

A close-up photograph of a person's hand holding a small amount of water. The hand is positioned in the lower half of the frame, with the palm facing upwards. The water is dark and still, reflecting the light. The background is a dark, textured surface, possibly a piece of fabric or a wall, with some ripples and shadows. The overall mood is calm and contemplative.

MEMORY & COGNITIVE CHANGES GUIDE

*A practical guide to understanding
early cognitive changes.*

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1. Introduction

Changes in memory, thinking, or behaviour are common, particularly from midlife onwards.

These changes can arise from a wide range of causes including stress, psychiatric conditions, neurodevelopmental differences, or neurodegenerative disorders.

This guide is designed to help you:

- Understand different types of cognitive change
- Recognise important symptom patterns
- Avoid common pitfalls and misinterpretations
- Know when and where to seek appropriate assessment

2. About The Mind Cove Clinic

The Mind Cove is a specialist psychiatric clinic focused on cognitive and neuropsychiatric conditions across the lifespan.

We help individuals with:

- Memory and cognitive concerns (e.g., Dementia)
- Behavioural and personality change
- Neurodevelopmental conditions (e.g. ADHD)
- Complex diagnostic uncertainty
- General mental health concerns

Our approach integrates cognitive, behavioural, and psychiatric assessment to improve diagnostic clarity.

3. About Dr Joshua Flavell

Dr Joshua Flavell is a sub-specialist psychiatrist in neuropsychiatry and psychogeriatrics focused on cognitive conditions and mental health.



His work focuses on:

- Differentiating dementia syndromes such as Alzheimer's disease and frontotemporal dementia
- Understanding behavioural presentations of neurological conditions
- Improving diagnostic accuracy in complex cases

He has published research in international journals on dementia, neuropsychiatry, and diagnostic assessment in dementia.

4. Understanding memory vs cognition

Memory is only one part of cognition. Cognition refers to a range of brain functions, including:

Memory

- Recalling recent events and conversations

Executive function

- Planning, organising, decision-making

Language

- Word finding, comprehension, communication

Visuospatial function

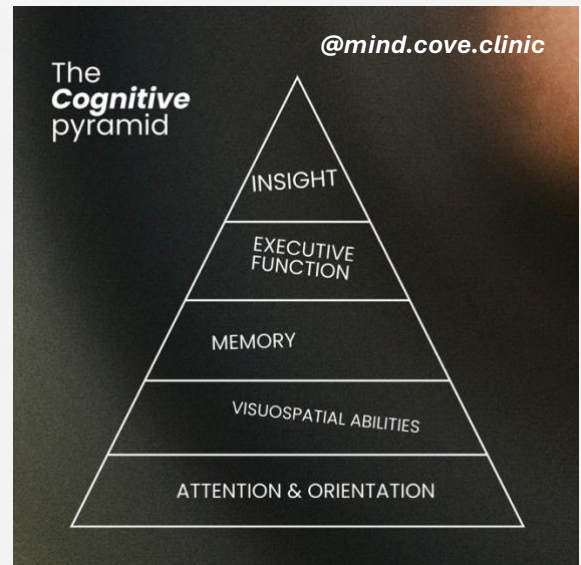
- Navigating environments, judging distances

Social cognition

- Understanding others' emotions, empathy, behaviour

Different conditions affect different domains. For example:

- Alzheimer's disease often affects memory early
- Frontotemporal syndromes often affect behaviour and social cognition first



5. What to look for

Memory symptoms

- Repeating questions
- Forgetting recent conversations
- Misplacing items frequently

Executive dysfunction

- Difficulty organising tasks
- Poor judgement or decision-making
- Difficulty managing finances or responsibilities

Language changes

- Word-finding difficulty
- Misunderstanding conversations

Visuospatial problems

- Getting lost
- Difficulty navigating or judging distances
- Difficulties parking the car

Behavioural and personality changes *

- Reduced empathy
- Social inappropriateness
- Loss of motivation (apathy)
- Rigid or repetitive behaviours

* These behavioural features are central in frontotemporal dementia and are often under-recognised or misattributed.



