brain, the doctor will be able to tell if anything does not look normal. Information from the medical history and any test results help the doctor rule out other possible causes of the person's symptoms. For example, thyroid problems, drug reactions, depression, brain tumors, and blood vessel disease in the brain can cause AD-like symptoms. Some of these other conditions can be treated.³

Sometimes older people have emotional problems that can be mistaken for dementia. Feeling sad, lonely, worried, or bored may be more common for older people facing retirement or coping with the death of a spouse, relative, or friend. Adapting to these changes leaves some people feeling confused or forgetful. Emotional problems can be eased by supportive friends and family, or by professional help from a doctor or counselor.⁴

Alzheimer's disease and multi-infarct dementia can exist together, making it hard for the doctor to diagnose either one specifically. Scientists once thought that multi-infarct dementia and other types of vascular dementia caused most cases of irreversible mental

impairment. They now believe that most older people with irreversible dementia have Alzheimer's disease.⁴

Stress, anxiety, or depression can make a person more forgetful. Forgetfulness caused by these emotions usually is temporary and goes away when the feelings fade. However, if these feelings last for a long period of time, getting help from a professional is important. Treatment may include counseling or medication, or a combination of both.⁴

Misdiagnosis cases for Alzheimer's Disease: No cases available yet

Introduction: Alzheimer's Disease

Alzheimer's Disease: Alzheimer's disease (AD) affects the mental abilities including memory, language, and cognition. Progressively it leads to [dementia](#) and death. AD usually arises in late middle age or the elderly but there is a rare familial subtype that occurs earlier. Because AD is so well-known, other causes of [dementia](#) or [memory loss](#) may be overlooked. Other possible diagnoses include normal [aging](#) (if very mild symptoms), [emotional problems](#), [fatigue](#), [depression](#), and certain medical conditions such as [thyroid disease](#), [brain tumors](#), [multi-infarct disease](#), or [Huntington's disease](#). In its early stages, a correct diagnosis of AD can also be overlooked itself and misdiagnosed as other conditions such as [depression](#), [dementia](#), simple [forgetfulness](#), or senility.

Alzheimer's Disease: Alzheimer's disease (AD) is a progressive, neurodegenerative disease characterized by memory loss, language deterioration, impaired visuospatial skills, poor judgment, indifferent attitude, but preserved motor function.

What is Alzheimer's Disease?

Brief description: Dementia-causing brain disease mostly in seniors and the elderly.

Parent types of: [Chronic Illness](#), [Dementia](#), [Dementia](#), [Brain conditions](#), [Over-diagnosed conditions](#)

Organs Affected: [brain](#), [mental](#)

Types: Familial Alzheimer's d

Who gets Alzheimer's Disease?

Patient Profile: Over 40's; usually over age 65; 2-3% of age 65-74; about half over 85.

Profile: AD usually begins after age 65, however, its onset may occur as early as age 40

How serious is Alzheimer's Disease?

Prognosis: Poor. Progressive deterioration from 5-20 years.

Prognosis: AD is a progressive disease. The course of the disease varies from person to person. Some people have the disease only for the last 5 years of life, while others may have it for as many as 20 years. The most common cause of death in AD patients is infection.¹

Average life years lost: 6.8 years (SEER)²; 7.7 in North Carolina³.

Deaths: 53,852 deaths in USA 2001 (CDC); 44,536 annual deaths (NVSR Sep 2001)

Cause of death rank: 8th leading cause of death in 1999 and 2000 (CDC)

Complications: see

ociety issues for Alzheimer's Disease

Costs: \$80 to \$100 billion in health care expenses and lost wages of both patients and their caregivers (NIA)

Costs: The annual economic toll of AD in the United States in terms of health care expenses and lost wages of both patients and their caregivers is estimated at \$80 to \$100 billion.⁴

Cost statistics for Alzheimer's Disease: The following are statistics from various sources about costs and Alzheimer's Disease:

- Average lifetime cost of care is \$170,000 (American Journal of Public Health, 1994)
- Costs businesses \$61 billion each year in America (Alzheimer's Association, 2002)
- Government expects to spend \$640 million for research of the disease in America 2003 (Alzheimer's Association, 2004)
- \$5.5 billion each year in Canada (Canadian Medical Association, 1994)
- \$36,794 per individual with a severe case in Canada (Canadian Medical Association, 1994)
- \$9,451 per individual with a mild case in Canada (Canadian Medical Association, 1998)

Hospitalization statistics for Alzheimer's Disease: The following are statistics from various sources about hospitalizations and Alzheimer's Disease:

- 7,900 patients were hospitalised with Alzheimer's as a primary diagnosis in the US 2000 (National Home and Hospice Care Survey, NCHS, CDC)
- 7.5% of current hospitalised patients had Alzheimer's as a primary diagnosis in the US 2000 (National Home and Hospice Care Survey, NCHS, CDC)
- 0.12% (15,864) of hospital episodes were for Alzheimer's and other degenerative diseases in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)
- 78% of hospital consultations for Alzheimer's and other degenerative diseases required hospital admission in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)
- 45% of hospital episodes for Alzheimer's and other degenerative diseases were for men in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)
- 55% of hospital episodes for Alzheimer's and other degenerative diseases were for women in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)
- 53% of hospital admissions for Alzheimer's and other degenerative diseases required emergency hospital admission in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)
- 51.3 days was the mean length of stay in hospitals for Alzheimer's and other degenerative diseases in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)

- 16 days was the median length of stay in hospitals for Alzheimer's and other degenerative diseases in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)
- 71 was the mean age of patients hospitalised for Alzheimer's and other degenerative diseases in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)
- 13% of hospitalisations for Alzheimer's and other degenerative diseases occurred in 15-59 year olds in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)
- 57% of hospitalisations for Alzheimer's and other degenerative diseases occurred in people over 75 in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)
- 3% of hospitalisations for Alzheimer's and other degenerative diseases were single day episodes in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)
- 0.85% (446,272) of hospital bed days were for Alzheimer's and other degenerative diseases in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)
- 0.02% (2,737) of hospital consultant episodes were for dementia in Alzheimer's disease in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)
- 96% of hospital consultant episodes for dementia in Alzheimer's disease required hospital admission in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)
- 37% of hospital consultant episodes for dementia in Alzheimer's disease were for men in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)
- 63% of hospital consultant episodes for dementia in Alzheimer's disease were for women in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)
- 45% of hospital consultant episodes for dementia in Alzheimer's disease required emergency hospital admission in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)
- 112.2 days was the mean length of stay in hospitals for dementia in Alzheimer's disease in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)
- 38 days was the median length of stay in hospitals for dementia in Alzheimer's disease in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)
- 79 was the mean age of patients hospitalised for dementia in Alzheimer's disease in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)
- 3% of hospital consultant episodes for dementia in Alzheimer's disease occurred in 15-59 year olds in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)

- 75% of hospital consultant episodes for dementia in Alzheimer's disease occurred in people over 75 in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)
- 0% of hospital consultant episodes for dementia in Alzheimer's disease were single day episodes in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)
- 0.32% (165,652) of hospital bed days were for dementia in Alzheimer's disease in England 2002-03 (Hospital Episode Statistics, Department of Health, England, 2002-03)

About associated conditions: Associated conditions are those which appear statistically related, but do not have a clear cause or effect relationship. Whereas the [complications](#) are caused by Alzheimer's Disease, and [underlying causes](#) may be causes of Alzheimer's Disease, the following list shows associated conditions that simply appear with higher frequency in people who have Alzheimer's Disease. In some cases, there may be overlap between this list and [risk factors](#) for Alzheimer's Disease. People with Alzheimer's Disease may be more likely to get a condition on the list of associated conditions, or the reverse may be true, or both. Whether they are causes of, caused by, or simply coincidentally related to Alzheimer's Disease is not always clear.

