

WHAT IS DEMENTIA?

Dementia is a progressive disorder with a decline in a variety of mental functions. The declining functions are primarily cognitive, that is, the person has a change in thinking abilities. The word dementia is a term that covers a group of disorders of cognition.

Types of dementia have a variety of underlying disease processes and usually present with a different pattern of cognitive symptoms. However, all forms of dementia are associated with a decline in the ability to function day to day, emotional distress and/or behaviour changes.

This Help Sheet will discuss:

- The common types of dementia
- Who is likely to develop dementia
- How to get help including diagnosis
- Treatment of dementia

Types of dementia:

• **Alzheimer's Disease**

This is the most common form of dementia. It usually begins with a decline in memory and the ability to learn new things. Later, during a steady, gradual deterioration, there are problems in other areas (for example speech, planning or reasoning, recognising objects, changes in emotions and behaviour). The cause of Alzheimer's Disease is unknown, although old age and certain genes appear to make people more prone to it. In the brain, there are microscopic changes, "plaques" of a substance known as amyloid and "tangles" within dying nerve cells.

• **Vascular Dementia**

This occurs when there is insufficient blood supply to the brain. The symptoms are variable depending on which part of the brain is affected, though changes in the ability to pay attention, slowing of thought and frontal-lobe changes (see below) are common. The progression may be steady if the blood supply is gradually reduced by the narrowing of small arteries. Alternatively sudden or "stepwise" progression occurs if the blood supply suddenly closes off to an area of the brain, often because a blood clot has formed or has been carried from another location. The diagnosis is made from the history and evidence of blood vessel damage e.g., previous stroke seen on a brain scan or heart attack. It is quite common especially in the very elderly to have "mixed dementia", that is, both Alzheimer's and vascular changes.

• **Lewy Body Dementia (LBD)**

This condition is the third most common cause of dementia, around 20% of dementia cases. LBD is on a spectrum that includes Parkinson's disease and the dementia associated with that condition. People with LBD have symptoms similar to those of Parkinson's disease, such as stiffness, shaking, slowness and changes in gait. Cognitive changes include poor attention, changing levels of alertness and visual hallucinations (that is, seeing things that are not there). Sometimes those with Lewy Body Dementia fall, faint or thrash about in their sleep as if acting out their dreams. Memory is typically not too impaired early on, but as the condition progresses all aspects of thinking are more widely affected. It is important to make the diagnosis to distinguish it from delirium, a potentially treatable medical condition, and to ensure the person is not given antipsychotic medication which can have severe side-effects in Lewy Body Dementia. In this condition we see large spherical protein deposits in the brain - these are Lewy Bodies. The cause is unknown.

- **Frontotemporal Dementia**

In this group of conditions the frontal and /or temporal lobes of the brain are affected. Memory loss and learning problems are less obvious early on and the main symptoms are changes in behaviour and/or personality and/or language. The sorts of behavioural changes seen are disinhibition (e.g. unrestrained or antisocial speech or behaviour), apathy (not initiating or doing anything), loss of empathy (understanding of others' thoughts or feelings) repeated behaviours or rituals, changes in eating and loss of ability to plan or make good judgements. Language changes include slow or hesitant speech, word-finding, naming, grammar and word comprehension. Frontotemporal dementia is a common cause of early onset dementia (beginning before the age of 65) and about 40% of people with frontotemporal dementia have a family history, suggesting there is a genetic cause.

Who gets dementia?

The likelihood of developing dementia increases with age. This doesn't however mean that younger people - people under the age of 65 - don't also develop dementia. Some people may be predisposed to dementia by pre-existing intellectual disability, head injury or family history. Dementia is very common and as our population ages it is likely that everyone will have contact with someone with dementia. So, the answer to "who gets dementia?" is really, "Anyone, though it is much more likely in older people".

How do you recognise dementia and get assistance?

The important thing to note is that a person developing dementia has a change in how they function. For example, if someone has always had trouble reading maps or finding their way around and still can't do this, there is no cause for alarm. On the other hand, if someone normally good at navigating starts getting lost, you might worry. Sometimes the change is subtle: the usually reliable person is not paying their bills, or the meticulous dresser goes out with stains on their clothing. This might not mean that dementia is developing. Other conditions like depression or physical illness can cause these changes, hence it is important to see a doctor and/or encourage someone with alterations in their thinking ability, behaviour or emotions to visit the GP. In New Zealand the GP has access to a "cognitive impairment pathway" which is a series of steps and tests to go through to rule out other underlying causes and decide whether this is dementia. Sometimes it is hard to tell and the person might be referred to a specialist (usually based in a hospital) or a memory clinic.

Treatment

While there are no cures yet, for any of the common forms of dementia, there is a lot that can be done to help and possibly slow the progression of symptoms. There is evidence that if people get an early diagnosis and thus know what is happening, they and their family / whānau cope better in the long term. Knowing what to expect also allows people to plan for the future.

References

- Cognitive impairment diagnostic pathway DSM 5 Neurocognitive disorders
- New Zealand Framework for Dementia Care

This publication provides a general summary only of the subject matter covered. People should seek professional advice about their specific case. The content was adapted from Alzheimer's Australia who have generously consented to their work being used. Written and peer reviewed: 2017 by Dr Chris Perkins and Dr Richard Worrall, Psychiatrists of Old Age. Reviewed by Dr Tina Crownshaw, Psychiatrist of Old Age 2023.

Dementia New Zealand offers support, information and education.

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