



Leaflet: Dementia In the Elderly

Dementia In the Elderly

What is dementia?

Dementia is an illness where there is a loss of memory. In addition, other symptoms may develop such as changes in personality and intellectual ability. About one in twenty 65 year olds will have some degree of dementia. This rises to about one in five 80 year olds. Dementia is different to the mild forgetfulness that is common in many older people

What causes dementia?

About 6 in 10 people with dementia have a condition called Alzheimer's disease. The exact cause of this is not known. It is known that people with Alzheimers disease develop certain abnormalities in the brain. These include tiny deposits throughout the brain and, in addition, the number of brain cells gradually reduce. There is no way of predicting who will develop this and no way of preventing it. There are several other less common causes of dementia such as 'multi-infarct' disease and other brain conditions. However, the symptoms of all types of dementia are similar. The outlook and treatments of different types of dementia may vary.

What are the symptoms of dementia?

There is great variation in the severity of the symptoms. This may vary from being 'pleasantly confused' to being totally dependent and needing full time care. In Alzheimers disease the condition typically becomes slowly worse. However, this may take many years. Many older people with mild dementia remain quite independent and content with just a small amount of support and care needed. Symptoms noticed by family and friends of a person with Alzheimer's disease may include the following.

- ◆ *Memory loss* - as a rule, the most recent events are the first forgotten. For example, an older person might go down to the shops and then cannot remember what they wanted. Misplacing objects is common. However, events of the past are often remembered well. Even people with quite bad dementia may be able to hold interesting conversations about their childhood and early life. As things progress, sometimes memory loss of recent events is severe and the person may appear to be 'living in the past'. They may think of themselves as young and not recognise their true age and surroundings.
- ◆ *Disorientation* - new surroundings and new people may confuse. For example, a trip to the hospital may result in an older person being found wandering lost about corridors. However, in familiar surroundings with old routines the person may function well. This is why some older people with mild dementia function remarkably well in their own homes. Disorientation in time may occur. This means a person may not know if it is morning or afternoon or what day or month it is.
- ◆ *Poor concentration* - not being able to settle to anything.
- ◆ *Failing intellect* - even clever people find that they cannot grasp new ideas. They cannot learn new skills, for example, how to use a new household gadget.
- ◆ *Personality changes* - at first, being easily irritable or moody may be noticed by family or friends. In some people it progresses to becoming quite disinhibited. This means they may say or do things quite out of character. This is often very difficult for families and friends to cope with as the well known personality of old may appear to have changed.
- ◆ *Self care* - without help, some people may not pay much attention to personal hygiene. Incontinence may develop if dementia becomes severe.
- ◆ *Mood* - some older people with early dementia recognise they are failing and might become depressed. However, many people with dementia are unaware that they are ill. They may remain quite cheerful. The distress is often felt more by the relatives or carers who may find coping difficult.

What is the treatment for dementia?

In the common forms of dementia there are no treatments that will reverse the illness. In 1997 a new drug (donepezil) was launched. This is not a cure but seems to slow down the progression of Alzheimers disease in some people. It is likely to be of most benefit to those people who are in the early stages of Alzheimers disease. The importance and role of this drug is not clear. However, as mentioned, the course of the illness is very variable. In a lot of people it is very slow to progress and may not become severe. In some people who become easily agitated, a mild tranquiliser is sometimes prescribed.

Most people with dementia are cared for in the community. Often the main carer is a family member, usually a husband, wife, son or daughter. It is important that carers of people with dementia get the full support and advice that is locally available. Depending on how severe the dementia becomes, support and advice may be needed from one or more of the following

- ◆ District nurses who can give advice on day to day nursing care.
- ◆ Community psychiatric nurses who can give advice on caring for people with mental illness.
- ◆ Specialist psychiatric assessment. Your doctor may advise on this.
- ◆ Social services who can advise on local facilities such as day care centres, benefits, help with care in the home, respite care and much more.
- ◆ Voluntary organisations. If you are caring for a person with dementia it will be worth obtaining information on help and advice available in your local area. In most areas of the UK there are local organisations which provide support and advice for carers of those with dementia. The local library or citizens advice bureau will often have local contact addresses and telephone numbers.

Caring for a person with dementia can be quite demanding both physically and emotionally. Every person is different and everyone's needs are different. This leaflet is only a basic guide in trying to understand dementia. For further advice on all aspects of dementia and caring for a person with dementia contact the the Alzheimers Disease Society. They provide information on other types of dementia and not just on Alzheimers disease.

Alzheimers Disease Society , Gordon House, 10 Greencoat Place, London SW1P 1PH
Tel (Helpline): 0845 300 0336 Web: www.alzheimers.org.uk/

[Return to top](#)