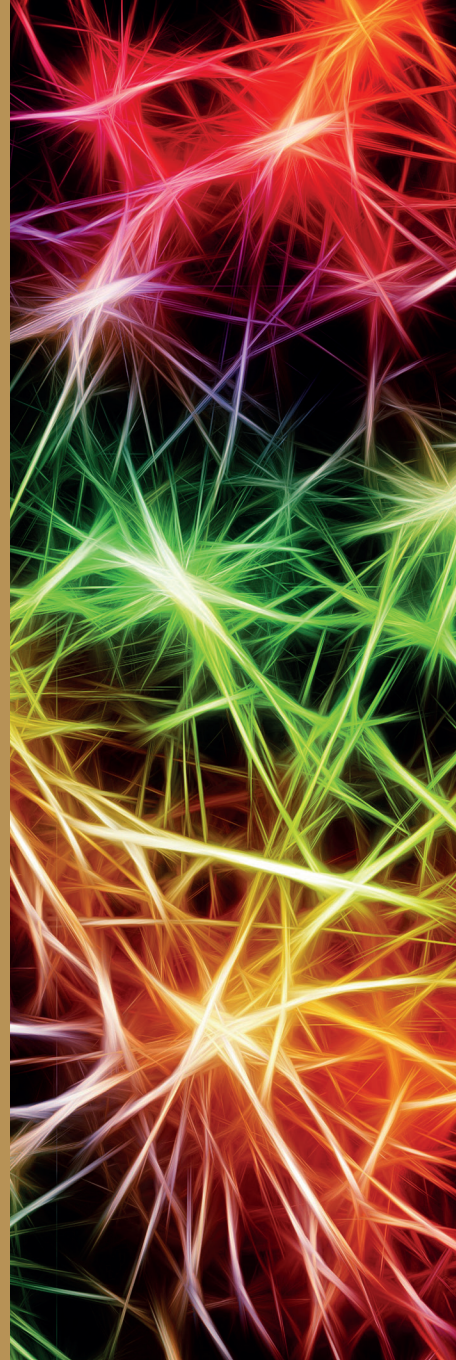


What is dementia?

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- ▶ Assessment & diagnosis



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Over 850,000 people in the UK currently live with dementia. Most are over 65, but it is also becoming more common in those aged 50 or over. The Alzheimer's Society estimates that the number of sufferers will rise to over a million by 2025, with one person developing the disease every three minutes.

There's no doubt that dementia is life changing, and potentially very difficult and upsetting for sufferers and their families to deal with. At Canford Healthcare we have many years' experience of caring for people with dementia, and we hope that the information in this and our other dementia guides will help you to understand more about the condition and the changes that it brings, and then make informed decisions about what happens next.

What is dementia?

Dementia is a disorder of the mental processes caused by brain disease or injury. It is a persistent and progressive condition, meaning that it gets worse over time and eventually affects every aspect of a person's life. The term 'dementia' describes several different conditions affecting the brain, including Alzheimer's disease, frontotemporal dementia and vascular dementia.

While it is important to remember that everyone's experience of dementia is different, what they do have in common are a number of recognisable signs and symptoms, such as difficulty in remembering things, personality changes and impaired reasoning.

The onset of dementia can be very slow, with the initial changes in the brain that lead to dementia potentially occurring years or even decades before a diagnosis is finally made.

As dementia is a progressive illness, its symptoms gradually worsen over time. Sufferers may develop physical symptoms and display emotions and/or behaviours that seem unusual or out of character. Experience of these varies, depending on age, lifestyle, physical health, personality and overall outlook on life – so one person may not have the same indicators as another.

Physical symptoms

- Muscle weakness
- Changes in appetite
- Swallowing problems
- Weight loss
- Changes to sleep patterns.

Behavioural/emotional symptoms

- Restlessness, such as pacing or ‘wandering’
- Agitation
- Social withdrawal
- Lack of interest in activities
- Mood swings, shouting, aggressive behaviour

- Anxiety
- Hiding, hoarding and losing items
- Saying and doing things that would otherwise be inappropriate for them, such as making false accusations about people

Cognitive symptoms

- **Memory loss** – particularly for recent events, such as what or when they have eaten or starting a journey and forgetting where they were going
- **Disorientation** – confusing day and night and/or being unable to find their way around once familiar surroundings
- **Communication difficulties** – repeating words, being unable to find the right words or finish sentences
- **Inability to focus and perform routine daily tasks** – e.g. driving, cooking, washing and dressing



Alzheimer's disease

This is the most common type of dementia. It is caused by the damaging action of two proteins that interfere with normal brain cell processes, resulting in chemical connections between the cells being lost and the death of the cells. Symptoms are mild at first but worsen as time goes on.

