

# Dementia

The term “dementia” refers to a severe loss of mental abilities that results in marked changes in memory, personality, behavior and thinking abilities. Dementia is not a disease itself, but rather a group of symptoms that are caused by various diseases or conditions. These conditions or diseases cause damage to brain tissue resulting in impaired brain functioning. Once brain tissue is damaged, there is no way to recover it, and those diagnosed will suffer a progressive cognitive decline. Research has identified specific forms of dementia, each of which is caused by a different underlying disease.

## Symptoms of Dementia

- Forgetfulness (names, dates, people, events, direction, placement/location of objects)
- Confusion (inability to follow instructions, difficulty in concentrating)
- Difficulty in coping with activities of daily living (dressing, cooking, bathing, managing finances)
- Mood change (unstable mood, depression, withdrawn, angry, mistrustful, lack of interest in activities)

Some individuals exhibit symptoms of dementia that are caused by an underlying medical condition and are considered reversible. These symptoms may be caused from thyroid problems, alcoholism, vitamin and mineral deficiency, reaction to medications, and infections. Once the condition is treated, the symptoms will remit. A physician will recommend testing in order to provide an accurate diagnosis.

## Forms of Dementia

### Alzheimer’s Disease

Alzheimer’s disease, the leading cause of dementia in America, affects about 4.5 million Americans. Alzheimer's is a progressive and degenerative illness that impairs brain functioning. Tangles and plaques, (abnormal brain materials), are formed in and around brain cells disrupting messages and signals. Once brain cells die, information is lost. The onset is gradual with an increase in symptoms over a period of years. Typical symptoms of Alzheimer's include: memory loss (short term to long term), disorientation, loss of language abilities and ability to recognize objects or people, impaired judgment and executive functioning.

Behavioral and mood changes are also prevalent such as: personality changes, irritability, anxiety, depression, delusions, paranoia, hallucinations, aggression, and wandering. During the progression of Alzheimer’s disease, individuals lose their independence in managing events of everyday life. They also become more dependent on others to provide supervision and assist with personal care.

Having a family history of Alzheimer's is a risk factor for developing the disease. Currently there is no cure for this disease, however, several medications are available that may slow its progression, stabilize symptoms, and reduce behavioral disturbance.

### **Vascular Dementia**

Vascular dementia (which includes multi-infarct dementia) results from poor blood circulation in the brain secondary to vascular disease. This is the second most common form of dementia.

Vascular dementia is prominent in individuals who have suffered a number of small strokes (often referred to as mini-strokes or transient ischemic attacks). The strokes result in impaired brain functioning in the area of the brain that was damaged. A variety of symptoms can occur including: loss of language or thinking abilities, disorientation and confusion, muscular control or sensation, and/or memory impairment. Although there is no cure, a physician may treat the underlying vascular disease with the hope of preventing future strokes. This is often done with medication to normalize blood pressure and cholesterol levels, quitting smoking, and, at times, routine aspirin doses.

Symptoms of Vascular Dementia may appear similar to those found in Alzheimer's disease. In fact, an individual may be diagnosed with "mixed dementia" in which they are thought to have both global impairment secondary to Alzheimer's disease in addition to having a history of strokes and stroke-related impairment.

### **Picks Disease/ Frontal-Temporal Dementia**

This is a rare form of dementia specifically affecting the frontal and temporal lobes of the brain. It is more common in women, and the average age onset is between ages 40 to 60. This disease has a strong genetic component and often runs in families. This disease presents with two primary symptoms: changes in behavior and language disturbance. Behavior disturbance includes impulsiveness, apathy, distractibility, lack of social tact, poor insight, agitation, poor hygiene, repetitive or compulsive behaviors and reduced energy and motivation. It is interesting to note that, contrary to other dementias, spatial skills and memory are often intact. The exact cause is unknown and there is no way to slow the progression of the disease. Treatment may include medications to manage behavioral symptoms. Prognosis is poor and the progression of the disease is steady to rapid, typically ranging from 2 to 10 years.

### **Dementia with Lewy Bodies**

This disease is receiving increased attention over the past few years. This form of dementia is caused by the degeneration and death of nerve cells in the brain. There is a presence of abnormal cell structures named "Lewy bodies". Individuals present with combined symptoms of both Alzheimer's and Parkinson's Disease. People with this diagnosis often experience visual hallucinations and/or experience shakiness or stiffness (parkinsonism). These symptoms may fluctuate in severity or frequency and vary from hour to hour and day to day. Prognosis is poor and treatment is symptomatic only.

### **Other Forms of Dementia**

Other diseases that can cause dementia include: normal pressure hydrocephalus, Parkinson's disease, Huntington's disease, Korsakoff's Syndrome (alcohol-related dementia) and brain injury.

## **Diagnosis of Dementia**

There is no single diagnostic test for dementia. Alzheimer's disease can only be diagnosed after death through an autopsy and evaluation of brain tissue. Therefore, most physicians diagnose the type of dementia by relying on symptoms and medical history. Many physicians request a CT or MRI of the brain and EEG to aid in diagnosis. Blood tests may be necessary to rule out reversible causes of dementia. Some agencies or hospitals offer a geriatric assessment program which consists of medical, psychiatric, and cognitive testing to aid in diagnosis. For information on Gratiot Medical Center's Geriatric Assessment Program, Special Generations, contact Sue Malone at: (989) 466-3353 or toll free at (800) 392-7652.

Once diagnosed, many individuals benefit from prescription medications which will help to slow cognitive decline. Commonly prescribed medications may include: Aricept, Namenda, Cognex, Reminyl and Exelon. Having a diagnosis can enable families to plan for the future. It is beneficial to incorporate exercise, good nutrition, activities, and social interaction into the weekly routine. A calm, structured environment also may help the person with dementia to continue functioning as long as possible.

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### Reference:

Fisher, S. (November 2006). Dementia. *Mental Health Matters*. 4(1). Gratiot Medical Center: An Affiliate of MidMichigan Health.