**Table containing further examples of practices described in paper**

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| **Ensuring orientation to diagnosis feedback** | E.g. 1  DR: what expectation did you have of coming here today?  (1.5)  PT: somebody that would help with my memory  E.g. 2  DR: so (1.6) do you know why you’re here  (.)  DR: mrs (name)  (0.4)  PT: why I’m here  DR: yes  (1.8)  PT: not really  (0.4)  PT: is it because I’m not (.) remembering  E.g. 3  DR: do you know why you’ve come to see me today  (1.3)  PT: why I’ve come [to see you]  DR: [yeah hh ]  (0.6)  PT: mm well (.) not specifically I imagine you er you assess (.) what I did in  there do you  DR: yeah you’ve been worried about your memory  (.)  DR: I believe |
| **Forecasting the diagnosis – Eliciting patient perspective** | E.g. 1  DR: so (.) from what I understand your memory problems started about  9 months ago  (2.8)  PT: no.  (.)  PT: I I've never said- that I've never said that  E.g. 2  DR: you are concerned about your memory [going a] little  PT: [yes ]  DR: bit ss [sort of] declining in the last year  PT: [mm ]  (.)  DR: maybe or [a couple of] years you said¿  PT: [yes, ]  (.)  PT: uh- a couple of years I would say eigh[teen months]  CR: [max ]  DR: that’s right ye[ah that is] what I heard  PT: [yes yeah ]  E.g. 3  DR: you’ve had sort of (0.5) some difficulties that have come and go  (0.4)  DR: but when they’ve been there they’ve caused you to have problems with memory  and concentration  (0.4)  PT: oh well it’ll be (1.8) when something happens or anything I’m (0.8) it’s ah- I  sort of afterwards think oh I’ve lost my cool you know er (.) [which wou]ldn’t  DR: [ah ha ]  PT: be (0.5) I wouldn’t be nasty or any[thing ]  DR: [yeah and] do you lose your cool more  easily these days  (0.5)  PT: no not really really |
| **Forecasting the diagnosis – Feeding back the test results** | E.g. 1  DR: there was evidence on that testing (.) that your memory wasn’t as good (0.4)  as I would expect it to be  (1.6)  PT: .hhhh (0.4) I can’t say memory (0.6) is too bad sometimes I (0.4) I think I  I’ll slip of mind a kind of amnesia  E.g. 2  DR: so for you to have the scan done of your (.) brain  (.)  PT: mm hm  DR: um and I have the result of that  PT: m[hm]  DR: [ u]m  (0.3)  DR: and (1.1) it showed sort of two things (0.4) uh: that probably do point  towards the difficulties you’re having with your memory  PT: mm  (0.4)  DR: uh so it showed (0.3) uh (0.3) just some sort of early changes of the  particular condition  (0.8)  DR: okay.  E.g. 3  PT: how did I do  DR: so overall you got seventy seven out of a hundred  PT: that’s not too b[ad]  DR: [it]’s not too bad but (.) it is lower than we would expect  for someone who’s seventy seven  (.)  DR: .hh s[o ]  PT: [yo]u mean I’m too young |
| **Naming the diagnosis as dementia – Indirect deliveries** | E.g. 1  DR: well (0.8) tch .hh I- I say our- our job was to work out whether this was a  (.) nature or severity that .hh that you might call it a dementia (.) .hh (.)  and (.) tch (.) I I think i- it probably is.    E.g. 2  DR: but (.) the name that we give when there are these gradual memory problems um  that come on and start to affect daily life .hh um and it’s not anything  reversible there’s nothing spe[cific]  PT: [mhm ]  DR: there’s things for it that we know that can help but there’s nothing specific  to to (.) that (.) that we can make it all better with .hh then that is what  we would begin to call um a very mild dementia  (0.3)  E.g. 3  DR: .hhh well the name that we gi:ve to:: people with progressive (0.6) memory  impairment or cognitive impairment (0.4) is a condition called dementia.  (0.6) |
| **Naming the diagnosis as dementia – Direct deliveries** | E.g. 1  DR: .hh and I think- (.) you are in the early stages (0.4) of a dementia  (0.3)  E.g. 2  DR: well I think what you’ve got is you’ve got early Alzheimer’s [dise]ase  PT: [yes ]  E.g. 3  DR: and I think that (.) you have very- it's not good news a very early form of  what your sister has of Alzheimer's disease  (0.3) |
| **Naming the diagnosis as dementia – Re-refer to the evidence** | E.g. 1  DR: and (1.4) th- (0.3) this combined with the result (0.5) of the (.) testing  (0.4) cognitive testing (0.8) er the memory test that (name) did (0.6) and  also the fact that it seems like this (.) memory problem is progressing (.)  [it’s] getting a bit worse .hhh um (2.8) is leading us to a diagnosis of what  PT: [m ]  DR: we call a dementia type of illness  E.g. 2  DR: I think um (0.4) what um (0.4) if- the most common cause for that kind of  picture (0.4) and this kind of (.) picture on the (.) on the memory tests (.)  is a is a problem called Alzheimer’s disease  (0.4)  E.g. 3  DR: now when we talked about a circulation problem (.) I can use the term (.) a  mild (0.4) vascular dementia  (0.3) |
