Language provides us with names to categorise the world and becomes more sophisticated with use. Classification of everyday things comes naturally but we have a variable appreciation of our blind spots. If a neurologist were to try to distinguish between insects, most would probably apply a limited classification of flies (flies or bluebottles) not appreciating the diversity of species. However, when looking at butterflies, they would quickly realise they lacked the knowledge to name the many clearly distinct types. There is a parallel in how neurological diagnoses are applied, which also come with blind spots.

Dementia is a widely used term. The lay press often uses it as a synonym for the most common cause, Alzheimer’s disease, and typically presents the diagnosis as binary, someone has it or they don’t. This simplified approach has crept into medicine too, with a diagnosis of dementia being based on a score in a standardised test, such as the Folstein Mini-Mental State Examination or the Addenbrooke’s Cognitive Examination, thus missing much nuance. With disease-modifying treatments for dementia now in prospect, neurologists will increasingly need to improve the management of patients for more in the future. Neurologists

Phil E M Smith, Geraint N Fuller

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