

What is dementia

Not just a memory problem

Main symptoms

- Memory loss, especially short-term memory
- Mood changes, e.g. depression, anxiety
- Behaviour changes, e.g. restlessness, apathy
- Communication problems – e.g. difficulty finding words
- Disorientation in time and place
- Although there is no cure, lots can be done to help

Who gets dementia

Hampshire Partnership
NHS Foundation Trust



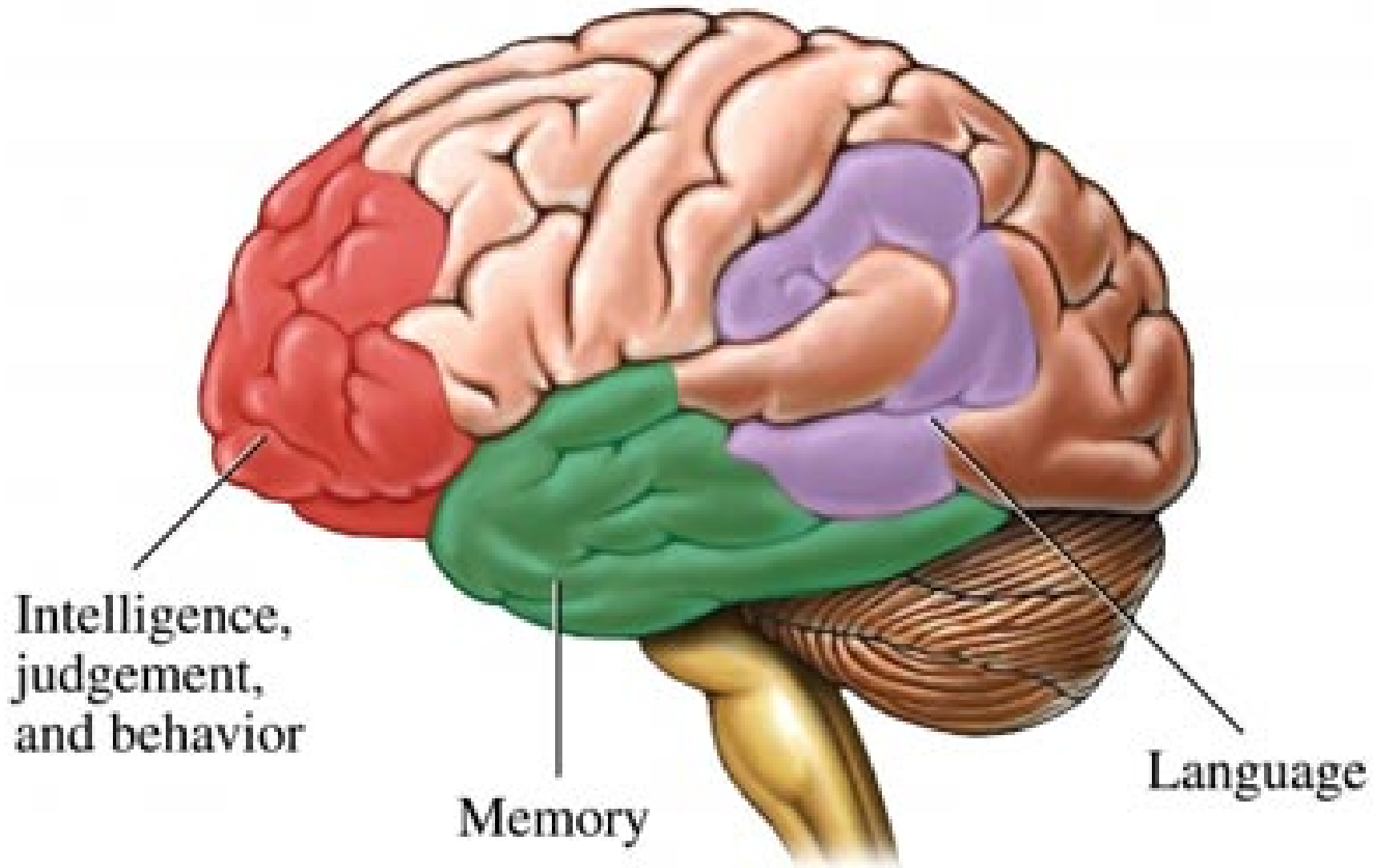
700,000 people in UK

More common with increasing age

- 1 in 15 people over 65 years
- 1 in 5 people over 80 years

Rare before the age of 65 - Only 1% of cases occur before age 65

Rarely is there any one specific cause – very small numbers have a genetic background



First signs of dementia

Vary from person to person, and with type of dementia

Forgetting recent events or conversations

Repeat themselves

Slow to understand what is being said

Slow to grasp or learn new things

Difficult to adapt to change

Loss of interest in things and people

Progression of dementia

Varies with the cause – occurs over years rather than months

Generally slower deterioration in older people

Deteriorating memory, communication problems

Difficulty with personal care e.g. washing, dressing

May have other symptoms e.g. delusions (believing things that are not true) and hallucinations (seeing or hearing things that do not exist)

