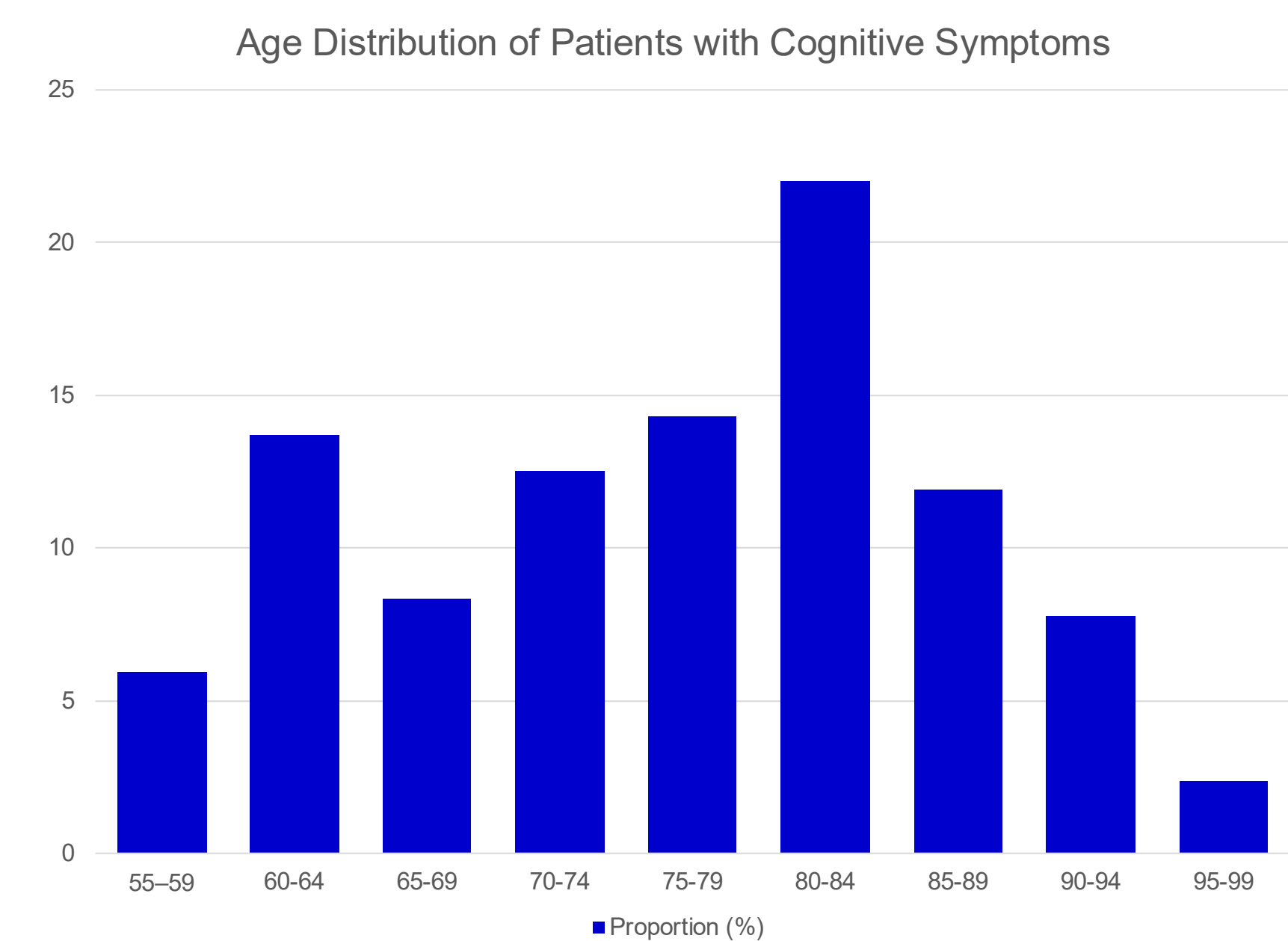


From Presentation to Diagnosis: Real-World Outcomes of Cognitive Symptoms in Primary Care

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Background

Alzheimer’s disease is the most common cause of dementia in the UK, with prevalence projected to reach 1.4 million by 2040; however, over one-third of cases remain undiagnosed. Diagnosis in primary care relies on clinical assessment and brief cognitive screening prior to referral to memory services.



