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When Someone You Love

Has Dementia

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What is dementia?

Dementia is the term used to describe a collection of symptoms that are caused by the destruction of brain cells as a result of certain diseases or conditions. Alzheimer's disease is the most common cause of dementia – more than half the people with dementia have Alzheimer's. The second most common cause is vascular dementia, which accounts for around 20 per cent of cases. Other fairly common causes are Lewy body dementia and frontal lobe dementia.

Dementia is a progressive disease, which means it will get worse over time. It usually begins in old age, but it is by no means an inevitable consequence of growing older. As we age, our memories, just like our bodies, become less robust, and we tend to forget things more easily than when we were younger. Mild forgetfulness is annoying but normal; the severe, life-affecting memory loss that characterizes dementia is not. It can be difficult to tell the difference in the early stages, but there are other symptoms associated with dementia that make it clearer that something is wrong. (See p. 8.) Although dementia is more common in older people, it can start earlier. There are currently around 15,000 people with dementia in the UK who are under the age of 65. Very rarely, it can start before the age of 40.

Alzheimer's disease

Alzheimer's disease is what we tend to think of when we hear the term 'dementia'. The name comes from the psychiatrist and pathologist Alois Alzheimer, who first described the disease in 1907 after noticing that protein deposits could be found in the brain of someone with dementia.

When your loved one is diagnosed, you may be told that he or she has 'dementia of the Alzheimer's type'. This is because a definite

diagnosis of Alzheimer's disease can only be made by examining the brain tissue after a person has died. Doctors still don't know exactly what causes Alzheimer's, although it is thought there may be a genetic cause in a minority of cases (more about this on p. 6). However, the symptoms – the decline in the ability to remember, to learn, to think and to reason – are caused by physical changes in the brain which stop it from working properly.

When scientists examine the brain tissue of someone with Alzheimer's under a microscope, a number of changes can be seen. These include:

- | small lumps called amyloid plaques, which grow in the areas of the brain responsible for controlling memory and thought. The lumps are made up of protein and parts of dead cells, and it is thought they may stop messages being passed between the brain cells;
- | bundles of tangled threads, known as neurofibrillary tangles, which form inside the brain cells and prevent messages moving between them. They can also cause the cells to die;
- | holes or gaps in brain tissue where cells have died;
- | insufficient numbers of neurotransmitters (chemical messengers that move between the brain cells).

Myths about Alzheimer's

In the vast majority of cases, we don't know why someone develops Alzheimer's, and this lack of knowledge has led to a number of myths about the disease. We do know that Alzheimer's is definitely not caused by:

- | overusing or underusing your brain;
- | stress or bereavement;
- | hardening of the arteries;
- | contact with someone who has the condition; Alzheimer's is not infectious or contagious – it cannot be 'caught'.

There has been some circumstantial evidence linking Alzheimer's with aluminium. However, since the link was first suggested, there has been a great deal of research and no causal links have been identified. Aluminium is widely present in our environment, and

we are all exposed to small amounts of it on a daily basis. Given that the majority of elderly people do not develop Alzheimer's, it is highly unlikely that it is a contributory factor.

Vascular dementia

Vascular dementia is caused by damage to the blood vessels in or near the brain. If the blood vessels are blocked or damaged, blood flow will be affected and this may result in a lack of oxygen to the brain, which in turn can damage or destroy some areas of brain tissue. Areas of brain tissue that have died through lack of oxygen are called infarcts. This is sometimes the result of a small stroke. Over time, several infarcts may appear and brain function will be affected, causing dementia. This is sometimes known as multi-infarct dementia. It is possible for Alzheimer's and vascular dementia to occur together.

Lewy body dementia

This is where small clusters of proteins called Lewy bodies form in the brain, affecting brain function. Lewy bodies are also found in people with Parkinson's disease, and some symptoms of Parkinson's – stiff muscles, a shuffling walk, loss of facial expressions – are sometimes seen in Lewy body dementia. As well as the usual dementia symptoms such as memory problems and confusion, people with Lewy body dementia may also experience hallucinations, and may have difficulty with balance.

