IMPORTANT
This book is intended not as a substitute for personal medical advice but as a supplement to that advice for the patient who wishes to understand more about his or her condition.

Before taking any form of treatment YOU SHOULD ALWAYS CONSULT YOUR MEDICAL PRACTITIONER.

In particular (without limit) you should note that advances in medical science occur rapidly and some information about drugs and treatment contained in this booklet may very soon be out of date.
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Introduction

Who is this book for?

- You think your memory is going?
- Your father/mother is behaving oddly?
- Is it Alzheimer’s disease?
- Is Alzheimer’s disease the same as dementia?

If these are the sorts of questions that you are asking yourself, this book is for you. Dementia is a disease of the brain. First we define dementia before going on to list the symptoms. This chapter helps you decide whether you, a member of your family or a friend may have dementia.

Next we discuss treatment and how to get help, and after that we give some tips on how to make the best of life if you or a loved one is found to have dementia. Then we consider how future developments may change the outlook for people with dementia, and describe some common questions and give some answers. Finally, we describe how the brain works.
Some of that chapter is a bit technical; you may decide to skip it.

There is a lot of myth and misinformation about dementia. This book is intended for anyone who has, or may be worried that they or their family and friends have, dementia.

It is also for people who live or work with someone with dementia. We hope that by reading this book you will have a better understanding of what causes the illness and how it is diagnosed and treated.

**What is dementia?**

‘Dementia’ is a term used to describe any condition where a variety of different brain functions such as memory, thinking, recognition, language, planning and personality deteriorate over time.

Dementia is not part of normal ageing. Everyone gets more forgetful as they get older; that does not mean that they have dementia. The most common type of dementia is Alzheimer’s disease, but there are several other types.

**Who gets dementia?**

Dementia is common. It is estimated that there are over three-quarters of a million people with dementia in the UK and this number is rising. As people get older the risk of dementia increases rapidly. It is estimated that one in six people aged over 80 years has some type of dementia.

Dementia can affect anyone. Prominent people such as Ronald Reagan, Harold Wilson, Margaret Thatcher, Iris Murdoch, Terry Pratchett and many other well-known names from all walks of life have developed dementia. It is a global problem, occurring in all ethnic groups and social classes. No one is immune.
INTRODUCTION

It is important to recognise when someone may have dementia. A swift and accurate diagnosis is important while people can still plan their lives and have a say in their treatment. Getting a diagnosis is also helpful to explain why someone isn’t getting on as well as they used to and ensures that they get the necessary help. It is also reassuring to be told if you don’t have dementia.

Facts and figures about dementia
Dementia is common; about one in every 90 people in the UK has dementia. In 2014, it was estimated that there were around 800,000 people in the UK with dementia and this will rise to 1 million by 2025.

Dementia is rare below the age of 65, but can occur in people as young as 30. About 1 in 20 people over the age of 65 has dementia, rising to about 1 in 6 of people aged over 80. Dementia is becoming more common because the biggest risk factor for dementia is getting older and people are living longer.

About two-thirds of people with dementia live at home. Almost three-quarters of people living in care homes have dementia. People who develop dementia often live for many years with the condition. It is not uncommon for someone to live seven to ten years after a diagnosis and then to die of something else. Nearly everyone who has dementia will get worse over time and many people will eventually need to be cared for because they cannot live safely alone.

Diagnosing and treating dementia
The prospect of receiving a diagnosis of dementia is frightening. Other conditions such as depression and some physical illnesses (for example, Parkinson’s
disease) can look like dementia. Dementia can be diagnosed only after careful assessment by a doctor.

In the last 15 years there has been a great deal of research into treatments of dementia and drugs are now available to treat memory loss and problems with thinking. There has also been a lot of progress in understanding how someone with dementia, and families and carers, can be supported.

In this book we describe how dementia is diagnosed and treated. It is important to remember that not all the services and facilities described in this book are available in all areas.

