Over the last five years Neurology in Practice has made its way through the neurology curriculum for specialist registrars and has ended up, appropriately as far as the editors are concerned, with dementia. We hope the supplement has been useful both to the neurological trainees, for whom it was designed, and to established neurologists, trying to keep up with relevant progress.

Before introducing the final supplement we would like to take this opportunity to thank our many contributors for giving their time and expertise to this project. This supplement has been a joint venture with the Association of British Neurologists and we are grateful for the Association’s financial support as well as the goodwill and hard work of so many of its members who have written for the supplement. We would also like to thank the staff at the JNNP, particularly the two editorial assistants we have worked with, Anastacia Kirk and Emilia Ioannou, our excellent unflappable technical editor, John Weller, and Janet Flaherty, BMJ Publishing Group Managing Editor. Also last, but not least, the good faith and trust of our founding Editor Chris Kennard and the continuing support and enthusiasm of the current Editor.

Dementia

Dementia is undoubtedly a neurological condition. It is common and increasingly so in an ageing society. However, the main contribution to the medical management of patients with dementia is not from neurologists, but from psychogeriatricians and physicians involved in care of the elderly where dementia may reside among other co-morbidity. The majority of care is not primarily medical and frustratingly the therapeutic options at the moment are limited. Neurologists do see patients with dementia, particularly the younger person and those in whom there are atypical or unusual features. In addition, neurologists will see patients who are not demented yet have mild memory complaints or subtle cognitive problems that raise the possibility of early dementia. These patients present a challenge to the clinician given the insensitivity of tests and investigations. Thus, neurologists in training need to learn about dementia and develop skills in assessing patients who have, or may have, these conditions.

Wiesje van der Flier and Philip Scheltens set the scene, discussing the epidemiology of dementia and the risk factors for disease development. Next, Seth Love reviews the neuropathological aspects of the dementias. Sarah Cooper and John Greene go on to provide us with a logical approach to the clinical evaluation of patients with potential or early dementia. John Greene then guides us through the complex taxonomy that enshrouds many of the more unusual symptoms and signs of higher function deficit, from apraxia to Fregoli’s syndrome. The concept of vascular dementia, its recognition and interaction with Alzheimer’s disease has always been an area of confusion, and John Bowler provides a comprehensive account of the subject and introduces us to the role of drug treatment. Wiesje van der Flier and Philip Scheltens return to address the use of laboratory investigations, emphasising the importance of early diagnosis, while giving insights into new developments such as the potential value of biological markers. The final theme of treatment is considered by Ross Overshott and Alistair Burns who, as old age psychiatrists, will manage patients throughout the duration of their illness. Here they outline the whole range of available therapies, pharmacological and otherwise, reviewing evidence from the Cochrane collaboration and discussing the current and potential future status of these treatments with the National Institute for Health and Clinical Excellence (NICE).

We hope this supplement will provide the generalist and trainee with all the necessary insights to recognise and manage confidently those persons with dementia in all its forms.

REFERENCES