

PARKINSON'S RELATED DEMENTIA

What is Dementia | Mate wareware?

Dementia | Mate wareware is the umbrella term for a number of diseases and causes of problems with thinking and memory that are severe enough to make managing day to day life more difficult to achieve. Signs and symptoms can vary considerably but may include memory loss, poor concentration, difficulties with planning and organising, and disorientation problems.

What is Parkinson's Related Dementia?

- Parkinson's Related Dementia occurs when a person who already has a diagnosis of Parkinson's experiences gradual changes in thinking and behaviour as described above as well as the problems with movement and tremor associated with Parkinson's.
- Most people with Parkinson's notice problems with movement between the ages of 50-85.
- The average time frame from the onset of movement problems to the development of dementia symptoms is approximately 10 years.

Parkinson's and Dementia with Lewy Bodies

- Parkinson's Related Dementia and Dementia with Lewy Bodies are the two most common dementias connected with Parkinson's.
- Parkinson's Related Dementia is a continuation of Parkinson's.
- Dementia with Lewy Bodies is caused by an increase of a protein called Alpha-synuclein protein, causing disturbance in function.
- Both have problems with thinking, behaviour and movement but in Dementia with Lewey Bodies the thinking and behaviour problems come first and in Parkinson's Related Dementia the movement problems come first as the dementia is a continuation of the Parkinson's disease process.

What you might see in Parkinson's Related Dementia

- Tremors, slowed movement, and poor balance.
- Freezing when walking - usually when taking the first step.
- A less expressive face.
- Speech may become slow, muffled, or slurred. Word finding difficulties may also be evident.
- Emotional changes, creating difficulties in controlling emotions, especially with increased agitation and mood swings.
- Memory problems – especially Short-Term Memory
- Problems with thinking including decreased ability to focus, poor judgement with more impulsivity, decreased ability in problem solving, reasoning, and planning.
- Disorientation.
- Increased confusion
- Fatigue and loss of motivation.
- Sleep problems especially wanting to sleep more during the day and Rapid Eye Movement, (REM) sleep disorder.
- Hallucinations
- Delusional Thinking with an increase in paranoid ideas.

Things you can do that may help.

- **Make sure your GP is involved in the care.** Some Parkinson's medications may increase the dementia effects, so it may be necessary to think about the "balancing act" of managing symptoms. Monitor any changes you see after medication changes and discuss these with your GP.
- **Contact your local Dementia New Zealand affiliate for support.** The team at Dementia New Zealand are always happy to help with a listening ear and support.
- **The following things may help sleep disturbances:**
 - o Consult your GP re treating any underlying conditions such as depression, sleep apnoea or

restless leg syndrome. Medication reviews and considering Melatonin use are also things to talk with the doctor about.

- o Establish a workable routine that minimises daytime sleeps, has a peaceful unwind time in the evenings and ensures you only go to bed when sleepy.
- o Ensure your bedroom is a peaceful place, conducive to sleep.
- o Avoid caffeine in the afternoon and evening.
- o Avoid smoking.
- o Avoid excessive drinking.
- o Increase physical exercise – but don't exercise too close to bedtime.
- **Responding to hallucinations- hearing, seeing, smelling, and feeling things that are not there.**
 - o Check the environment and make changes as necessary. e.g. if the lighting causes shadows that trigger a hallucination, change the lighting.
 - o Maintain routines so that there are not too many surprises.
 - o Be Truthful.
 - o Don't deny their experience – it is very real to them.
 - o If the hallucination is happy, it's OK to ignore it.
 - o If the hallucination is distressing the person may be agitated so exercise caution. Write down what happened so that you can discuss this with the doctor. It is helpful to be able to tell the doctor if there are any triggers, what the person is seeing and how they respond to that, also duration and frequency.
 - o Validate any feelings they may have about what they are experiencing.
 - o Offer reassurance.
 - o Divert to something else.
- **Responding to delusional thinking - Strongly held false beliefs that the person with dementia thinks are real. Paranoia is a type of delusion where the person feels that others are out to harm them in some way.**
 - o It's not easy – but try not to take offence if you are accused of something that is false.
 - o It's not helpful to argue or try and convince the person.
 - o Listen to what is troubling them. Let them know that you care.
 - o Check things out whether the beliefs are true or false- don't just assume.
 - o Validate any feelings that are brought out due to the false thinking.
 - o Consider that the person with dementia may have confused the past with the present. It may have occurred in the past.
 - o Keep to a regular routine as much as possible.
 - o Look for the reason behind the delusion. E.g. Accusations that someone has stolen something are likely because they have lost it. Check that things haven't been misplaced. On that front – have regular places for things that get easily lost such as wallets & keys.
 - o Offer reassurance.
 - o Divert to another activity – move to a different room, go into the garden, or go for a walk.
 - o Turn off the TV if the programme is violent or upsetting.
 - o Explain to others that the delusional thinking is occurring because of their dementia.

Useful websites and resources

- [Medical News Today - What to know about Parkinson's dementia](#)
- [Alzheimer's Society - Parkinson's Disease](#)
- [Dementia UK - What you need to know about Parkinson's and dementia](#)
- [Dementia New Zealand - Dementia and Behaviours](#)

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