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UK Edition

Dementia

FOR DUMMIES®

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Learn to:

- Get the straight facts on dementia
- Decipher the different types of dementia
- Uncover the symptoms, causes and risk factors
- Help someone manage their illness and provide care

Simon Atkins

Author of First Steps to Living with Dementia

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Published by: **John Wiley & Sons, Ltd.,** The Atrium, Southern Gate, Chichester, www.wiley.com

This edition first published 2015

Registered office

John Wiley & Sons Ltd, The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, United Kingdom

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A catalogue record for this book is available from the British Library.

ISBN 978-1-118-92469-3 (hardback/paperback) ISBN 978-1-118-92471-6 (ebk)

ISBN 978-1-118-92470-9 (ebk)

Printed in Great Britain by TJ International, Padstow, Cornwall

10 9 8 7 6 5 4 3 2 1

Dementia For Dummies®

Visit www.dummies.com/cheatsheet/dementia to view this book's cheat sheet.

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Introduction

Pick up a newspaper or turn on the television or radio, and it won't be long before you come across a reference to dementia. Either there's been a breakthrough in research, or someone famous has been diagnosed with it, or an expert has decided that some food or other, which we've previously enjoyed without a second thought, is now believed to double our risk of developing the condition.

But its media popularity isn't really that much of a shock, because dementia is on the rise. In fact, it's reckoned that every four seconds someone somewhere in the world is diagnosed with dementia, so the number of cases is rising pretty fast.

At the moment, the World Health Organization estimates that 35.6 million people have dementia across the globe, with 7.7 million cases being added every 12 months. And closer to home, the number of people in the UK with dementia is thought to be 820,000, which, according to Alzheimer's Research UK, means that 23 million of us will know a close friend or family member who has been diagnosed with it.

Sadly, those figures mean that a lot of people are, or will be, directly affected by dementia.

About This Book

The scope of this book is extremely wide ranging, covering the basics of how each of the four diseases that cause dementia develop, along with an explanation of the changes that happen in the brain to cause the disease's disabling symptoms. I look at the treatments available,

both from mainstream medicine and complementary therapies, and review what works and what doesn't. Then sections give tips to carers about how to handle difficult symptoms as the condition progresses, advice on when and how to make a will, and details of how to choose the right care home. Plus much more.

This book isn't necessarily designed to be read from the front cover to the final page in order – although if you want to do that, it will take you on a logical journey from finding the diagnosis to dealing sensitively with end-of-life care. Instead, each chapter is designed to stand alone. You can read the chapters just as easily in a completely random order, according to your area of interest, as in numerical order by chapter.

The main information about each topic is contained in the main text of each chapter, but you will also notice shaded boxes of text in each chapter, called sidebars. These boxes offer interesting asides, designed to complement the rest of the chapter, rather than essential information. So if a sidebar doesn't interest you, just skip it; you'll still be able to understand everything else without it.

Within this book, you may note that some web addresses break across two lines of text. If you're reading this book in print and want to visit one of these web pages, simply key in the address exactly as it's noted in the text, pretending that the line break doesn't exist. If you're reading this as an e-book, you've got it easy: just click the web address to be taken directly to the page.

Foolish Assumptions

I've written this book with everyone who has dementia or who may one day be affected by dementia in mind. It's

for those who are just generally worried about dementia and want to find out more about the condition and how it develops, as well as for those currently experiencing symptoms that they think may mean they already have dementia and who want to know what they should do next. It's also for people who've already been given the diagnosis and who need advice about how to get the best care available, and for those looking after people with dementia who want to know how to be the best carers they can be.

But despite the wealth of information, I've designed this book so that you don't need to

- Have a degree in medicine or biology to understand the science stuff
- Be trained in social work to follow details of how to navigate the care and benefits system
- Be a lawyer to write the most appropriate, all-encompassing, watertight will

Everything in this book should make sense to everyone with an interest in dementia and how best to care for the people who develop it.

Icons Used in This Book

As you go through the book, you'll notice that a variety of different icons pop up in the margins. These are designed to identify information that you need to know; information that may be interesting, but which you can live without; and hints about how to understand what you're reading.

These are handy bits of information that are worth remembering because they will help you deal with problems and perhaps see them off before they arise.

These are key facts that anyone wanting to get a handle on dementia and what it's all about will want to know.

This icon flags potential dangers and pitfalls that can lead to problems when managing dementia.

This icon points out information that's interesting or in-depth but that isn't necessary for you to read.

