

# Dementia Factsheet



Personalised care for  
peace of mind

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## What is dementia?

Dementia is an umbrella term covering several related brain disorders. The key characteristics shared by these disorders is a loss of nerve cells in the brain. The loss of nerve cells often manifests itself in several common characteristics which include:

- Memory loss
- Confusion
- Loss of physical co-ordination
- Speech problems

## Types of dementia & common symptoms

There are numerous (around 100) forms of brain disorder that are collectively referred to as dementia, however a handful of these account for the vast majority of cases. These main forms are:

**Alzheimer's disease:** the most common form of dementia, representing just over half of dementia cases in the UK.

Protein 'plaques' and 'tangles' develop in the structures of the brain, killing brain cells. There is also a shortage of chemicals that transmit messages within the brain.

Symptoms: people in the early stages of Alzheimer's disease may experience lapses of memory and have problems finding the right words. As the disease progresses, they may:

- become confused and frequently forget the names of people, places, appointments and recent events
- experience mood swings, feel sad, angry or scared and frustrated by their increasing memory loss
- become more withdrawn, due either to a loss of confidence or to communication problems
- have difficulty carrying out everyday activities - they may get muddled checking their change at the shops or become unsure how to work the TV remote control.

**Vascular dementia:** the second most common form of dementia.

It is associated with interruptions in blood flow to the brain (e.g. strokes). Brain cells need blood to survive and if the blood flow is cut off, the cells die.

Symptoms: vary depending upon the area where the brain cells die but often include:

- problems with speed of thinking, concentration and communication,
- depression and anxiety,
- stroke symptoms (e.g. physical weakness or paralysis),
- memory problems,
- seizures
- periods of severe confusion.

Other symptoms associated with vascular dementia may include:

- visual mistakes and misperceptions (e.g. seeing a rug as a pond),
- changes in behaviour (e.g. restlessness),
- difficulties with walking and unsteadiness,
- hallucinations (seeing or hearing things that are not there) and delusions (believing things that are not true),
- problems with continence
- psychological symptoms (e.g. becoming more obsessive).



**Dementia with Lewy bodies:** affects around 10% of people with dementia and is often associated with Alzheimer's and Parkinson's.

Lewy bodies are protein deposits found in nerve cells. Their presence in the brain disrupts the brain's normal functioning, interrupting the action of important chemical messengers, including acetylcholine and dopamine.

Symptoms: a person with DLB will usually have some of the symptoms of Alzheimer's and Parkinson's diseases.

They may experience problems with attention and alertness, often have spatial disorientation and experience difficulty with 'executive function', which includes difficulty in planning ahead and co-ordinating mental activities. Although memory is often affected, it is typically less so than in Alzheimer's disease.

They may also develop the symptoms of Parkinson's disease, including slowness, muscle stiffness, trembling of the limbs, a tendency to shuffle when walking, loss of facial expression, and changes in the strength and tone of the voice.

There are also symptoms that are particular to dementia with Lewy bodies. In addition to the symptoms above, a person with DLB may:

- experience detailed and convincing visual hallucinations (seeing things that are not there), often of people or animals
- find that their abilities fluctuate daily, or even hourly
- fall asleep very easily by day, and have restless, disturbed nights with confusion, nightmares and hallucinations
- faint or fall.

**Fronto temporal dementia:** this is a far less prevalent form of dementia than the other three, though it represents many cases of dementia in younger people.

This form of dementia covers a range of conditions, including Pick's disease, frontal lobe degeneration and dementia associated with motor neurone disease. All are caused by damage to the frontal lobe and/or the temporal parts of the brain. These parts of the brain are responsible for behaviour, emotional responses and language skills.

Symptoms: each person will experience the condition differently but commonly observed symptoms include:

- Personality and behaviour change (behaving out of character and/or losing the ability to empathise)
- Language difficulties (problems finding the right words or a lack of spontaneous conversation)
- Changes in eating habits (overeating and/or develop a liking for sweet foods)

## Causes of dementia

There is no single cause of dementia. However, research suggests that the risks of developing dementia can be influenced by a range of genetic and environmental factors. These include:

- **Age:** there is a link between age and the presence of dementia, with a third of over 95's experiencing dementia. This is likely to be because of factors associated with ageing (higher blood pressure, increased incidences of diseases such as heart disease / stroke, and changes in nerve cells / DNA and cell structure);
- **Gender:** there is a greater proportion of women with dementia;
- **Genetics:** there are less than 1,000 cases of hereditary dementia and research regarding the hereditary nature is ongoing with relatively little evidence to date.
- **Medical history:** certain conditions appear to increase the risk of dementia e.g. Multiple Sclerosis; Huntingdon's disease; Down's Syndrome and HIV. Furthermore, conditions affecting the heart can affect vascular dementia.
- **Head injuries:** people regularly experiencing head trauma (such as boxers) have a greater chance of experiencing a form of dementia known as dementia pugilistica.

## Diagnosis

In order to diagnose somebody as having dementia, the medical community need to rule out all other conditions that may cause similar symptoms. These other conditions can include infections, depression, vitamin deficiency, thyroid problems and the side effects of medication amongst others.

In order to rule out alternative conditions, a GP may call upon the expert opinion of specialists such as geriatricians (doctors specialising in the care of older people), neurologists (concentrating on diseases of the nervous system) or psychiatrists (mental health specialists).

A range of tests will be conducted as part of the assessment process. These include blood tests and a physical examination (to identify / rule out other medical conditions); assessment of the person's memory (including questions about recent events and past memories) and brain scans (to give clues about changes taking place in the brain).



## Cure for dementia?

Unfortunately there is no cure for dementia. There are significant research efforts directed to finding a cure and in the absence of a cure, the best course of action seems to be to attempt to stabilise the symptoms and those living with dementia and minimise the impact on those around them.