**Living with dementia**

People with dementia can have a good quality of life with help, support and quality care. Dementia is not just about memory loss. Many other problems can occur during the course of the illness including anxiety, depression, wandering, incontinence and aggression. These can be helped too, and we have included practical advice to help cope with the day-to-day problems that can occur in dementia.

Throughout this book we have used examples to illustrate some of the problems and difficulties. Although these are based on real patients, we have changed the details to ensure anonymity.
KEY POINTS

- The term ‘dementia’ is used to describe the symptoms that occur when the brain is affected by specific diseases and conditions.

- Dementia is not part of normal ageing.

- Dementia is common, affecting over 800,000 people in the UK.
What is dementia?

Case study – Mary
Mary, a retired factory worker, is 79 and lives alone after her husband died 3 years ago. Mary is becoming increasingly worried about her memory. Recently she went shopping and left her shopping trolley in the library when she popped in to return a book. On another occasion she forgot her PIN number when collecting her pension from the post office.

She visited her doctor because she thought she was developing Alzheimer’s disease. Dr Thomas listened carefully to her problems and ordered some tests. It turned out Mary did not have dementia. ‘As we get older our memory does get worse,’ Dr Thomas told her. ‘But a problem with memory alone does not mean someone is developing Alzheimer’s disease, or any other dementia.’

This chapter explains what dementia is, and outlines the common types of dementia and conditions that can mimic it.
Defining dementia
Dementia is a term that is applied to several different conditions that affect the brain. Just like the word ‘arthritis’ refers to many different causes of joint pain, there are several different types of dementia, with subtly different symptoms. The most common cause of dementia is Alzheimer’s disease, but there are many other causes.

Most kinds of dementia have similar symptoms including:

- Loss of memory
- Problems with thinking and planning
- Difficulties with language
- Failure to recognise people or objects
- A change of personality.

Our brains (if we think about what our brains do) have many different functions. Making a cup of tea might seem a simple task but in fact this is quite a complex task and provides examples of several different brain functions:

1. We imagine a cup of tea (abstract thinking) and decide to make one (motivation).
2. We may ask whoever is with us if they want a cup (language).
3. We plan making the tea ensuring that things are done in the right order, putting the tea in before the boiling water (executive function).
4. We remember where the tea, sugar and milk are stored (memory).
5. We put the kettle on and gather the ingredients (motor function).

6. We listen for the kettle (hearing), ensuring that we don’t get distracted with some other task (attention and concentration).

7. We carefully pour (coordination) just the right amount of water (judgement) on to the tea.

8. We may then may add milk and sugar to the cup, in the right order (planning).

9. We wait until it has cooled sufficiently (judgement) and we enjoy the tea (taste).

10. All the way through we have probably spoken and acted in a similar manner to how we usually do (personality).

Most people reading this book have, at some time or another, made a mistake when making tea. For example, putting tea bags in the fridge and milk in the cupboard instead of the other way round, popping into the next room to ask someone if they want a cuppa and totally forgetting what you wanted to ask or making a cup of tea and forgetting to drink it.

This does not mean that you have dementia. When someone has dementia, usually several of the different brain functions outlined above begin to go wrong, and not just once but repeatedly over time.

So dementia could be defined as:

Persistent, progressive problems with more than one aspect of brain function (such as language, planning, motivation, memory or personality).
WHAT IS DEMENTIA?

The International Classification of Diseases defines dementia as follows: each of the following, present for at least six months in someone who has no impairment of consciousness:

- Decline in memory
- Decline in other cognitive abilities such as judgement, thinking, planning
- Decline in emotional control (for example, irritability) or motivation.

Symptoms of dementia

In many types of dementia, problems with memory and complex thinking are the first symptoms. The memory loss is usually for recent things. So someone may have a clear recollection for things that happened years ago, but cannot remember things that happened a few hours or days ago.

Dementia must be differentiated from acute (sudden-onset) causes of confusion. Dementia comes on over months or years; if someone becomes confused over a matter of hours or days this is unlikely to be a dementia.

