



### Introduction (Dr Ravi Bansal, GP Registrar)



There are around 700,000 people in UK with dementia (20,000 of them under the age of 60). Every year, 170,000 new cases are being diagnosed. In 2007 the cost of caring for people with dementia was estimated at over £150 billion. That figure came from acute care, long-term care, home care and lost productivity for carers. Ageing is the strongest risk factor but other risk factors include high alcohol consumption and an early school leaving age.

#### **What is dementia?**

'Dementia' is an umbrella term and relates to symptoms caused by specific diseases and conditions that affect the brain. There are over 100 causes of dementia, but the three commonest are Alzheimer's disease (70%), Lewy body dementia and Vascular disease. Others include: Infection, Alcohol misuse, Head injury and Motor Neurone disease.

#### **Signs and Symptoms**

It is an anxious time for the patient and they are often unaware of their behavior. Patients may initially keep it from loved ones, but the first sign is usually mild forgetfulness that progresses over time. Each person is unique and will experience dementia in their own way, and therefore understanding the patient's personality before they start to show any symptoms is important.

There are three main symptom groups:

- Problems with memory, thinking and language (e.g. repetitive questions)
- Problems with doing day-to-day things (e.g. dressing, eating, financial affairs)
- Different behaviour (e.g. agitated, irritable, shoplifting, hallucinations)

#### **Diagnosis**

There is no one specific test for dementia. It's important to rule out and treat other conditions like depression, chest and urinary tract infections, thyroid disease and any side effects of any current medication.

When you go to see your doctor, the consultation is likely to be split into three areas.

- A comprehensive history
- Physical examination & blood tests - There is no specific physical examination or blood test to demonstrate dementia, but your GP may check routine blood tests looking for anaemia, kidney function, liver function, vitamin, calcium and thyroid levels
- Mental state examination - Mini Mental State Examination (MMSE\*), Abbreviated Mental Test Score (AMTS\*) or The 6 Item Cognitive Impairment Test (6CIT\*). *\*For further information, visit [www.patient.co.uk](http://www.patient.co.uk).*

#### **Treatment**

There is no cure for dementia, but lots of things can be done. If the dementia is being caused by an infection, or a vitamin deficiency then treatment can be very effective. However, there is support, drugs and in later stages, palliative care available that can help. The aim of the treatment is to improve the patient's quality of life, treat individual symptoms and to help slow the disease progression.

Non-Therapeutic treatment is important too. Staying active both mentally and physically have been shown to slow disease progression. Memory joggers are helpful, to remind the patient of the date and time, where they need to go and what tasks they need to do. Dementia can impact all aspects of daily life, but there are people to help e.g. Voluntary agencies, social services, and Power of Attorney.



### **Forgetfulness or Dementia?**

**Forgetfulness** is normal. It changes with age, and if free recall is poor, prompts help. The definition is: *"Fail to remember, inadvertently neglect to do something or cease to think of"*

**Dementia** on the other hand is a lot more complex:

*"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, comprehension, calculation, learning capacity, language, and judgement. Consciousness is not clouded. The impairments of cognitive function are commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behaviour, or motivation"*

### **Mild Cognitive Impairment**

*This is a term used to describe people who have some problems with their memory but do not actually have dementia, and is a risk factor for developing dementia.*

### **Old Age Psychiatry Services**

Patients in Maidenhead are fortunate to have, based at St Marks, a team of people and services dedicated to dementia, led by Dr Carolyn Eastwood, including an inpatient ward (Charles Ward) and a Day Hospital.

### **Memory Clinic**

In addition, there is also a Memory clinic, which is a service based in the patient's own home initially, and follow up appointments at the clinic.

When the memory clinic receives an initial referral from your GP they will do the following:

- Check they have sufficient information (Medical history, current medication and results from "dementia blood screen")
- Add you to the waiting list, and allocate you to a member of the team
- Take a full history and perform cognitive tests (which will vary depending on the severity of the problems), and then discuss your case as a team

They will arrange for any additional blood tests, a brain Scan (CT or MRI) and neuropsychology assessment. They would treat any compounding factors (depression, anxiety, physical illness) and might change your current medication.

They will then decide on a diagnosis and appropriate treatment course, if there is one. They will consider if there is a cognitive problem, if it is dementia or pseudodementia, (or both) and whether any of the conditions are treatable. If you are diagnosed with dementia, they will consider any behavioural issues that need addressing.

### **Drug Treatments**

There are dementia drugs available. They are not a cure, can only be offered to patients with moderate or severe Alzheimer's. Dementia drugs are only sent out from St Mark's hospital, your GP cannot prescribe them. They are not considered suitable for everybody, (e.g. heart problems, ulcers, or COPD), and side effects are not uncommon.

## **Dementia Drugs** - Acetylcholinesterase inhibitors (ChEI)

- Donepezil (Aricept),
- Galantamine (Reminyl),
- Rivastigmine (Exelon)

Acetylcholine is needed for the brain to work. The brain gradually stops producing it, and as a result, chemicals in the brain get broken down. The drug stops this chemical break down from happening, and the brain works better than it would do without the drug for a while, but eventually stops being effective. At this point, the patient will be taken off them.