Beyond the Book

In addition to the material in the print or e-book you're reading right now, this product also comes with some access-anywhere goodies on the web. These resources are crammed with useful summaries about everything you need to know about dementia. Check out the free cheat sheet at http://www.dummies.com/cheatsheet/dementia for more information about the condition and helpful reminders about the essentials of being a carer.

And you'll also find online articles at www.dummies.com/extras/dementia. There's one looking at the tests that doctors carry out to diagnose dementia, another on the steps you need to follow to set

up a lasting power of attorney and finally an article highlighting the top tips for finding a suitable care home.

Where to Go from Here

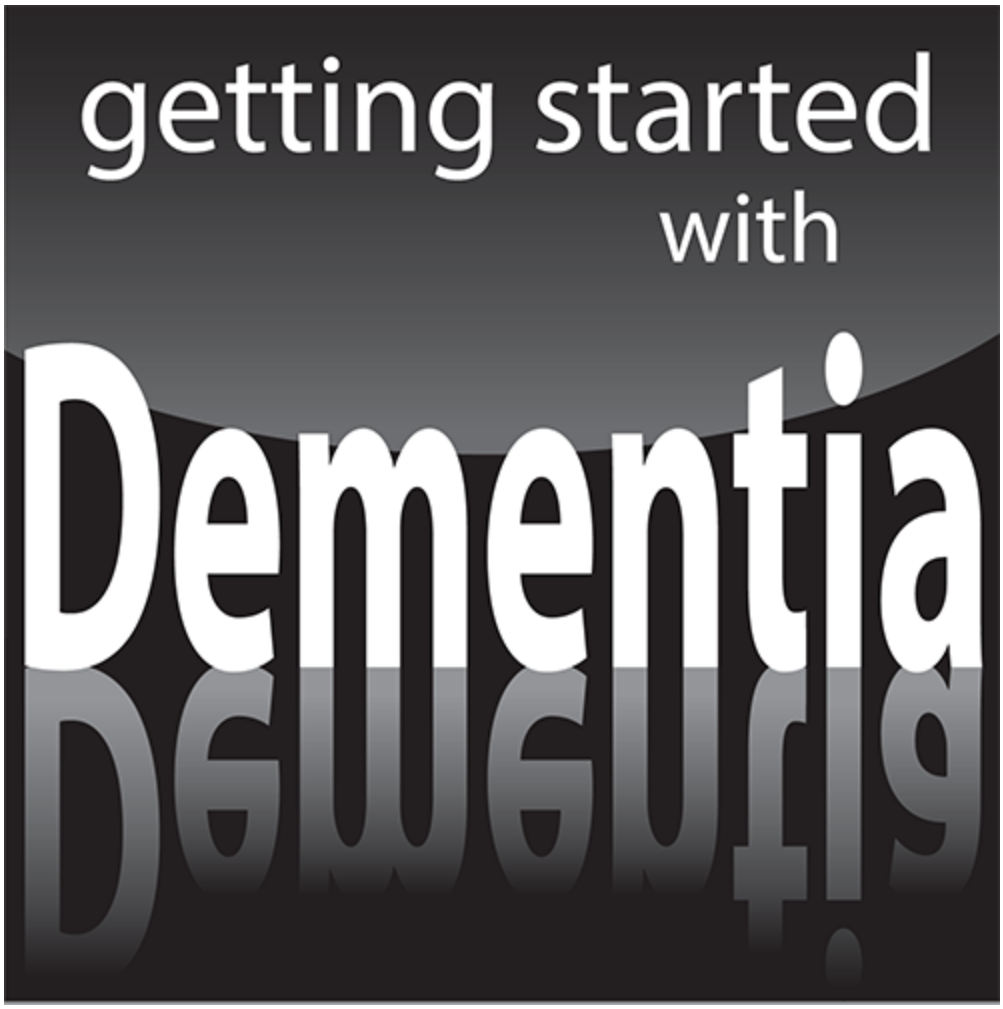
By all means carry on reading from here in chapter order; if you do, you obviously won't go far wrong. But if you have particular needs and interests when it comes to dementia and its care then you may well want to flit about through the book.

If you want to understand the causes of dementia and the way the disease affects the brain then head to Chapter 4. If you need to grasp the difference between Alzheimer's disease, vascular dementia, Lewy body disease and fronto-temporal dementia then I discuss these in Chapter 3.

If the medical bits don't really captivate you, but you want tips about being a great carer, then you can start reading from Chapter 10. Or if you're worried you may have dementia and need to know how to have it diagnosed then you should start reading at Chapter 6.