Acute confusion is usually the result of another physical cause such as:

- Infection (for example, chest or urine infection)
- A reaction to medicines
- Pain or constipation
- Stroke
- Other physical cause.
Having dementia is a risk factor for getting a more acute confusional state, but, in every case, if someone gets suddenly confused (or more confused), he or she should see a doctor to try to find the cause of the acute confusion.

People who have dementia can also become more confused if there is a change in routine, such as going on holiday or going into hospital.

**Types of dementia**
There are a large number of different types and causes of dementia but the great majority of people have one of four types:

1. Alzheimer’s disease
2. Vascular dementia
3. Lewy body dementia
4. Frontotemporal dementia.

We shall concentrate on these four. Together, Alzheimer’s disease and vascular dementia cause about 90 per cent of all cases of dementia.

Brain scans and special tests of brain function (cognitive tests) may help doctors tell what type of dementia a person has. However, the only sure way of telling what type of dementia is present is by doing a brain biopsy (removing a small piece of brain tissue and looking at it under a microscope). This is very rarely done.

**Alzheimer’s disease**

**Case study – Gordon**

Gordon was 74 when his wife, Liz, first began to notice something was wrong. Looking back, Liz first noticed
WHAT IS DEMENTIA?

that Gordon was not looking after his allotment properly. He had been a very keen gardener, often winning prizes for his vegetables. However, recently Gordon had made some mistakes: planting seeds at the wrong time, forgetting to water his plants and letting the weeds get out of control. Neighbours commented that his allotment was a mess.

At first Liz thought Gordon was just bored with gardening, but then other things happened. Gordon was driving back from the supermarket when he suddenly took a wrong turn and went the wrong way up a one-way street.

A few weeks later he got into a muddle with his bank statement and flew into a rage – a very rare thing for him to do.

Liz tried to get Gordon to see the doctor but he was adamant that there was nothing wrong. Eventually Liz called Dr Blunt herself, but he told her it was probably just old age and advised her not to worry.

Over the next year things got worse. Gordon began to dress less smartly, sometimes wearing the same clothes until Liz reminded him to change. He began to repeat conversations and would often ask Liz the same question several times over.

He gave up the allotment and would sit for hours doing very little. Liz insisted Gordon went to the doctor and this time she went with him and the doctor took a careful history of Gordon’s problems and referred Gordon to the local memory assessment service.

After visiting Gordon and Liz at home and doing some tests, the consultant diagnosed Gordon as having Alzheimer’s disease.
ALZHEIMER’S DISEASE & OTHER DEMENTIAS

Alzheimer’s disease is the most common form of dementia; about two-thirds of people with dementia have Alzheimer’s disease. This disease was first described over 100 years ago by Alois Alzheimer who reported on a condition in a woman in her 50s. His description shows the range of symptoms that may develop in this condition:

One of the first disease symptoms of a 51-year-old woman was a strong feeling of jealousy towards her husband. Very soon she showed rapidly increasing memory impairments; she could not find her way about her home, she dragged objects to and fro, hid herself, or sometimes thought that people were out to kill her; then she would start to scream loudly. From time to time she was completely delirious, dragging her blankets and sheets to and fro, calling for her husband and daughter, and seeming to have auditory hallucinations. Often she would scream for hours and hours in a horrible voice.

Portrait of Alois Alzheimer 1864.
WHAT IS DEMENTIA?

Alzheimer’s disease usually begins with very mild symptoms. The first symptoms are often mild memory loss, which can be difficult to tell from normal forgetfulness as a result of getting older.

Mild confusion (for example, with managing bills) and problems with use of language may also be present early in the illness. Alzheimer’s disease usually starts slowly and with very mild symptoms; it is rare to find someone for whom the onset can be dated to a particular time, and someone may have the condition for a year or two before it is diagnosed.

Alzheimer’s disease also tends to progress slowly. As the disease gets worse, people may have a range of different symptoms (see page 34) and may eventually become very disabled, needing round-the-clock help.

