

Live Well at Home

About Dementia

Dementia may be caused by a number of illnesses that affect the brain. Dementia typically leads to memory loss, inability to do everyday things, difficulty in communication, confusion, frustration, as well as personality and behaviour changes. People with dementia may also develop behavioural and psychological symptoms such as depression, aggression and wandering.

There are about 700,000 people in the UK with dementia and this is expected to double in the next 30 years. It's more likely to affect people over 65 - this is called late-onset dementia. Dementia occurring before this age is called early-onset.

Types of dementia

There are many different types of dementia and include the following.

- Alzheimer's disease is the most common type of dementia. Alzheimer's disease changes the brain's structure, which leads to the death of nerve cells. This disrupts the brain's usual activity. People with Alzheimer's disease also have a shortage of chemicals involved with the transmission of messages within the brain.
- Vascular dementia is another common form of dementia and is triggered by blockages to the blood vessels (vascular system) in the brain. Not enough blood and oxygen reach the nerve cells so they die. Areas of brain tissue that have died in this way are called infarcts, so vascular dementia is also called multi-infarct dementia. It may be easier to think of vascular dementia as a series of strokes that result from other health problems such as high blood pressure.
- Mixed dementia is when you have more than one type of dementia at the same time. A common combination is Alzheimer's disease and vascular dementia.
- Dementia with Lewy bodies (DLB) is a type of dementia caused by Lewy bodies, which are made from an abnormal build-up of a particular protein in the brain.

Symptoms of dementia

If you have dementia, you may have some or all of the following symptoms.

- You may have memory loss, particularly of recent events. This may not be severe at first but is likely to become progressively worse.
- You may have problems finding the right words for what you want to say.
- You may feel increasingly disorientated, such as not recognising familiar streets and becoming confused about the time of day. This could cause you to get up in the middle of the night wanting to go out.
- You may have poor judgement, for example dressing inappropriately for the weather or being unaware of dangerous situations.
- You may become withdrawn, prone to fits of temper, or feel anxious and depressed.
- You may have trouble thinking clearly and doing practical tasks that you used to do easily.

Dementia affects everyone differently. Your symptoms may stay the same for some time or if you have vascular dementia, they may occur as a series of episodes with a succession of 'stepwise' deteriorations and occasionally some improvement after a period of getting worse. People who have dementia can often have good quality of life for a number of years. However, the symptoms generally get progressively more severe with time. As your dementia worsens, you may find it increasingly difficult to look after yourself. It's important to get support from social services, your GP, family and friends.

Causes of dementia

The underlying causes of the various illnesses that result in dementia aren't well understood at present. However, they all result in structural and chemical changes in the brain leading to the death of brain tissue.

There are certain conditions that may make you more likely to get dementia. These include the following.

- You're more likely to develop late-onset dementia as you get older.
- You're more likely to develop vascular dementia if you have high blood pressure, irregular heart rhythms or have had a stroke.
- Your risk of dementia may be affected if someone else in your family has it. However, more research is needed to better understand this link.
- People with learning disabilities are at particular risk.

Diagnosis of dementia

If you think you may be developing dementia, visit your GP. It's very important to seek help early so you can get the support you need.

Your GP will ask about your symptoms and examine you. He or she may also ask you about your medical history. Your GP may do blood and urine tests to rule out the possibility of other conditions that could cause symptoms similar to dementia.

You may also have a memory test - one that is often used to help find out if you have dementia is the 'mini mental state examination (MMSE)'. In this test, your GP will ask you some questions and test your attention and ability to remember words. How you score in this test indicates how serious your condition is, for example:

- an MMSE score of 20 to 24 indicates mild dementia
- a score of 10 to 20 suggests moderate dementia
- a score below 10 implies severe dementia

Your GP will refer you to a specialist doctor or assessment centre for more detailed tests. This will help to determine what type of dementia you have. You may also be asked to have a brain scan, such as a CT scan.

Treatment of dementia

There isn't a cure for dementia. However, for some types of dementia there are medicines that can treat your symptoms and prevent them coming on as quickly. The treatment you're offered will depend on which type of dementia you have.

Medicines

Alzheimer's disease medicines

If you have moderate Alzheimer's disease, your doctor may prescribe one of the following medicines:

- donepezil
- galantamine
- rivastigmine

These can temporarily slow down the progression of symptoms in some people.

There are several medicines that are also licensed in the UK to treat mild Alzheimer's disease. However, they aren't currently recommended by the National Institute for Health and Clinical Excellence (NICE), which provides national guidance on treatment.

NICE doesn't currently recommend these medicines to treat other types of dementia. More research is needed to determine whether or not they are effective.

