

Dementia

Introduction

Dementia is a clinical condition in which the individual experiences a loss of cognitive function severe enough to interfere with normal daily activities and social relationships.

Dementia can be caused by a number of diseases that affect the nervous system, including cardiovascular disorders, a variety of neurologically based disorders, and abnormalities in other bodily systems.



Alzheimer's Disease (AD)—also known as senile dementia, presenile dementia, senile dementia of the Alzheimer's type, and organic brain disorder—is the most common form of dementia. Alzheimer's affects as many as five million Americans, representing approximately 12% of those over the age of 65. That figure includes over 100,000 Arkansans. AD is a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking, and behavior.

As with all forms of dementia, the rate of progression of the disease in persons living with AD varies from case to case. From the onset of symptoms, the life span of a person living with AD can range anywhere from three to twenty or more years. The disease eventually leaves the individual unable to care for himself/herself.

At this time, there is no single diagnostic test that can diagnose AD. The physician generally will run a series of tests to rule out a diagnosis of another form of dementia that could possibly be treated if diagnosed early enough. The only definitive diagnosis of AD at this time is by examining the brain during autopsy.

AD is generally divided into the following three stages:

- **Early Stage:** An individual in this stage will usually be aware of the diagnosis and will be able to participate in decisions affecting future care. Symptoms can include mild forgetfulness and communication difficulties, such as finding the right word and following a conversation.
- **Middle Stage:** This stage brings a further decline in the individual's mental and physical abilities. Memory will continue to worsen as the individual forgets personal history and no longer recognizes family and friends. Increased confusion and disorientation to time and place usually occur. In this stage, some individuals become restless and/or wander.
- **Late Stage:** In this last stage, the individual becomes unable to remember, communicate, or look after himself/herself. Eventually, the individual will become bedridden, have difficulty eating or swallowing, and lose control of bodily functions.

Other Neurological Diseases That Can Cause Dementia

There are other neurological diseases and many other conditions that can affect the status of the brain and cause loss of memory, language, and motor functions. These other dementias can be difficult to differentiate from AD based on behavior; however, diagnostic tests are becoming more accurate. Other common forms of dementia are as follows:

Vascular Dementia—progressive loss of cognitive functioning as the result of damage to the arteries supplying oxygenated blood to the brain. With vascular dementia the development is more rapid than with AD, and the personality change is less pronounced. There are two types, as follows:

Acute Onset Vascular Dementia—dementia that follows a stroke

Multi-Infarct Dementia—dementia caused by transient ischemic attacks

Frontal Lobe Dementia—specifically dementia that attacks the frontal lobes of the brain and is reflected in personality changes such as apathy, lack of inhibition, obsessiveness, and loss of judgment leading to neglect of personal habits and the ability to communicate. It is thought that Frontal Lobe Dementia may be linked to genetics.

Parkinson's Disease—though not usually thought of as a form of dementia, dementia does develop during the later stages of the disease. Symptoms include a variety of motor disturbances including tremors, speech impediments, slowing of movement, muscular rigidity, shuffling gait, and postural instability. Some people with AD develop symptoms of Parkinson's Disease.

Lewy Body Dementia—the second most common form of dementia. Lewy bodies are the tiny spherical structures consisting of deposits of protein found in dying nerve cells in the brain. This disease also includes episodes of confusion and hallucinations and impairments in motor skills, problem solving, and spatial abilities. It is not clear if Lewy Body Dementia is its own distinct illness or a variant of AD or Parkinson's Disease.

Pick's Disease—although relatively rare, Pick's Disease involves severe atrophy of the frontal and temporal lobes. Symptoms include disorientation and memory loss leading to pronounced personality changes and loss of social constraints. In the final stages, the individual becomes mute, immobile, and incontinent.

HIV Dementia—It is estimated that 16% of people with AIDS develop HIV-related Dementia in the later stages of their illness. It includes apathy, vagueness, confusion, difficulty in concentrating, forgetfulness, withdrawal, and flattened emotions.

References

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