What happens to the brain in Alzheimer’s disease?
Scientists now know quite a lot about what happens to the brains of people with Alzheimer’s disease. The brain is made up of millions of nerve cells (among other things), which enable us to think and remember.

In a brain affected by Alzheimer’s disease an abnormal protein called amyloid is made (for reasons that are not fully understood). Microscopic amounts of this amyloid protein are laid down in the outer layers of the brain in clumps called plaques.

These plaques are thought to affect the health of nerve cells or neurons. Neurons contain a protein called tau, which is involved in maintaining the shape of the nerve cell. Affected neurons begin to make an abnormal form of tau. This abnormal form of tau is thought to result in a change in structure of the cells.

Some nerve cells die and collapse in on themselves, creating clumps called tangles. These tangles, and
the plaques of amyloid protein, are visible under the microscope and are the hallmarks of Alzheimer’s disease.

Certain parts of the brain, especially the temporal lobe (a part of the brain where memory is stored) shrink as a result of the death of neurons. This shrinkage can be seen on some brain scans, and this can help doctors make a diagnosis.

The nerve cells in the brain communicate with each other using chemicals called transmitters. In Alzheimer’s disease, there is less of some of these transmitters, and some treatments for Alzheimer’s disease are aimed at increasing the levels of these chemicals (see ‘Treatments for dementia’, page 52).

**What causes Alzheimer’s disease?**
Little is known about what triggers the process that leads people to develop Alzheimer’s disease. Alzheimer’s disease may run in families, but this is nearly always only in those very rare cases when the disease begins in younger people.
WHAT IS DEMENTIA?

The process of Alzheimer’s disease
1. Normal brain
   Neurons within the brain transmit electrical messages to other parts of the body using chemicals called transmitters.
   
   ![Normal message transmission](image)

2. Brain with Alzheimer’s disease
   In Alzheimer’s disease areas of the brain tissue are damaged and this interferes with message transmission, causing the symptoms of the disease.

   ![Interrupted messages and Shrinkage of brain due to neuron death](image)
### Key features of Alzheimer’s disease

- The most common cause of dementia
- Slightly more common in women than in men
- Affects 26 million people worldwide
- Over 90 per cent of people with Alzheimer’s disease are over the age of 70
- Slow start with very mild symptoms initially
- Memory often affected first
- Smooth progression, often over many years
- People often live 10 years or even more after diagnosis

### Risk factors for developing Alzheimer’s disease

Risk factors are features that increase the chances that a person will develop dementia. The single most important risk for developing Alzheimer’s disease is increasing age; as we age beyond 70 the risk for developing the disease increases considerably.

Other risk factors, such as being female, repeated head injury (such as in boxers), high blood pressure, being overweight and not exercising, increase the chances only a little.

Drinking small amounts of alcohol (about a glass of wine) regularly may reduce the risk, but heavy drinking may increase it.

### A family history of Alzheimer’s disease

A very small number of people develop Alzheimer’s disease in middle age. In these ‘young-onset’ cases the
WHAT IS DEMENTIA?

Factors that may increase the risk for Alzheimer’s disease

- Older age
- Being female
- Genetics (hereditary factors)
- Head injury
- Less education
- High blood pressure
- High cholesterol
- Diabetes
- Obesity

disease may be caused by an abnormal gene that is passed from one generation to the next. Genes, which are made up of DNA, are stored in chromosomes, which are found in every cell in the body.

Genes transmit information (for example, characteristics such as skin and eye colour) from one generation to the next. Each person has a pair of genes for each characteristic. Some genes develop abnormalities, called mutations, and these abnormal genes can transmit diseases.

Gene mutations on different chromosomes (chromosomes 1, 14 and 21) have been found that can transmit Alzheimer’s disease in this way. If a person has one of these gene mutations they will, on average, pass it to half their children.