Frontal lobe dementia

Frontal lobe dementia is where the damage to brain cells occurs in the front parts of the brain, which are the areas that control mood and behaviour. We don't yet know why this happens in some people. As with Alzheimer's, this type of dementia causes a progressive decline in mental function over a number of years, although the symptoms are slightly different in that the personality changes are very prominent, and may sometimes involve quite bizarre behaviour. The person may have trouble with language but,

in the early stages, experience few or no difficulties with memory. This type of dementia tends to begin earlier than Alzheimer's, often when people are in their 40s or 50s.

Other causes of dementia

Dementia can also be caused by rarer diseases such as Korsakoff's syndrome, Binswanger's disease, Creutzfeldt-Jacob disease (CJD) and HIV and AIDS. Dementia may also be more common in people with motor neurone disease, Huntingdon's disease, Parkinson's disease and multiple sclerosis.

Who is at risk?

There is continuing research into why some people develop dementia and others don't. To a certain extent we're all 'at risk' of developing some form of dementia, but scientists have identified a number of factors that can increase that risk. It should be borne in mind that people who appear to have a high risk of developing dementia may never do so. It's also possible for the condition to develop in someone who appears to be at low risk.

Risk factors

Age

Age is by far the most significant risk factor. Some people develop dementia quite early in life, but it is relatively rare in people under 65. As we age, the risk increases. According to the Alzheimer's Society, only one in 1,000 people between the ages of 40 and 65 has dementia. This increases to one in 50 in those aged 65–70, one in 20 in 70- to 80-year-olds and one in five of those over 80. Other health conditions or illnesses associated with ageing may contribute to the increased risk: for example, conditions that affect the heart or blood vessels (the cardiovascular system) such as high blood pressure, heart disease and stroke.

Gender

Alzheimer's is slightly more common in women, while vascular dementia seems to affect men more than women. It has been suggested that the lack of the hormone oestrogen in post-menopausal women may be a factor in the development of Alzheimer's. However, studies show that taking hormone replacement therapy (HRT) does not lower the risk of developing the condition and, given the risks associated with HRT, it is not recommended as a protective measure. High blood pressure and heart problems are risk factors in vascular dementia, and given that these conditions are more common in men, this may explain why men are at greater risk of this type of dementia than women.

Family history

You may be concerned that because one of your parents or siblings has dementia you will be more likely to develop it yourself. It's true that someone who has a parent, sibling or child with dementia is slightly more likely to develop the condition, and the risk increases further if more than one family member is affected. However, it's not clear whether the reasons for this are genetic or environmental. Clearly, genetic factors (see below) are beyond our control, but environmental factors (see p. 7) such as diet, exercise and alcohol consumption are not, so you may be able to take steps now to reduce your own risk of developing dementia.

Genetics

Genes are the parts of a human cell that determine the characteristics that are passed down the generations from parent to child – curly hair, for example, or an aptitude for music. Research suggests that the genes we inherit from our parents may be partly responsible for whether or not we develop certain illnesses, including those that are known to be among the causes of dementia. However, there are almost 20,000 genes in the human genome, and although scientists don't know exactly how many of these genes play a part in the development of dementia, it could be over 100. So, even though

the risk of developing dementia is slightly increased if you have a parent with the condition, it is unlikely that you will have inherited all the genes that would make you susceptible. In most

cases, scien-

tists believe dementia is caused by a combination of genetic and lifestyle factors so, in other words, even if someone inherits all the genes that would predispose him to dementia, it still doesn't mean he will definitely develop the condition.

There is one very rare form of Alzheimer's that does seem to have a strong genetic link. Scientists have identified three particular genes, known as APP, PSEN-1 and PSEN-2, that are associated with an early-onset form of Alzheimer's. People who have any of these rare genes tend to develop Alzheimer's while in their 30s and 40s, and will usually have several relatives with early-onset Alzheimer's. Only a small number of families in the world are affected, and the number of people with this form of Alzheimer's accounts for only 1 or 2 per cent of all Alzheimer's cases.

Medical history

Certain medical conditions can increase someone's risk of developing dementia. These include Huntington's disease, multiple sclerosis, HIV and Down's syndrome.

Down's syndrome

People with Down's syndrome are at significantly increased risk of developing dementia. One study suggests that around 2 per cent of people with Down's are likely to develop the condition in their 30s, rising to 9 per cent in their 40s, 36 per cent in their 50s and over half (54 per cent) by the time they reach their late 60s. Other studies have shown that almost all people with Down's develop the plaques and tangles in the brain (see p. 2) that are associated with Alzheimer's, though not all of them will develop the disease.