Associated conditions list: The list of conditions mentioned by various sources as associated with Alzheimer's Disease includes:

- Adverse medication reactions

Associated conditions: Patients with dementia and AD suffer from multiple comorbid medical illnesses, typical of older people. AD patients are much more vulnerable to the effects of co-morbid medical illness than older people without dementia. For example, when ill with a mild urinary tract infection, a typical AD patient might develop rapid decline in memory and oppositional or aggressive behaviors and be less able to participate in daily living activities. AD patients have longer hospital stays, take longer to recover from surgery, and develop adverse reactions to medication more often than older people without dementia. This comorbidity leads to additional impairments in quality of life, greatly burdens caregivers, and is associated with increased use of health care services and frequent hospitalizations. ¹

Alzheimer's Disease as a complication: Other conditions that might have Alzheimer's Disease as a complication might be potential underlying conditions. The list of conditions listing Alzheimer's Disease as a complication includes:

- [Down Syndrome](#)

Overview of Misdiagnosis

One of the first issues for a newly diagnosed patient is to consider whether the diagnosis is correct. It is important to validate a diagnosis and be certain of its accuracy. On the other hand, hoping for a misdiagnosis should not be used as a way to vacillate and avoid treatment for a serious medical problem. Nevertheless, it is prudent to attempt to confirm a diagnosis via methods such as seeking second opinions, consulting specialists, getting further medical tests, and researching information about the medical condition.

Misdiagnosis can and does occur and is reasonably [common](#) with error rates ranging from 1.4% in cancer biopsies to a high 20-40% misdiagnosis rate in emergency or ICU care. Surveys of patients also indicate the chance of experiencing a misdiagnosis to range from 8% to 40%. This makes misdiagnosis one of the most common types of [medical mistakes](#).

There are various reasons as to [why a misdiagnosis](#) can occur including errors by doctors, specialists, and laboratory tests. The patient can also contribute to an error in various ways.

There are various [types of misdiagnosis](#) ranging from a totally [wrong diagnosis](#) to a partial misdiagnosis as to the [wrong subtype](#), [underlying condition](#), [medication causes](#), [related conditions](#), or [complications](#). Conditions for which a person [never seeks medical advice](#) are also a common type of misdiagnosis.

Misdiagnosis does not occur equally for all conditions but follows certain patterns. Some conditions are inherently more [difficult to diagnose](#), whereas common familiar conditions are less commonly misdiagnosed. Some diseases are [over-diagnosed](#) whereas other conditions are more commonly [under-diagnosed or overlooked](#).

Misdiagnosis need not be a feared outcome. There are various ways to [prevent a misdiagnosis](#) such as seeking a second opinion or a specialist referral. Getting educated about the possible alternative or underlying diagnoses for a condition is useful information to discuss with your doctor

Medical News Summary: Alcohol and substance abuse in elderly often diagnosed as dementia

About: Alcohol and substance abuse in elderly often diagnosed as dementia

Date: 28 April 2004

Source: Venice Gondolier Sun

Author: Renee Le Pere

Summary (summary of news story as reported by Venice Gondolier Sun): 17% of elderly are believed by authorities to misuse alcohol and prescription drugs. Substance abuse is often diagnosed as Alzheimers. Treatable vascular dementia is also often misdiagnosed as Alzheimers.

URL: <http://www.venicegondolier.com/NewsArchive3/042804/vn7.htm>

Related Disease Topics: [Alcohol abuse](#), [Substance abuse](#), [Dementia](#), [Alzheimer's disease](#), Vascular dementia

Medical News Summary: Elderly man's quality of life drastically reduced due to a misdiagnosis that continued for 13 years.

About: Elderly man's quality of life drastically reduced due to a misdiagnosis that continued for 13 years.

Date: 3 June 2004

Source: Phoenix News

Summary (summary of news story as reported by Phoenix News): An retired man suffered dementia, incontinence, inability to walk properly and frequent falls. Doctors diagnosed alzheimers. A CT scan 13 years later revealed Normal Pressure Hydrocephalus which was easily cured by inserting a shunt to drain excess fluid from the man's skull. His condition improved dramatically.