Anyone who inherits one of these genes is highly likely to develop Alzheimer’s disease, often in their 40s
or 50s. However, this is incredibly rare; Alzheimer’s disease due to these abnormal genes accounts for less than 1 in every 1,000 cases.

If there is a strong family history of Alzheimer’s disease starting before the age 60, then doctors may be able to test whether healthy family members are carrying the Alzheimer’s disease gene.

The vast majority of people with Alzheimer’s disease do not have the type that is passed on from generation to generation by a single gene.

In this ‘non-inherited’ form of the disease, the risk to close relatives is still higher than for a person of a similar age who has no family history of Alzheimer’s disease. For example, someone with no family history has about a 1 in 50 chance of developing Alzheimer’s disease during his or her seventieth year. This risk would increase to about 1 in 20 in someone with a close relative who did have Alzheimer’s disease. The risk is higher still when two close family members are affected. New genes that may increase the risk of developing Alzheimer’s disease (but do not cause it directly) are being discovered since the mapping of the human genome. These discoveries may eventually lead to a better diagnosis and treatment.

**Vascular dementia**

**Case study – Frank**

My name is Frank. I am 69 and worked for many years as a taxi driver. I first noticed something was wrong when I began to take punters on the wrong route while at work. I was always proud of my ‘knowledge’ of the streets, so this worried me.

Then one day I felt a bit dizzy and had problems finding the right words to speak. It only lasted 20
WHAT IS DEMENTIA?

minutes or so but I was bothered so went to my GP. By this time my memory was quite bad. My GP organised for me to see a specialist very quickly.

After he did some tests the specialist told me my brain scan showed that I have a poor blood supply to the brain and as a result I have had a lot of mini-strokes (‘infarcts’ he called them). I didn’t realise!

He also tested my memory and said I am in the early stages of vascular dementia. I also have high cholesterol and high blood pressure. I am on aspirin and tablets to control my blood pressure. I don’t feel too bad but I have had to give up work and get under the missus’ feet a bit.

The second most common cause of dementia is vascular dementia. Around one in four people with dementia has this condition, either on its own or combined with Alzheimer’s disease (sometimes called mixed dementia).

Vascular dementia (sometimes known as multi-infarct dementia or vascular cognitive impairment) refers to dementia that occurs because the blood supply to the brain is not as good as it should be or the blood supply to a region of the brain has been interrupted.

The brain needs a great deal of blood to carry oxygen to the nerve cells and receives around a fifth of the blood that is pumped around the body.

Blood is pumped from the heart through arteries. As these arteries travel deeper into the brain they divide into a multitude of smaller vessels called arterioles. Each arteriole feeds a small section of the brain.

Normally the walls of these arteries and arterioles are smooth, but they may become thickened by fatty deposits called atheroma.

When this happens, the artery narrows and the wall becomes roughened. Less blood can get through the
narrowed artery, and sometimes the artery wall may develop a clot of blood and block off completely. If this happens in the brain it results in a stroke or infarct.

Sometimes a short-lived interruption to the blood supply to a region of the brain may not cause any lasting effect. This is known as a transient ischaemic attack (TIA). A stroke causes lasting damage.

If the blockage resulting in a stroke is in a small artery or arteriole, the resulting stroke may be very small with minor symptoms, but a blockage in a large artery can cause death of a large region of brain and result in death or major symptoms including paralysis, loss of speech or blindness.

Vascular dementia may arise either because the blood supply to the brain is reduced as a result of narrowing of the arteries caused by atheroma, or
WHAT IS DEMENTIA?

Stroke
The most common cause of a stroke is a thrombosis – when a blood vessel supplying vital nutrients to the brain becomes blocked with a blood clot.

because of a stroke or series of strokes. Often people have a history of TIAs or several small strokes before they develop vascular dementia.