Early symptoms: day-to-day memory loss, difficulty in recalling recent events and retaining new information.

Vascular dementia

The second most common type of dementia in the UK occurs when the blood flow is restricted (often from narrowing or blockage of blood vessels), reducing the brain's oxygen supply and damaging or killing brain cells. There are several types of vascular dementia, one of the most usual being stroke-related (or subcortical), caused by problems in the cortex area of the brain.

Early symptoms: difficulty in concentrating, planning or problem-solving and slower thought processes. It can come on suddenly after a stroke or more gradually.

Mixed dementia

Around 10% of dementia sufferers have a combination of more than one type, such as Alzheimer's disease and vascular dementia.

Early symptoms: these can be a mix of the symptoms of Alzheimer's disease and vascular dementia.

Dementia with Lewy bodies

In this type of dementia, tiny deposits of proteins (Lewy bodies) accumulate within nerve cells in the brain, which eventually die.

Early symptoms: these are very similar to those of Alzheimer's and Parkinson's disease, including visual and auditory hallucinations or problems with alertness and movement.

Frontotemporal dementia (including Pick's disease)

This less common type of dementia incorporates various conditions including Pick's disease. The build-up of abnormal proteins inside the brain cells kills the cells, affecting the frontal lobes of the brain (behind the forehead) that are responsible for behaviour, planning, problem solving and speech. It also affects the temporal lobes (on either side of the brain) that deal with familiar objects and the meaning of words.

Early symptoms: Communication difficulties and changes to personality or behaviour.

For further information about these and other types of dementia, visit: www.alzheimers.org.uk/about-dementia/types-dementia

How do I find out if I or my relative has dementia?

The assessment and diagnosis of dementia can be a long process, and the first step is usually when you or a relative notice that something is wrong.

If you are concerned that you (or someone close to you) have been feeling confused or anxious, becoming more forgetful or experiencing other symptoms listed above, the first port of call is to speak to a GP.

How will someone be assessed for dementia?

A GP may make an appointment in the surgery or they may also suggest a home visit – it can be easier to assess someone by observing how they behave in their own home. The GP will talk to the person and someone who knows them well, will look at their medical history and note how and when symptoms started and the impact of these on daily life. There will also be a test of the person's mental abilities, either via verbal questions or a short pen and paper test. The GP will also check on any medication and possibly take blood or urine samples to see whether something else may be causing the symptoms.

Usually, if dementia is suspected, the GP will refer the person to specialist services within a community mental health team for more tests such as a memory assessment.

The GP may also suggest a referral to a dementia specialist or consultant who will have access to further tests and brain scans. If

they do not, and you feel this would be helpful, you can suggest it yourself. Normally a referral takes 4-6 weeks.

Is there a test for dementia?

There is no simple test for dementia. The disease can be difficult to diagnose, especially in the earlier stages, because many of its symptoms can also be caused by other common conditions. If a GP suspects dementia, there are several possible tests including:

- CT scans (which take a picture of the brain using X-rays and a computer)
- MRI scans (using radio signals)
- SPECT scans (which look at blood flow within the brain)

A diagnosis of dementia can only be made when all other possible causes have been eliminated, so blood tests and chest X-rays will probably also be taken.

Coming to terms with a diagnosis

There is no doubt that a diagnosis of dementia can be difficult to come to terms with, for the family as well as for the person with dementia, and people may experience a number of different feelings, all of which are completely normal:

- **Sense of loss** – a person with dementia often undergoes changes in their personality and behaviour, becoming unable to perform routine tasks. In the early stages they often experience intense

grief, as they can also still understand what is happening to them. Family members also grieve for the person they knew while having to care for them as these changes become more severe.

- **Anger and resentment** – these are common emotions, particularly in those who are caring for a dementia sufferer. Relatives often feel angry that this has happened to their loved one, as well as resentment because they perceive that others are not helping – in addition to the daily stresses of looking after the sufferer. People with dementia can behave in ways that make them very hard to live with.
- **Embarrassment** – one of the first signs of dementia is a loss of sensitivity in social situations. The skills needed to maintain relationships are among the first to disappear, and sufferers may behave in ways that embarrass themselves or those around them
- **Guilt** – people often look for reasons for the diagnosis. And they suffer guilt for feeling angry or because they struggle to adjust to looking after someone as if they are a small child.

This leaflet is part of a series designed to help people understand more about dementia – the different types, getting and living with a diagnosis, experiencing a full life with dementia and how to find the best dementia care for you or a loved one.

Visit our resource library for our other leaflets:
www.canfordhealthcare.co.uk/library

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