6. Common conditions that mimic cognitive decline

Cognitive symptoms do not always indicate dementia.

Depression

- Reduced motivation and concentration
- Overlap with cognitive symptoms

Dr Flavell's research has shown that standard depression tools can be confounded in dementia populations, highlighting the importance of careful differentiation.

Psychiatric conditions

- Anxiety, burnout, and stress can impair attention and memory

Neurodevelopmental conditions

- ADHD can present with lifelong attention and executive dysfunction

Misdiagnosis in behavioural syndromes

- Dr Flavell's work has demonstrated that frontotemporal dementia is frequently misdiagnosed, particularly when behavioural symptoms overlap with psychiatric conditions.

Factors contributing to misdiagnosis include:

- Over-reliance on testing or imaging
- Under-recognition of behavioural symptoms
- Misinterpretation of psychiatric history

Accurate diagnosis requires integration of clinical history, behaviour, and cognitive profile. Below is a helpful screening tool for depression developed by Dr Flavell:

Geriatric Depression Scale – Dementia (GDS-D)

No.	Question	Answer	Score
1	Do you feel that your life is empty?	YES / NO	
2	Are you bothered by thoughts you can't get out of your head?	YES / NO	
3	Are you in good spirits most of the time?	YES / NO	
4	Do you feel happy most of the time?	YES / NO	
5	Do you often feel downhearted and blue?	YES / NO	
6	Do you feel pretty worthless the way you are now?	YES / NO	
7	Do you worry a lot about the past?	YES / NO	
8	Do you frequently get upset over little things?	YES / NO	
9	Do you frequently feel like crying?	YES / NO	
10	Do you enjoy getting up in the morning?	YES / NO	

A score of ≥ 4 on this test is 92.2% accurate in separating depression from dementia in some people (1).

Reference

1. Flavell J, et al. A preliminary investigation of a Geriatric Depression Scale, Dementia version (GDS-D). J Affect Disord. 2026 Apr 15;399:121056. doi: 10.1016/j.jad.2025.121056. Epub 2025 Dec 28. PMID: 41468943.

7. Why family observations matter

Individuals with cognitive or behavioural change may lack insight into their symptoms. Dr Flavell's research highlights that diagnosis often depends heavily on informant reports rather than the patient's own account alone.

Structured tools such as informant-based questionnaires (e.g. Informant Behavioural Questionnaire) can help capture:

- Behavioural changes
- Functional decline
- Social and emotional differences

Family observations are often the most reliable indicator of change. Below is a helpful screening tool for behaviour change published by Dr Flavell:

Informant Behavioural Questionnaire

Changes in behaviour that are observed by the those close to a patient can be very important for reaching an accurate diagnosis. This questionnaire should be filled out by a **close relative or friend** of the patient.

This questionnaire should be filled out based on what **you** have noticed as an observer, and **not** based on the patient's opinion of themselves.

Name of person filling out this form:	
Relationship to patient (spouse, son/daughter, friend etc.):	
Name of patient:	
Years (approx.) that you have known the patient:	
Today's date:	

For each item, please **circle** a number according to the following system:

- 0 = never (or unchanged, was always like this)
- 1 = rarely (e.g. a couple of times per month)
- 2 = sometimes (e.g. a couple of times per week)
- 3 = often (e.g. daily or almost daily)
- 4 = happens constantly
- N/A = Not Applicable (they never performed this activity even before problem began)

Please provide a response to **every** item:

Has difficulty recalling the details of recent conversations or activities	0	1	2	3	4
Forgets what day it is	0	1	2	3	4
Repeatedly asks the same question	0	1	2	3	4
Loses/misplaces items	0	1	2	3	4
Forgets the names of known acquaintances	0	1	2	3	4
Has difficulty following the plot of books/movies/TV programs	0	1	2	3	4
Can get lost, or struggle to find way, in unfamiliar places (e.g. when on holiday)	0	1	2	3	4
Can get lost, or struggle to find way, in familiar places (e.g. in the local neighbourhood)	0	1	2	3	4
Forgets to purchase items when shopping	0	1	2	3	4 (N/A)
Tells the same anecdote/story from their past life over and over again	0	1	2	3	4
Forgets, or does not understand, the names of items	0	1	2	3	4
Has difficulty finding words during conversation	0	1	2	3	4
Mispronounces words	0	1	2	3	4
Says 'yes' when they mean 'no' (and vice-versa)	0	1	2	3	4
Struggles to see/locate objects that are in plain view	0	1	2	3	4
Misjudges distances (e.g. when reaching for something)	0	1	2	3	4
Has difficulty parking the car	0	1	2	3	4 (N/A)
Has difficulty reading	0	1	2	3	4 (N/A)
Has difficulty using a telephone/making phone calls	0	1	2	3	4 (N/A)
Has difficulty using appliances (washing machine/TV etc.)	0	1	2	3	4 (N/A)
Has difficulty handling money (counting correct change etc.)	0	1	2	3	4 (N/A)
Has difficulty dealing with finances (bills, banking, tax returns etc.)	0	1	2	3	4 (N/A)
Decline in personal grooming (hair, make-up, changing clothes, showering etc.)	0	1	2	3	4 (N/A)
Has difficulty dressing/needs assistance to dress	0	1	2	3	4 (N/A)
Shows less enthusiasm for hobbies/interests	0	1	2	3	4
Lacks motivation/is apathetic	0	1	2	3	4
Has become less affectionate	0	1	2	3	4
Seems uninterested/unsympathetic when family/friends are having difficulties	0	1	2	3	4
Is less affected/upset by sad news than in the past	0	1	2	3	4
Can say things that seem inappropriate, rude or embarrassing to others	0	1	2	3	4
Behaviour can be fixed or rigid (insists on a certain activity/way of behaving and cannot persuaded to alter)	0	1	2	3	4
Has developed repetitive routines (e.g. always walking the same route; checking locks; cleaning etc.)	0	1	2	3	4
Seems fixated by the clock (e.g. has to eat, go out etc. always at the same time)	0	1	2	3	4

Collects or hoards worthless things	0	1	2	3	4
Has developed a catchphrase or expression that is said repeatedly	0	1	2	3	4
Can be reckless or impulsive (e.g. embarking on activities, spending money etc.)	0	1	2	3	4
Over-reacts (can get excessively stressed/upset over trivial problems)	0	1	2	3	4
	0	1	2	3	4
Has developed an increased preference for sweet foods	0	1	2	3	4
Has increased appetite	0	1	2	3	4
Has lost interest in food	0	1	2	3	4
Wants to eat the same food at each meal	0	1	2	3	4
	0	1	2	3	4
Has difficulty sleeping at night	0	1	2	3	4
Gets up in the middle of the night and is disoriented (e.g. wants to go out/have breakfast etc.)	0	1	2	3	4
Sleeps more during the day	0	1	2	3	4
Seems to act out dreams (while still asleep: thrashes about, calls out, etc.)	0	1	2	3	4
	0	1	2	3	4
Has false beliefs. E.g. thinks (falsely) that someone is stealing from them; there is someone else in the home; that people are not who they really are etc.	0	1	2	3	4
Sees things that are not real (hallucinations)	0	1	2	3	4
Hears voices talking that are not real	0	1	2	3	4
Sees real things but mistakes their identity (e.g. thinks trees blowing in the wind at night are people)	0	1	2	3	4
	0	1	2	3	4
Appears sad or tearful	0	1	2	3	4
Complains of being a failure or a burden	0	1	2	3	4
Appears excessively tense or anxious	0	1	2	3	4
Appears restless (e.g. pacing, cannot sit still)	0	1	2	3	4
	0	1	2	3	4
Likes doing puzzles (e.g. Sudoku, word-searches, jigsaws etc.) more than in past	0	1	2	3	4
Has become more generous (e.g. wanting to give gifts, money etc.)	0	1	2	3	4
Is more 'laid back' or patient than previously	0	1	2	3	4

And finally:

(1) How long ago would you estimate that the problems began (in months or years): _____

(2) Would you say that the problems started (please circle one):

Suddenly	Gradually	I'm not sure
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(3) Do you feel the problems are (please circle one):

Fairly stable (not really changing)	Progressing (becoming more obvious)	Improving (getting better)	I'm not sure
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(4) Can the severity of symptoms fluctuate from hour to hour or day to day (please circle one)?