Vascular dementia may begin more abruptly than Alzheimer’s disease and may get worse in phases (called step-wise progression) rather than gradually. People with

Key features of vascular dementia

- Second most common cause of dementia
- Slightly more common in men than in women
- Caused by a poor blood supply to the brain
- Often has a sudden start and gets worse in steps
this type of dementia, especially in the early stages, may have intervals (which may be long or short) when they are much more ‘with it’.

**Symptoms of vascular dementia**
The symptoms of vascular dementia can vary depending on which parts of the brain are affected by the poor blood supply. A brain scan can show what areas of the brain are affected.

Often memory and language are affected early, and personality can change early in the disease (for example, people can become more irritable or unmotivated).

People are more likely to be aware of their dementia than if they have Alzheimer’s disease. The main finding in the brains of people with vascular dementia is evidence of a reduced flow of blood – often with numerous tiny strokes visible on brain scans.

### Risk factors for vascular dementia

- People who smoke
- People with diabetes
- High blood pressure
- Obesity

**Lewy body dementia**

**Case study – Roy**

Roy is 75 and lives alone. He began to have difficulties about three years ago. His first symptom was seeing things that a few seconds later he realised were not there. He often said he saw cats sitting on a chair in his living room but when he looked again they had gone.
WHAT IS DEMENTIA?

About six months before this, Roy developed a shake on his left hand and had problems walking. His doctor had diagnosed early Parkinson’s disease.

When Roy’s daughter visited him for a week she got quite worried. She found that Roy was getting up at night and staring at the front door. When she tried to talk to him he seemed unaware that she was there and could not remember anything the following day. She also noticed that Roy seemed quite confused at times, but virtually normal just a few hours later. At his daughter’s prompting Roy went to the doctor who diagnosed Lewy body dementia.

Lewy body dementia accounts for about 1 in 20 cases of dementia. It is quite different from Alzheimer’s disease and vascular dementia. Early on, people with Lewy body dementia usually have symptoms of Parkinson’s disease (shaking, especially in the hands, stiffness and reduced mobility). They also experience hallucinations, often seeing things that are not there (such as people or animals).

Key features of Lewy body dementia

- Third most common cause of dementia in the UK
- More common in men
- People have fluctuating confusion – often with spells when they may seem almost normal (at least early on)
- Features include symptoms of Parkinson’s disease and visual hallucinations
- Risk of falls and poor mobility
The difficulties in thinking and memory are similar to Alzheimer’s disease but may vary from hour to hour. People with Lewy body dementia are prone to falls and may have restless nights when they move a lot while apparently dreaming.

People who have had Parkinson’s disease for many years seem to have a higher risk of developing dementia that is similar to Lewy body dementia.
WHAT IS DEMENTIA?

In common with other types of dementia, older age is a risk factor for developing Lewy body dementia. Other risk factors include being male and having a family history of the disease.

Very little is known about what causes Lewy body dementia. If scientists look at the brains of people with Lewy body dementia they find microscopic lumps of protein in the nerve cells in the brain, called Lewy bodies. These protein deposits disrupt the normal functioning of nerve cells.

Frontotemporal dementia

Case study – Adam

Adam is 56, divorced and living alone. He was a successful executive in an advertising firm. About four years ago colleagues noticed that Adam was making increasingly outlandish and daring decisions at work. Some customers liked his ‘off-the-wall’ suggestions so colleagues didn’t worry too much. However, Adam, who had always prided himself on his punctuality, began to miss meetings and turn up late for work. He began to swear and make rude comments to people, both quite uncharacteristic things for him to do.

When Adam began making inappropriate sexual comments to female colleagues, some friends dismissed his behaviour as caused by the ‘male menopause’. One of his friends got really worried and went to see Adam at home and found that he was living in a mess, with stacks of rubbish and boxes of things that Adam had bought on impulse but never unpacked.

Adam appeared quite unbothered about all this and seemed quite bewildered when the friend expressed concern. Finally, his friends persuaded him to see a...
doctor. Investigations showed that Adam had a type of dementia called frontotemporal dementia.