Another medicine called memantine works in a different way and is only used in severe dementia. NICE doesn't recommend that you're prescribed this unless you're taking part in a clinical trial to test its effectiveness.

It's important to be aware that doctors working for the NHS can only prescribe medicines recommended by NICE. NICE hasn't recommended the use of these medicines even though they are licensed in the UK. Licensing involves proving that a medicine is safe to use and isn't based on its effectiveness.

Medicines for other symptoms

There is a range of other medicines to treat the symptoms of dementia, such as tranquilisers if you feel aggressive or restless, medicines to treat anxiety and antidepressants.

Talking therapies

You may find other therapies helpful, such as:

- group activities and discussions - these aim to stimulate your mind (this is sometimes referred to as cognitive stimulation therapy)
- reminiscence therapy - discussing past events in groups, usually using photos or familiar objects to jog your memory, although there are conflicting opinions on whether this is effective

Complementary therapies

It's possible that aromatherapy will help you to feel less agitated. However, there is only a small amount of evidence to support this.

Help and support

It's important for you and your family to seek help so you get the support that is on offer. As well as family and friends, emotional and practical support is available from a range of services including:

- your GP/Admiral nurses (specialist dementia nurses)
- occupational therapists
- voluntary organisations
- health and social care services

The availability of these varies depending on where you live.

Health and social care staff can help you to maintain your independence. They can offer advice on mobility and daily living activities, and on how to adapt and develop skills to help you live with dementia.

The Department of Health is working to improve services for dementia patients and has a number of objectives to achieve. This includes giving everyone with dementia their own personal dementia adviser. He or she will help you find the right information, care, support and advice. Ask your GP for more information.

It's important that carers looking after someone with dementia at home receive plenty of help and support. Respite care, to give carers a break, is an important part of looking after someone with dementia. Live Well at Home can help with respite care, allowing you to stay at home while your carer takes a break.

Helping to keep someone with dementia safe, for example preventing them from wandering or from having accidents at home, is also important. For information on how Live Well at Home can help with these issues please give us a call on 01242 258247.

About Alzheimer's disease

Alzheimer's disease is the most common cause of dementia. Dementia is the term used to describe a range of conditions that cause a deterioration of brain function, resulting in memory loss, reduced language skills and behavioural and emotional problems. Of the 700,000 people with dementia in the UK, around 400,000 have Alzheimer's disease. Most people who develop dementia are over 65.

There is no cure for Alzheimer's disease, although research is underway to identify the causes of the disease and develop new treatments. Life expectancy often depends on how quickly symptoms progress. The period of time between diagnosis and the person dying can be anything from 18 months to 15 years, but is usually seven to 10 years. Most people with Alzheimer's disease need full-time care within five to 10 years. Often the cause of death in a person with Alzheimer's disease is another illness, such as an infection or stroke.

What happens in the brain of a person with Alzheimer's disease?

When your brain is working normally, signals in the form of electrical impulses travel along nerves to and from your body and other parts of your brain. Nerve signals travel across the gaps (synapses) between nerve cells (neurons) with the help of chemicals called neurotransmitters, including one called acetylcholine. These signals are essential for brain activity such as memory, language and problem solving. They are also involved in controlling movements.

In Alzheimer's disease, the number of nerve cells in the brain gradually reduces and the brain shrinks. Nerve cells can't be replaced, so if you have Alzheimer's disease, memory and thinking get progressively worse as more cells are destroyed. Alzheimer's disease also causes a reduction in neurotransmitters, particularly acetylcholine, leading to weakened transmission of nerve signals.

Symptoms of Alzheimer's disease

Alzheimer's disease is chronic and progressive, meaning that as more parts of the brain are damaged, symptoms become more severe. However, Alzheimer's disease affects individuals differently. It's unlikely you will have every symptom and there is no set time period for the appearance of symptoms.

Early stages

Common symptoms of early-stage Alzheimer's disease include mild forgetfulness or problems finding the right words. Family or friends may notice small changes in your usual behaviour. For example, you may become confused easily, forget people's names or recent events, lose interest in hobbies or have mood swings. You may find it difficult to concentrate or make decisions. These changes are often mild and difficult to pinpoint.

Middle stages

As Alzheimer's disease progresses, your memory loss will get worse and you may have increased trouble with speech. You may find that new surroundings and new people are confusing. You may have trouble recognising previously well-known family and friends. Changes in your usual behaviour will be obvious. For example, you may have episodes of unprovoked aggression or become depressed, although sometimes depression can occur at the beginning of the illness. Everyday tasks such as getting dressed, washing, cooking, shopping and handling money will no longer be as easy. You may find that you lose your sense of time and place.