Basically, thanks to the layout of all *For Dummies* books, the choice of how you read through this book is completely yours. But, however you decide to set off, I hope you enjoy learning more about this increasingly important subject.

Part I
Could It Be Dementia?



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In this part ...

- Find out what dementia actually is and the symptoms that someone may develop that lead a doctor to consider the diagnosis.
- Look at the main diseases that cause dementia, and at some other medical conditions whose symptoms, while similar, can be reversible with appropriate treatment.
- Discover the causes of the condition and the risk factors for developing it, and ways to possibly protect yourself from getting it.
- Explore the various stages of the disease and the symptoms to look out for as time goes on.

Chapter 1

Checking Out the Facts on Dementia

In This Chapter

- Defining dementia
- Looking at the scale of the problem
- Understanding the link between age and dementia
- Recognising the four main types of dementia
- Considering other diseases that can cause dementia

If you're reading a book about dementia, you first need to understand what the term means. In my work as a family doctor I meet people with a whole heap of different ideas about what sort of condition the word 'dementia' suggests. For some, it's the diagnostic label you give to people who keep having 'senior moments' and regularly forget what they've been up to, where they put their spectacles and the names of their grandchildren. To others, it refers to people who are old and confused, have urine-drenched armchairs, and spend all day shouting at the telly and letting their friends and neighbours know exactly what they think of them.

While some of the above symptoms clearly can be part of the picture, neither of the people described fits the diagnosis. The first is probably just forgetful but otherwise well, and the second may simply be leaky and bad-tempered, with a poor sense of smell. Dementia has

a very clear definition, because the diagnosis is never made lightly.

This chapter looks in detail at what dementia is and what it certainly is not.

Understanding What Dementia Is

Dementia isn't a single entity, but the result of a number of different medical conditions that affect normal brain functioning.

The World Health Organization (WHO) defines dementia thus:

> *[A] syndrome – usually of a chronic or progressive nature – in which there is deterioration in cognitive function (i.e. the ability to process thought) beyond what might be expected from normal ageing. It affects memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement. Consciousness is not affected. The impairment in cognitive function is commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behaviour, or motivation.*

This definition, however, still contains a fair amount of medical jargon. So I'll try to come up with a simpler, but still accurate, version by considering each of the key terms used by the WHO:

- **Syndrome:** This word describes the symptoms that are characteristic of a particular medical condition.

People with the condition have most of these features but don't have to show all of them to receive the diagnosis. Thus in dementia, one person may have poor memory for shopping lists but still be able to add up the prices on the bill, while another may have problems with both memory and calculations.

- **Chronic and progressive:** These terms mean that the condition is long term and gets steadily worse with time. Many people think that the word 'chronic' means that something is severe. But while dementia may be severe for some people, it's mild in others; chronic here means long-lasting.
- **Consciousness:** Used in relation to dementia, this word takes on both of its meanings. People with dementia are both awake (as opposed to unconscious) and mentally aware of their surroundings, although what's going on around them may not always make sense and may be confusing.

So dementia can be caused by a number of diseases of the brain that lead to a collection of progressively worsening symptoms affecting a person's thought processes, mood and behaviour; eventually, the person may lose the ability to carry out the basic tasks of daily living.

Grasping What Dementia Is Not

Many myths and misunderstandings circulate about dementia. And to get a grasp of what dementia actually is, it's important to have a clear idea about what it

certainly isn’t. So here’s a selection of some of the most common misconceptions, to help sort fact from fiction.

- **All old people get dementia.** Although the chances of developing dementia do increase as we get older, it’s not a normal part of the ageing process. In fact only 1 in 14 people over the age of 65 and 1 in 6 over 80 suffer from it.
- **Dementia is the same as Alzheimer’s disease.** Alzheimer’s disease is just one of a number of brain diseases that lead to dementia.
- **Memory loss equals dementia.** Dementia does affect memory, but for someone to be diagnosed with the condition he needs to show many other more complex symptoms rather than simply poor memory alone.
- **Everyone with dementia becomes aggressive.** While some people with dementia can become agitated, aggression isn’t a universal feature of dementia and is usually triggered by the way someone is treated or communicated with rather than being a symptom of the dementia alone.
- **A diagnosis of dementia means a person’s life is over.** Despite the fact that the condition is chronic and progressive, many medical, social and psychological treatments and strategies are available to help make life as fulfilling as possible for someone with dementia, for many years.
- **Everyone with dementia ends up in a nursing home.** While one third of people with dementia do eventually need this level of intense care in the latter stages of their condition, many people are able to access enough help and support to spend the rest of their lives in their own homes.