About 1 in 50 people with dementia has the frontotemporal type. Although relatively rare overall, frontotemporal dementia affects younger people and is thought to be as common as Alzheimer’s disease in people aged under 65. Of all the types of dementia, frontotemporal dementia is often the most difficult to spot, usually because it affects people in their 50s when dementia is rarely suspected.

The main area of the brain affected is the frontal lobe, resulting in changes in personality, motivation and increasingly odd or uninhibited behaviour. People affected by this type of dementia may have problems concentrating, develop obsessional ‘rituals’ and become aggressive. Sometimes people have problems finding the right words, or their speech becomes repetitive or less meaningful.

The areas of the brain mainly involved in memory are affected fairly late in the disease so memory may appear normal at first. The symptoms of frontotemporal dementia are subtle at first and can develop over a very long period of time. Symptoms may be put down to ‘midlife crisis’ or ‘menopause’.

Frontotemporal dementia is usually diagnosed after a brain scan, which may show considerable thinning (atrophy) of the frontal lobe, whereas other parts of the brain may look normal. Cognitive tests can show specific difficulties with tasks dependent on the frontal lobe such as concentration or responding to changing patterns of information.

Some frontotemporal dementia is genetically inherited – about half of all people with it have a family history. It
is not known what causes the non-genetic form of the disease.

**Dementia related to alcohol**

Drinking small amounts of alcohol, say one unit (pub measure) a day, is thought to reduce the risk of developing dementia. However, heavy drinking (several units a day) can increase the chance of dementia.

One specific condition related to prolonged heavy drinking is known as Korsakoff’s syndrome. Korsakoff’s syndrome usually has a sudden onset, often occurring after a period of acute confusion. Individuals are unable to lay down any new memories following the onset of this condition, although memories for events before the disease are often unaffected.

The result is a very disabling amnesia, but without the other symptoms of dementia (for example, language and thinking difficulties or personality change) described in this book. Korsakoff’s syndrome is thought to result from a deficiency of a vitamin called thiamine. There is damage to a very specific part of the brain (called the mamillary bodies) although the rest of the brain may seem unaffected on a scan.

In addition to Korsakoff’s syndrome, prolonged heavy use of alcohol probably also causes a dementia with symptoms similar to Alzheimer’s disease. Some authorities have estimated that up to 10 per cent of all cases of dementia are related to alcohol.

**Rarer types of dementia**

There are a very large number of rarer causes of dementia, some of which are described below.
**Parkinson’s disease dementia**
This is similar to Lewy body dementia but the dementia comes on many years after the person develops Parkinson’s disease. Eventually about one in four people with Parkinson’s disease will develop dementia. People tend to have fewer problems with memory, and more apathy and difficulty with planning compared with someone with Alzheimer’s disease (see Family Doctor Book *Understanding Parkinson’s Disease*).

**Huntington’s disease**
This is an inherited disorder that usually begins between age 30 and 50. People with this condition usually develop severe problems with movement and have difficulty controlling their limbs. Anxiety and depression are common. Dementia usually presents with frontal symptoms (problems with planning and thinking and changes in personality) rather than memory problems.

**Creutzfeldt–Jakob disease**
There are several subtypes of this very rare disease, which affects about 50 people in the UK each year. Typical Creutzfeldt–Jakob disease (CJD) generally occurs in people who are elderly.

It is caused by a protein called a prion, although the disease can develop many decades after infection. The risk factors for this condition are not fully known, but a small proportion of cases seem to run in families. There is rapid development of dementia, often with blindness and severe difficulties with movement. Death usually occurs within a year of developing the condition.
WHAT IS DEMENTIA?

Variant CJD (vCJD) is rarer than CJD and usually occurs in much younger people, typically in their 20s and 30s. This variant may be related to bovine spongiform encephalopathy (BSE or mad cow disease). The vast majority of cases worldwide have occurred in the UK. People develop depression or anxiety, and problems with sensation and pain before they show signs of dementia.

