

Dementia Fact Sheet

What is dementia?

Dementia is a general term for the loss of intellectual functioning (such as thinking, remembering and reasoning) that is severe enough to interfere with a person's everyday life. It is a group of symptoms which may accompany certain diseases or physical conditions. The causes and rate of progression of dementia vary. Some of the diseases that cause dementia are Alzheimer's disease, vascular disease, dementia with Lewy bodies, frontotemporal dementia, Parkinson's disease, Huntington's disease and Creutzfeldt-Jakob disease. Other medical conditions which can cause or mimic dementia include severe depression, brain tumors, nutritional deficiencies, head injuries, normal pressure hydrocephalus, Wernicke-Korsakoff syndrome (including alcoholic dementia), infections (AIDS, meningitis, syphilis), thyroid problems and drug reactions. It is not uncommon for a person to be afflicted with more than one cause of dementia, which can make diagnosis more difficult.

Alzheimer's disease

Alzheimer's disease is the most common cause of dementia, affecting an estimated 5.3 million Americans. Alzheimer's disease is a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior. Symptoms of Alzheimer's disease include gradual memory loss, decline in ability to perform routine tasks, disorientation in time and space, impaired judgment, personality changes, difficulty in learning, and loss of language and communication skills. As with all diseases that cause dementia, the rate of disease progression varies from person to person. From the onset of symptoms, a person with Alzheimer's may live anywhere from 3-20 years with the disease. There are currently four drugs prescribed to treat the symptoms of Alzheimer's disease. In some people, these drug treatments improve daily life by enhancing memory and cognitive ability.

Vascular dementia

Vascular dementia is a general term for thinking impairment caused by disruptions of blood flow to the parts of the brain involved in memory, reasoning and emotion. One commonly diagnosed type of vascular dementia is multi-infarct dementia, in which a series of small strokes block small arteries, causing the destruction of brain tissue. The onset may appear to be sudden because it may require many strokes before symptoms appear. These strokes can damage areas of the brain responsible for specific functions as well as producing general symptoms of dementia. As a result, many characteristic symptoms of vascular dementia mimic symptoms of Alzheimer's disease. In fact, 'isolated' vascular dementia is uncommon. It occurs more frequently as a mixed dementia: vascular

dementia and Alzheimer's disease. Symptoms may include problems with recent memory, episodes of confusion, getting lost in familiar places, difficulty following instructions, apathy, sudden personality or mood change, laughing or crying inappropriately, difficulty walking, falls, rigidity or increased reflexes. Impairment resulting from vascular dementia sometimes proceeds in a step-wise fashion, rather than the slow, steady decline typical of Alzheimer's disease. Although vascular dementia is not reversible or curable, detection of high blood pressure, diabetes, and other vascular risk factors can lead to specific treatments that may slow the progression of the disease.

Dementia with Lewy bodies

Dementia with Lewy bodies (DLB) is an irreversible, progressive brain disease associated with abnormal protein deposits in the brain, called Lewy bodies. DLB is now thought to be the second most common cause of progressive dementia cases in the elderly, based on autopsy results. Increasing deficits in attention and executive function are typical. Significant memory impairment usually occurs later and may not be the first noticeable symptom of the disease. Other symptoms common to DLB include fluctuating cognition with pronounced variations in attention and alertness, spontaneous features of parkinsonism, and recurrent, complex visual hallucinations early in the disease. Before other symptoms are noticed, some persons with DLB experience a REM sleep behavior disorder which causes them to move about in their sleep. With DLB, the person may also experience a transient loss of consciousness, muscle rigidity, loss of spontaneous movement, impaired balance, frequent falls, sleep disturbances, paranoia, delusions and depression. Caution should be exercised in prescribing medications for those thought to have this disease. People with DLB typically respond positively to drugs approved for treating Alzheimer's disease. However, DLB is *adversely* sensitive to treatment with some antipsychotic, antidepressant, anticholinergic, anesthetic, and Parkinson's drugs, which can result in serious, and sometimes lasting side effects.

Frontotemporal dementia

Frontotemporal dementia (FTD) encompasses a group of disorders that cause deterioration and shrinkage of the tissues of the frontal and temporal lobes of the brain. Pick's disease, a rare disorder characterized by the presence of 'Pick's bodies', abnormal structures in the nerve cells, is one form of FTD. The frontal and temporal lobes of the brain are responsible for a person's language skills, ability to focus attention, self-insight, capacity to organize, and ability to make plans and decisions, solve problems, initiate activity, and control impulses. Therefore, early indicators of FTD include changes in personality, mood and conduct including apathy, anger, loss of inhibitions, rudeness, impatience, lack of empathy, restlessness, loss of language abilities, inability to recognize objects or people, misuse of objects, poor hygiene, poor judgment, overeating, repetitive motions, changes in sexual behavior and rigidity of behavior. People with FTD also lack awareness or concern that their behavior has changed. These symptoms often precede the development of memory loss. The drugs approved to treat Alzheimer's disease are *not* effective for FTD. Antidepressants may provide some relief from apathy and depression and may also help reduce food cravings, loss of impulse control and compulsive activity. Antipsychotic medications may help treat hallucinations, delusions and aggression.

Parkinson's disease

Parkinson's disease (PD) is a progressive disorder of the central nervous system that results in loss of control of muscle activity. PD is often characterized by tremors, stiffness in limbs and joints, speech difficulties and difficulty initiating physical movement. Lewy bodies accumulate and disrupt function in the part of the brain that controls motor activity. Late in the course of the disease, some individuals develop dementia. The medications available to treat PD can help improve steadiness and control but have little effect on mental deterioration.

Huntington's disease

Huntington's disease is an inherited degenerative brain disease that causes both physical and mental disabilities. The disease is characterized by irregular and involuntary movements of the limbs and facial muscles, slurred speech, a decline in thinking ability, disturbances in memory, impaired judgment and personality changes. Although there is no treatment available to stop progression of the disease, movement disturbances and psychiatric symptoms can be treated with medication.

Creutzfeldt-Jakob disease

Creutzfeldt-Jakob disease is a rare, fatal brain disorder resulting from infection that causes rapid, progressive dementia and neuromuscular disturbances. Early symptoms include failing memory, changes in behavior and lack of muscle coordination. As the disease advances, mental deterioration becomes pronounced, involuntary movements appear and the person experiences severe difficulty with sight, muscular energy and coordination. The disease progresses rapidly, usually causing death within a year. No treatment is currently available.

Please contact us, 888.308.6251, for more specific information about these diseases, how to best care for yourself or a loved one, or obtaining an accurate diagnosis.