Physical deterioration e.g. continence problems; weight loss

Behaviour changes – restlessness; apathy; sleep disturbance

Common Types of dementia

Alzheimers disease

Vascular dementia

Dementia with Lewy Bodies

Fronto-temporal dementia

Alzheimer's disease

Most common form of dementia

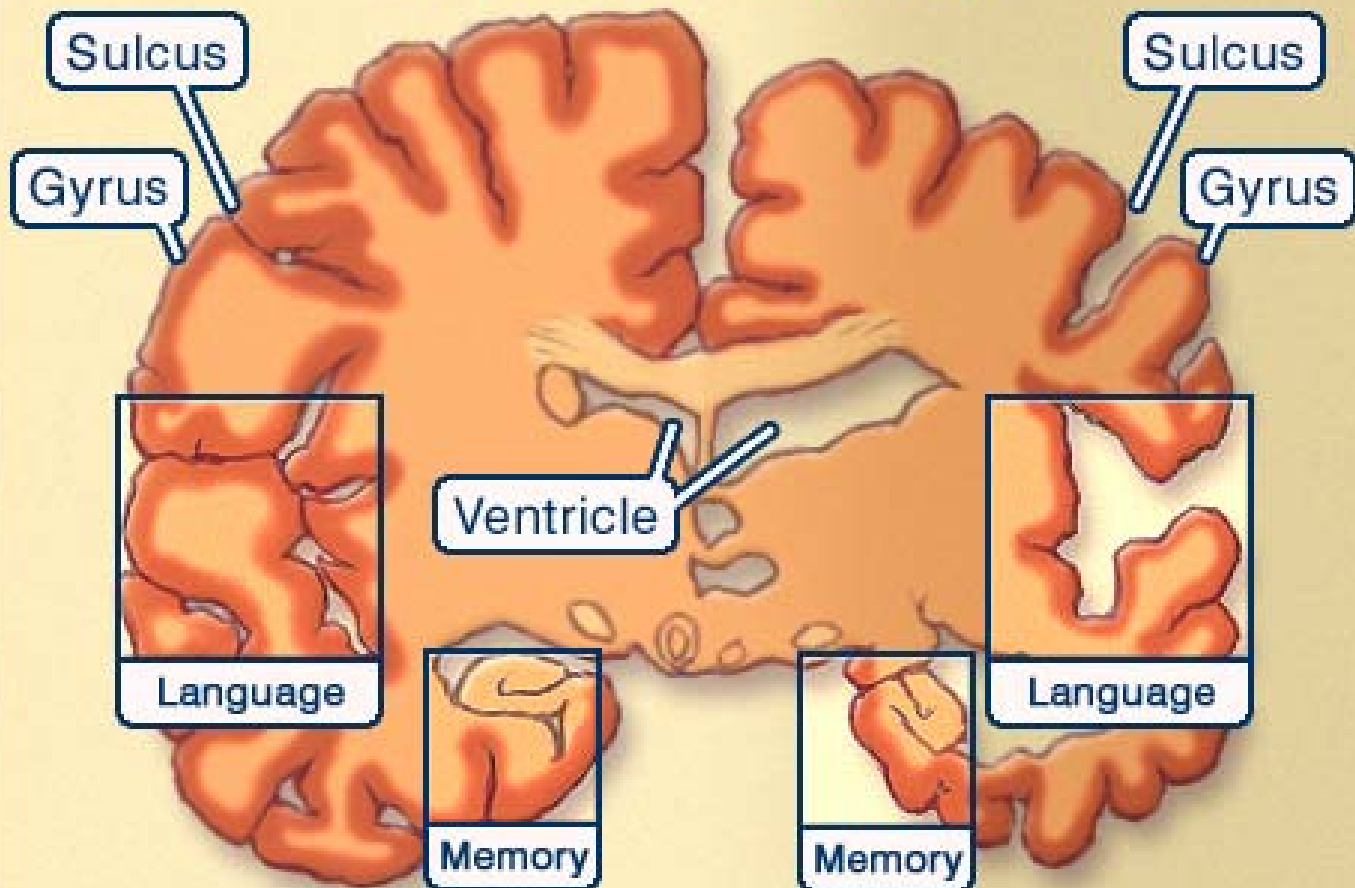
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Common early signs

- Memory problems
- Word-finding difficulty
- Disorientated in time
- Become withdrawn

Often the person is unaware of the problems

Brain Cross-Sections



Normal

Alzheimer's

Vascular dementia

Second most common type of dementia

2 main types – stroke disease and small vessel disease

Often ‘stepped’ deterioration – symptoms constant for a period then deteriorate

Variability and periods of confusion are common

Personality change

Worried about your memory?

Remember simple non-progressive mild memory loss is not likely to mean dementia

Review what other problems there are, get the observations of others

Ask your GP for an assessment

GP may do further tests including blood tests, and can then refer for specialist assessment

Specialist assessment

May be done by specialist memory nurse or psychiatrist

Will include detailed history of the problem (including account from relative/carer where possible) and tests of memory and other aspects of brain function

Most forms of dementia are diagnosed solely on history and memory and brain function tests.

Occasionally might include other tests such as brain scan

What can be done to help - lots

No specific cure

Reduce risk factors – especially vascular

Understand the problem

Plan ahead

Get support to keep active and remain as independent as possible

Support for carers

Drug treatments

Service improvements in Specialist services for dementia

- **More local memory clinics**
- **Single contact point, with duty worker available**
- **More local ‘Memory Matters’ courses**
- **More education for GPs about dementia**
- **Closer working with complex care teams**
- **Better information for patients and carers**