HIV-related dementia
About 10 per cent of people with AIDS will eventually develop dementia, often late in the illness. The main features are slowing of mental processes and worsening memory. With antiretroviral treatments this is now rare.

Progressive supranuclear palsy
In this condition, the nerves controlling balance and movement are damaged, leading to loss of coordination, slurred speech and falls. There may also be personality change. Dementia often occurs after these other symptoms have developed.

Conditions that look like dementia
Case study – Anne
Anne is 74. Her husband died last year and since then Anne has been getting more and more forgetful. She had to stop playing cards in the local bridge club because she could not concentrate on the game. Then she forgot that she was due to organise the teas at a local Women’s Institute meeting – a very embarrassing mistake.

Since then things have gone from bad to worse. She has lost her energy and found even simple things, like
hanging out the washing, difficult to do. Eventually she spent more and more time just sitting at home doing nothing. She could not remember the plot of the book she was reading and lost interest in the TV.

When her doctor suggested that Anne may be depressed she didn’t agree; she didn’t feel sad or tearful. She was worried that she had Alzheimer’s disease, having seen a friend develop it a couple of years earlier.

However, after a course of treatment for depression her energy levels and concentration returned and her memory began to improve. Three months on she is back playing bridge and doing the teas at the WI.

There are many conditions that cause slowly progressive memory loss and confusion that look like dementia. Some of these are treatable. This is one reason why it is so important for people who have symptoms such as memory loss or change in personality to see a doctor for a full check-up.

### Conditions that can mimic dementia

- Depression
- Underactive thyroid gland (a gland in the neck that regulates metabolism)
- Parkinson’s disease
- Acute confusional state (delirium)
- Some vitamin deficiencies (for example, vitamin B₁₂)
- Some infections (for example, syphilis)
- Rarely, a brain tumour can look like dementia
WHAT IS DEMENTIA?

Depression
Depression will affect one in three people at some point in their lives. In particular in older people it can be mistaken for dementia because many of the symptoms are the same.

People with depression may complain of feeling low or depressed, may lack energy or lose a sense of enjoyment. Often nothing can brighten them up.

Other symptoms include poor sleep (especially waking early), loss of appetite, poor concentration and memory. These are also common symptoms of dementia. An added complication is that people with dementia are even more likely to get depression as well – as many as half the people with dementia will get depressed.

Things that may point to depression rather than dementia include:

- Feeling worse in the morning (as a rule people with dementia tend to be brighter in the mornings)
- Having thoughts of guilt, worthlessness or suicide
- Low mood, which is sustained over weeks.

Underactive thyroid gland
Also called hypothyroidism, this can start gradually and be difficult to spot. People with this condition may feel cold all the time, their skin may get coarse and dry, and they generally feel tired and ‘slowed up’. A blood test will confirm the diagnosis.

Parkinson’s disease
This is quite a common disorder in older people. People with Parkinson’s disease may notice shaking or tremor (which often starts in one hand), which is more
noticeable when relaxing, and stiffness in their arms and legs. People with Parkinson’s disease show less facial expression and may have problems walking.

Delirium/acute confusional state
Sometimes people can get confused over a matter of hours or days. This is not dementia but something that doctors call delirium, or acute confusional state.

One of the main differences is that delirium starts very quickly. Also, people with delirium may be drowsy or sleepy.

People who have delirium often change rapidly; for example, they may appear quite calm one minute and become very distressed, agitated or aggressive the next. They often hallucinate (see things that are not there). Behaviour is usually more disturbed at night.

Many things can cause delirium, commonly chest or urine infections, diabetes, prescribed medicines, alcohol or a stroke. If someone develops an acute confusion he or she should see a doctor or be taken to the hospital urgently.
WHAT IS DEMENTIA?

KEY POINTS

- Dementia is a disease; it is not caused by normal ageing

- The most common type of dementia is Alzheimer’s disease, although there are many other causes

- Many conditions look like dementia; anyone who develops symptoms of confusion should see a doctor