

## RISK FACTORS

- Age
- Family history of AD
- Having Down Syndrome
- More common among females
- Previous repetitive head trauma
- An unhealthy lifestyle

## PREVENTATIVE MEASURES

- Studies show that long-term participation in activities and events that are mentally and socially stimulating may reduce the risk of AD.
- A healthy lifestyle, diet and exercise are recommended.

## TREATMENT

Current treatment manages the symptoms of AD, such as:

- Cognitive enhances
- Cognition, behaviour and function
- In some cases, additional medication may be required for insomnia, depression, agitation or anxiety.
- Support through family, friends and groups

## WHAT TO EXPECT

Pneumonia, urinary tract infection and dehydration are the most common dangers. Individuals with AD are also more prone to falling and injuring themselves.

A calm and stable home environment can help reduce behavioural problems. Routine habits and reducing memory-demanding tasks can also make life much easier. Hence, the following are suggested:

- Always keep your valuables, such as your phone and wallet, in the same place at home

- Keep a list of your daily tasks and appointments, and tick them off as they have been completed
- Remove clutter from your space
- Ask your doctor to keep your treatment regime as simple as possible
- Schedule regular appointments for the same day, same time and same location
- Activate the location application on your phone in case you get lost
- Automate regular monthly payments as far as possible
- Keep photographs and familiar items visible in your home
- Wear well-fitting shoes with an adequate grip and install handrails in the bathroom and along staircases
- Set reminders to intake fluids regularly

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**Please Note:** This is an educational information leaflet only and should not be used for diagnosis. For more information on dementia, consult your healthcare professional.

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**References:** 1. Chertkow, H., Feldman, H. H., Jacova, C. and Massoud, F. (2013). 'Definitions of Dementia and Pre-Dementia Stages in Alzheimer's Disease and Vascular Cognitive Impairment: Consensus from the Canadian Conference on Diagnosis of Dementia', *Alzheimer's Research & Therapy*, 5 (1): S2 2. DeFina, P.A., Scolaro-Moser, R., Glenn, M., Lichtenstein, J.D. and Fellus, J. (2013), 'Alzheimer's Disease Clinical Research Update for Health Care Practitioners', *Journal of Aging Research*. 3. Galvin, J. E. and Sadowsky, C.H. (2012). 'Practical Guidelines for the Recognition and Diagnosis of Dementia', *JABFM*. 4. Solomon, A. (2014). 'Advances in the Prevention of Alzheimer's Disease and Dementia', *J Intern Med*, 275(3), pp. 229-250. 5. Korolev, I. O. (2014). 'Alzheimer's Disease: A Clinical and Basic Science Review', *Medical Student Research Journal*. 6. Jin, J. (2015). 'Alzheimer Disease', *JAMA Patient Page*. 7. Lakhan, S. E. (2018). 'Alzheimer Disease'. Medscape. 8. Robin Emsley and Soraya Seedat, The South African Society of Psychiatrists (SASOP) Treatment



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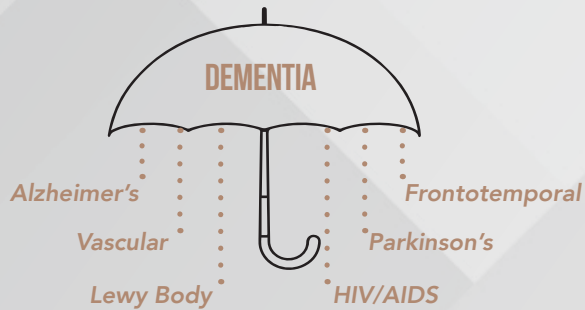
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# DEMENTIA

## DEMENTIA

Dementia is the umbrella term for a range of progressive neurological disorders affecting brain functioning. Amongst these are Alzheimer's disease, vascular dementia, Lewy Body disease, Parkinson's-related dementia, Frontal Lobe dementia, HIV/Aids-related dementia, and others. There are more than 100 types of diseases that may cause dementia (ADI website).

According to the World Health Organisation in its International Classification of Diseases (2003), dementia is: "A syndrome due to disease of the brain, usually of a chronic or progressive nature, in which there is disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehensions, calculation, learning capacity, language and judgement.



## ALZHEIMERS DISEASE

### Causes

Alzheimer's damages and kills brain cells, ultimately shrinking the brain. The exact cause of it is uncertain, but it is believed to stem from a combination of genetic, environmental and lifestyle factors.

There are also two hypotheses, which state that a build-up of protein in the brain called amyloid and Tau affect the supporting and transport system of brain cells, are responsible.

Normal



Alzheimer

## SIGNS AND SYMPTOMS

- Difficulty performing daily tasks
- Forgetfulness and confusion as a result of attention and concentration
- Memory loss
- Repeating statements and questions
- Misplacement of personal belongings
- Disorientation
- Forgetting names of family and friends
- Agnosia
- Difficulty concentrating
- Changes in mood, personality and behaviour, for example depression, irritability, emotional outbursts
- Poor judgement
- Difficulty writing and speaking

## SKILLS THAT REMAIN UNTIL VERY LATE

The part of the brain that stores early childhood information, skills and habits tends to be affected later, delaying the degeneration of the below:

- Dancing
- Singing
- Story telling
- Crafting
- Hobbies

Focusing on these abilities can help maintain quality of life.

## STAGES

1. **Pre-dementia:** Early symptoms, associated with memory loss, often mistaken for aging or stress
2. **Early dementia:** Definitive diagnosis stage, with memory and learning compromised
3. **Moderate dementia:** Progressive deterioration starts to hinder independence
4. **Advanced Dementia:** Patient is completely dependent upon caregivers

Stage 1 Pre-dementia	Stage 2 Mild	Stage 3 Moderate	Stage 4 Severe
<ul style="list-style-type: none"> <li>• Decline in attention span</li> <li>• Short term memory loss</li> <li>• Decreased awareness</li> </ul>	<ul style="list-style-type: none"> <li>• More severe learning and memory impairment</li> <li>• Language difficulty (reduced vocabulary and word fluency)</li> </ul>	<ul style="list-style-type: none"> <li>• Long-term memory loss</li> <li>• Inability to recognise close relatives</li> <li>• Aimless wandering</li> <li>• Emotional change</li> <li>• Apraxia (inability to perform purposeful movements)</li> </ul>	<ul style="list-style-type: none"> <li>• Complete loss of speech</li> <li>• Severe apathy and exhaustion</li> <li>• Bedridden, inability to feed oneself</li> <li>• Urinary incontinence</li> <li>• Death</li> </ul>

## DIAGNOSIS

- There is currently no specific test available to diagnose AD. Instead, the diagnosis is mainly clinical.
- A medical history and behavioural observation is performed by a doctor.
- Specialised scans and imaging may assist in ruling out other conditions.