



Is It Dementia or Something Else?

“When a loved one seems more confused.”

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DON'T JUMP TO CONCLUSIONS WITHOUT ALL THE FACTS

I'd like to stress the importance of not jumping to conclusions.

There are as many as 60 conditions that mimic dementia, that are treatable.

It's very important that you have a yearly physical, and if you are concerned about yourself or another person's memory loss or other symptoms, speak with your doctor as soon as possible.

MEDICAL CONDITIONS THAT CAN MIMIC DEMENTIA

There are as many as **60** conditions that are known to present with dementia like symptoms, and are referred to as reversible dementias.

It has been estimated that as many as 20% of people presenting with dementia like symptoms, actually have an underlying condition that if diagnosed and properly treated; can result in a partial or full return of the person's mental functioning.

Remember the first step is to have a thorough diagnostic evaluation conducted by a qualified medical professional to rule out what it is and is not, before determining whether this may be a reversible or irreversible form of dementia.

Common causes of reversible dementias.

Could it be...

- Alcohol abuse
- Anoxia – when organ tissues aren't receiving enough oxygen (e.g. severe asthma, heart attack, carbon monoxide poisoning)
- Brain disease (e.g. tumor which presents as impairment of mental functions)
- Delirium
- Depression (may include forgetfulness, disorientation, inattentiveness, and slowed responses)
- Diabetes
- Drug abuse
- Environmental toxins (e.g. exposure to heavy metals such as lead)
- Hormonal disorders (e.g. thyroid disease)
- Infections (e.g. urinary tract infection)
- Metabolic disorders (e.g. dehydration, kidney failure, COPD)
- Normal-pressure hydrocephalus (May cause walking problems, urinary difficulty & memory loss)
- Subdural hematomas (blood clots caused by bruising)
- Traumas (due to falls, concussions or contusions to the head)
- Heart disease
- Vitamin deficiencies (e.g. B-12 with pernicious anemia)
- Medication (e.g. side effects, drug interactions, drug overdose)

Here is a sample list of the many medications that can cause dementia like symptoms:

- antidepressants
- antihistamines
- anti-Parkinson drugs
- anti-anxiety medications
- cardiovascular drugs
- anticonvulsants
- corticosteroids
- narcotics
- sedatives

It is very important that you have a yearly physical, and if you are concerned about yourself or another person's memory loss or other symptoms, speak with your doctor as soon as possible.

DEMENTIA

Although dementia is known to affect mainly older people, dementia is not a normal part of aging.

Around the world, there were 9.9 million new cases of dementia in 2015, **one every 3 seconds**.

Surprisingly, dementia is potentially preventable in 1/3 of cases.

"It is a disease you can prevent...it's not an inevitable part of ageing." according to Hilary Evans, Chief Executive of Alzheimer's Research UK when speaking on the subject of dementia.

THE LATEST RESEARCH ON DEMENTIA

Studies have shown that there are 7 key factors that have a strong link to dementia, which include:

- Physical Inactivity
- Smoking
- Diabetes
- Depression
- Midlife Hypertension
- Midlife Obesity
- Low Educational Attainment

Source: National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care

Study 1

A study published in the New England Journal of Medicine in August 2013 "Glucose Levels and Risk of Dementia" results suggest that higher glucose levels may be a risk factor for dementia, even among persons without diabetes. (Funded by the National Institutes of Health.)

Study 2

Another study published on January 26, 2015 showed an increased risk of developing dementia, for people who use medications with anticholinergic effects at higher doses or for a longer time.

Anticholinergic medications include those used to treat diseases like asthma, incontinence, gastrointestinal cramps, and muscular spasms, depression and sleep disorders.

An example of an anticholinergic medications is the nonprescription diphenhydramine, which includes Advil PM, Aleve PM, Bayer PM, Benadryl, Excedrin PM, Nytol, Simply Sleep, Somnex, Tylenol PM, and Unisom.

Source: "Cumulative Use of Strong Anticholinergic Medications and Incident Dementia." JAMA Internal Medicine January 26, 2015

UNDERSTANDING DEMENTIA

JUST THE FACTS

- In 2015 there were 9.9 million new cases of dementia.
- As of 2015 there were 46.8 million people worldwide are living with dementia; an increase of 2.4 million people over the past two years
- A new case of dementia is diagnosed every 3 seconds.
- The number of people diagnosed with dementia is expected to double every 20 years, reaching 74.7 million in 2030, and 131.5 million by the year 2050.

WHAT IS DEMENTIA

Although dementia is known to affect mainly older people, dementia is not a normal part of aging.