| **Naming the diagnosis as dementia – Characterising diagnosis as uncertain** | E.g. 1  DR: you’re probably on the borderline (1) of what we call (.)a dementia type of  (0.3) memory problems  (.)  E.g. 2  DR: it looks like you have probably got Alzheimer’s disease  PT: oh right yeah  E.g. 3  DR: the commonest cause for that would be something (0.4) called Alzheimer's  disease  (.)  DR: .hh and I suspect that's probably what's going on.  PT: that I'm starting Alzheimer's |
| **Naming the diagnosis as dementia – Delineating dementia from ageing** | E.g. 1  DR: um (0.8) tch we have a word for this condition  (0.7)  DR: um and we call it a dementia  E.g. 2  DR: we think (.) on the basis of all that (.) that (.) .hh um (.) that your memory  problems are caused (0.4) uh (.) by an illness called Alzheimer’s disease  PT: oh  E.g. 3  DR: erm (.) so the name that we give to these sorts of memory problems that  develop (.) when we (.) er in in older age (0.3) are- (0.4) is that I think  that you have a m- a mild form of a condition called dementia  (.)  PT: mhm |
| **Naming the diagnosis as dementia – Minimising the severity** | E.g. 1  DR: so I could argue that you may have (.) a Parkinson’s disease (.) dementia  which is (.) mild at the m- at the moment.  PT: yeah  E.g. 2  DR: that is what we would begin to call um a very mild dementia  (0.3)  E.g. 3  DR: based on that we would (0.7) think that it is more likely .hh to be a mild  Alzheimer’s dementia  CR: mm  DR: .h but whatever it is it’s early stages |
| **Focusing on the positive aspects of diagnosis – Good news exits** | E.g. 1  DR: .HH so (.) that is (0.4) er that is what it is looking like from the scan and  from the [test and ] fro[m er ] .hh uh (.) so it it would mean that  PT: [oh right ] [(cough)]  DR: like and because it’s early stages .h  CR: m[m ]  DR: [th]ere is a role for tablets medication to help slow down the illness  E.g. 2  DR: and then we put it together and we think it seems likely to us at the moment  that that’s probably what you’ve g[ot and]  PT: [ m]m  (0.4)  DR: mm  (0.8)  DR: tch but at ninety (0.8) you’re doing really well you’re [managing ]  PT: [what do you] expect  really  DR: fantastically well at [home ]  PT: [that’s the] whole point really  DR: and nothing needs to change  E.g. 3  DR: it’s looking like it is one of (.) an Alzheimer’s disease [but] it’s early  PT: [mm ]  DR: stages of an Alzheimer l- it’s a mild form of it  PT: ye[s ]  DR: [at] the moment  PT: m  DR: .hh so in other words it’s good that you’ve come here now because we can think  about sort of how the treatment and what not so it’s very helpful. |
| **Focusing on the positive aspects of diagnosis – Downplaying prognosis** | E.g. 1  DR: on the whole it tends to get [slightly worse ]  CN: [it does tend to get] worse does [it right]  DR: [but on a] year  on year basis  E.g. 2  DR: okay (0.6) so (.) yeah (.) I think that (0.6) that (0.6) while Alzheimer’s (.)  does (.) get worse it usually gets worse over (.) a very long period of time  (0.6)  DR: so I’m not expecting anything to change (.) you know next week or next mo:nth  (.) or not even next year  (.)  DR: you know so (.) I think w- we it’s usually a very gradual (0.4) change  E.g.3  DR: what I would say is a good (.) prognostic (0.4) sign in your case is that you  (.) do come from (0.4) quite a high e[ducat]ional [lev]el  PT: [yes ] [yes]  PT: (?) [(?) ]  DR: [and because you’re] scoring so (.) hig[hly ]  PT: [yeah]  DR: already at [this] point so it’s a bit li:ke (.) the very simplistic analogy:  PT: [mm ]  DR: (0.4) it’s a bit like starting a journey when you’ve already got a full tank  of (.) petrol (0.4) as [oppo]sed to when you’ve just got a little bit  CR: [hah ]  DR: left (0.4) so it means you’ve got far more (.) cognitive reserve  PT: yes (.) yes  DR: that’s the way that we (.) explain it |
| **Focusing on the positive aspects of diagnosis – Prognosis eluded to in medication discussions** | E.g. 1  DR: but the best thing is like I mean you have come here which means we can that  we could try you on a tablet to help contain or maintain or make this um  this stable in the future  E.g. 2  DR: and I’ve got a treatment (0.4) which may help  (0.5)  PT: mhm  DR: to stabilise your memory  E.g.3  DR: and I think (.) my (0.4) uh i- you know if you’re interested in taking  medication I think you know that the the (.) prognosis would be much  better |