

Memory problems

several causes are reversible — which is why it is worth checking

Worrying about your memory is common and usually not dementia. Some memory change is normal with age, some is caused by conditions that are entirely treatable, and some is early dementia — where diagnosis still brings real benefits. All three are worth distinguishing rather than worrying about.

Seek urgent assessment if memory change comes with

- **sudden onset over hours or days**, or fluctuating confusion
- **fever, or recent illness or infection**
- **headache, weakness, visual change or difficulty speaking**
- **a recent head injury**, even a minor one weeks ago
- **hallucinations**, or a marked personality change
- **rapid deterioration over weeks**

Sudden or fluctuating confusion is delirium, not dementia, and usually has a treatable cause — infection, medication, dehydration or a metabolic problem. It needs same-day assessment. Memory change weeks after a head injury may be a slow bleed, particularly in older people or those on anticoagulants.

Normal ageing or not?

- **Usually normal** — occasionally forgetting a name and recalling it later; misplacing keys and retracing steps to find them; needing lists more than you used to; being slower to learn new technology.
- **More concerning** — forgetting recent conversations or events entirely; repeating the same question within a short period; getting lost somewhere familiar; difficulty with familiar tasks like cooking a known recipe or managing money; putting things in odd places; word-finding difficulty that interrupts conversation; withdrawal from activities.
- **The most useful sign is what others notice.** People who come alone worried about their memory often have anxiety or depression; people brought in by family who have noticed changes more often have something else.

Reversible causes worth excluding

A meaningful proportion of memory problems have a treatable cause: **depression** (which impairs concentration and memory markedly, particularly in older people), **thyroid disease**, **B12 or folate deficiency**, **sleep apnoea**, **alcohol**, **medication** — particularly sedatives, strong painkillers, bladder medicines and sedating antihistamines — and **hearing loss**, which is now recognised as one of the largest modifiable risk factors for dementia. Every one of these is worth checking before anything else is concluded.

What assessment involves

- **History from you and, importantly, from someone who knows you well** — the two accounts often differ, and that difference is informative
- **A cognitive test**, taking 10 to 20 minutes
- **Blood tests** — full blood count, B12, folate, ferritin, thyroid, kidney and liver function, calcium, glucose or HbA1c
- **Review of every medicine**, including anything bought over the counter
- **Screening for depression, anxiety and sleep problems**
- **Hearing and vision check** — both affect cognitive test performance and daily function
- **Brain imaging** where indicated, usually MRI or CT

Why an early diagnosis is worth having

- It identifies the **reversible causes**, which is the most immediately useful outcome.
- Medication for Alzheimer's disease works better started earlier.
- It allows **planning while you have capacity** — lasting power of attorney, financial arrangements, and expressing your own wishes rather than others guessing later.
- It opens access to support, benefits including attendance allowance, and research studies.
- It explains things to family, which frequently transforms how difficulties are interpreted at home.
- You **must inform the DVLA** of a dementia diagnosis; many people continue driving safely for a period with regular review.

Reducing your risk

Genuinely protective

- Treating hearing loss — hearing aids, and the evidence here is strong
- Regular physical exercise
- Controlling blood pressure, diabetes and cholesterol from midlife
- Stopping smoking, and keeping alcohol within limits
- Staying socially and mentally engaged; treating depression

Less evidence

- Brain-training apps, which improve the specific task and little else
- Most supplements marketed for memory
- Coconut oil and similar remedies
- Assuming it runs in families and nothing can be done
- Avoiding a diagnosis in the hope it stays away

Why come to us. Waiting months for a memory clinic while worrying is its own harm, and a substantial proportion of people turn out to have something treatable. We offer an unhurried appointment — bring someone who knows you well — with a cognitive assessment, a full medication review, and **bloods including B12, folate, thyroid, calcium and HbA1c taken in-house** with results explained the same visit. We screen for depression, sleep apnoea and hearing loss, and refer to a memory service or neurology with the workup complete.

The treatable causes checked first, in one visit

Bring someone who knows you well. Bloods in-house, results the same day.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London

97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**

info@mhwclinic.co.uk

Open 7 days, 9am–7pm

In an emergency

Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency

Call NHS 111 or visit 111.nhs.uk.

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This leaflet is based on current NHS and NICE NG97 guidance on dementia assessment, management and support. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.

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