It's important to note that dementia is not a specific disease, but instead is a term that describes a broad range of symptoms.

The term dementia is used to describe a person who is experiencing cognitive functioning in two or more areas of their life as a result of changes in the brain. These include:

- Memory - Subtle Short-Term Memory Changes
- Communication and Language - Difficulty Finding the Right Words
- Apathy - Lose of Interest in Hobbies or Activities
- Reduced Ability to Focus and Pay Attention
- Difficulty Doing Normal Tasks
- A Loss of a Sense of Direction
- Loss of Emotional and Behavioral Control - Changes in Mood
- Being Repetitive
- Reduced Problem Solving Abilities
- Confusion

TYPES OF DEMENTIA

Although most people are familiar with the term Alzheimer's disease, there are many other types of dementia. The names of these various forms of dementia are often named for the condition that caused the dementia, or the person who first identified the particular form of dementia.

Alzheimer's disease is reported to be the most common dementia for people over age 65, and accounts for 60% - 80% of dementia cases.

An estimated 5.2 million Americans have Alzheimer's disease in 2014, including 200,000 people under age 65 who have younger-onset Alzheimer's

Vascular dementia is usually caused by brain damage from a cerebrovascular accident or cerebrovascular insult (stroke), and is the second most common dementia type.

Lewy body dementia is another common and progressive dementia where cells in the brain's cortex die and other areas contain abnormal structures called Lewy bodies. Symptoms may include hallucinations, shuffling gait, and flexed posture. These symptoms may vary daily.

Frontotemporal dementia is associated with the degeneration of nerve cells in the frontal and temporal brain lobes.

HIV-associated dementia is due to infection of the brain with HIV virus; presenting with symptoms such as impaired memory, apathy, social withdrawal, and concentration problems.

Huntington's disease is a heredity disorder caused by a faulty gene symptoms beginning in 30-40 year old people. This is marked by personality changes such as anxiety, depression and progress to show psychotic behavior, severe dementia and chorea (involuntary jerky, arrhythmic movements of the body).

Boxer's syndrome is the result of a traumatic injury (often repeatedly) to the brain. Symptoms commonly are dementia and parkinsonism (tremors, gait abnormalities) and other changes depending on where in the brain the injury took place.

Creutzfeldt-Jakob disease is a fairly rare disease for people over 60 years of age, that seems related to a gene mutation that causes a rapid degenerative and fatal brain disease. This is marked by personality changes and reduced coordination, rapidly followed by impaired judgment and vision.

Secondary dementias occur in patients with movement disorders such as Parkinson's Disease or Multiple Sclerosis.

Other Conditions that May Cause Dementia include reactions to medications, endocrine and metabolic problems (e.g. Thyroid, Diabetes), nutritional deficiencies (e.g. Vitamin B1), infections (e.g. Urinary Tract Infection), subdural hematomas, poisoning, brain tumors, anoxia (lack of oxygen), as well as heart and lung problems which restrict oxygen to the brain.

Mild Cognitive Impairment is a fairly new term that is used to describe people who have some problems with their memory, but do not currently meet the criteria to be diagnosed with dementia.

Pseudodementia is a syndrome seen in older people where a person who is suffering with depression can also experience cognitive impairment that looks like dementia. It is important to keep in mind that alcohol and other substance abuse or dependence may also co-exist with depression.

SYMPTOMS OF DEMENTIA

Early symptoms of dementia may include:

- Difficulty performing tasks that once came easily (e.g. balancing a checkbook, playing games, learning new information)
- Getting lost in familiar places
- Language problems (e.g. difficulty with word finding such as naming a familiar object)
- Losing interest in previously enjoyed activities
- Misplacing items
- Personality changes
- Changes in a person's level of social functioning

As the dementia worsens, symptoms will become more obvious and will begin to interfere with daily living, such as:

- Changes in sleep patterns (e.g. waking during the night)
- Forgetting details about current events, or forgetting events in one's own life history
- Having difficulty with basic tasks (e.g. selecting appropriate attire, driving)
- Experiencing hallucinations, increased arguments, or being more aggressive
- Having more difficulty reading or writing
- Using poor judgment or losing the ability to recognize danger
- Using the wrong word, not pronouncing words correctly, or speaking in confusing sentences
- Withdrawing from friends and social contacts

STRIVING FOR A HEALTHY BRAIN

It has long been known that choosing a healthy lifestyle can positively impact our brain and our body.

Here are some positive steps you may wish to take in a proactive approach to longevity and a healthy brain.