- **My nan has dementia, so I’m going to get it too.** Some forms of dementia do have a genetic component and so may run in families, but these are in the minority. For most people, it doesn’t follow that because a relative has dementia, they’ll get it too. And contrary to what one patient of mine thought, you can’t catch it off your nan either!

Looking at the Statistics

Now that I’ve excluded all the people who don’t really have dementia from the discussion, I can look more accurately at what the statistics reveal about who actually has the diagnosis. And, unfortunately, the results still make rather sobering reading.

The statistics tell us that every four seconds, someone in the world is diagnosed with dementia. That’s 15 people per minute, 900 per hour and 1,350 during a 90-minute game of football or an average-length Hollywood blockbuster. In fact, by the time you go to bed tonight, around another 21,600 people will have been told they have dementia in the previous 24 hours. Over the course of 12 months, that’s a whopping 7.7 million new cases.

And, worse still, those people are just the tip of the diagnostic iceberg, because it’s reckoned that up to six out of ten people with dementia may still be undiagnosed in the UK alone. Start adding those figures into the calculations, and the statistics start to look even more frightening.

Without being sensationalist, knowing what we’re all up against is important, not only so that governments and health professionals can plan for the types of care that may be needed as the disease becomes more common, but also to enable individuals and their families to be

reassured that they're by no means alone in their struggles.

According to statistics from the organisation Alzheimer's Disease International:

- Currently, 44.4 million people around the world are living with dementia.
- The number of people living with dementia is expected to double by 2030 and treble by 2050.
- Sixty-two per cent of people with dementia live in developing countries, a proportion that's expected to rise to 71 per cent by 2050.
- In economic terms, the cost of dementia care is $600 billion worldwide, which means that
    - If dementia was a country, it would be the world's 18th-largest economy, sandwiched between Turkey and Indonesia.
    - If dementia was a multinational company, it would be the biggest in the world, out-grossing both Walmart and Exxon Mobile.
- The increase in diagnoses will hit different parts of the world more significantly than others; thus an estimated 90 per cent increase will occur in Europe, 226 per cent in Asia, 345 per cent in Africa and 248 per cent across North and South America.
- More worrying still, out of the 193 member countries of the World Health Organization, only 13 have a national dementia plan – and none of these are in Africa.

The statistics for the UK, provided by Alzheimer's Research UK and the Alzheimer's Society, show the extent to which people in this country contribute to the worldwide dementia figures:

- Currently, 820,000 people in the UK have dementia, meaning that 25 million people know a friend or relative with the condition.
- The number of people in the UK with dementia will at least double by 2050.
- Two-thirds of the people with dementia in the UK are women.
- Dementia costs the economy £23 billion per year, which is more than cancer and heart disease combined; this funding equates to an average of more than £27,000 per person with dementia each year.
- Despite the increased cost of treating dementia, investment in dementia research is almost 12 times lower than for cancer (£50 million versus £590 million per year).

Looking at the Link between Age and Dementia

A clear correlation exists between increasing age and the chances of developing dementia. In fact, fewer than 2 per cent of people are diagnosed under the age of 65. The Alzheimer's Society suggests that the figures can be broken down as follows:

40–64	1 in 1,400
65–69	1 in 100
70–79	1 in 25
80+	1 in 6

The obvious question is whether dementia will become more common as we live longer. Thanks to advances in science, medicine and technology, as a species we're living increasingly longer. Life expectancy until 30,000 years ago is believed to have been less than 30 years, and right up until the 1800s it was common for adults to die by the age of 40. Now the average man in the UK can expect to live for 78.9 years, while a woman can make it to the ripe old age of 82.7.

These figures represent an average, and life expectancy across the UK varies depending on levels of poverty and deprivation. To the same extent, life expectancy in some countries is much lower than in the UK; in Chad, for example, it is, unbelievably, still only 49.5.

Over the next few decades these figures are expected to rise along with the proportion of older people in the population as a whole. According to government figures, currently 10 million people in the UK are over 65 years of age. By 2035, it's estimated that another 5.5 million more elderly people will be resident in the UK, rising to around 19 million by 2050.

A boy born in the UK in 2030 will have a good chance of living until he's 91, and a girl to 95. Given the rising chance of developing dementia with age, it's feared that cases will become far more common as a result of this boom in life expectancy.

Realising that Dementia Doesn't Just Mean