Dementia

**Overview**

Dementia is a term for several diseases that affect memory, thinking, and the ability to perform daily activities.

The illness gets worse over time. It mainly affects older people but not all people will get it as they age.

Things that increase the risk of developing dementia include:

* age (more common in those 65 or older)
* high blood pressure (hypertension)
* high blood sugar (diabetes)
* being overweight or obese
* smoking
* drinking too much alcohol
* being physically inactive
* being socially isolated
* depression.

Dementia is a syndrome that can be caused by a number of diseases which over time destroy nerve cells and damage the brain, typically leading to deterioration in cognitive function (i.e. the ability to process thought) beyond what might be expected from the usual consequences of biological ageing. While consciousness is not affected, the impairment in cognitive function is commonly accompanied, and occasionally preceded, by changes in mood, emotional control, behaviour, or motivation.

Dementia has physical, psychological, social and economic impacts, not only for people living with dementia, but also for their carers, families and society at large. There is often a lack of awareness and understanding of dementia, resulting in stigmatization and barriers to diagnosis and care.

**Signs and symptoms**

Changes in mood and behaviour sometimes happen even before memory problems occur. Symptoms get worse over time. Eventually, most people with dementia will need others to help with daily activities.

Early signs and symptoms are:

* forgetting things or recent events
* losing or misplacing things
* getting lost when walking or driving
* being confused, even in familiar places
* losing track of time
* difficulties solving problems or making decisions
* problems following conversations or trouble finding words
* difficulties performing familiar tasks
* misjudging distances to objects visually.

Common changes in mood and behaviour include:

* feeling anxious, sad, or angry about memory loss
* personality changes
* inappropriate behaviour
* withdrawal from work or social activities
* being less interested in other people’s emotions.

Dementia affects each person in a different way, depending upon the underlying causes, other health conditions and the person’s cognitive functioning before becoming ill.

Most symptoms become worse over time, while others might disappear or only occur in the later stages of dementia. As the disease progresses, the need for help with personal care increases. People with dementia may not be able to recognize family members or friends, develop difficulties moving around, lose control over their bladder and bowls, have trouble eating and drinking and experience behaviour changes such as aggression that are distressing to the person with dementia as well as those around them.

**Common forms of dementia**

Dementia is caused by many different diseases or injuries that directly and indirectly damage the brain. Alzheimer disease is the most common form and may contribute to 60–70% of cases. Other forms include vascular dementia, dementia with Lewy bodies (abnormal deposits of protein inside nerve cells), and a group of diseases that contribute to frontotemporal dementia (degeneration of the frontal lobe of the brain). Dementia may also develop after a stroke or in the context of certain infections such as HIV, as a result of harmful use of alcohol, repetitive physical injuries to the brain (known as chronic traumatic encephalopathy) or nutritional deficiencies. The boundaries between different forms of dementia are indistinct and mixed forms often co-exist.

**Treatment and care**

There is no cure for dementia, but a lot can be done to support both people living with the illness and those who care for them.

People with dementia can take steps to maintain their quality of life and promote their well-being by:

* being physically active
* taking part in activities and social interactions that stimulate the brain and maintain daily function.

In addition, some medications can help manage dementia symptoms:

* Cholinesterase inhibitors like donepezil are used to treat Alzheimer disease.
* NMDA receptor antagonists like memantine are used for severe Alzheimer disease and vascular dementia.
* Medicines to control blood pressure and cholesterol can prevent additional damage to the brain due to vascular dementia.
* Selective serotonin reuptake inhibitors (SSRIs) can help with severe symptoms of depression in people living with dementia if lifestyle and social changes don’t work, but  these should not be the first option.

If people living with dementia are at risk of hurting themselves or others, medicines like haloperidol and risperidone can help, but these should never be used as the first treatment

**Self-care**

For those diagnosed with dementia, there are things that can help manage symptoms:

* Stay physically active.
* Eat healthily.
* Stop smoking and drinking alcohol.
* Get regular check-ups with your doctor.
* Write down everyday tasks and appointments to help you remember important things.
* Keep up your hobbies and do things that you enjoy.
* Try new ways to keep your mind active.
* Spend time with friends and family and engage in community life.

Plan ahead of time. Over time, it may be harder to make important decisions for yourself or your finances:

* Identify people you trust to support you in making decisions and help you communicate your choices.
* Create an advance plan to tell people what your choices and preferences are for care and support.
* Bring your ID with your address and emergency contacts when leaving the house.
* Reach out to family and friends for help.
* Talk to people you know about how they can help you.
* Join a local support group.

It is important to recognize that providing care and support for a person living with dementia can be challenging, impacting the carer’s own health and well-being. As someone supporting a person living with dementia, reach out to family members, friends, and professionals for help. Take regular breaks and look after yourself. Try stress management techniques such as mindfulness-based exercises and seek professional help and guidance if needed.

**Risk factors and prevention**

Although age is the strongest known risk factor for dementia, it is not an inevitable consequence of biological ageing. Further, dementia does not exclusively affect older people – young onset dementia (defined as the onset of symptoms before the age of 65 years) accounts for up to 9% of cases. Studies show that people can reduce their risk of cognitive decline and dementia by [being physically active](https://www.who.int/news-room/fact-sheets/detail/physical-activity), not smoking, [avoiding harmful use of alcohol](https://www.who.int/news-room/fact-sheets/detail/alcohol), controlling their weight, eating a healthy diet, and maintaining healthy blood pressure, cholesterol and blood sugar levels. Additional risk factors include depression, social isolation, low educational attainment, cognitive inactivity and[air pollution](https://www.who.int/news-room/fact-sheets/detail/household-air-pollution-and-health).

<https://www.who.int/news-room/fact-sheets/detail/dementia>

**Late life Depression:**

Late-life depression is one of the most common neuropsychiatric disorders in the elderly. Late life depression is a significant public health problem as well as a burden on patients, their families, and caregivers. There are significant associations of late life depression with medical disorders and cognitive impairment, the latter due to effects of the depression itself or association with dementia. Accurate diagnosis and treatment are of utmost importance to improve quality of life, alleviate suffering, and prevent suicide. A number of effective antidepressant medications are available; combination therapy with these medications and cognitive behavioural therapy appears most efficacious, and maintenance therapy can decrease the chances of remission.

**Delirium:**

Delirium is a state of heightened mental confusion that commonly affects older people admitted to hospital. Ninety six percent of cases are experienced by older people. When older people with dementia experience severe illness or trauma such as a hip fracture they are more at risk of delirium.

Delirium causes great distress to patients, families and carers and has potentially serious consequences such as increased likelihood of admission to long term care and increased mortality.

People who have delirium may need to stay longer in hospital or in critical care; have an increased incidence of dementia and have more hospital-acquired complications such as falls and pressure ulcers.

There are many causes that may bring on a state of delirium. Most common causes in elderly.

**GERIATRIC PSYCHIATRY ASSESMENT:**

The geriatric assessment is a multidimensional, multidisciplinary assessment designed to evaluate an older person’s functional ability, physical health, cognition and mental health, and social and environmental circumstances.

As the patient enters a geriatric clinic a detailed evaluation by trained psychiatrist is done including interview of patient and history from family member or caregiver followed by detailed physical and neurological examination. A proper psychological assessment including memory and neurocognitive assessment with help of standardised tests and tools is done based on the symptoms and presentation of the clinical presentation.

Necessary blood investigations and brain imaging like CT brain and MRI Brain can be advised depending on the symptoms and clinical presentation of patient.

Based on the clinical evaluation examination and assessment a treatment and long-term care plan is decided for individual patient including support to caregivers and family members.