## Living with dementia

It is estimated that there are around 850,000 people in the UK living with dementia. Of these, around 520,000 live at home, helped by a combination of medication, therapy and care.



## Medication

Drugs are often prescribed to those with dementia to alleviate the symptoms and retard the progression of their condition. Due to each form of dementia differing, the drugs vary. Drugs used for those with the four main types of dementia are:

**1. Alzheimer's disease:** people with Alzheimer's have insufficient levels of a chemical in their brain called acetylcholine.

Early and mid stage Alzheimer's is often treated by drugs such as:

- Aricept (Donepezil)
- Exelon (Hydrochloride)
- Reminyl (Galantamine)

These all work by maintaining existing supplies of acetylcholine.

Side effects are usually minor but include diarrhoea, nausea, insomnia, fatigue and loss of appetite.

Later stage Alzheimer's is often treated with a drug called Ebixa (trade name Memantine).

The side effects of Ebixa can include dizziness, headaches, tiredness and occasionally hallucinations or confusion.

**2. Vascular dementia:** the main course of action for those with vascular dementia is to tackle the underlying conditions as opposed to the use of drugs (unless Alzheimer's is also present).

The main treatment includes:

- taking medication to treat any underlying conditions, such as stroke, high blood pressure, high cholesterol, diabetes or heart problems
- adopting a healthier lifestyle by stopping smoking, taking regular exercise, eating healthily, and drinking alcohol only in moderation
- receiving rehabilitative support, such as physiotherapy, occupational therapy and speech therapy, to help the person maximise their opportunities to regain their lost functions.

**3. Dementia with Lewy bodies:** there is no definitive course of treatment for those with DLB.

Research suggests that the cholinesterase inhibitor drugs (used to treat Alzheimer's disease) may also be useful in treating it, though they are not yet licensed for this use. However, recent guidelines from the National Institute of Clinical Excellence (NICE) suggest that these drugs should be considered for 'people with DLB who have non-cognitive symptoms causing significant distress to the individual, or leading to behaviour that challenges'.

A recent study also found the drug Memantine (EBIXA) to improve general function in DLB although further studies are required to confirm this.

People who are experiencing symptoms such as rigidity and stiffness due to Parkinson's may benefit from anti-Parkinson's disease drugs, although these can make hallucinations and confusion worse. Physiotherapy and mobility aids may also help alleviate these problems.

**4. Fronto temporal dementia:** at present there are no drug treatments for fronto temporal dementia and the drugs used in Alzheimer's tend to be avoided on the grounds that they can worsen the symptoms and cause aggression.

## **Non-medical therapy**

As an alternative or complement to dementia medication, there are a number of therapies which can be introduced.

- Cognitive therapy involving games, quizzes and puzzles to stimulate the mind.
- Behavioural therapy is often used alongside cognitive therapy to treat conditions such as depression, anxiety, confusion and aggression. It addresses problem-solving skills as a way of getting to the roots of behaviour.
- Psychosocial therapy has parallels with cognitive therapy but focuses more on social skills. It is best conducted in the home by carers or family / friends and encourages the person with dementia to remain active both mentally and physically. This approach utilises techniques such as reminiscence therapy and social interaction as well as cues such as life-books.
- Reality orientation therapy works in a group environment and is designed to increase awareness of current and local information, such as the time, date and location as well as acquaintances. It is designed to help the memory and bolster self-esteem.
- Multi-sensory stimulation therapy uses the person's senses to stimulate their mind, using music, scents and massage to stimulate the mind. However, such techniques can increase confusion for some people, hence they should be used carefully.
- Physical exercise therapy can stimulate blood flow to the brain and in turn slow the progression of vascular dementia.
- Dance therapy offers the benefits of exercise as well as the need to concentrate (on the dance moves).
- Horticultural therapy can help people focus as well as give a sense of responsibility for looking after a living thing.

## **Care**

As was mentioned earlier, around two thirds of people living with dementia are able to stay in their own homes. This can be facilitated by providing high quality care at home. We believe that there are a number of key ingredients to helping this happen:

- Seek to understand the form of dementia that your relative / friend has. With increased understanding will come increased patience. Don't hesitate to ask questions about their condition and how best to provide care.
- Accept the condition. As opposed to trying to correct a person with dementia, ask the simple questions about their statements. Avoid contradicting them and this will minimise feelings of frustration and embarrassment. If short-term memory is a problem, try to avoid starting conversations with questions about the recent past.
- Encourage as much independence as possible. Help the person by prompting them to do things for themselves, when possible, but realise you will need to step in if safety or well being will be compromised in any way.
- Get support. Enlist the help of family, friends and to and carers to spread the load as everybody needs respite from providing care. Join a local support group for people who care for those with dementia to remind you that you are not alone.
- Access resources. Find professionals in your area to assist with practical, yet emotional tasks, such as making care decisions, legal issues / Power of Attorney, asset management or creating a will.

- Decide on assistance. Family carers often find they are spending quantity time vs. quality time – doing the shopping, taking the relative to appointments, cleaning, vs. spending time with their relative. Enlist the help of a professional carer for the everyday tasks, so you can spend time with your loved one and appreciate them.
- Minimise environmental distractions such as road noise, a loud television or radio in order to minimise agitation or anxiety. It is important to create a positive and comfortable environment.
- Use effective communication when speaking to someone with dementia. Be conscious of your speed of speech, pitch and tone.
- Use positive body language. Greet the individual with relaxed facial expressions and shoulders. If you are tense the person with dementia may pick up on it.

### **Here to Help**

We understand the frustrations that people face in providing care for people with dementia. If you would like help, please don't hesitate to contact us on 020 8892 9222 or [info@curacare.co.uk](mailto:info@curacare.co.uk)