Dr Brunet and colleagues raise a number of issues about "screening" for dementia. We would like to make four points in response.

First, on average 42% of people with dementia have a diagnosis in the UK - in other words there are around 400,000 people who have the disorder who may be being denied the opportunity to have a diagnosis with the support and potential treatment that can follow. We know that a diagnosis reduces symptoms of anxiety and depression in patients and their carers. To suggest it causes solely harm risks fuelling the fire of stigma.

Second, the proposals are not for screening but legitimate clinical case finding in groups of people known to be at risk of dementia, such as those affected by Coronary Heart Disease, Stroke or Parkinson’s. We agree that screening for Alzheimer’s disease (where a diagnostic test is carried out on a population) is not appropriate and as such the proposals are not "directly contrary to" the UK National Screening Committee advice. We agree that any consideration of screening for dementia should be assessed in the same way as for other disorders, recognising that screening for dementia is different from screening for Alzheimer's disease. People would be asked about their memory and, if clinically indicated and appropriate, further assessment could be offered.

Third, recognition of patients with significant cognitive impairment allows a diagnosis of the underlying disease(s). Whilst Alzheimer's disease is the commonest cause of cognitive impairment in the elderly there are many other causes and comorbidities, such as depression, anxiety, side effects of medication and systemic illness, which can be treated.

Fourth, the proposals are for consultation and we agree "the healthcare community needs to work together" to develop the best way of raising awareness of dementia and improving diagnostic rates in both health and social care. Colleagues in primary care are in a unique position and know their patients best - using innovative ways of linking primary, secondary and social care can enhance identification of people who have dementia and can lead to better outcomes.

Competing interests: None declared

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