Other drugs are available however:

**Antidepressants** (e.g. Citalopram, Mirtazapine) can be used for depression and anxiety which is very common in early stages and when people have language problems caused by dementia.

**Antipsychotics** (E.g. Quetiapine, Promazine, Haloperidol, Aripiprazole, Risperidone, Olanzapine) although these have sometimes had 'bad press', they are useful for Psychotic symptoms (delusions, hallucinations), aggressive behavior, agitation or sexually disinhibited behavior.

**Anxiolytics** (e.g. Lorazepam, Diazepam), are used for intermittent anxiety, intermittent agitation (e.g. a person who gets very agitated with personal care but otherwise has no problems)

**Hypnotics** (Temazepam, Zopiclone, Stilnoct), useful for patients who can't get off to sleep, or who wake several times throughout the night, or people who have day/night reversal.

## **Support and Care of people with dementia (Dr Azmy Birdi, GP)**

How will I cope ? What can I expect ? What is likely to happen in the future? Questions that are common with patients diagnosed with Dementia.

Every patient with dementia is different. Every carer's situation is different, and speed of progression varies widely with different people, but sadly, increased dependency is inevitable. With Alzheimer's disease, it can be typically 7-10 years from diagnosis to severe dementia & death.

Therefore it is important to plan for the future, to get help to maintain independence and to take advantage of available community services. As the disease progresses, the needs of the patient will change. Maintaining a sense of self identity helps, and focusing on the things a person can still do helps greatly.

Practical help and support in familiar surroundings, and familiar routines are very helpful:

- Daily Routine/Particular events each day
- Diary / Notice Board
- Large clock
- Labels
- Neighbours / friends
- Replace telephone with one with large keys
- Home security
- Utility companies –safety devices/adapted controls.
- Regular servicing of boilers / water heaters/Replace appliances
- Smoke alarm / CO detector
- Check fires & heaters for safety & fit guards
- Finances – organise affairs before dementia progresses too far
- Lasting Power of Attorney
- Alzheimer's Society
- Benefits / Care Allowance for carers

## Alzheimer's Society (David Jannetta, Chairman Windsor & Maidenhead Branch)



It is known that in Berkshire East there are 3,600 dementia cases, and that is estimated to affect the lives directly of 14,400 people. The centre in Maidenhead has seen a 48% rise (in 2008) in people using their services. It is clear that the scale of the problem for the Alzheimer's society is increasing significantly. People are living longer, so more people run the risk of being touched by Alzheimer's Disease in the future. Volunteers and funding are always desperately needed. \*For info visit [www.alzheimers.org.uk](http://www.alzheimers.org.uk)

## Maidenhead Drop-in Centre (Christine Price, Alzheimer's Society)

The Maidenhead branch of the Alzheimer's Society will shortly be opening a Day Support facility at Highview, North Road, Maidenhead, where they hope to offer a variety of services for people with dementia and their carers. This will be in addition to the other services that they currently run. Current services include two drop in services held at the United Reformed Church West Street Maidenhead, Singing for the Brain, Pamper events, & Lunch Clubs. The drop-ins are for any one affected by memory loss, confusion and dementia. Advice and information is available with a friendly cup of tea. Support is offered to people for as long as they need it. Often there are 15-20 people attending each drop-in. There is always a warm welcome, lots of support and many friendships have been formed. They also offer a 'Befriending service' for carers. This offers telephone support and a trip out once or twice a month when respite allows. The Branch relies heavily on a group of dedicated volunteers to provide these vital services.

## New Support Group in Cookham (Rose Coop, Cookham PPG)

A group from Holy Trinity Church, Cookham are hoping to open a new centre where Dementia sufferers and carers can meet others with the same issues, over a cup of tea, and provide mutual support. Though it will be funded initially by the church it will be completely non-denominational and they are hoping to use Elizabeth House for the venue.

## Question and Answers

Q: "What is the risk of having dementia?"

A: Over 60 years of age : 1 in 20 Over 80, 1 in 5.

Q: "Will my doctor refer me?"

A: It may take two visits to obtain all the information e.g. Blood tests and decide on referral. Time for referral is guided by your feelings and the clinical picture e.g. low test score. Memory clinics may do further tests e.g. imaging

Q: "My dad has it, will I get it?"

A: Not necessarily although having a first degree relative increases risk. Lifestyle is important too.

Q: "Can you drive with dementia?"

A: Sometimes, depending on your state, but it is a legal requirement to inform the DVLA.

Q: "Who can I call in an emergency?"

A: Monday – Friday – GP. Out of hours and weekends – Elderly Team Social Services, Police  
(If relatives are being transferred from another area best if this is planned outside a weekend).

Q: "What support can I arrange for my relative who lives a long distance away?"

A. Social services / Home care workers/Private carers / Day Care / Mobility aids / Residential or nursing home

Q: "Where else can I go for help and information?"

A: Alzheimer's Society: [www.alzheimers.org.uk](http://www.alzheimers.org.uk),  
[Princess Royal Trust for Carers: www.carers.org/berkshire](http://www.carers.org/berkshire)

Dementia Care Trust: [www.dct.org.uk](http://www.dct.org.uk)  
Patient UK: [www.patient.co.uk](http://www.patient.co.uk)