

Medicine for Managers

Dr Paul Lambden BSc MB BS BDS FDSRCS MRCS LRCP DRCOG MHSM

Dementia

Dementia occurs as a result of physical or functional deterioration of the brain, resulting in a variety of symptoms, most notably memory loss. It most commonly occurs in the elderly (senile dementia) but can occur in younger age groups.

It is often thought of as being progressive forgetfulness or loss of memory, and indeed these are characteristic features, but the disorder is much more complex than that. Progressive loss of the ability to learn, to recall information, to retain facts for a reasonable period of time or to apply reasoning to a situation all occur with dementia. Sufferers may struggle to find the right words. Thought patterns may become disordered resulting in confusion and patients may suffer from depression or anxiety, important to consider when developing unexpectedly or in at-risk groups, as a sign of dementia. Previously simple tasks become difficult and judgement is affected. Progressive deterioration results in self-neglect, outbursts of anger, loss of normal inhibitions and incontinence. Dementia affects

different people in different ways and the speed of progression and the combination of symptoms is very variable.

Dementia has many causes. It may be slowly progressive over a number of years associated with gradual deterioration and death of brain nerve cells. When developing in the elderly, it is most commonly due to Alzheimer's disease or as a result of decreased brain blood flow (called vascular dementia). Dementia with Lewy bodies (DLB) occurs as a result of the build-up of abnormal proteins in the brain. Younger people, in whom the condition is much less common, may still suffer Alzheimer's disease but there are also a

variety of inherited and genetic disorders and a form of dementia caused by repeated head trauma in people such as boxers. Alcohol or other drugs, vitamin deficiencies and some

The Alzheimer's Society provides valuable help. It produces factsheets for patients and training, publications and an available Dementia Knowledge Centre for healthcare professionals. The helpline is 0845 300 0336 or e-mail enquiries@alzheimers.org.uk

infections can result in dementia in the younger age groups. Dementia may occur following a single brain injury, as in trauma, stroke, infections such as meningitis or encephalitis or prolonged epilepsy.

Sometimes dementia occurs more rapidly, classically in conditions such as CJD, some types of brain tumour, with a chronic subdural haemorrhage or with liver or kidney failure.

Other well-known diseases and disorders may be accompanied by dementia, including Parkinson's disease, multiple sclerosis, sarcoidosis and systemic lupus erythematosus (SLE).

The initial diagnosis of dementia is based on the medical history of the symptoms, on excluding other physical conditions that could cause symptoms similar to dementia and on the use of a memory test called the MMSE, the Mini Mental State Examination. The examination involves a number of questions to test attention, recollection, application and reasoning. They include remembering an address, recalling items seen earlier in the test, subtracting numbers from one hundred, spelling words backwards and drawing interlocking pentagons. The score, which is out of thirty, indicates the degree of deterioration. Severe dementia is indicated by a score of less than 10 out of 30, whereas 20-25 suggests mild dementia. Suspicion of dementia will result in a referral to a neurologist for specialist testing including CT or MRI scan which can identify a variety of brain diseases.

Dementia is distressing both for the sufferer and the family members who often feel that the person they are with is no longer the person they used to know. There has been much research about the disorder but still little is

known. Someone is more likely to be a sufferer if a member of the family has or had the disease, there is an association between raised blood pressure and dementia and interestingly a Canadian study found that lifetime bilingualism delays dementia onset by four years.

For the vast majority of cases of dementia there is no cure. Cognitive and behavioural stimulation may slow down the progress of the condition and it is important to give educational and emotional support to the carers. In turn the carers' most important role is giving help and support. Respite care is also very important to give carers a break from the demands of the demented patient. Various medications have been tried but perhaps the best known are donepezil (Aricept) and galantamine (Razadyne). The drugs do slow the progress of the disease in some patients but they are expensive.

Five QOF points are available if the practice has a register of patients diagnosed with dementia (DEM1) and up to a further fifteen points can be obtained for between 25 and 60% of dementia sufferers having their care reviewed within the previous fifteen months (DEM2). Another six points can be obtained by investigating newly diagnosed dementia sufferers with a range of blood tests (DEM3).

Dementia is a horrible disorder and for those people with a relative suffering the condition, they may have to cope with abuse, aggression, confusion and failure of recognition. Helping to keep someone safe and to protect them from wandering is desperately important and may be the kindest thing that one can do for a family member or patient.

paullambden@compuserve.com