Environmental and lifestyle factors

It is thought that environmental and lifestyle factors can play a significant role in the development of dementia in some people. It is also true that a healthy lifestyle, both in terms of diet and exercise and in terms of social and intellectual stimulation, appears to help reduce the risk.

Alcohol

Drinking large amounts of alcohol over a long period of time can increase the risk of developing dementia. Heavy drinking can cause high blood pressure, which can damage the blood supply to the brain, starving it of oxygen and other vital nutrients. Also, alcohol is a toxin which causes direct damage to brain tissues. Very heavy drinkers may develop Korsakoff's syndrome (sometimes referred to as 'alcoholic amnestic syndrome'). This condition is not, strictly speaking, a true dementia, although people who have it will have problems with short-term memory. Korsakoff's syndrome can occur in non-alcohol-related conditions where there is severe malnutrition, but this is extremely rare in the UK. The condition is caused by thiamine deficiency. Heavy drinkers tend to have a poor diet, low in vitamins and other nutrients. Also, alcohol can damage the stomach lining, which can affect the body's ability to absorb any nutrients it does receive. Korsakoff's syndrome is more common in men with a history of heavy alcohol consumption, and tends to develop between the ages of 45 and 65.

Some studies have shown that a small amount of alcohol – one or two units a day – may actually protect against dementia. The type of alcohol may also be relevant, with some studies suggesting that wine is preferable to other types of alcohol. There is considerable evidence to suggest that small amounts of red wine, which contains anti-oxidants, may help to protect the heart and vascular system. We know that dementia is more common in people with a history of high blood pressure or heart disease, so this makes sense. But there may be other lifestyle factors that need to be taken into account: for example, people who prefer to drink wine may be less likely to smoke and more likely to have a healthy diet, whereas people who drink beer or spirits may be more likely to smoke and less likely to eat lots of fresh fruit and vegetables. It's difficult, therefore, to be certain about the links, but research into the subject continues.

Diet

We know by now that what we eat has a huge effect on our general health. A diet high in saturated fats can cause narrowing of the arteries, which can lead to heart attacks or stroke, and this in turn

increases the risk of vascular dementia. We also know that if we eat a diet rich in fresh fruit and vegetables, we are more likely to have an adequate supply of vitamins and anti-oxidants, which may help to protect the brain and prevent disease of the heart and vascular system. Oily fish, a good source of polyunsaturated fatty acids, has also been shown to be beneficial to brain and cardiovascular health.

Smoking

Again, it won't be news to you that smoking is bad! Smoking damages the lungs, heart and blood vessels, including those in the brain. It can lead directly to stroke, which, as we've seen, increases the risk of vascular dementia.

Exercise

Physical exercise is vital to overall health, but particularly to cardiovascular health. Regular exercise helps to keep the cardiovascular system healthy, reducing the risk of high blood pressure, heart disease and stroke, all of which are risk factors in vascular dementia.

What are the symptoms?

Although most people with dementia will have a number of symptoms in common, each person's experience of the illness will be slightly different, and not everyone will have all the symptoms mentioned here. Dementia is a progressive illness, and in the early stages symptoms can be very subtle and difficult to spot, especially as they may be common to other illnesses. Some symptoms – a certain amount of forgetfulness, for example, or a tendency to repeat things – are normal and common consequences of ageing. Early symptoms may include:

- I memory problems – forgetting appointments, recent events and dates, such as birthdays or anniversaries that the person usually remembers;
- I repeating anecdotes and conversations;
- I brief periods of appearing confused;

- | denying problems or blaming others;
- | becoming less adaptable and more unwilling than usual to try new things;
- | overreacting to small problems.

It's often difficult to pinpoint the onset of dementia, partly because of the normal ageing process but also because there is a tendency to try and carry on as if nothing is wrong, particularly if the person becomes upset when loved ones mention their concerns. But if you have concerns about your loved one, you should talk to a doctor as soon as possible, both to rule out other possible causes for the symptoms (see p. 14) and to arrange for testing so that, if it is dementia, you can start thinking about planning the treatment and management of the condition. The next chapter looks more closely at the process of testing for and diagnosing dementia.