- Positive Support System
- Eating healthy
- Aerobic Exercise
- Cognitive Stimulation
- Relaxing Quality Sleep
- Stress Management
- Fulfilling and Active Social Life

YOU HAVE A CHOICE – RISK FACTORS THAT YOU CAN CHANGE

More and more studies are showing that with an increased focus on a healthy lifestyle, you might be able to minimize or eliminate the following risk factors of dementia.

Cardiovascular Disease

There is a strong link between dementia and high blood pressure, cholesterol, obesity and atherosclerosis.

Diabetes

There is a strong link between Type 2 diabetes in mid and late-life being associated with an increased risk of developing cognitive impairment and dementia.

Heavy Alcohol Intake

It has long been known that long term heavy use of alcohol consumption is linked with the development of 'alcohol related dementia; which is a broad set of dementia like symptoms which can include problems with memory, reasoning , attention, and the ability to learn new tasks.

Depression

In a paper published in the journal Neurology in July 2014, Robert S. Wilson, PhD, lead researcher on the study and a professor of neuropsychology at Rush University in Chicago, built on previous research about the connection between depression and dementia. In addition, the Alzheimer's Association reports that as many as 40% of people with Alzheimer's disease also have depression.

Smoking

There is strong evidence that smoking increases the risk of developing dementia and it does so in several ways. (1) Smoking increases the risk of cardiovascular disease, diabetes and stroke which are also underlying risk factors for dementia. (2) Smoking also accelerates atherosclerosis - the build-up of fatty substances leading to a narrowing of the blood vessels in the heart and brain - that can deprive brain cells of oxygen.

Source: What is Alzheimer's disease? Factsheet 401. Alzheimer's Society, 2014

Sleep Apnea

People who have sleep apnea or spend less time in deep sleep may be more likely to have changes in the brain that are associated with dementia, according to a new study published in the December 10, 2014, online issue of Neurology®, the medical journal of the American Academy of Neurology. The study found that people who don't have as much oxygen in their blood during sleep, which occurs with sleep apnea and conditions such as emphysema, are more likely to have tiny abnormalities in brain tissue, called micro infarcts, than people with higher levels of oxygen in the blood. These abnormalities are associated with the development of dementia.

Source: Can Spoor Sleep Lead to Dementia? e American Academy of Neurology. December 10, 2014

RESOURCES

Alcohol & Drug Abuse Helpline (National)
800-662-HELP

Alzheimer's Association Info Line
800-272-3900

Alzheimer's Association of CT (24 hour)
800-356-5502

American Diabetes Association
800-342-2383

American Heart Association
800-242-8721

American Trauma Society
800-556-7890

Area Agency on Aging (Southwestern CT)
203-333-9288

Assisted Living Federation of America
703-894-1805

CDC – Centers for Disease Control
800-232-4636

CT Department of Social Services
800-842-2159

Elder Abuse Reporting (CT)
888-385-4225

Elder Abuse Reporting (NY)
800-342-3009 press option 6

Elder Info Line National Hotline
866-847-4418

Eldercare Locator
800-677-1116

Federal Information Center
800-FED-INFO

National Adult Day Care Association
877-745-1440

National Association of Homecare & Hospice
202-547-7424

The Caregiver Resource Center
203-861-9833

Veterans Affairs Customer Service
800-827-1000

Photo from Microsoft

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Please consult your health care provider for an appointment, before making any healthcare decisions or for guidance about a specific medical condition.

Linda Ziac is the owner and founder of The Caregiver Resource Center. The Caregiver Resource Center is a division of Employee Assistance Professionals, Inc. which Linda founded in October 1990. The Caregiver Resource Center provides a spectrum of concierge case management and advocacy services for seniors, people with special needs and families.

Linda's professional career spans more than 40 years in the health and mental health field as a CT Licensed Professional Counselor, CT Licensed Alcohol and Drug Counselor, Board Certified Employee Assistance Professional, Board Certified Case Manager, and Board Certified Dementia Practitioner. In addition, Ms. Ziac has 15 years of experience coordinating care for her own parents.

Linda assists seniors, people with special needs and their families; in planning for and implementing ways to allow for the greatest degree of health, safety, independence, and quality of life. Linda meets with individuals and family members to assess their needs, and develop a Care Team, while working with members of the Team to formulate a comprehensive Care Plan (a road map).

Once a plan is in place, Linda is available to serve as the point person to monitor and coordinate services, and revise the plan as needed. This role is similar to the conductor of an orchestra; ensuring that there is good communication, teamwork, and that everyone remains focused on the desired goal.

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