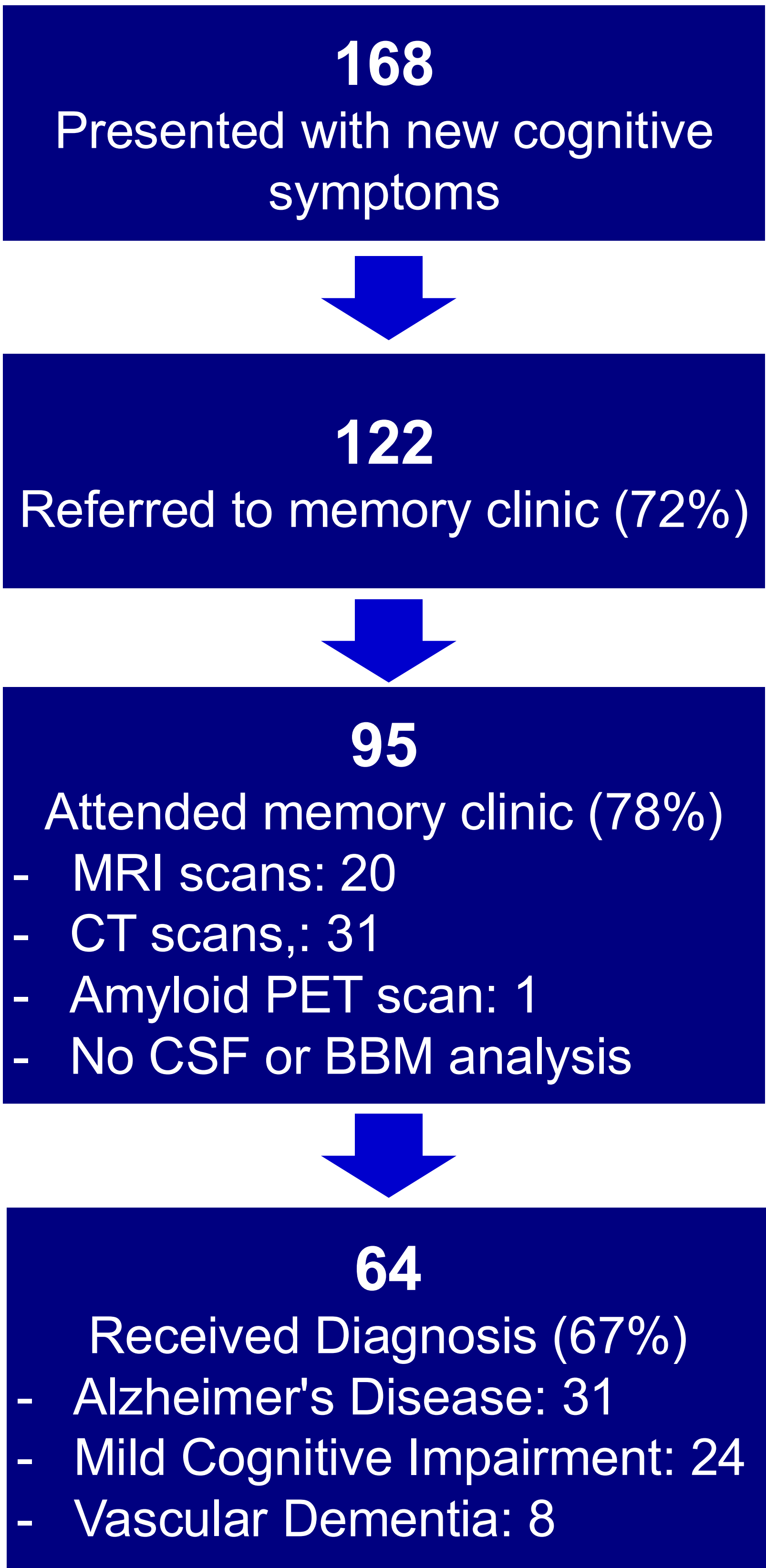
(Right) Figure 1 shows clinical pathway from presentation to diagnosis for patients presenting in 2024 with new cognitive symptoms in primary care (Hammersmith & Fulham Partnership PCN, NW London)
(Above) Fig 2 shows the age distribution of patients who presented with new cognitive symptoms.

