

Stages of Dementia

	STAGE 1	STAGE 2	STAGE 3	STAGE 4
	No impairment	Very mild cognitive decline	Mild cognitive decline	Moderate cognitive decline
Patient Symptoms	No unusual social problems	Embarrassment over small lapses in memory in social occasions	Noticeable performance issues in social or work settings; e.g., repeating questions, retelling stories	Withdrawal in social or mentally challenging situations; lost interest in pleasurable activities, e.g., hobbies
	No unusual memory or cognitive problems	Occasionally forgetting familiar words or names	Noticeable problems in use of right word or name	Forgetting details of personal history
		Misplacing keys, eyeglasses, or other everyday objects	Forgetting material one has just read or heard	Difficulty performing complex tasks, e.g., planning dinner, paying bills, managing finances
		Difficulty concentrating	Difficulty retaining or memorizing new information	Forgetting recent occasions, conversations, or current events
			Difficulty remembering names of newly introduced people	Challenging arithmetic difficult; (count backward from 100 by 7s)
		Losing or misplacing valuable objects	Storing items in unusual places and forgetting having done so	
			Difficulty tracking appointments and schedules	
Caregiver	No assistance necessary	Able to assist oneself using reminding clues	Needing some assistance with memory and organization	Needing increased assistance with memory, organization, and socialization
Doctor	Problems undetectable by doctors	Problems not evident during medical exam	Problems with memory; concentration may be measurable in clinical testing; medication may prescribed	Medical exam may confirm Alzheimer's diagnosis; medication may be prescribed to relieve behavioral/psychological symptoms

	STAGE 5	STAGE 6	STAGE 7
	Moderately severe cognitive decline	Severe cognitive decline	Very severe cognitive decline
Patient Symptoms	Personality changes may include moodiness, depression, obsessive thinking, agitation, inappropriateness, lack of judgment or common sense	Significant personality and behavioral changes, including suspiciousness and hallucinations; compulsive, repetitive behaviors (hand-wringing, tissue shredding)	Loss of ability to respond to the environment, speak, and ultimately, the ability to control movement
	Confusion about where one is or what day it is	Changes in gait and mobility, possibly resulting in recurrent falls	Loss of ability to walk without assistance; eventually complete loss of ambulation
	Inability to recall personal address, phone number, or name of high school	Difficulty identifying familiar/unfamiliar faces and calling spouse or caregiver's names	Loss of ability to recognize familiar faces and even oneself
	Inability to track conversations and events or retain/learn new information	Remembering own name but having difficulty with personal history	Loss of capacity for recognizable speech, although words or phrases may be uttered
	Difficulty with less challenging mental arithmetic; e.g., counting backward from 40 by 4s or from 20 by 2s	Tendency to wander and getting lost; little awareness of surroundings, recent experiences, and events	Requiring help with eating and toileting; increased urinary and fecal incontinence
	Needing help selecting proper clothing for the season or the occasion	Major changes in sleep patterns; e.g., sleeping during day and restless at night	Loss of ability to sit without support; loss of ability to hold head up
	Forgetting names of public figures and acquaintances	Making mistakes, such as wearing pajamas over daytime clothes, shoes on wrong feet	Abnormal reflexes; muscles grow rigid
	Forgetting personal details and family	Lost interest in personal hygiene; difficulty toileting; e.g., flushing, wiping, and proper disposal of tissue	Swallowing impaired; lost ability to smile
Getting lost in familiar places		Complete urinary and fecal incontinence	
Caregiver	Assistance with day-to-day activities becomes essential	Requires extensive assistance with daily activities; needs help with meals, toileting, and personal hygiene	Requires extensive 24/7 assistance with all activities
Doctor	Careful medical interview detects clear-cut cognitive and memory deficiencies. Doctor likely to prescribe medication for memory	Doctors rely heavily on information from caregiver during medical examination; doctor may re-evaluate/adjust medication	Doctor may recommend professional nursing care and hospice assistance

Table 5.1. Adapted Reisberg Classification of Stages of Cognitive Decline in Alzheimer's Disease.

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Ahead of Dementia*