Yes, very much so	A little	Not particularly	I'm not sure
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8. What to track

Tracking changes over time is one of the most useful steps you can take.

What to monitor

- Memory
- Behaviour and personality
- Mood
- Daily functioning

Key principles

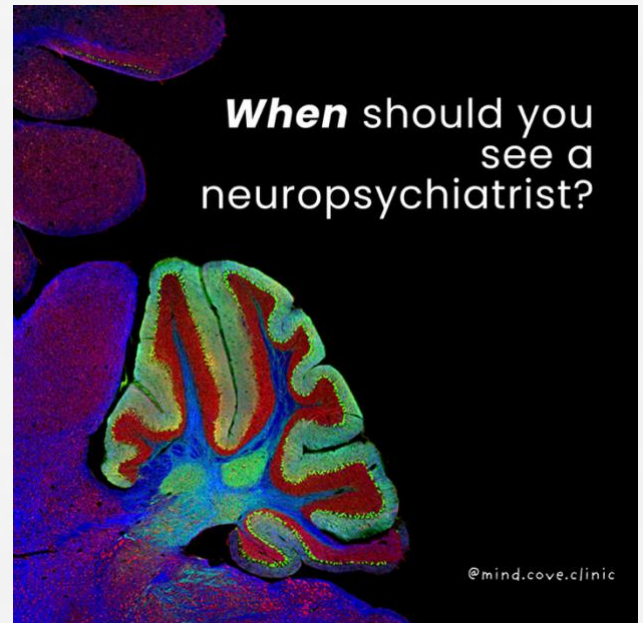
- Frequency (how often it occurs)
- Change from baseline (new or worsening)
- Impact (effect on daily life)



9. When to seek assessment (and who to see)

Consider seeking assessment if you notice:

- Progressive change over time
- Functional decline
- Behavioural changes
- Diagnostic uncertainty



Who to see

It is important to seek assessment from a clinician with broad expertise in cognition across the lifespan.

This includes understanding:

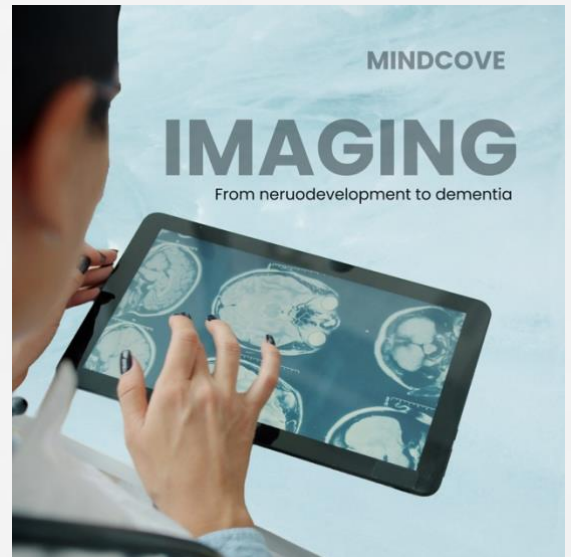
- Neurodevelopmental conditions (e.g. ADHD)
- Psychiatric conditions
- Neurodegenerative disorders

Specialists with a narrow focus may miss overlapping or complex presentations.

11. What an assessment involves

An assessment may include:

- Detailed clinical interview
- Input from family or informants
- Cognitive testing
- Brain scans of structure and function
- Sometimes disease-specific tests (e.g., Alzheimer's makers, genetic testing)
- Review of mood and psychiatric symptoms
- Further investigations if needed



Assessment is based on the overall clinical picture rather than a single test. It is important to see a dementia specialist who understands cognition throughout the lifespan, including developmental issues to dementia.

Disclaimer

This guide is for general educational purposes only and is not a substitute for personalised medical advice.