

Dementia

What is dementia?

Dementia is a gradual loss of mental functions such as the ability to think, remember, reason, and plan. Dementia is not a disease, but a group of symptoms. As the problem gets worse, a person with dementia is no longer able to do everyday tasks. Their behavior and personality also change. Dementia is not a normal part of aging. In normal aging, problems with memory loss develop slowly. As healthy people get older, they may forget names, phone numbers, or where objects are. However, healthy older people usually remember or figure out how to look up a forgotten name or address. People with dementia forget things far more often. They also have much more trouble with problem-solving and thinking things through. Contact your healthcare provider if you are unsure whether symptoms are due to normal aging or to another cause.

How does it occur?

Dementia happens when brain cells stop working correctly. The cells can no longer store memories or work with information in the normal way. The most common cause of dementia is Alzheimer's disease. A large single stroke or many small strokes over a period of time damages the brain and can also cause dementia. Other conditions that can cause dementia include:

- Huntington's disease
- multiple sclerosis
- vascular disease
- Pick's Disease
- Creutzfeldt-Jakob disease
- Parkinson's disease
- Lewy body disease (a disorder similar to Alzheimer's)
- alcoholism or drug abuse
- AIDS.

As the disease causing the dementia gets worse, more brain functions are lost.

What are the symptoms?

Many symptoms are possible. At the beginning of dementia, symptoms may be mild. However, as time passes, people may have more of the following symptoms:

- memory problems (trouble remembering recent events or trouble remembering people, places, times, and dates)
- poor judgment and not being able to understand the results of their actions
- decline in thinking ability (for example, not being able to figure out the correct order in which to put clothing on)
- trouble following instructions or staying with a task, causing problems paying bills, fixing meals, shopping, or taking medicines
- lack of emotions, such as a lack of interest in what is going on around them, less participation in activities previously enjoyed, or withdrawal from other people
- loss of interest in food and less concern about looking neat and being clean
- irritability and a tendency to overreact

- wandering away from home or getting lost
- believing that someone is taking money or belongings or that family members are not who they say they are.

As the disease gets worse, it causes problems with control of the body. The person may:

- be unable to control their bowel or bladder
- be unsteady while walking, leading to falls and the eventual inability to walk
- forget how to eat or have trouble chewing and swallowing
- have a hard time speaking and thinking of the right words and eventually become unable to speak
- not recognize close friends and family members.

How is it diagnosed?

Family members or friends need to tell the healthcare provider how long the person has had symptoms and whether the symptoms started suddenly or came on gradually. The provider will do a physical exam to find out whether the person has had a stroke or has another condition that could cause the symptoms. The provider will ask about symptoms and any drug or alcohol use. The following tests also may be done:

- blood tests
- brain wave tracing (EEG, or electroencephalogram)
- heart wave tracing (EKG, or electrocardiogram)
- CT or MRI scan of the brain
- tests to check how well the person can concentrate, remember, understand, and make decisions.

The main reason for a brain scan is to check for other major problems, like a stroke, tumor, or old infection. If a brain CT scan has been done in the past 5 years, getting a new one or having an MRI usually is not necessary. Treatments are based on a person's problems, not on the brain scans, so repeated scanning usually is not necessary. Certain proteins in the spinal fluid show up at higher levels in people who have Alzheimer's disease. They are called the tau proteins. Testing for these proteins is a way to show that dementia is from Alzheimer's rather than from other causes. These tests are not currently recommended for routine use. They are not accurate enough for highly reliable predictions of the presence or severity of Alzheimer's. Also, getting spinal fluid is a complicated procedure. Since treatment is guided more by a person's problems than by their tau levels, the test is not generally recommended. Testing for the APOE gene can be done to check for a form of the gene that may give a person a higher risk for developing Alzheimer's disease. Extra MRI scans of the brain, along with Apo-E and tau protein testing, may be done for research studies. They are not usually done for regular diagnosis and care of a person with Alzheimer's disease. This area of Alzheimer's disease research is changing fast, so updates about the benefits or risks of these tests for regular patient care may be issued by local and national guidelines groups.

How is it treated?

There is no cure for most causes of dementia. A few medical conditions, such as encephalitis (a viral infection in the brain), cause symptoms of dementia that can be reversed with treatment. Medicine may help. Donepezil (Aricept), galantamine (Razadyne), and rivastigmine (Exelon) are drugs that may slow memory loss early in the disease. Memantine (Namenda) may help slow memory loss in later stages of the disease. None of these medicines can cure or reverse Alzheimer's disease. You should not expect big improvements when these medicines are given. Not all people with dementia should take these

medicines. Those whose disease is very severe will not benefit. Talk to your healthcare provider about these issues. Other medicines continue to be studied to see whether they might be helpful.

How long do the effects last?

Most dementias get worse over time. Your healthcare provider can explain more about what to expect. As dementia gets more severe, the person with dementia is not able to manage important parts of their life's affairs. They lose the ability to be responsible for themselves when traveling. They should stop driving. They also lose the ability to cook, clean, or use household tools safely. Making changes in the home and in family routines is important as the dementia gets worse. Some families are able to care for very demented loved ones, while others have to arrange for the demented person to live where they can get special care. Nursing facilities or adult family homes are the most common types of facilities used for this purpose. As dementia worsens, the affected person loses the ability to state clearly what they want, especially how they want important decisions to be made. Helping a person with early dementia think about and state their wishes for healthcare treatment directives, such as a living will, and their funeral is sad and hard to do, but having that information written down and available later is very important.

What can a family member or friend do?

The most important thing is to understand that a person with dementia is not responsible for his or her behavior. It occurs because of damage to brain cells. A person with dementia may say or do hurtful things that family and friends must overlook. It can be hard to know how to care for someone with dementia. They may need care 24 hours a day. A big part of treatment is making sure the person is safe and well cared for. Keep these things in mind:

- Give the person choices when you can.
- Decide what kind of care they need and who will give them care.
- Make sure you know what kind of care they are getting.
- See that anyone caring for them treats them with respect.

Reach out and support the caregiver, too. People responsible for caring for someone with dementia often need help. You can help by providing an hour of respite or doing some errands or chores like house-cleaning. If you are close to a person with dementia, ask about their living will or durable power of attorney. You may need to know important contact information if you are the only person around in an emergency. @ Published by RelayHealth.

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