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Dementia: 10 Things Caregivers Should Know

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A recent diagnosis of dementia can be daunting and feel like a helpless situation. The condition has repercussions for all loved ones, family and friends. In a way, they are now living with dementia. Dementia (meaning “deprived of mind”) is not a specific disease, but a condition of gradual loss of brain function. Even though dementia is associated with the geriatric population, it can occur before the age of 60, being termed “early onset dementia”. If you or someone you know are now faced with this new situation, remember you are not alone, there are many powerful tools available to help with the transition. Here are some important things you should know.

1. **Areas of the brain affected.** Affected areas of cognition may include memory, attention span, language and simple problem solving. In advanced stages, affected individuals may become disoriented to the day of the week, day of the month, or the current year. They may become unfamiliar with their surroundings and may not know who they are or the names of their family members and friends. Other symptoms may include personality changes, emotional instability, mood swings, and anxiety.
2. **Dementia vs. Alzheimer’s.** There is much confusion over the terms “dementia” and “Alzheimer’s” which are sometimes incorrectly used interchangeably. Dementia is an overarching term which describes a gradual loss of brain function whereas Alzheimer’s is a specific type of dementia. Doctors contribute to this confusion by often using the term “dementia” instead of Alzheimer’s, as the diagnosis of Alzheimer’s tends to be more overwhelming and frightening for the patient and family.
3. **Am I Senile?** In the past, dementia was incorrectly referred to as *Senile Dementia* or *Senility*, implying that dementia is a natural part of the aging process. This term is rarely used anymore.
4. **What is happening to my brain cells?** Look to see what the ND/clinic is known for. Are they best suited to address your needs? Do they have special interests in a certain area, do they practice general medicine and are they familiar with your particular health concerns?
5. **Conditions that lead to dementia.** There are nearly forty diseases and conditions that may lead to different types of dementias. Some of these are Alzheimer’s, Parkinson’s disease, Pick’s disease, brain tumor, AIDS, head trauma, Lewy body disease, Huntington’s disease, Creutzfeldt-Jakob disease, strokes, hydrocephalus, multiple sclerosis, hypothyroidism, hypercalcemia, prolonged abuse of alcohol or other drugs and vitamin deficiency including but not limited to thiamine, niacin or B12.



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6. **How is dementia diagnosed?** The primary physician is able to diagnose dementia based on a detailed medical history, a physical examination, laboratory tests and characteristic changes in cognition. It is important to note that different dementias can co-exist which can make diagnosis difficult. When diagnosis becomes difficult the family physician will generally refer the patient on to a neurologist or geriatric psychiatrist to determine the specific type of the disease. Gait may also be an early indicator of cognitive impairment and dementia. When the manner of walking becomes slower, more variable and less controlled, cognition is most likely suffering.
7. **Is there a genetic link?** Genetic factors play a role in several types of dementia but the importance of these factors in the development of dementia varies considerably. Researchers have not yet discovered how genes interact with other risk factors to trigger the dementia. Toxic substances in our environment are presently being studied as a non-genetic risk factor.
8. **Other risk factors.** Age and genetics are risk factors for dementia that cannot be altered. The impact of other factors on brain health and prevention, such as cardiovascular factors, physical fitness and diet, continue to be investigated by researchers:
 - a. **Cardiovascular:** your brain cells can be deprived of food and oxygen by damage to blood vessels anywhere in your body. To help protect your brain cells from damage—don't smoke, keep blood pressure, cholesterol and blood sugar levels within normal limits and maintain a healthy weight.
 - b. **Physical fitness:** regular physical exercise increases the flow of blood and oxygen to the brain, lowering the risk of some dementias.
 - c. **Diet:** the most current information available suggests that a heart-healthy diet may also benefit the brain: reduce red meat and eat diet that consists of whole grains, fruits, vegetables, fish, shellfish, nuts, olive oil and other healthy fats.
9. **Will I be able to stay in my home?** In the early stages of dementia, people are able to remain in their home usually with assistance from family members or other caregivers. Minor adaptations may be necessary to make the home safer such as handrails, better lighting, removal of scatter rugs and non-slip tread on stairs, etc. As the disease progresses and cognition deteriorates, patients may require more intense care which could result in institutionalization.
10. **Age risk?** The risk of dementia increases rapidly with age; it doubles every five years after age 60. Dementia affects only 1% of people aged 60-64 but 30%-50% of those older than 85 years. Dementia is the one disease most feared by the geriatric population.

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