URL: <http://www.kpho.com/Global/story.asp?S=1919608&nav=23KuNfzQ>

Related Disease Topics: Normal Pressure Hydrocephalus, [Dementia](#), [Alzheimer's disease](#), [Incontinence](#)

ndiagnosed Alzheimer's Disease: Failure to diagnose Alzheimer's disease is always a possibility, despite the condition being so well known by people and doctors. In its early stages, the symptoms usually start out mild, and a correct diagnosis of AD can also be overlooked. AD can be misdiagnosed as other conditions such as [depression](#), [dementia](#), simple [forgetfulness](#), or senility.

About misdiagnosis: When checking for a misdiagnosis of Dementia or confirming a diagnosis of Dementia, it is useful to consider what other medical conditions might be possible misdiagnoses or other alternative conditions relevant to diagnosis. These alternate diagnoses of Dementia may already have been considered by your doctor or may need to be considered as possible alternative diagnoses or candidates for misdiagnosis of Dementia. For a general overview of misdiagnosis issues for all diseases

Alternative diagnoses list for Dementia: For a diagnosis of Dementia, the following list of conditions have been mentioned in sources as possible alternative diagnoses to consider during the diagnostic process:

- Normal aging - some level of mental decline with age is normal
- [Hypothyroidism](#)
- [Emotional problems](#)
 - [Stress](#)
 - Anxiety (*type of* [Neurosis](#))
 - [Depression](#)
- [Delirium](#)
- Drug interactions (*type of* [Adverse reaction](#))
- [Amnestic disorder](#)
- Substance intoxication
- Substance withdrawal
- [Mental retardation](#)
- [Schizophrenia](#)
- [Clinical depression](#)
- Age-related cognitive decline
- Mild neurocognitive disorder
- Any other condition that may cause [behavioral changes](#) such as:
 - High fever (*see* [Fever](#))
 - [Lead poisoning](#)
 - [Mercury poisoning](#)
 - Manganese poisoning
 - [Kidney disease](#)
 - [Liver disease](#)
 - Other causes of [dementia symptoms](#) or [behavioral changes](#)
- See also [misdiagnosis of Alzheimer's disease](#)

Dementia as an alternative diagnosis: The other diseases for which Dementia is listed as a possible alternative diagnosis in their lists include:

- [Alzheimer's Disease](#)
- [Amnestic disorder](#)
- [Delirium](#)
- [Delusional disorder](#)
- [Depression](#)

- [Dissociative Amnesia](#)
- [Hysteria](#)
- [Intermittent Explosive Disorder](#)
- [Kleptomania](#)
- [Mental Retardation](#)
- [Paraphilias](#)
- [Pyromania](#)
- [Schizophrenia](#)

Diagnosis/misdiagnosis discussion: It is natural to lose some mental acuity as you age. Think of your brain as a computer, with megabytes of information added each year, year after year. Unlike a computer, however, we can't delete useless information. So our minds can at times experience something that feels like overload, and it's easy to forget some of life's details. Serious memory loss, however, is more rare.¹

Sometimes older people have emotional problems that can be mistaken for dementia. Feeling sad, lonely, worried, or bored may be more common for older people facing retirement or coping with the death of a spouse, relative, or friend. Adapting to these changes leaves some people feeling confused or forgetful. Emotional problems can be eased by supportive friends and family, or by professional help from a doctor or counselor.²

Stress, anxiety, or depression can make a person more forgetful. Forgetfulness caused by these emotions usually is temporary and goes away when the feelings fade. However, if these feelings last for a long period of time, getting help from a professional is important. Treatment may include counseling or medication, or a combination of both.²

Misdiagnosis cases for Dementia: No cases available yet.

Your misdiagnosis story: Were you misdiagnosed with Dementia or did doctors misdiagnose Dementia? We'd like to hear about it