Late stages

During the late stages of Alzheimer's disease, you're likely to be totally dependent on others for your care. You may have difficulty eating. Walking can become difficult and you may become incontinent. You may not recognise relatives or friends or understand what is happening around you.

The symptoms of Alzheimer's disease can cause a great deal of stress and upset for carers and family who feel they have lost the person they once knew.

Causes of Alzheimer's disease

Doctors don't know exactly why people develop Alzheimer's disease, but it's likely to be caused by a combination of factors.

The main risk factor for developing Alzheimer's disease is age. In the UK, only about one person in 1,000 under 65 develops Alzheimer's disease. This figure rises to around three people in 100 over 65 and from 10 to 15 people per 100 over 80.

About half of people with Alzheimer's disease have parents, brothers or sisters who have it. However, only about one in 20 people with Alzheimer's disease has directly inherited it. There are some inherited risk factors that make you more likely to get Alzheimer's disease, but these don't mean that you will definitely do so. For example, inheritance of certain genes appears to increase the likelihood of developing Alzheimer's disease.

Other factors that make you more likely to develop Alzheimer's disease include previous head injury, a low level of education, high blood pressure and high cholesterol levels. Women are more likely to develop the disease than men.

Various lifestyle and environmental factors have been linked with Alzheimer's disease. Some researchers have suggested that people who keep their brains active, for example by doing crosswords, are less likely to develop the disease. Eating a healthy diet with enough omega-3 fatty acids, which are found in oily fish such as mackerel and salmon, may help to prevent dementia. Staying physically active may also reduce the risk of developing the disease. However, more research is needed in this area.

Diagnosis of Alzheimer's disease

Your GP will ask you about your symptoms and examine you. He or she may also ask you about your medical history.

There is currently no single practical test for Alzheimer's disease. If your GP suspects you have Alzheimer's disease, he or she will try to confirm some of the symptoms, such as memory loss and difficulty with speech. He or she may do blood tests to help exclude other conditions that might look like Alzheimer's disease.

Your GP will probably refer you to a specialist service involved in the treatment of dementia and its effects. You may be seen by:

- a psychiatrist (a doctor who specialises in mental health conditions)
- a neurologist (a doctor who specialises in conditions of the nervous system)
- a doctor who specialises in care of the elderly
- a psychologist (a health professional who specialises in emotional and behavioural problems and who can provide counselling)

Tests may include a series of questions and tests that investigate memory, language and mathematical skills. Other investigations may include a brain scan, typically magnetic

resonance imaging (MRI). An MRI scan uses magnets and radiowaves to produce images of the inside of your brain. You may be referred to a 'memory clinic' that specialises in diagnosing conditions like Alzheimer's disease.

Treatment of Alzheimer's disease

Medicines

Medicines called acetylcholinesterase inhibitors are used to help people with moderate Alzheimer's disease. However, they aren't very effective and most people get little benefit from them. They may slow down the progression of symptoms and delay the need for residential care. Your doctor may prescribe one of the three acetylcholinesterase inhibitors available:

- donepezil (Aricept)
- rivastigmine (Exelon)
- galantamine (Reminyl)

Another medicine, memantine (Ebixa), is for people in the late stages of Alzheimer's disease. However, there isn't enough evidence to show that memantine is effective and the National Institute for Health and Clinical Excellence (NICE) recommends that doctors don't prescribe it. Memantine may be available for some people who are taking part in a clinical trial.

Sometimes, antidepressant medicines are prescribed to help treat the depression that can be associated with Alzheimer's disease. Your doctor may prescribe tranquillisers, which can help with the behavioural problems of Alzheimer's disease such as irritability and aggression.

Talking therapies

Your doctor may suggest other treatments, such as:

- group activities and discussions – these aim to stimulate your mind (sometimes this is referred to as cognitive stimulation therapy)
- reminiscence therapy – this involves discussing past events in groups, usually using photos or familiar objects to jog your memory, although there are conflicting opinions on whether this is effective

Help and support

It's important that carers looking after someone with Alzheimer's disease at home receive plenty of help and support. Respite care, to give carers a break, is an important part of looking after someone with Alzheimer's disease. Helping to keep someone with Alzheimer's disease safe, such as preventing them from wandering or from having accidents at home, is also important. For help and advice on how Live Well at Home can help with these issues, please give us a call on 01242 258247.

Further information

- Alzheimer's Society
0845 300 0336
www.alzheimers.org.uk
- Carers UK
0808 808 7777
www.carersuk.org

Source: www.hcd2.bupa.co.uk/fact_sheets/html/dementia.html