

## Dementia

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Minor memory lapses can happen as we grow older, forgetting the name of someone recently introduced, misplacing our car keys, or being slow to find a well-known word. So, how would we know when we, or someone we love, should worry about memory changes as a sign of developing dementia?

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### Q . What is dementia?

A . Dementia is a term used to describe different brain disorders that have in common memory loss, confusion, and problems with speech and understanding. They are usually progressive and eventually prevent the sufferer from caring for him/herself. There are over 100 different types of dementia, some of which do respond to treatment, so it is important to look for a reason for these symptoms. Could they be caused by something treatable like thyroid disease, or anemia, or even be produced by medicines? Such treatable conditions can be determined by a good physical and mental evaluation, plus carefully chosen lab tests.

### Q . Isn't dementia just old age or senility?

A . Aging alone does not cause significant memory problems or stop us taking care of ourselves. As we get older, it might take longer to remember names or find the right word to say. This is different from the loss of memory and other mental problems associated with conditions like Alzheimer's disease (AD). Those suffering from Alzheimer's can get lost in familiar places like home or close to home, fail to recognize family members, fail to recognize familiar objects such as a pen or a watch, and cannot compensate for these deficiencies.

While various kinds of "dementia" are more common the longer we live, they are not part of normal aging. All memory changes should be thoroughly evaluated.

### Q . What are the different kinds of "dementia"?

A . The most common dementias are Alzheimer's disease (AD), vascular dementia and Lewy Body dementia. But, there are many other causes of impaired brain function such as strokes, low vitamin B12 levels, thyroid conditions, depression, AIDS, other infections and illnesses. In addition, medicines, either prescribed or bought without prescription, or alternative and herbal remedies can affect memory and cause confusion in older people.

### Q . What is Alzheimer's disease?

A . In this condition, certain cells in the brain stop working and eventually die. These cells produce important chemicals [acetylcholine, serotonin, dopamine and others] needed for memory, language and other thinking functions. As the chemicals decrease, so do the person's abilities to remember and think clearly. AD usually sneaks up on the person and family. It can get worse slowly and silently over several years before changes are noticed. Over time (usually 2-8 years), it advances to a point where the person can no longer handle simple tasks like eating or bathing.

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**Q . How do you get Alzheimer's Disease?**

**A .** As we get older our chances of getting AD increase. Between the ages of 65 and 70, about one in 20 people has the disease. By the age of 85 and older, between 1 in 2 or 3 has this disease. We also know that some families pass along genes that increase the risk for developing AD. Some factors in our environment can increase the risk also, such as head injury with unconsciousness. When we say “increases the risk” of getting AD, this does not mean we will get it for sure. It just means the odds of our getting it are increased.

**Q . Is there any point to seeing my health care provider?**

**A .** It is very important to get a good medical evaluation. First, the mental changes could be a result of a treatable condition such as thyroid disease, or medication related, and second, there are now treatments available for AD that can improve the symptoms and slow the progress of the disease. Third, the doctor's office should be able to assist you in finding community resources for information, support groups and help at home.

**Q . What can we expect from the health care provider?**

**A .** Your health care provider should take your concerns seriously. He or she should carry out a careful medical examination and medicines review. There should be tests of memory, mood, daily function, lab tests, and sometimes a scan of the brain. A referral for detailed mental testing may be made. If the diagnosis is clear, the doctor should continue to provide care throughout the illness.

**Q . What treatments are there for Alzheimer's disease?**

**A .** Medicines approved for treating Alzheimer's disease are donepezil [Aricept], galantamine [Razadyne, formerly Reminyl] and rivastigmine [Exelon]. They work by raising the levels of acetylcholine in the brain. Memantine (Namenda) regulates glutamate, another brain messenger chemical, and might help AD symptoms. Vitamin E might slow the progress of Alzheimer's disease. However, since it can increase bleeding, it should be used with caution, especially in people taking blood thinners. None of these drugs cures or stops the disease but might slow progression.

Several herbal remedies and other dietary supplements are promoted as effective treatments for AD and related disorders. However good scientific evidence of this is lacking as yet, though trials are being conducted on substances such as Ginko Biloba. Your doctor or the Alzheimer's Association may be able to help you find a research study site if you want to participate in one of these trials.

**Q . How can I convince my family member to go to the doctor?**

**A .** Often, your family member already knows there is something wrong and is frightened. It is helpful to focus on the available treatment options, and to remind your family member that early detection allows decisions to be made about treatment, and will allow him or her to put affairs in order.

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**Q . How do I know when my loved one should stop working, banking, driving or living alone?**

**A .** These are difficult questions that your health care provider should assist you in answering. In general, if there is potential for harm to your family member or to others, it may be time to consider stopping certain activities. Health care providers rely on your reports when making recommendations about major life changes. They can be supportive in reinforcing your concerns.

**Q . What else can I do as a caregiver?**

**A .** Above all else, the person with dementia needs your care and support. You can't provide that care if you don't look after your own health. Caregiving can be rewarding, but can also be exhausting, sad and depressing. You can become sick if you ignore your own health needs. You need breaks from caregiving; you need help at home; you need to eat, sleep and exercise regularly; you need to forgive yourself for feelings of anger and guilt. A support group can help you through some tough times you may face.

**Q . Is a nursing home really necessary?**

**A .** This is an individual matter. Often families feel guilty about placing a loved-one permanently in a nursing home. Some nursing homes can provide temporary respite care, to give the main caregiver a break. A good nursing home can provide care, safety and social interactions that can give your family member pleasure and security. It can also give you a chance to sleep undisturbed and do your daily tasks with some peace of mind. With good help at home, safety measures (such as removing the knobs from stoves) and day care options, the person can stay at home for a long time.

**Q . Where do I go for more information or support?**

**A .** The National Alzheimer's Association  
1-800-272-3900  
email: [info@alz.org](mailto:info@alz.org).  
website: <http://www.alz.org>.

Your local Alzheimer's Association chapter can help you find local resources and support groups.

The Alzheimer's Disease Education and Referral Center  
1-800-438-4380  
email: [adear@alzheimers.org](mailto:adear@alzheimers.org)  
website: <http://www.alzheimers.org>.

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