Results

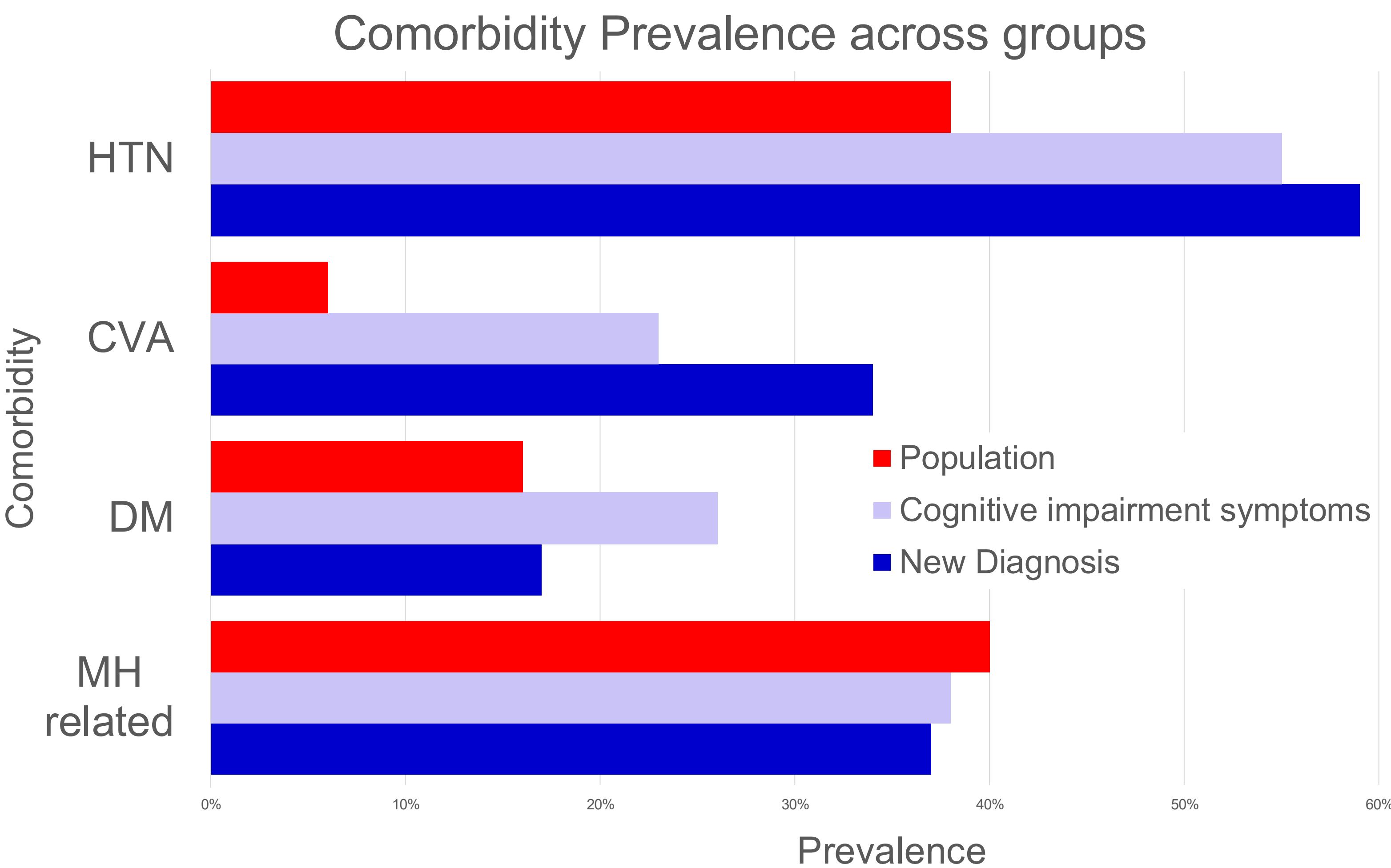
168 patients presented with new cognitive symptoms (Fig 1). Presentations were highest at age 80–84 with a smaller rise at 60–64 (Fig2) **While most were referred and assessed, only a minority received a confirmed diagnosis.** Of those attending specialist services, **only 54.7% underwent neuroimaging**, including MRI (n=20) and CT (n=31). **No CSF or blood biomarker testing was undertaken.** Vascular comorbidities were significantly more prevalent in both presenting and diagnosed groups (Fig 3)

Methods

We conducted a retrospective study of five GP practices (~70,000 patients) in NW London. Adults ≥55 presenting with new cognitive symptoms in 2024 were identified. Referral patterns, clinic attendance, and diagnostic outcomes were assessed, and characteristics compared with the wider practice population.



Only **38%** of patients presenting with cognitive symptoms received a confirmed diagnosis, highlighting major gaps in early Alzheimer’s detection in primary care.



(Above) Figure 3 shows Prevalence of key comorbidities in patients with cognitive symptoms, confirmed diagnoses, and the general practice population. (HTN= Hypertension, CVA= Cerebrovascular Accident, DM= Diabetes Mellitus, MH related= Mental Health related diagnosis)
Hypertension and prior cerebrovascular accident were significantly more prevalent (Fig2) among both patients presenting with cognitive symptoms (both p<0.0001) and those with confirmed cognitive diagnoses (p=0.0008 and p<0.0001,respectively). Diabetes prevalence was higher in the presenting cohort (p=0.0009) only.

Conclusion

Early diagnosis of cognitive impairment is not yet routine within current pathways and despite engagement with referral services, many patients remain without a confirmed diagnosis. Limitations in current coding and diagnostic systems hinder early identification and intervention. **Integration of blood-based biomarkers into primary care pathways could improve timely diagnosis and patient management.**